



**Policy, Practice and
Prevention Research Center**



Healthy Illinois 2028 State Health Improvement Plan Public Hearings

November 2023

This meeting will be recorded for public viewing on the IDPH website.

HEALTHY ILLINOIS

2028



Welcome

KAREN PHELAN

CHAIR

STATE BOARD OF HEALTH

State Board of Health



- **Karen Phelan** – *chair*, business community representative
- **John Herrmann** – *vice chair*, veterinarian
- **Damon Arnold** – physician
- **Dawn Brown** – physical therapist
- **Rashmi Chugh** – non-profit public interest representative
- **David Taewoong Chung** – local board of health representative
- **Pilar Guerrero** – physician
- **Nathan Hoffman** - dentist
- **Yevette Johnson-Walker** – public health academician
- **Abel Kho** – physician
- **Juleigh Nowinski Konchak** – physician
- **Angela Oberreiter** – optometrist
- **Julie Pryde** – local public health administrator
- **Erica Salem** – citizen at large
- **Esther Sciammarella** – health care industry representative
- **Susan Swider** – citizen at large

List accurate up to Nov 13, 2023

Meeting Objectives



PRESENT HIGH-LEVEL OVERVIEW
OF THE SHA AND THE SHIP TO
PUBLIC



SOLICIT FEEDBACK FROM
MEMBERS OF THE PUBLIC ON THE
SHIP



PROVIDE INFORMATION ON NEXT
STEPS TO FINALIZE THE SHIP

State Health Assessment (SHA)
State Health Improvement Plan (SHIP)



Healthy Illinois 2028

Hearing Agenda and Process

A short presentation will be provided on the State Health Assessment (SHA) process and findings and the proposed State Health Improvement Plan (SHIP) before we begin the public comment period.

All participants will remain muted until we call those to provide public comments on the SHIP. Only the **first 30 members of the public to register** will be called to speak for up to **3 minutes each**.

Written comments may be submitted via the Google form link in the chat until 5 PM CT on November 30, 2023.

If you have technical issues or questions, please contact Samantha Lasky by email at Samantha.Lasky@iphionline.org or by phone at (312) 786-5354.

HEALTHY ILLINOIS 2028



Director's Welcome

DR. SAMEER VOHRA
DIRECTOR
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

IDPH Core SHA/SHIP Staff



- **Nelson Agbodo***, acting chief, Division of Health Data and Policy, Office of Policy, Planning, and Statistics
- **Chaundra Bishop**, regional health officer
- **Kelsey Cutler**, research scientist II
- **Julie Davis**, assistant deputy director, Office of Women's Health and Family Services
- **Jenny Epstein**, deputy director, Office of Policy, Planning, and Statistics
- **Omayra Giachello**, regional health officer
- **Marilyn Green**, regional health officer
- **Patrick Harper**, CDC epidemiology assignee, Division of Chronic Disease, Office of Health Promotion
- **Mark Hunter**, regional health officer
- **Mohammed Shahidullah**, state demographer
- **Tiefu Shen***, MD, PhD, deputy director, Office of Policy, Planning, and Statistics
- **Mark Stevens**, regional health officer
- **Amaal Tokars***, assistant director
- **Tanya Zaks**, regional health officer

*Separated before project was completed



Policy, Practice and Prevention Research Center

- **Yadira Herrera**, coordinator, P3RC
- **Swati Jain**, research assistant, P3RC
- **Guddi Kapadia**, assistant director, P3RC
- **Steven Seweryn**, associate director, DrPH in Leadership Program; clinical assistant professor, Epidemiology and Biostatistics Division
- **Amber Uskali**, assistant director, P3RC
- **Christina Welter**, director, DrPH in Leadership Program; associate director, P3RC; clinical associate professor, Health Policy and Administration



- **Tiosha Bailey**, SHA/SHIP project consultant
- **Elissa Bassler**, chief executive officer
- **Adrian Blasi**, program associate
- **Laurie Call**, director, Center for Community Capacity Development
- **Alison Goldstein**, report writing consultant
- **Janece Gough**, senior program manager
- **Samantha Lasky**, program manager
- **Elise Ramos**, program associate

SHA/SHIP Partnership

Responsibilities:

- Collaborate with IDPH and the consultant team to develop a comprehensive, equity-driven SHA/SHIP that includes data-driven strategic priorities to advance health equity in Illinois.
- Develop and implement an actionable plan with measurable objectives, owners, and timelines.
- Collaborate on implementation of the plan and help facilitate the implementation of the plan through December of 2028.



- Appointed by IDPH Director, in consultation with Gov Pritzker, in 2020
- Made up of members from public, private, and voluntary sector stakeholders and participants in the public health system

SHA/SHIP Partnership

- Hillary Aggertt - Woodford County Health Department
- Naila Al Hasni – Illinois Primary Health Care Association
- Jeff Aranowski – Illinois State Board of Education
- Damon Arnold* – Blue Cross Blue Shield of Illinois
- Karen Ayala* - Northern Illinois Public Health Consortium/DuPage County Health Dept.
- Angela Bailey - Southern Illinois Healthcare
- Patricia Canessa - Illinois Public Health Association
- James Caporusso - Aunt Martha's Health and Wellness
- Garrett Carter - Illinois Department of Commerce and Economic Opportunity
- Nina Dixon – Illinois Department of Child and Family Services
- Laura Garcia – Illinois Department of Human Services
- Joseph Harrington – CAPriCORN
- Hana Hinkle - University of Illinois College of Medicine
- David T. Jones* – Illinois Department of Human Services
- Sandy Leith – Illinois Department of Aging
- Hong Liu - Midwest Asian Health Association
- Laura Martinez* – National Alliance on Mental Illness
- James Miles - Lodestone R3 Institute
- Ziyad Nazem – AbbVie
- Elizabeth Patton-Whiteside - East Side Health District
- Karen Phelan – State Board of Health
- Robert Planthold – Illinois Department of Insurance
- Sarah Robinson Torres – Illinois Housing Development Authority
- Anita Stewart - Blue Cross and Blue Shield of Illinois
- Sameer Vohra* – Southern Illinois University School of Medicine
- Heather Whetsell – Southern Illinois University School of Medicine
- Teschlyn Woods - Illinois Environmental Protection Agency
- Jeffrey Workman - Clay and Effingham County Health Department
- Lauren Wright - Illinois Partners for Human Service

HEALTHY ILLINOIS 2028



Healthy Illinois 2028 Vision

DR. SAMEER VOHRA
DIRECTOR
ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Healthy Illinois 2028 Vision

Achievement of health equity across Illinois by addressing structural and social determinants of health through a unified public health system, community engagement and collaboration, a strong workforce, and sustainable and flexible local funding.

