



State of Illinois  
Illinois Department of Public Health

# FISCAL 2021 IN REVIEW

Annual Report





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## A Message from Dr. Ngozi Ezike, Director



On behalf of the Illinois Department of Public Health (IDPH), it is my sincere pleasure to present the 2021 Annual Report. Public health has been propelled into the forefront as a result of a worldwide pandemic. Public health departments across the nation have adopted the roles of researcher, reporter, strategist, advisor, and advocate, as we seek to understand the mystery of the Novel Coronavirus (2019-nCoV) and the impact it is having on our health as well as our lifestyles. While we are responding to this pandemic, we are also responding to many additional priorities that are so important to our public's health.

Our work is driven by our mission:

**The Illinois Department of Public Health is an advocate for and partner with the people of Illinois to re-envision health policy and promote health equity, prevent and protect against disease and injury, and prepare for health emergencies.**

It is this mission that has helped us to shape our vision:

**Illinoisans empowered and supported to achieve their optimal health with dignity and acceptance in diverse and thriving communities.**

In 2021, we worked towards this mission with a lens of equity for the health care needs of all people of our state, regardless of geography, race, gender, age, ability, sexual orientation, religion, socioeconomic status, or any of the other factors that cause us to view people differently.

Through a commitment to performance management, IDPH promotes internal operational effectiveness, accountability, and transparency. As a department nationally accredited by the Public Health Accreditation Board, we see ongoing quality improvement initiatives as integral to our work. We also provide grant management and administrative support to agency staff, partner agencies, and grantees throughout the entire life cycle of the grant process.

IDPH directs strategic activities and outputs to meet the department's goals effectively and efficiently. Its primary focus is on the department's performance, grant programs, and the processes implemented to manage particular tasks. Performance management standards are generally organized and disseminated by senior leadership and the task owners provide timely feedback and improvement.

Also critical to, and integrated into IDPH program achievements are our data systems. Public health data and surveillance systems are the cornerstone of public health practice. We use data to:

- evaluate program impact,
- determine appropriate public health interventions,
- identify target populations,
- monitor progress,
- determine barriers to care, and
- inform public policy.

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The potency of public health data is highlighted in the department's activities regarding our battle with the pandemic, response to communities' concerns about environmental risks, and our strong emphasis on applying the health equity lens to our work. This recognition of the value of public health data has led IDPH to continue to focus on public health surveillance data. These efforts have resulted in some remarkable milestones which include, but are not limited to, the rapid integration of multiple data systems to respond to disease tracking and monitoring; the National Cancer Institute's award to the Illinois State Cancer Registry, which allowed them to become a member of its Surveillance, Epidemiology, and End Results (SEER) Program; and the continued improvement of the vital records systems.

The accomplishments of 2021 are due in no small part to the dedication and work of the employees who comprise **#TeamIDPH!** Their commitment to serving the people of Illinois makes it a joy to lead this department. Their professionalism, flexibility, and continuous willingness to pivot amidst so many challenges, inspires me and keeps me in a perpetual state of gratitude for the work they do and their roles as servant leaders.

This annual report chronicles the work, activities, and initiatives we are continuously called to undertake as we serve this state, and advocate on behalf of its people. In accordance with the State Finance Act (30 ILCS 105/3(a)), I am pleased to present the fiscal year 2021 report for the Illinois Department of Public Health for the year ending June 30, 2021. Thank you for the honor and privilege of serving, and thank you Illinois, for the faith placed in our efforts.

Yours in Service and Optimal Health,

A handwritten signature in black ink, appearing to read "Ngozi Ezike". The signature is fluid and cursive, with the first name "Ngozi" and last name "Ezike" clearly distinguishable.

Ngozi Ezike, M.D.

Director

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## Administrative Hearing Review

The mission of the Illinois Department of Public Health Division of Administrative Hearing Review (AHR) is to conduct fair and impartial hearings related to the wide variety of matters under IDPH's jurisdiction. AHR's work involves the resolution of disputes brought before its administrative law judges for hearing. As such, it is AHR's responsibility to decide if the disputes that come before it are based strictly on the facts determined at hearing and the application of relevant law. This is done to ensure that the results reached in any hearing that come before an AHR administrative law judge are rendered fairly and impartially.

