

Summary of Public Hearing Feedback

The Illinois Department of Public Health would like to thank those who participated in the November 2023 public hearings and shared their input on the State Health Assessment and State Health Improvement Plan (SHA/SHIP). Over the three days, 360 individuals from across the state attended representing a variety of disciplines, backgrounds, and communities. Written comments were provided by 96 people and 30 offered oral comments. IDPH shares your passion on the topic of improving the health of all Illinoisans and looks forward to beginning the implementation of the plan in 2024 in partnership with the action teams.

The attendees expressed support for the priorities and strategies included in the SHIP, particularly in support of improving health and racial equity across the state. Many participants shared additional resources and encouraged existing work for the state's public health system partners to engage in the implementation of this plan. Community engagement was highlighted numerous times as an essential component of implementation to ensure equitable outcomes of these initiatives.

Many participants highlighted areas of the plan to strengthen and strategies to include that would further advance the goals of Healthy Illinois 2028. Some raised the voices of marginalized populations as priority groups to emphasize in action planning, including people with disabilities, particularly those in congregate care settings, current asylum seekers and refugees, and people who are incarcerated. Others highlighted more specific priority health issues, such as tick-borne diseases, HIV/AIDS, oral diseases, chronic kidney disease, and sexual violence. Finally, there was support for a greater expansion of Health in All Policies through incorporating social and structural determinants of health (SSDOH) and built environment conditions as part of public health. This includes a focus on transportation, housing, food access, and access to public services such as parks, libraries, bike infrastructure, and accessible and safe streetscapes.

As the next phase of the SHA/SHIP process moves forward, IDPH will share these ideas and recommendations with the action teams as they work to develop and to implement actionable plans to improve the health and wellbeing of all Illinoisans. Many participants suggested specific strategies to advance the goals of the five priorities and the crosscutting issues. These strategies have been recorded and are to be shared with the action teams.

Key Points from Feedback

SSDOH Clarification

Make distinctions throughout the document between structural determinants of health inequities (or simply "structural inequities") and social determinants of health. These two related concepts seem to be blended throughout the document, as if they were one category. It is problematic to refer to social determinants and structural determinants in one phrase with no definition for either term and no differentiation or distinction between the two concepts. According to Solar and Irwin:

“...it is important to clarify the conceptual and practical distinction between the social causes of health and the social factors determining the distribution of these causes between more and less advantaged groups. The CSDH framework makes a point of making clear this distinction. On this second point of clarification, conflating the social determinants of health and the social processes that shape these determinants’ unequal distribution can seriously mislead policy. Over recent decades, social and economic policies that have been associated with positive aggregate trends in health-determining social factors (e.g., income and educational attainment) have also been associated with persistent inequalities in the distribution of these factors across population groups. Furthermore, policy objectives are defined quite differently, depending on whether the aim is to address determinants of health or determinants of health inequities.”

https://iris.who.int/bitstream/handle/10665/44489/9789241500852_eng.pdf?sequence=1

As an example, there is reference to screening for SSSDOH, but generally, providers do not screen individuals for structural determinants. Providers do not routinely ask patients about the policies that shape the distribution of food and housing. So, the conflation is confusing.

Funding

- More equitable allotment of funding for HIV/AIDS service providers – specifically, more funding to African American-led organizations due to the increased burden of disease on African Americans.
- Funding for community organizations that invest in youth support services, mentoring, home visiting, and violence prevention through social-emotional learning programs.
- Funding to have a certified school nurse in every school.
- Medicaid reimbursement for dental care, prenatal/maternal health care, family medicine and preventative care, and infant/child health care delivery.

Priority populations

- More emphasis on people who are incarcerated due to disparate health outcomes in chronic disease, mental health, and substance use disorder, and have less access to health care, and the priority population of pregnant and postpartum individuals who are incarcerated.
- Greater emphasis on older adults, people with disabilities, and people living in congregate care settings – partner with disability advocates, align with State Plan on Aging and the Illinois Department on Aging.
- Support and protect asylum seekers and refugees as a priority population.

Additional emphasis on specific health priorities were identified

- **Oral diseases and preventative care**
 - Central/Southern Illinois/rural counties do not have enough providers and not enough providers who take Medicaid.
 - People can’t afford regular visits/not enough providers for regular visits (especially for kids), can’t get help until it’s an emergency.
 - There is increased use of hospital emergency departments for preventable oral health issues that reduce beds and providers for emergency care.