Healthy Illinois 2028 Principles and Practices for Success

The SHA/SHIP Partnership established these fundamental principles and practices to support the advancement of Healthy Illinois 2028.



Break down silos across the Illinois public health and healthcare delivery system through increased communication, coordinated prevention strategies, and resource sharing.



Implement community-engaged, asset-based decision-making through partnerships with an array of organizations engaged in public health improvement and prevention.



Prioritize strategies that address the underlying root causes, including structural and social determinants of health.



Create sustainable impact through policy, systems, and environmental change strategies.



Define objectives that are achievable, measurable, and aligned across programs, sectors, and systems.



Foster innovation that occurs through the use of evidence-based strategies and best practices.



Implement data-driven decision-making, measurement, and monitoring of success toward outcomes.



Practice transparency and accountability to ensure aligned implementation of action plans and ongoing progress toward outcome attainment.



Invest in current workers and cultivate new workers within the public health system to effectively implement the SHIP.

HEALTHY ILLINOIS
2028



SHA/SHIP Process

SAMANTHA LASKY

PROGRAM MANAGER

ILLINOIS PUBLIC HEALTH INSTITUTE

Updates to SHA/SHIP State Law

Much stronger
**language on health
equity** and the
importance of SDOH

Requires much **deeper
community
engagement**, including
engagement of people
with lived experience

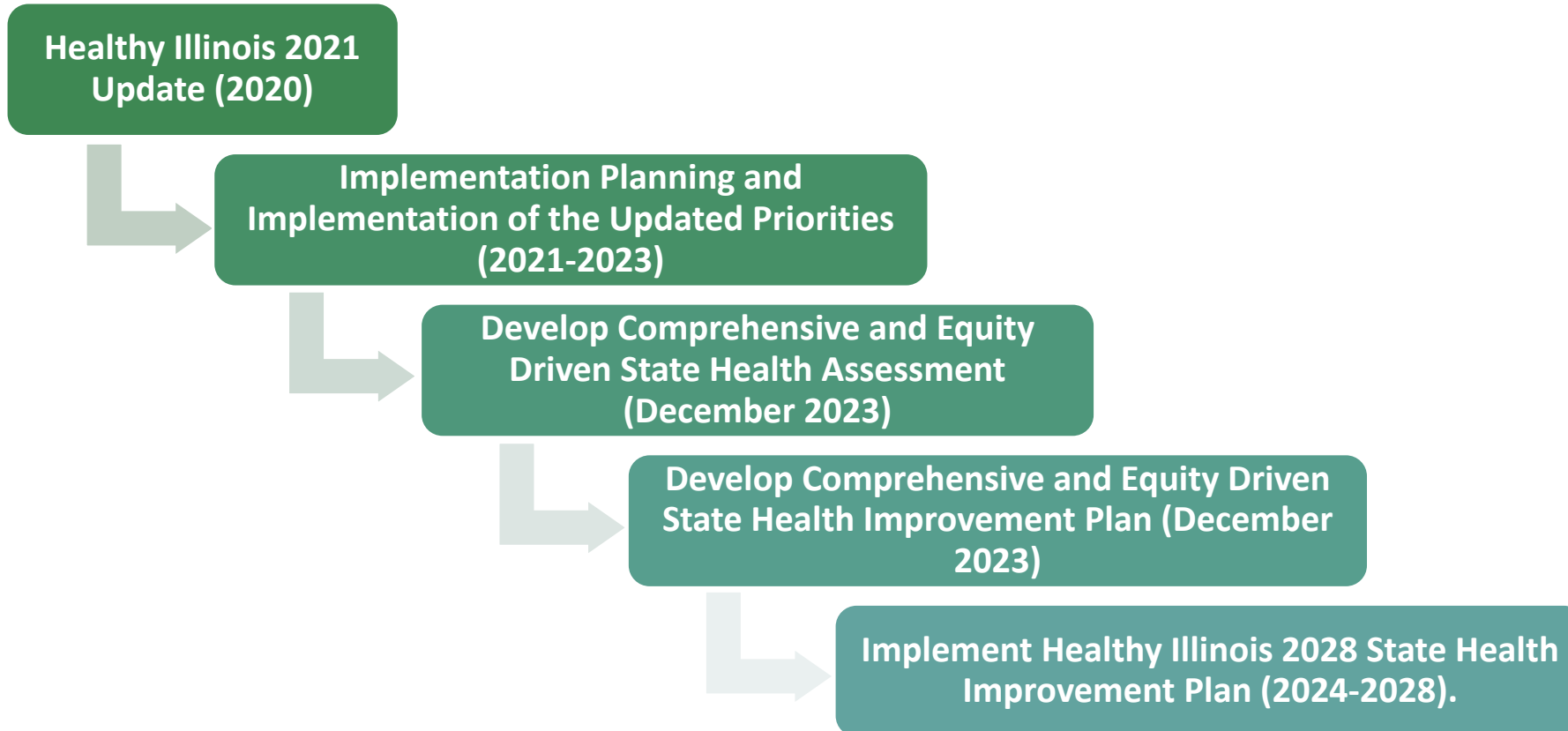
Streamlines processes
– **one partnership** that
completes SHA/SHIP
then oversees
implementation

More organizations
that **work on social
and economic and
equity issues**

Due date **Dec. 2023**

Clarifies timing for
reporting to General
Assembly and public

SHA/SHIP Timeline & Framework



Based on a modified version of the Mobilizing Action Through Planning and Partnerships (MAPP) Framework. Developed by National Association of City and County Health Officials (NACCHO).