Although the COVID-19 pandemic decreased the number of new cases that were filed in 2020 and the first half of 2021, in FY2021, AHR handled more than 800 new cases. While many cases settled or were resolved prior to the hearing, a significant number of these matters had a full evidentiary hearing, presided over by one of the AHR's administrative law judges (ALJ). These hearings ranged from relatively simple matters, which may only take an hour to hear and involve the testimony of only one or two witnesses, to complex, multi-day hearings involving numerous witnesses and exhibits.

A significant number of the cases that the AHR's ALJs presided over have been filed by the Illinois Department of Public Health. These cases typically concerned alleged violations of the rules pertaining to the various programs under IDPH's jurisdiction. Such cases involved violations of the legal standards governing the operation of the nursing homes. Other cases involved the alleged improper handling or removal of asbestos or lead from buildings. The AHR's ALJs also presided over cases brought by citizens seeking review of the results of investigations conducted by IDPH at nursing homes, which typically regarded the care and treatment of a family member or loved one. Finally, each year, ALJs presided over hundreds of cases involving the attempted discharge of nursing home residents from the nursing homes they reside in. To protect nursing home residents' rights, ALJs determine if the nursing home had a legally valid reason for the proposed discharge. In instances where a nursing home did not have a legally valid reason to discharge a resident, the ALJ would recommend the nursing home be prohibited from discharging the resident.

### Accomplishments

The COVID-19 pandemic had a major impact on the way in which the AHR conducted its hearings. Prior to the onset of the pandemic, ALJs typically conducted hearings in person, either at AHR's offices or at offsite locations. With the onset of the pandemic, however, and continuing to the present day, the AHR's ALJs now conduct almost all hearings using videoconferencing technology. While this transition was initially challenging, due to the dedication and professionalism of the AHR's ALJs, this transition from in-person to virtual hearings has ultimately proven to be successful. Moreover, the switch to virtual hearings has had several benefits. For example, prior to the COVID-19 pandemic, ALJs would often have to travel to various locations throughout the state to conduct hearings, resulting in a substantial expenditure of time and resources. The use of videoconferencing tools to conduct hearings allows ALJs to make more efficient use of their time. An additional benefit of this transition enables the participation of parties that might otherwise have had to travel a considerable distance to attend a hearing. Virtual hearings thus enhanced such parties' ability to participate in hearings.

The AHR also began the process of modernizing the rules used to conduct hearings to align with the current and future realities of conducting hearings. Once the rules are finalized by the end of the year, they will encourage the filing of documents electronically, rather than requiring the filing of paper documents, as currently required.

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## Community Outreach

IDPH's community outreach work involves the planning, implementation, and evaluation of outreach programs. Responsibilities include the creation of policies for conducting effective outreach to diverse communities, including but not limited to, people of various racial and ethnic backgrounds, people with disabilities, immigrants, and people who live in rural communities.

The community outreach team works closely with the Center for Minority Health Services in building cultural competency internally and externally, coordinating the Health Equity Council, supporting, and promoting the work of community partners.

### Accomplishments

Created and managed the "Illinois COVID-19 Community Ambassadors" program. COVID-19 ambassadors are Illinoisans who play a vital role in supporting and promoting current state efforts to stop the spread of COVID-19 by promoting and sharing information among their friends, family, peers, and neighbors on prevention measures, testing and vaccine resources, and other relevant information. Any Illinoisan can volunteer to be an ambassador. IDPH works with ambassadors on an ongoing, regular basis to provide support, to share accurate and current information, and to ensure community impact.

### Goal

- Engage with and empower everyday Illinoisans, in an ongoing and intentional way, to assist in COVID-19 outreach and prevention efforts.
- Enable Illinoisans to become contributors, problem solvers, and partners in helping to stop the spread of COVID-19.