- **HIV/AIDS should be a higher priority**
 - Disparities by race/ethnicity, currently have inequitable and insufficient funding, lack of representation among providers, highlighted need for cultural competence and culturally appropriate interventions, and identified Black, cisgender women as priority population for this focus.
- **Maternal and infant health** with additional focus needs.
 - Sexually transmitted infection prevention and treatment should be emphasized for this population (congenital syphilis in particular).
 - Some areas lack access to labor and delivery services, such as Livingston County, the state's fourth largest geographic county.
 - Greater emphasis on home visiting and doulas in care services, particularly as an opportunity for integrating mental health and substance abuse disorder screenings for this population.

Additional strategy recommendations for:

- Chronic Disease
- COVID-19 and Emerging Diseases
 - More attention to vaccine availability and dissemination for homebound older adults.
 - Emphasis on partnership with disability justice advocates.
- Mental Health and Substance Use Disorder
 - Further exploration of harm reduction strategies, such as overdose prevention centers.
 - Implementation suggestions include involvement of youth, families, educators, health care providers, and community leaders, particularly for Goal 4, addressing community violence.

Data usage/collection/analysis were a high priority with suggestions as to ways to improve.

Equity (Racism as a Public Health Crisis)

- Feedback showed overwhelming support for this as a priority and recommendations for building partnerships and increasing community engagement in this priority were shared in comments.
- Greater emphasis on ways to build community engagement with nontraditional partners (including youth, older adults, faith and community-based organizations, etc.) and partnerships, such as the Healthy Chicago Equity Zones, particularly during implementation.
- Need for anti-racism training for public servants, health care providers, public health professionals, policymakers, going beyond public health workforce.
- Public health involvement in environmental issues (e.g., disastrous flooding in Cicero/Chicago west side earlier this year).

- Recognizing and addressing racism/equity issues in other racialized populations (Latinx population in the state is growing and often overlooked in equity conversations).

Preventative care in schools

- Better training for school employees/teachers/staff on mental health, play-based learning, awareness training about identifying signs and symptoms of chronic/acute illness (and how to support students even if they are invisible), and training on being trauma-informed for school staff, first responders, and medical providers.
- Many schools do not have a certified school nurse and lack funding to retain one on staff.

Job creation and economic development

- Mentions of workforce development in SHIP are currently less focused on job creation than on building the public health system workforce.
- High priority for young people in rural and low-income communities, including jobs beyond direct health care/public health fields.
- Should focus on increasing the capacity of primary care providers.
- Address safety net programs (TANF, Medicaid, Medicare, Social Security, EITC), partner with sister agencies, and greater focus on increasing enrollment and access to these programs and services is needed.

Built environment

- Transportation should be a higher priority since it was mentioned in the SHA from multiple sources, especially for access to dental care, mental health care, and prenatal/maternal health care.
- Public infrastructure (public transit improvements, prioritizing pedestrian/active transportation modalities, increasing bike infrastructure) should be included as areas of importance and need.
- Housing – health equity needs, especially for vulnerable populations, for maternal and infant health outcomes, for children, and others.

Suggested Strategies for SHIP Priorities

Many participants suggested specific strategies to advance the goals of the five State Health Improvement (SHIP) priorities and the crosscutting issues. These strategies have been recorded to share with the action teams as the move to implementation begins.

*Note: Public suggestions about specific goals/objectives are denoted as Goal.Objective and additions to existing strategies are denoted as Goal.Objective.Strategy. Items not specifically tagged to a goal or objective are listed without this mark.

Racism as a Public Health Crisis

- G2.1.2. *Add to strategy* – “Paid apprenticeships, internships, and trainee programs.”
- G2.1.4. *Add to strategy* – “Retaining and *recruiting*.”
- G2.1. Work with schools and public health programs to both advance equity, diversity, and inclusion in their programs and to support successful careers and pathways into the public health workforce.
 - *NOTE: replace “pipelines” with “pathways” throughout.*
- G2.4. In consultation with such leaders, identify and develop resources and supports needed for public health leaders from underrepresented groups.
- G3.1. Develop and implement strategies to improve identification and abatement of lead paint and lead-tainted soil hazards in housing.
- Engage with communities of color to identify their needs, priorities, and solutions for addressing racism as a public health crisis through mechanisms like the Healthy Chicago Equity Zones.
- Provide funding for anti-racism training for public servants, health care providers, public health professionals, and policymakers to address implicit bias and to promote racial equity.