For more info: [MAPP Framework](#)

SHA/SHIP Framework

Community Health Status Assessment

- Provides quantitative information on community **health conditions**

Community Themes & Strengths Assessment

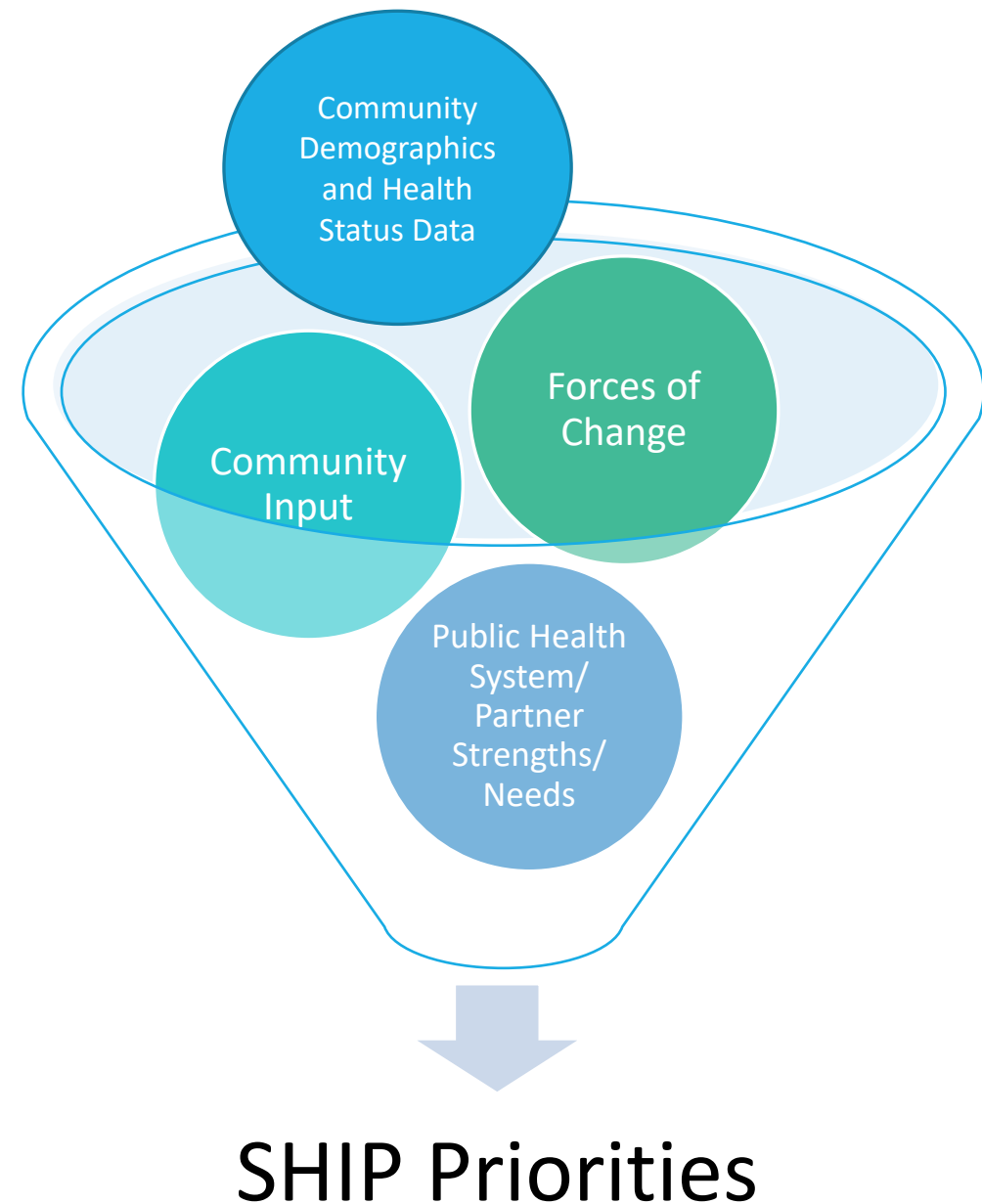
- Identifies **assets** in the community and **issues** that are important to community members

Forces of Change Assessment

- Identifies **forces** that may affect a community and the opportunities and **threats** associated with those forces

Public Health System Assessment

- Measures **how well state public health system partners work together** to deliver the Essential Public Health Services
- The assessment was under revision from NACCHO during the Illinois process. We used a modified Health Equity Capacity Assessment tool based on the original state tool.



2021 SHIP Update

Due to outbreak of COVID-19, the new SHIP (2026) was delayed, in the interim, the planning team developed the 2021 SHIP Update which included:

1. Updated data on the 2016 SHA
2. Updated 2016 SHIP topical domains, health topics, health status, and behavioral factors
3. Landscape scan on 2016 priorities, emerging issues, and status of the public health system
4. Identification of priorities for the next 18 months (June 2022)

Data aligned with past SHIP, Healthy Illinois 2021

- Chronic Disease
- Mental and Behavioral Health
- Maternal and Child Health Disparities
- Social Determinants of Health
- Access to Care

The top 7 priority issues for 2021 SHIP Update:

- Mental and Behavioral Health
- Access to Care
- **Structural Racism**
- **Public Health Capacity and Infrastructure**
- **Health Equity**
- Chronic Disease
- **COVID-19**

*Four new priorities from the 2016 SHIP are highlighted in yellow.