More than 1,200 Community Ambassadors have been recruited and activated, thus far, in the state over the year. Recruitment is ongoing and ambassadors represent every region of the state.

With COVID-19 cases rising, there is a continued need and opportunity to engage with and to empower Illinoisans in an ongoing and intentional way, to assist in outreach, engagement, and prevention efforts. By giving Illinoisans' opportunities to serve and to assist with the COVID-19 response efforts enables them to become contributors, problem solvers, and partners in helping their communities.

IDPH is counting on Illinoisans to help disseminate information on how to prevent the spread of COVID-19 among their peers, neighbors, family, friends, and co-workers. IDPH aims to identify and to recruit individuals who are representative of the state's diversity (race, ethnicity, geography, gender, age, sexual orientation) to serve as ambassadors. This diversity also includes individuals with varied backgrounds and experiences. For example, a PTA member, radio/TV/YouTube talk show host, block club president, religious leader, high school student council member, spoken word youth poet, local business owner, elected official, and civically active senior citizen.

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## Center for Minority Health Services

The Center for Minority Health Services (CMHS) was created by state statute to assess the health concerns of minority populations and to assist in the creation and maintenance of culturally sensitive programs. To achieve this goal, the center works within IDPH and with other relevant state and local entities to heighten awareness of minority health issues and services.

The CMHS mission is to improve the health and well-being of Illinois' racial and ethnic minority populations through the development of health policies and culturally and linguistically appropriate programs that eliminate health disparities.

### Overview of Programs

CMHS oversaw two federal grant programs, four general revenue grant programs, and provided oversight of the state's Refugee Health Screening program. In addition, CMHS oversaw IDPH's internal Health Equity Council and IDPH's COVID-19 Equity Team and provided administrative support for the Diversity in Health Care Professions Task Force. In FY21, more than \$7 million in state and federal grants funded 51 community-based programs.

### Programs

**Minority AIDS Initiative AIDS Drugs Assistance Program (ADAP).** Through innovative targeted outreach and linkage strategies, the program identified HIV positive minorities with unmet medication needs, and assisted them with enrollment into the free ADAP program.

**Refugee Health Screening Program.** The Refugee Health Screening Program provided culturally and linguistically appropriate comprehensive health assessments, medical referrals, and supportive services to eligible newcomer populations. The health assessments included screening for communicable diseases, acute and chronic conditions, and provision of age-appropriate immunizations. Additionally, support services such as medical case management, health education, and interpretation services were available through health promotion providers. Service providers were located in Cook, DuPage, Kane, Rock Island, and Winnebago counties.

**COVID-19 Response in Communities of Color Funding.** This program funded community-based organizations to educate minority communities on COVID-19 prevention, including access to and education on the different vaccines and to testing, and provided resources to improve quarantine and isolation compliance, such as housing stability and food security.

**Communities of Color Special at Risk Population.** This program funded HIV prevention, education, testing, and care programs targeting communities of color, specifically programs with the capacity to reach special at-risk minority populations included, but not limited to, men who have sex with men, homeless, ex-offenders, sex workers, those with a history of mental illness or substance abuse, and other difficult-to-reach populations. The efforts were necessary due to the unique problems many of these individuals face that placed them at greater risk for HIV disease.

**Increasing Access.** Provided preventative health screenings that occurred in non-threatening and familiar settings. Services were in partnership with communities and providers, and with the Wellness on Wheels (WOW) units or in community settings.

**Hepatitis B Outreach and Education.** This program sought to reduce health disparities and health inequities in hepatitis B (HBV) infections among foreign born Asian and African immigrants and refugee populations. Funds supported outreach, awareness, education, and referral programs as well as

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linkage opportunities for screening, vaccination, and treatment services especially for underserved, uninsured, and underinsured individuals who were at greater risk for HBV and experience high rates of chronic HBV infections.