Chronic Disease

- G1.3. Promote air filtration strategies, such as HEPA filtration, to reduce secondhand smoke exposure.
- G2.2.2 *Add to strategy* – Promote Summer EBT program.
- G2.3. Increase the quality of food available for school lunches through training for lunchroom staff and administrators on purchasing, recipe selections, menu development, food preparation, and other mechanisms.
- G2.3. Support the state moving toward a universal free breakfast and lunch program.
- G3.1. Support strategies to increase active transportation to and from school, including walking and biking, as well as innovative models like bike bus programs.
 - Promote after-school physical activity opportunities, such as sports and other extracurricular activities.

- G3.3. Work with municipalities and the Illinois Department of Transportation to promote improved curb management for delivery vehicles and improved streetscape to remove unnecessary sidewalk clutter.
- G4.1. Support the work of the Community Health Worker (CHW) Advisory Board to operationalize certification and Medicaid reimbursement for CHW services.
- G4.2. Increase access and usage of local health department (LHD) data collected and managed by IDPH.
- G4.3.2. *Make strategy more specific in how to increase telehealth use.*
- Increase awareness of and testing for tick-borne diseases, including Lyme disease and co-infections.

COVID-19 and Emerging Diseases

- G1.2. Increase dissemination and promotion of personal protective equipment (PPE) (masks).
 - Promote the use of air filtration devices.
- G1.4.4. *Add to strategy* – Include vaccination response to wastewater monitoring.
- G2. *Add objective: Improve air quality to reduce disease transmission.*
 - Increase requirements for and promote use of HEPA filtration or other air filtration modifications, such as improved HVAC or use of Corsi-Rosenthal boxes.
 - Develop and disseminate educational materials to LHDs, schools, health clinics, congregate care settings, stores, government buildings, and other locations on the importance of air quality for health improvement.
 - Provide grants and/or subsidized equipment.
 - Reduce costs of upgrades through group contracting.
 - Advocate for stronger air quality standards for public buildings, such as the Model State Indoor Air Quality Act developed by the Johns Hopkins Bloomberg School of Public Health.
- G3.2. Advise and assist LHDs with development and maintenance of local databases to include the number of employees, residents, location addresses, key contact information for leadership teams, and other pertinent information for congregate settings and important public settings, such as grocery stores, to support public health emergency response.
 - Work with LHDs to provide guidance and training to the leadership of congregate settings and other important public settings, such as grocery stores, on developing, rotating, maintaining, and using stockpiles of masks, face shields, and other PPE, and sanitation supplies that could be deployed during a pandemic or other public health emergency.
- G3.4. Expand the wastewater monitoring program.

- Address the need to reconsider the infection control and emergency response practices in nursing homes and other congregate care settings that take place in the future (learning from COVID-19 outbreak and response).
- Reinstate and/or reinforce mask mandates in high-risk, high-traffic places, such as schools, hospitals, and public transit, and provide high-quality KN95 and N95 masks in these locations.
- Increase investment in long COVID research.
- Improve emergency response and infection control practices in nursing homes and congregate care settings in partnership with disability justice advocates.