HEALTHY ILLINOIS

2028

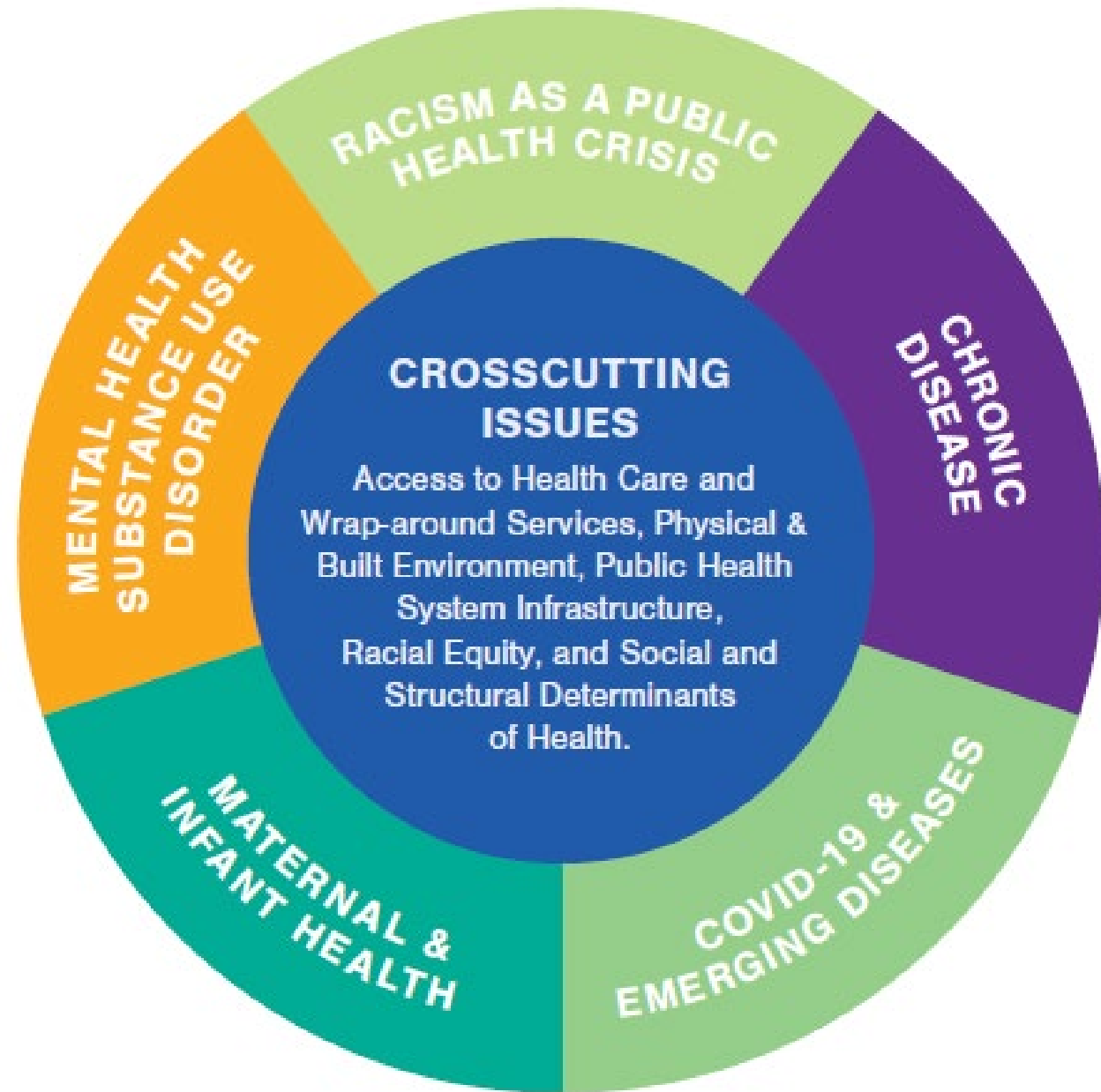


Findings and Priorities

LAURIE CALL
CENTER DIRECTOR
ILLINOIS PUBLIC HEALTH INSTITUTE

JANECE GOUGH
SENIOR PROGRAM MANAGER
ILLINOIS PUBLIC HEALTH INSTITUTE

Healthy Illinois 2028 Priorities



Racism as a Public Health Crisis

Racism:

A system of structuring opportunity and assigning value based on the social interpretation of how one looks (...what we call 'race'), that unfairly disadvantages some individuals and communities, unfairly advantages other individuals and communities, and saps the strengths of the whole society through the waste of human resources ([Jones, 2021](#)).

Environmental Racism:

The disproportionate impact of environmental hazards on people of color. ([Greenaction](#)).

- Substantial disparities remain in mortality by race/ethnicity with the highest rates seen in Black/African Americans especially for:
 - ✓ Heart diseases, Cancer, Accidents, Diabetes, Kidney disease
- COVID - 19 mortality rates for Hispanics were nearly double and for Black/African Americans more than **50% higher** the Illinois mortality rate.
- Black/African Americans continue to have the **lowest life expectancy** at birth.
- Increases were seen in 2020 overall and across all race ethnicity groups in **premature deaths**; Black/African American and Hispanic residents saw the sharpest increases.
- 8 entities in Illinois have declared racism to be a public health crisis already (APHA). Disparities and inequities by race/ethnicity persist across health statistics, income levels, and geographic spread
- For this reason, racism and the need for racial equity is highlighted in Healthy Illinois 2028 as **both a crosscutting theme and a standalone priority area in the SHIP.**

Chronic Disease

Definition:

Conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both

Preventable risk factors:

Tobacco use, physical inactivity, harmful use of alcohol, inadequate nutrition, obesity

- **More than half** of Illinois residents are living with a chronic condition (similar across most racial/ethnic groups)
- Need for chronic disease management and prevention as an emerging trend
- **Oral health** noted as a statewide issue (especially in rural areas) with disparities due to **access** to treatment and resources

- Health outcomes of note: diabetes, asthma, hypertension, cardiovascular disease
 - ✓ Heart disease & diabetes are the leading causes of death
 - ✓ Nearly one in three Illinoisans have high blood pressure and high cholesterol
- High rates of emergency department visits due to diabetes, hypertension, & asthma
- **Disease management** challenges: workforce, health education, access to care

COVID-19 and Emerging Diseases

COVID-19 Priority Issues:

- Public health system infrastructure improvements
- Communication & trust
- Addressing health disparities

Emerging Diseases:

From this pandemic response, a growing need to prepare for addressing new and emerging threats to public health (including climate change) was identified as a new priority for the public health system.