**Wellness on Wheels (WOW) - Mobile Administration.** The aim of this funding was to reduce health disparities and health inequities by increasing access to culturally and linguistically appropriate preventative health screenings in medically underserved communities, disadvantaged, and other vulnerable communities of color. The initiative partnered with health care providers to make a variety of preventative screenings and services available via mobile clinics. Services offered included, but are not limited to, HIV, hepatitis C, sexually transmitted diseases (STDs), blood pressure, cholesterol, glucose, immunizations, dental, hearing, NARCAN distribution and training, and harm reduction services.

## Accomplishments

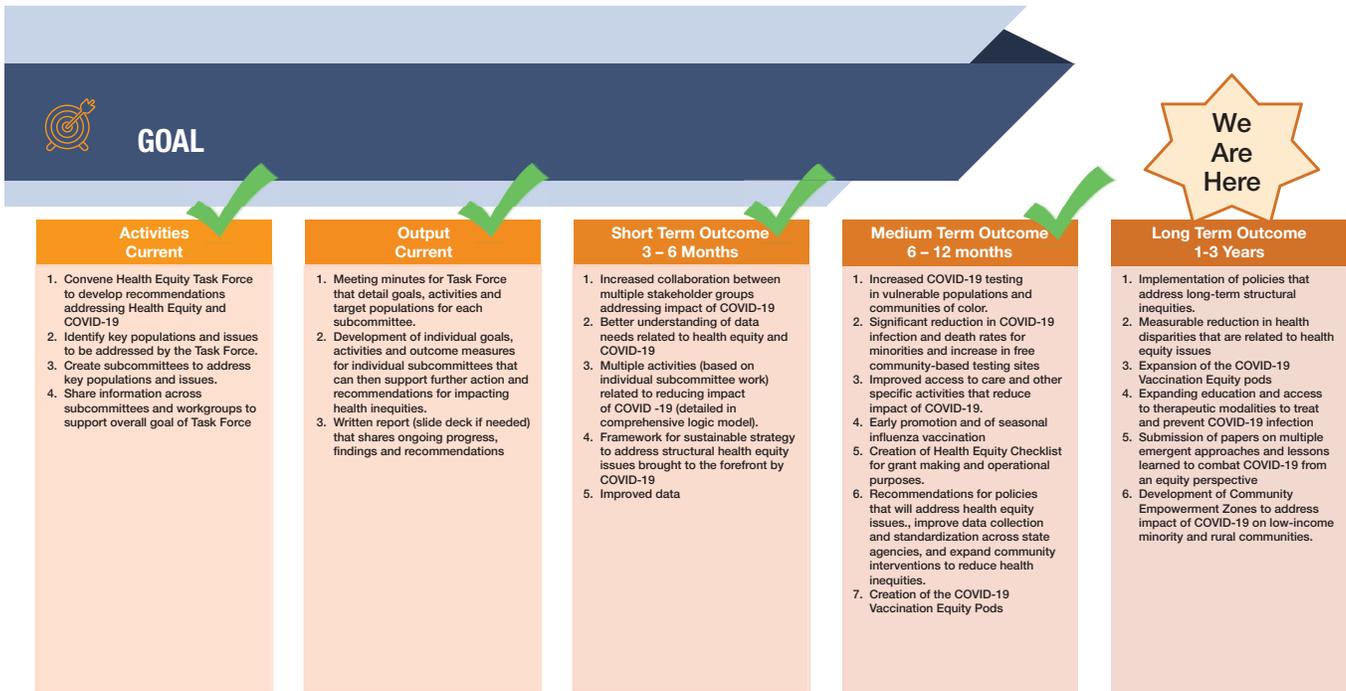
- In FY21, CMHS programs reached 33,933 racial and ethnic minorities with outreach and education. A total of 3,536 HIV tests, 1,659 HBV tests, and 2,208 HCV tests were provided to individuals; 8,073 individuals were linked to care services. A total of 3,866 Narcan kits were distributed to individuals and training was provided on how to use the kits.
- Refugee health screenings: A total of 356 health screenings were performed for 189 male and 167 female newcomers from 43 different countries, and a total of 407 immunizations were administered. Separately from health screenings, 890 instances of health promotion activities occurred. There were 101 unique clients receiving health promotion services. This includes 98 instances of medical case management, 12 instances of interpretation, and five health orientation and education courses.
- Migrant and seasonal worker activities: 787 COVID tests administered, and 12,404 total vaccinations provided via WOW administration through March 2021.
- Faith-based and community-based activities: 1,123 flu shots; 1,460 blood pressure screenings; 184 glucose screenings, 50 cholesterol screenings, 3,388 dental screenings, 975 sealants, 244 school-based immunizations, 3,521 asthma treatments, and 5,424 sexually transmitted infections (STIs).
- IDPH staff engagement: CMHS facilitated four culture and diversity awareness quizzes and two webinars in which more than 400 IDPH employees participated. CMHS also facilitated three book club meetings on race and social justice topics for which a total of 65 individuals participated. CMHS co-chaired and provided administrative support for the IDPH Health Equity Council and conducted internal trainings on utilizing the Health Equity Checklist as part of the grant making process.
- Internships: CMHS hosted and provided mentorship for two doctoral candidates and two master's candidates and hosted two summer interns and two GPSI interns through the University of Illinois Springfield.
- CMHS provided administrative support for the Diversity in Health Care Professions Taskforce. A link to the taskforce's 2020 report is shared below.