Maternal and Infant Health

- G1. Improve data collection of and increase universal testing for congenital syphilis in and outside of prenatal and gynecological care settings.
- G3.2.6. *Add to strategy* – Include ensuring access to and insurance coverage for certified lactation consultants.
- G3.2. *NOTE: Modified from We Will Chicago*
 - Educate legislators and employers on the public health, retention, and other benefits of providing 12-month paid paternity leave for parents following a baby’s birth or adoption of a baby or child.
 - Explore with legislators the possibility to fund and to provide a baby care stipend of \$500 a month beginning at the start of the third trimester until a baby reaches 24 months of age for all new low-income parents.
- G4. Strengthen the Perinatal Mental Health Program by ensuring that screening includes the range of perinatal mood and anxiety disorders (PMAD) (not just depression).
- Improve the quality of educational and informative materials on PMAD and increase awareness of PMAD, including how male caregiver perinatal mood disorders are addressed.
- Partner with Start Early, the Illinois Department of Health and Family Services (IDHFS), and the Illinois Department of Human Services (IDHS) to coordinate implementation, public awareness, and training on Ill. Public Act 101-0654.
- Support the infant/early childhood mental health (I/ECMH) initiative to determine how to reinvigorate and to broaden the work of IDPH to provide I/ECMH in public health departments.
- Support innovative programming (such as Rush Hospital’s BRIDGES program) and expand a public health model focusing on adverse childhood experiences (ACEs) and toxic stress by bridging hospital-based ACE screening with home visiting programs alongside pediatric integrated behavioral health screening and early identification.
- Collaborate with the Cook County Jail Pilot Advisory Committee to identify opportunities to replicate the education and training initiatives, as well as lactation support resources

currently underway with IDPH's Office of Women's Health and Family Services and staff at Lincoln Correctional Center and Decatur Correctional Center.

- Collaborate with IDHS Maternal, Infant, Early Childhood Home Visiting (MIECHV) and the Illinois State Board of Education to expand availability and provision of naloxone to doulas and home visitors.
- Continue to support home visiting and doula services to identify additional training needs to support pregnant and postpartum women with substance use disorder and their families.
- Collaborate with the Chicago Department of Public Health to identify potential state and federal funding for universal newborn support systems, including analyzing whether Title V Maintenance of Effort and matching funds for programs like Family Case Management/High Risk Infant Follow up could meet the objectives of universal newborn support systems.
- Support Early Childhood Comprehensive Systems (ECCS) in identifying infrastructure or governance roles that cannot be filled within IDHS related to the administration of a universal newborn support system.
- Increase availability of in-home lactation support.
- Increase referrals to home visiting services to meet core objectives in the Illinois Perinatal Quality Collaborative's (ILPQC) OB Birth Equity Initiative.
- Collaborate with ILPQC to establish a universal newborn postpartum visit and universal newborn support system through the ECCS grant at IDHS.
- Partner with the Greater Chicago Food Depository in its efforts to increase public awareness of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) programs and increase enrollment.
- Increase Medicaid reimbursement for preventative care services and care delivery to pregnant individuals and children.
- Ensure accessibility, availability, and quality housing and housing resources for birthing people, adolescents, and children. Stable housing supports the existing Healthy Illinois 2028 recommendations for improving the built environment of communities and improving maternal mental health and maternal and infant health outcomes.
- Collect statewide data on the prevalence of unstable housing for birthing people, adolescents, and children to inform statewide efforts.
- Ensure all emergency departments have the education and resources to identify, to treat, and to provide care coordination for maternal health obstetric emergencies.
- Validate the presence of licensed/accredited birth and postpartum doulas as knowledgeable caregivers in the health care setting.

Mental Health and Substance Use Disorder (SUD)

- G1.3. Educate providers on harm reduction approaches and benefits for addressing SUD.

- G2.1. Work with LHDs and local units of government to develop pilot programs for interventions, such as vending machines that distribute naloxone and other essentials related to harm reduction and health.
 - Work with LHDs and local units of government to establish safe consumption sites.
- Promote training for the public health workforce within DocAssist and I-PROMOTE on the range of PMADs and/ECMH.
- Partner with IDHS MIECHV to identify communities with high rates of parental substance use and barriers to accessing harm reduction, treatment, and other supports, including leveraging data on SUD and SUD consequences (hospitalizations and deaths) collected in the MIECHV Needs Assessment.
- Implement and approve overdose prevention centers (OPCs) across the state to reduce mortality rates of substance use and use these centers to provide and/or link to wraparound services, such as harm reduction; food, housing, and transportation; and medical; and addiction treatment.
- Increase funding for community organizations like Options for Youth and Tomorrow's Youth Foundation that invest in youth support services, mentoring, home visiting, and violence prevention through social-emotional learning programs.
- Explore assessment and increase investment in the quality of mental health care services that are available in the state, including the various types of mental health therapies to strengthen access to community-based mental health care.
- Increase funding for syringe service/needle exchange programs.