- **COVID-19 was the leading cause of death** in 2020, with **extreme disparities** across racial/ethnic groups
- Emerging threats from COVID-19: **misinformation** about disease and vaccination, increase of mental/behavioral health challenges due to quarantine, **public mistrust** of public health authorities, awareness gaps
 - ✓ Heightened **trauma** from social isolation, increased substance use
- Highlighted the need to focus on **SSDOH** (transportation, housing, food, racism)
- Highlighted or exacerbated existing public health **infrastructure** issues:
 - ✓ **Workforce** issues (burnout, workforce shortages, hiring difficulties)
 - ✓ Timely and accurate **communication** from public health officials
 - ✓ Need for improved **health data systems** and access to health data
- **Climate change** ties into every single SSDOH and health priority area and is vital to health equity because climate change tends to affect marginalized populations the most and is the most important emerging public health threat.
 - ✓ Chronic conditions are worsened due to **increased heat and drought** and vulnerable populations are at higher risk
 - ✓ **Air pollution** causes higher rates of cardiorespiratory illnesses and increased severity of these illnesses
 - ✓ Global warming is expected to increase prevalence of **vector-borne diseases**

Maternal & Infant Health

Definition/Purpose:

Improve access to health care and delivering quality public health services for reproductive and infant health.

Health Equity Priority:

Not only does Illinois fail to meet the Healthy People 2030 benchmark, but extreme disparities in maternal and infant health for Black/African American population are of significant concern.

- Since 2010, **infant mortality** rates has remained consistent, with a statewide average at 6.3 deaths per 1000 live births (averaging higher than the Healthy People 2030 benchmark)
- **Disparities** by racial/ethnic groups for infant mortality
 - ✓ Infant mortality for Black/African Americans in Illinois is **twice as high** as the overall rate for the state
- **Preterm births and low birthweight** also remain higher than national average
 - ✓ Disparate rates for Black/African American population, 50% higher than state average
- **Oral health** emerged as a risk factor for maternal mortality across the state along with **maternal mental health**
- Increasing need to address **SSDOH** related to maternal and infant health outcomes
- Racism & discrimination were also highlighted as barriers to health under this priority
- Illinois prenatal care utilization remains below national benchmarks with Hispanic and Black/African American women more likely to not have **adequate or early prenatal care**.

Mental Health and Substance Use Disorder

Mental Health:

Mental health is a state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities ([WHO, 2022](#)).

Substance Use Disorder:

When the recurrent use of alcohol and/or drugs cause clinically significant impairment (including health problems, disability, and failure to meet major responsibilities at work, school, or home ([SAMHSA, 2023](#))).

- Slightly more than 1 in 10 residents reported having **14 or more days of poor mental health**, with similar rates across regions of Illinois.
- Mortality due to **drug overdose and opioid overdose** increased over the period with highest rates seen in 2020 across all groups.
 - ✓ Highest death rates were seen among Black/African Americans and lowest rates among Hispanics.
- Non-fatal emergency room visits and hospitalizations showed increases in 2020.
- Opioid event visits increased with age for those under 65 years of age.
- Emerging areas of need: **youth mental health support, strengthen MH-SUD workforce, and expanded culturally inclusive practice**
- Challenges: access to services for youth and adults, **stigma**, and bias/discrimination from health care providers

Structural Themes

Social Determinants of Health



Access to Health Care & Wrap-Around Services

- 70% of Illinois counties are designated health professional shortage areas for primary care
- Lack of trans health and LGBTQIA+ health care (especially in rural areas)
- Health insurance coverage (or lack of), stigma, and workforce shortages are all barriers

Physical & Built Environment

- Encompasses all conditions in which we live, play, and work
- Includes air and water quality, street and walking conditions, physical building conditions, access to green spaces

Social & Structural Determinants of Health

- Housing, transportation, economic stability, education, community safety, environment

Structural Racism & Health Equity

- Racism and discrimination are a critical challenge shared by individuals with lived experience as well as persistent hate crimes due to race/ethnicity
- Structural racism is a root cause of health and racial inequities.
- Much of the public health system recognizes the need to do this work to make an impact on advancing equity.

Infrastructure Themes



Workforce Development & Overall Capacity

- System-wide staffing shortages
- Burnout and staff retention
- Training to address expertise gaps & hiring difficulties
- Diversify workforce to be representative of communities served
- Funding & compensation



Data Use Improvements

- Evaluation
- Data modernization
- Increased access & use of data in decision-making
- Shifts in existing data collection practices, development of shared definitions & practices
- Funding



System Coordination & Collaboration

- Increase timeliness, bidirectional, & consistent communication & coordination across PH system
- Strengthen commitment to maximize through partnerships & collaboration



Funding

- Need to de-silo funding streams & eliminate inequitable funding practices
- Sustainable resources & flexible funding structures to be able to determine need & spend down plan at local level