## In the Community

Participated/presented on the state and national level on the work of CMHS – seven state webinars, and three national webinars.

- Provided oral comments at the Moderna U.S. Food and Drug Administration (FDA) hearings.

- Hosted listening conversations with diverse groups on COVID-19 vaccine hesitancy and provided training for community outreach workers.
- Collaborated with sister agencies and multiple faith-based and community-based organizations to develop resources, create access to testing, vaccination, and other resources. Through these partnerships more than 50,000 minority and low-income individuals received COVID-19 vaccines, and more than 20 documents were translated and shared, many in multiple languages.
- In partnership with IEMA, more than 40,000 vaccinations were issued through the COVID-19 Equity Vaccination Pods and more than 600 clinics were scheduled in FY21.
- Conducted a youth forum on COVID-19 and a masking competition to promote awareness and education around masking.
- Received approval for two oral presentations at the 2021 American Public Health Association’s (APHA) Annual Conference and conducted an oral presentation at APHA’s annual conference in 2020. In partnership with Northwestern University, submitted a paper on COVID-19 Racial Disparities for publication consideration.
- CMHS staff continues to provide oversight for the COVID-19 Equity Team, which is a multisector collaboration of more than 75 public and private partners. The team was formed in April 2020 and serves in an advisory capacity to the IDPH COVID-19 response efforts.



Updated: 8/31/2021

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**Resources**

- [Diversity in Health Care Professions 2020 Report](#)
- [IDPH Disparity Report – 2020](#)
- [CMHS Disparities Dashboard](#)
- [COVID-19 Equity Team](#)



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## Office Of Disease Control

The Office of Disease Control (ODC) administers programs to prevent and to control infectious and communicable diseases to reduce and to eliminate exposure and ensure population health, safety, and wellbeing. Formerly the Office of Health Protection (OHP), ODC was born out of necessity as during the COVID-19 pandemic IDPH's efforts became singularly focused on disease control. The creation of ODC provides IDPH with a platform to build a significantly larger disease control and response team while maintaining appropriate span of control. These former OHP divisions now make up ODC: Infectious Diseases, Laboratories, Budget/Fiscal, Support Services (Grants), Contact Tracing, and Bureau of Testing.

- Division of Infectious Diseases is responsible for statewide surveillance, identification of disease outbreaks and clusters, reporting, providing consultation services and training for public health partners for more than 64 diseases/conditions. The Communicable Disease Section conducts surveillance and outbreak response for 72 different diseases.
- Division of Laboratories houses three state laboratories and supports public health programs with accurate and timely environmental and clinical testing data. The division performs tests for a variety of infectious diseases, newborn genetic and metabolic disorders, foodborne illnesses, chemical and bioterrorism agents, and environmental contaminants in milk and water. The data and patient results generated by IDPH labs are used for disease control, prevention, and treatment, as well as in epidemiological studies.
- Bureau of Testing established a COVID-19 screening, testing, and surveillance program, a critical component of the state's response to the pandemic.
- Division of Contract Tracing is a new division in ODC. It was primarily created in response to the COVID-19 pandemic.