Crosscutting Issues

Workforce

- Expand opportunities to include scholarships for doulas and home visitors to become certified lactation consultants.
- Explore initiatives around training partners and other family members in supporting breastfeeding efforts.
- Partner with the Illinois Association for Infant Mental Health in its provision of the I/ECMH credential and Reflective Practice Groups (RPGs).
- Partner with IDHFS, IDHS Division of Mental Health, and Start Early to coordinate and to administer training to the public health workforce on the DC:0-5.

Data

- Continue to coordinate referrals closely with early intervention and early childhood special education to ensure families are informed and can transition to appropriate and applicable services.

- Improve data collection on developmental screening by adding screening data to the Child Find Project.
- Link maternal hospital discharge data to birth certificates to ensure a comprehensive scope of maternal health and demographic variables.
- Expand the PRAMS Phase 9 survey to ask about housing status within the 12 months preceding and following delivery.
- Expand screening process to include a comprehensive range of PMAD and explore resources from Postpartum Support International and Postpartum Depression Alliance of Illinois.
- Use tools like the Chicago Health Atlas to analyze data and to empower community organizations to identify and to understand the specific health disparities faced by different racial and ethnic groups at the community level and make the data publicly available to use for pilot programs and grassroots public health campaigns.
- Expand data collection on disability status and people in long-term care facilities to include how many people with disabilities and underlying health conditions are admitted to hospitals, are being discharged from hospitals to nursing homes/long-term care facilities, and whether or not they are discharged back to their homes to ensure the state complies with the U.S. Supreme Court Olmstead Decision and state consent decrees.
- *Apply to all priorities* - Improve the state's ability to collect, to analyze, and to act on health data that is disaggregated by age, race and ethnicity, disability status, wealth status, sexual orientation, and gender identity.

Housing

- Support development and implementation of the Federal Assistance in Rental Credit to provide assistance to low-income renters.

Access to Health Care and Wraparound Services

- Increase the patient/provider ratio for nursing care specialists, without crossing service lines in specialty care areas utilizing the role of the functional nurses.
- Increase government oversight for institutions requiring timely staffing and safe care modalities.
- Increase medical respite for mental health care patients.
- Increase Lyme disease literacy among health care providers.
- Increase awareness of and support for equitable end-of-life care, including resources for community-based hospice and palliative care, advanced care planning, and improved data collection and storage of POLST and advance directive documents.
- Increase funding to have a certified school nurse in every school.
- Emergency department intake process needs immediate attention along with resident safety protocols.

Additional Topics (Health Priorities)

HIV/AIDS – Advance state Get to Zero 2030 Initiative

- **Culturally Appropriate Interventions:** It is essential to prioritize culturally appropriate and responsive interventions that bridge the gap in linkage, retention, and engagement or re-engagement with medical and case management services. By addressing the unique needs of the African American community, viral suppression gaps can be effectively reduced and health outcomes enhanced.
- **Education and Awareness:** There is a need to increase awareness, education, and uptake on various HIV prevention measures, such as Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP) among African Americans – and even specifically among African American cisgender women. This must extend beyond a single generation and encompass the diverse cultures within the African American community. Adequate funding is needed to overcome barriers and empower African American-led community-based organizations to make meaningful inroads and to provide targeted expertise.
- **Identifying Black cisgender women as an at-risk population is crucial.** Though the Centers for Disease Control and Prevention (CDC) does identify cisgender Black women as an at-risk population, IDPH does not. This has been reiterated by IDPH in recent meetings of the Illinois HIV Integrated Planning Council Health Equity Committee.

Chronic Kidney Disease

- Support the Illinois Task Force for Kidney Disease Prevention in developing a statewide plan that focuses on four themes: 1) Improve public awareness and understanding of chronic kidney disease; 2) identify clinician and health care system opportunities to enhance tools, workflows, and technology integration; 3) building the case and changing the conversation; and 4) leveraging policy, payment, and quality measures.

Oral Diseases

- Simplify billing practices and increase reimbursement rates for physicians accepting Medicaid and Medicare for routine dental care.
- Increase the number of dental providers who accept Medicaid in Central/Southern Illinois, particularly for routine dental visits.
- Support dental practitioners to adopt a licensure compact, which enables licensed dentists and dental hygienists to practice in states participating in the compact, as opposed to obtaining an individual license in every state they want to practice in.