HEALTHY ILLINOIS 2028



State Health Improvement Plan

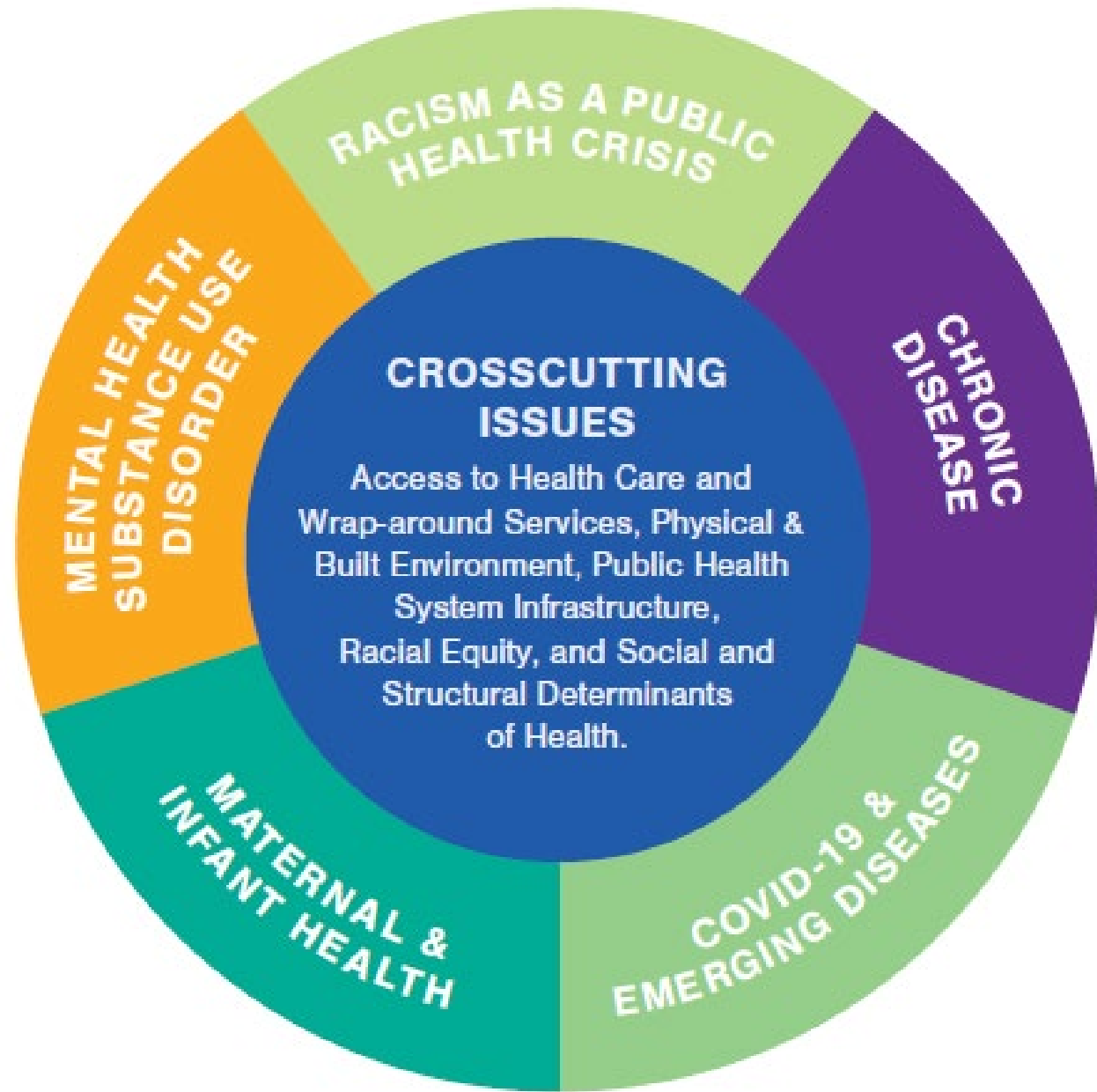
JENNY EPSTEIN

DEPUTY DIRECTOR

OFFICE OF POLICY, PLANNING, AND STATISTICS

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Healthy Illinois 2028 Priorities



Racism as a Public Health Crisis

Racism as a Public Health Crisis

HEALTHY ILLINOIS 2028

Goal 1: Build the public health system's capacity to advance health and racial equity and dismantle oppressive systems.

Goal 2: Develop and maintain a diverse and skilled public health workforce for anti-racist public health to dismantle systems of oppression.

Goal 3: Address historical and ongoing practices that perpetuate environmental racism to advance environmental justice.

Goal 1: Build the public health system's capacity to advance health and racial equity and dismantle oppressive systems.

Objective 1: Declare racism as a public health crisis with an appointed advisory committee and required plan development to operationalize.

Objective 2: Allocate resources to address oppressive systems, racist policies, and social and structural determinants of health.

Objective 3: Build public health system capacity for authentic community engagement and power sharing with Black, Indigenous, and People of Color (BIPOC) communities.

Objective 4: Build the state's data capacity/capabilities to better address health and racial equity.

Goal 2: Develop and maintain a diverse and skilled public health workforce for anti-racist public health to dismantle systems of oppression.

Objective 1: Ensure that the workforce is representative of the state population in race/ethnicity and all other points of intersectional identity.

Objective 2: Leverage and implement organizational policy to support workforce diversity development.

Objective 3: Expand workforce support infrastructure through programs and opportunities for professional development.

Objective 4: Decrease gaps in public health workforce and leadership diversity.

Goal 3: Address historical and ongoing practices that perpetuate environmental racism to advance environmental justice in Illinois.

Objective 1: Reduce and prevent environmental hazards in BIPOC communities.

Objective 2: Build the state's capacity to map, track, and assess environmental inequities and plan for addressing them.

Objective 3: Increase investment in healthy, connected, and thriving built environments in BIPOC communities.

Objective 4: Increase investment in healthy, connected, and thriving natural environments in BIPOC communities.

Racism as a PH Crisis - Sample Strategies

Declare racism as a public health crisis in Illinois with an **actionable plan** that outlines specific and measurable activities and strategies (RPHC – G1.1).

Establish **requirements** across health and human **services policy and programs** to enable communities’ “maximum feasible participation” to **institutionalize meaningful community engagement and power sharing** (RPHC – G1.3).

Implement **training** for new and existing public health system workforce **to apply and operationalize a racial equity and Health in All Policies (HiAP) lens/focus** (RPHC – G2.2).

Create **pipeline programs** connecting public health to academic institutions (high school and colleges) and other places to enter the state workforce to reduce barriers for entry in state government positions, emphasizing building partnerships with **historically Black colleges and universities (HBCUs) and minority-serving institutions** (especially minority-servicing community colleges) (RPHC – G2.3).

Adopt laws for conducting health impact assessments and cumulative impact assessments when IEPA and other departments are issuing permits that impact air, water, and land pollution in environmental justice (EJ) communities (RPHC - G3.1).

Integrate **addressing climate change impacts** and improved health equity outcomes into the mainstream practices of local government; include **climate change in Health in All Policies initiatives** (RPHC – G3.2).

Chronic Disease

Chronic Disease

HEALTHY ILLINOIS 2028

Goal 1: Increase opportunities for tobacco-free living.

Goal 2: Decrease preventable chronic diseases through nutrition.

Goal 3: Increase opportunities for active living.

Goal 4: Increase community-clinical linkages to reduce the incidence and burden of chronic diseases.

Goal 1: Increase opportunities for tobacco-free living.

Objective 1: Reduce the percentage of Illinois adults and youth reporting using commercial tobacco products (including e-cigarettes, vaping, combustible tobacco products, smokeless tobacco, etc.).

Objective 2: Strengthen public health infrastructure through funding, surveillance, and workforce capacity for tobacco prevention.

Objective 3: Reduce secondhand smoke in cars, housing, outdoor spaces, etc.

Goal 2: Decrease preventable chronic diseases through nutrition.

Objective 1: Increase the number of local organizations/businesses that implement institutional policy and systems change that support the consumption of nourishing foods.

Objective 2: Increase access to sufficient, affordable, nourishing, culturally responsive and consumed food, including by maximizing access to and participation in nutrition assistance programs.