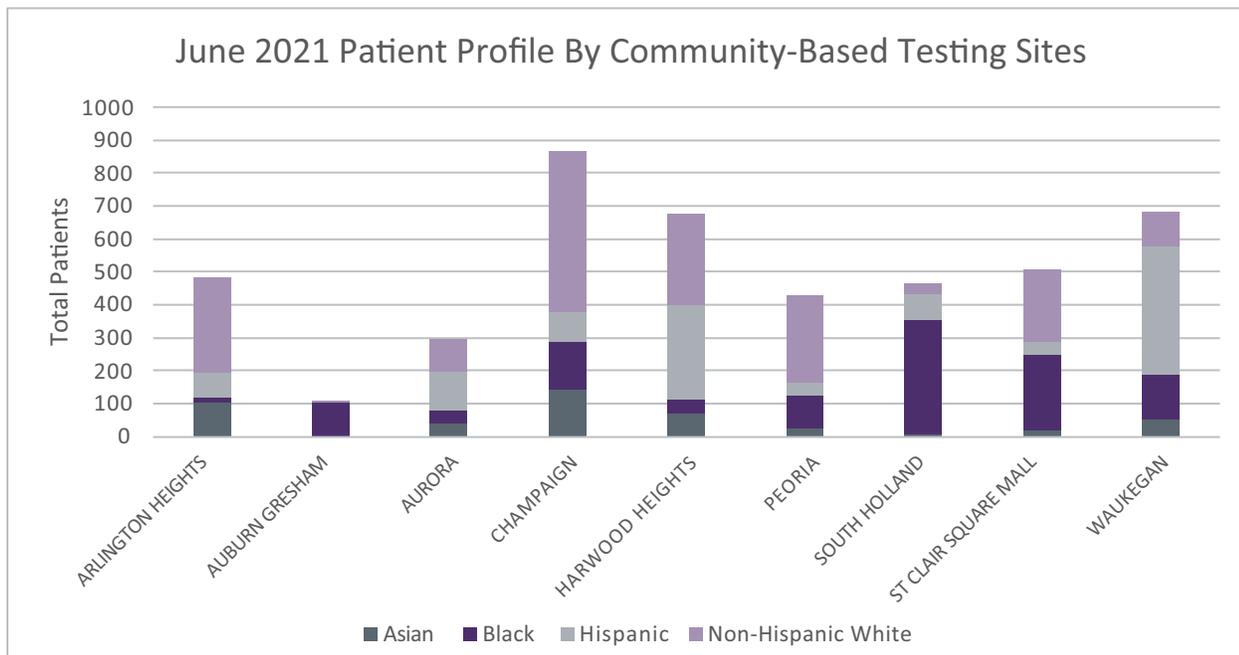
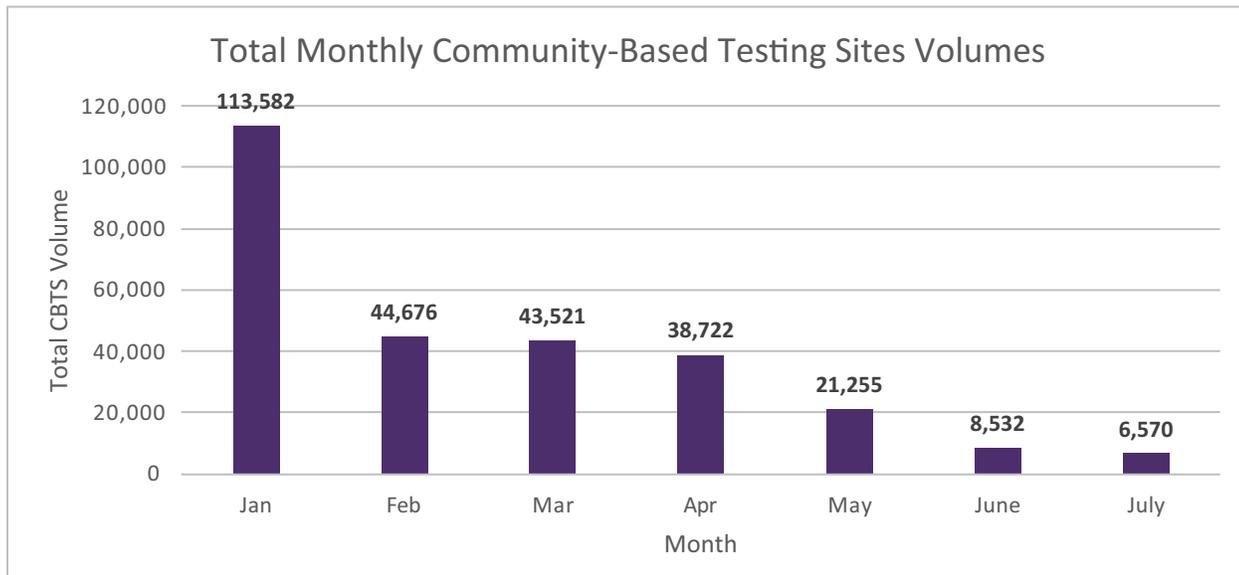
### Accomplishments

- Established a breakthrough surveillance data system to report findings to the Centers for Disease Control and Prevention (CDC) and to maintain data transparency on the IDPH website.
- Conducted ongoing surveillance for nearly 500,000 COVID-19 cases and provided information daily for the IDPH website on case counts, deaths, and test positivity, among other metrics.
- Built a new CDC transmission file, COVID-lite Message Mapping Guide, for reporting of data to CDC inclusive of vaccination data.
- Oversaw investigation and control measures for nearly 1,400 outbreaks.
- Launched surveillance for sequencing data for variants of concern, providing reports to the data team and CDC for analysis.
- Automated flu report went LIVE on website.
- Launched the Online 'Vax Verify' system.
- Conducted 5,316 HIV tests for risk-targeted populations.
- Conducted 12,139 routine HIV screenings for risk-targeted programs.
- More than 1,200 partner services/contact tracing cases were managed by the HIV/AIDS program.

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- The HIV Surveillance Unit published a report titled “HIV-Related Stigma and Its Association with Health Outcomes Among Persons Living With HIV/AIDS in Illinois.”
  - Successfully launched the new tiered case management model incorporating Ryan White Medical, Correctional, and Perinatal Case Management.
  - Successfully launched the statewide Tenant Base Rental Assistance (TBRA) Program for the Ryan White Part B Program.
  - HIV/AIDS Section exceeded all quality benchmarks set forth for tracking viral suppression of clients served. The national benchmark is 85% viral suppression and the program’s overall viral suppression for all categories was 91%.
  - Successfully trained 134 participants from local health departments across the state in 2021 in HIV navigation, surveillance-based training, and risk-based testing classes.
  - The HIV/AIDS Section maintained consistent enrollment and viral suppression throughout the COVID-19 emergency pandemic response.
  - Bureau of Testing:
    - Operated 11 community-based testing sites and completed 276,858 tests.
    - Instituted a mobile testing programming to respond to outbreaks and to provide targeted access throughout the state, completing 30,340 tests.
    - Organized facility teams that supported congregate living facilities and limited outbreaks (completed more than 10,000 tests).
    - Completed more than 132,500 tests within the Illinois Department of Corrections.
    - Implemented SHIELD Illinois through an Inter-Governmental Agreement (IGA) with the University of Illinois Urbana-Champaign for a turn-key testing service providing low-cost lab services, specimen collection, resulting and reporting.
    - Distributed 1,140,960 Abbott BinaxNow Rapid Antigen Tests to local health departments, hospitals, clinics, federally qualified health centers (FQHCs), K-12 schools, IDPH regional offices, corrections offices, mental and behavioral health centers, and other agencies.
    - Statewide surveillance of wastewater served as an early detection system for SARS Co-V-2, providing public health officials the opportunity to take action to mitigate community spread. SARS Co-V-2 can be shed in feces of both symptomatic and asymptomatic individuals.
  - More than 1 million calls were made to confirmed COVID-19 cases and close contacts.
  - During emergency pandemic response, IDPH onboarded 277 surge centers and 718 community-based organizations (CBOs) and FQHC personnel (in addition to teams at 97 LHDs) into a new data collection platform to manage the high volume of COVID-19 cases.
  - Leveraged virtual technology, enhanced customized contact tracing training was delivered to more than 3,500 people across the state.
  - It was estimated that IDPH mitigation strategies diverted more than 150,000 potential new COVID-19 infections (as of March 31).