Objective 3: Expand healthy lifestyle services provision and promotion, including in schools and health professional programs, and ensure advice aligns with learners' lives, conditions, and cultural needs and preferences.

Goal 3: Increase opportunities for active living.

Objective 1: Improve access to physical activity in schools.

Objective 2: Improve workplace wellness to encourage and to improve access to active lifestyles for adults.

Objective 3: Improve the built environment to increase active living in priority communities.

Objective 4: Develop a cross-sectoral public health campaign to promote and to support active living.

Goal 4: Increase community-clinical linkages to reduce the incidence and burden of chronic diseases.

Objective 1: Expand the role of and access to community health workers (CHWs).

Objective 2: Improve data collection and sharing practices across the public health system.

Objective 3: Improve access to preventative and disease-management programs.

Objective 4: Reduce cost barriers.

Objective 5: Increase assessment of family history, preventative screenings, and lifestyle modifications to prevent onset and to reduce the impact of chronic disease.

Chronic Disease - Sample Strategies

Partner with managed care organizations to remove system barriers to accessing services that **support tobacco-free living**, including efforts to **expand Medicaid coverage** of cessation counseling (CD – G1.1).

Create a **public oversight body** composed of chronic disease, healthy eating, oral health, and active living experts; stakeholders; and community members to prioritize, plan, and oversee the spending of the healthy eating and active living Wellness Fund Resources (CD – G2.1).

Develop and implement physical health activities and **policies** that work to **eliminate racial disparities** (specific programs, equitable policies, etc.) (CD – G3.2).

Partner with the Illinois Environmental Protection Agency, Illinois Department of Transportation, and community-based organizations to promote the integration of health impact assessments into transportation and development decisions and **apply Health in All Policies principles across disciplines** (CD – G3.3).

Increase **data collection for underrepresented populations** and expand data categories to more accurately reflect the health status and needs of these groups (e.g., race/ethnicity, sexual orientation, gender identity, geography, etc.) (CD – G4.2).

COVID-19 and Emerging Diseases

COVID-19 and Emerging Diseases

HEALTHY ILLINOIS 2028

Goal 1: Decrease disparate health outcomes related to COVID-19 and other emerging diseases.

Goal 2: Increase community resilience to public health threats.

Goal 3: Strengthen and improve public health system infrastructure and coordination to prepare for and respond to public health threats.

Goal 1: Decrease disparate health outcomes related to COVID-19 and other emerging diseases.

Objective 1: Ensure and prioritize equitable access to vaccinations, testing, and treatment for COVID-19 and other emerging diseases.

Objective 2: Work with communities to build trust in public health system messaging and guidance.

Objective 3: Increase vaccination, up-to-date vaccination rates, and testing rates in under-resourced populations.

Objective 4: Decrease disparities in vaccination dissemination in congregate settings and with home-bound individuals.

Goal 2: Increase community resilience to public health threats.

Objective 1: Increase trust between communities and health departments and reinforce health departments as experts and as a resource for the community.

Objective 2: Increase availability of and improve access to resources in priority communities as determined by the particular disease (referencing the particular risk factors).

Objective 3: Build healthy indoor and outdoor environments to reduce disease transmission.

Goal 3: Strengthen and improve public health system infrastructure and coordination to prepare for and respond to public health threats.

Objective 1: Develop and implement a timely, partner/field-informed communications plan.

Objective 2: Coordinate timely emergency preparedness and response activities across departments at all levels (local, state, federal) and across public health system partners.

Objective 3: Improve data sharing capabilities across departments and partners.

Objective 4: Build public health system resource capabilities to increase efficiency and effectiveness.

COVID-19 & Emerging Disease Sample Strategies

Develop **internal dashboards** that allow public health personnel to see where the **gaps are in vaccinations, testing, and treatment** and avoid duplications of effort (COVID – G1.1).

Conduct an **assessment on community trust** in public health intervention and identify trusted community leaders to build out a cadre of messengers to collaborate with for outreach, engagement, and for disseminating medically accurate information to their communities (COVID – G1.2).

Engage community-based organizations in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health (COVID – G2.1).

Establish an **equity team to inform messaging** to reach priority populations for particular diseases (COVID – G3.1).

Develop and implement policy for IDPH to include emergency worker duties in job descriptions for all employees to **plan for reallocation of responsibilities and surge staffing** during emergency response (COVID – G3.4).

Maternal and Infant Health

Maternal & Infant Health

HEALTHY ILLINOIS 2028

Goal 1: Improve accessibility, availability, and quality of equitable reproductive health and well-woman/person preventative health care services across the reproductive lifespan.

Goal 2: Promote a comprehensive, cohesive, and equitable system of care and support services for all birthing persons to have a healthy pregnancy, labor and delivery, and through the first year postpartum.

Goal 3: Promote a comprehensive, cohesive, and equitable system of care and services to improve birth outcomes and support infants' healthy development in their first year.

Goal 4: Strengthen workforce capacity and infrastructure to screen for, assess, and treat mental health conditions and substance use disorders among pregnant/postpartum persons.

Goal 1: Improve accessibility, availability, and quality of equitable reproductive health and well-woman/person preventative health care services across the reproductive lifespan.

Objective 1: Increase the proportion of people of reproductive age who received a preventative medical visit with appropriate sexual and reproductive screening annually.

Objective 2: Increase equitable access to the full range of reproductive health services.

Goal 2: Promote a comprehensive, cohesive, and equitable system of care and support services for all birthing persons to have a healthy pregnancy, labor and delivery, and through the first year postpartum.

Objective 1: Increase the proportion of birthing persons receiving early, adequate, and high-quality prenatal and postpartum care.

Objective 2: Decrease the rate of severe maternal morbidity, pregnancy-related mortality, and pregnancy complications in hospital settings.

Objective 3: Address social and structural determinants of health and barriers to care for postpartum and pregnant persons.

Goal 3: Promote a comprehensive, cohesive, and equitable system of care and services to improve birth outcomes and support infants' healthy development in their first year.

Objective 1: Increase access, quality, and coordination across perinatal continuum.

Objective 2: Address social and structural determinants of health to support infant health.

Goal 4: Strengthen workforce capacity and infrastructure to screen for, assess, and treat mental health conditions and substance use disorders among pregnant/postpartum persons.

Objective 1: Reduce the rate of neonatal abstinence syndrome (NAS) at delivery and pregnancy-related mortality ratios for deaths caused by substance use disorders.

Objective 2: Decrease the proportion of postpartum persons experiencing depression symptoms and the pregnancy-related mortality ratio due to mental health.

Maternal & Infant Health - Sample Strategies

Support the **development of in-school clinics** at middle and high schools, particularly in high-risk ZIP codes, to be able to **provide comprehensive reproductive health care** and sexually transmitted infections screening and treatment services (MIH – G1.1).

Collaborate with the state-mandated Illinois Task Force on Infant and Maternal Mortality Among African Americans to **assess the impact of overt and covert racism** on pregnancy-related outcomes (MIH – G2.2).

Conduct a pilot program on **income supplementation** during pregnancy (MIH – G2.3).

Implement recommendations from the Fetal and Infant Mortality Review (FIMR) program which focuses on identifying factors that contribute to fetal and neonatal loss and subsequent adverse pregnancy outcomes and develop recommendations to **improve quality of care** (MIH – G3.1).

Increase availability of **mental health and substance use disorder services** for pregnant and postpartum persons through **gender-responsive, trauma-informed, family-centered, and language-concordant programs** (MIH – G4.2).

Mental Health and Substance Use Disorder

Mental Health and Substance Use Disorder

HEALTHY ILLINOIS 2028

Goal 1: Improve the mental health and substance use disorder system's infrastructure to support and strengthen prevention and treatment.

Goal 2: Reduce mortality due to mental health conditions and substance use disorders through harm reduction and preventative care strategies.

Goal 3: Increase access to age-appropriate community-based care to reduce institutionalized treatment and incarceration.

Goal 4: Improve the resilience and recovery capital of communities experiencing violence.

Goal 1: Improve the mental health and substance use disorder system's infrastructure to support and strengthen prevention and treatment.

Objective 1: Improve data infrastructure to better understand the needs of children, adolescents, and adults, along with the capacity address these needs.

Objective 2: Equip the public health workforce to better address behavioral health needs and to provide care more effectively across the lifespan.

Objective 3: Build capacity for increased integration of mental health and SUD with health care and other services across the continuum of care.

Objective 4: Increase funding to support the infrastructure development of the mental health and SUD system to meet the needs of children, adolescents, and adults.

Goal 2: Reduce mortality due to mental health conditions and substance use disorders through harm reduction and preventative care strategies.

Objective 1: Reduce drug overdose mortality following the recommendations of and utilizing the metrics outlined in the Statewide Overdose Action Plan.

Objective 2: Reduce age-adjusted suicide rate for the general population and populations known to experience higher rates.

Objective 3: Reduce the number of children, adolescents (age 13-17), and young adults (age 18-24) who report experiencing poor mental health for more than one week per month.

Objective 4: Reduce the incidence and prevalence of morbidity and mortality of substance use among adolescents and adults.

Objective 5: Increase community interventions to improve prevention and linkage to care.

Goal 3: Increase access to age-appropriate community-based care to reduce institutionalized treatment and incarceration.

Objective 1: Reduce emergency department visits, hospitalizations, and incarceration by narrowing the treatment gap (between those who have a disorder and those who receive care) and building and sustaining community-based treatment capacity.

Objective 2: Increase access to health care and wrap-around services for populations that have disproportionate incarceration rates and lack of access to services, in particular for people of color and vulnerable populations.

Goal 4: Improve the resilience and recovery capital of communities experiencing violence.

Objective 1: Increase mental health and SUD outreach and support to communities with the highest rates of violence.

Objective 2: Increase efforts to prevent and address adverse childhood experiences (ACEs), which can have a tremendous impact on future violence victimization and perpetration and lifelong health and opportunity.

Objective 3: Improve data collection and surveillance systems around community violence (intentional injury).

Objective 4: Develop tools and resources to implement a crosscutting approach to prevent community violence.

Mental Health & SUD - Sample Strategies

Develop a system to analyze and to **share data with local communities** to inform and guide planning, implementation, and evaluation (including the use of dashboards for community-level access) (MH/SUD - G1.1).

Identify and implement strategies to **prevent burnout** among existing and new mental health and SUD treatment providers and staff (MH/SUD - G1.2).

Create and support incentives, training, and policies that **support prescriber practices of treating substance use disorder**, such as MOUD and medications for alcohol use disorder (MAUD) as a regular part of medical care (MH/SUD - G2.1).

Increase SUD screening, treatment, and medication assisted recovery access for individuals who are at risk of incarceration, those who are incarcerated, and those returning to the community following incarceration (MH/SUD - G3.2).

Develop **crisis response teams** (like the Federal Emergency Management Agency's Community Emergency Response Teams) which include clergy, community agencies, and health care providers (MH/SUD - G4.1)

HEALTHY ILLINOIS

2028



Public Comment

SAMANTHA LASKY AND ADRIAN BLASI
ILLINOIS PUBLIC HEALTH INSTITUTE

Instructions for Public Comment

Speakers have 3 minutes each, we will give you a 1-minute warning and your mic will be muted immediately upon the 3-minute mark

When it is your turn to speak, we will call your name and unmute your mic to share your comment.

- **Only the current speaker will be unmuted at a time.**

Check your chat! We will let you know when you are on deck.

As a reminder, members of the press in attendance today are not permitted to speak.

We invite you to use the Google form (link in chat) to submit written comment if you do not get the chance to speak.

<https://forms.gle/FgTKakCSecdsvsbJ8>



Public Comment

Samantha Lasky and Adrian Blasi
Illinois Public Health Institute

HEALTHY ILLINOIS

2028



Closing

KAREN PHELAN

CHAIR

STATE BOARD OF HEALTH

Next Steps

SBOH Virtual Public Hearings

- Tuesday, Nov. 28, 1-4pm
- Wednesday, Nov. 29, 1-4pm
- Thursday, Nov. 30, 1-4pm

Finalize Healthy Illinois 2028 Reports (SHA and SHIP)

Deliver to General Assembly by December 31, 2023

Develop action teams and launch implementation on January 1, 2024