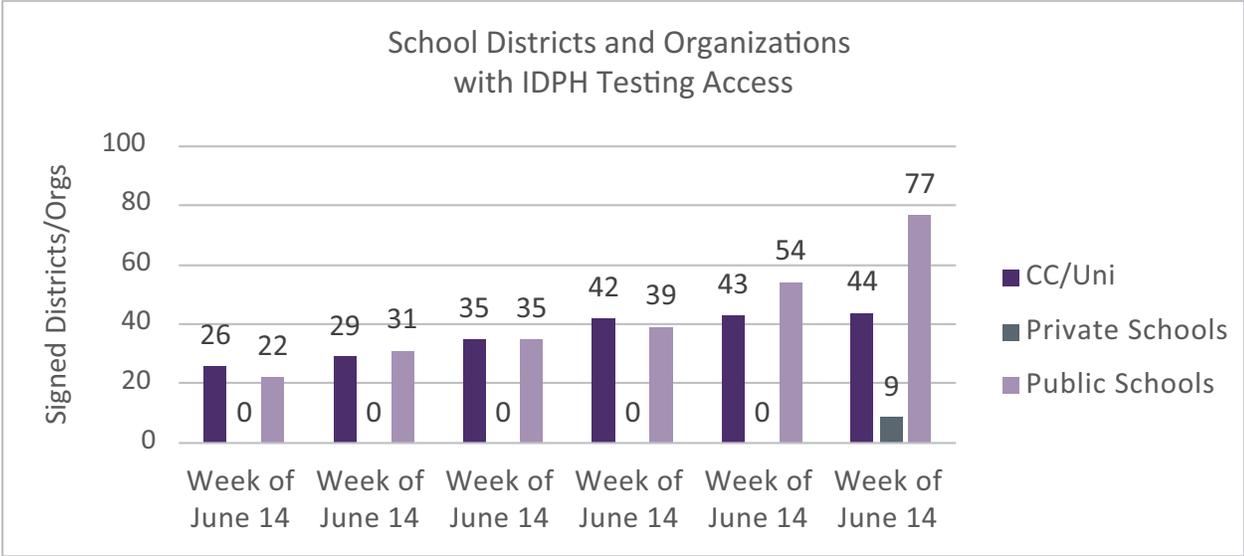
- 6,700 resource coordination requests were fulfilled by partnering with CBOs and the establishment of Pandemic Health Navigators (PHN). PHNs were an integral part of the COVID-19 response in the provision of social, material, and assistance for disproportionately affected populations in supporting access to social service needs to safely quarantine and isolate.
- 972 COVID-19 cases and contacts requested support for additional resources. Approximately 7% of requests came from cases.
- Leveraging the PHNs, IDPH is already in the process of initiating a statewide youth ambassador program to reduce vaccine hesitancy and promote vaccine confidence.
- More than 6 million people ages 12 and above were fully vaccinated.

### In the Community



IDPH Community-Based Testing Sites prioritized access to vulnerable communities and was successful at reaching communities of color:

- Asian American: 7%
- Black: 18%
- Non-Hispanic White: 51%
- Hispanic: 25%

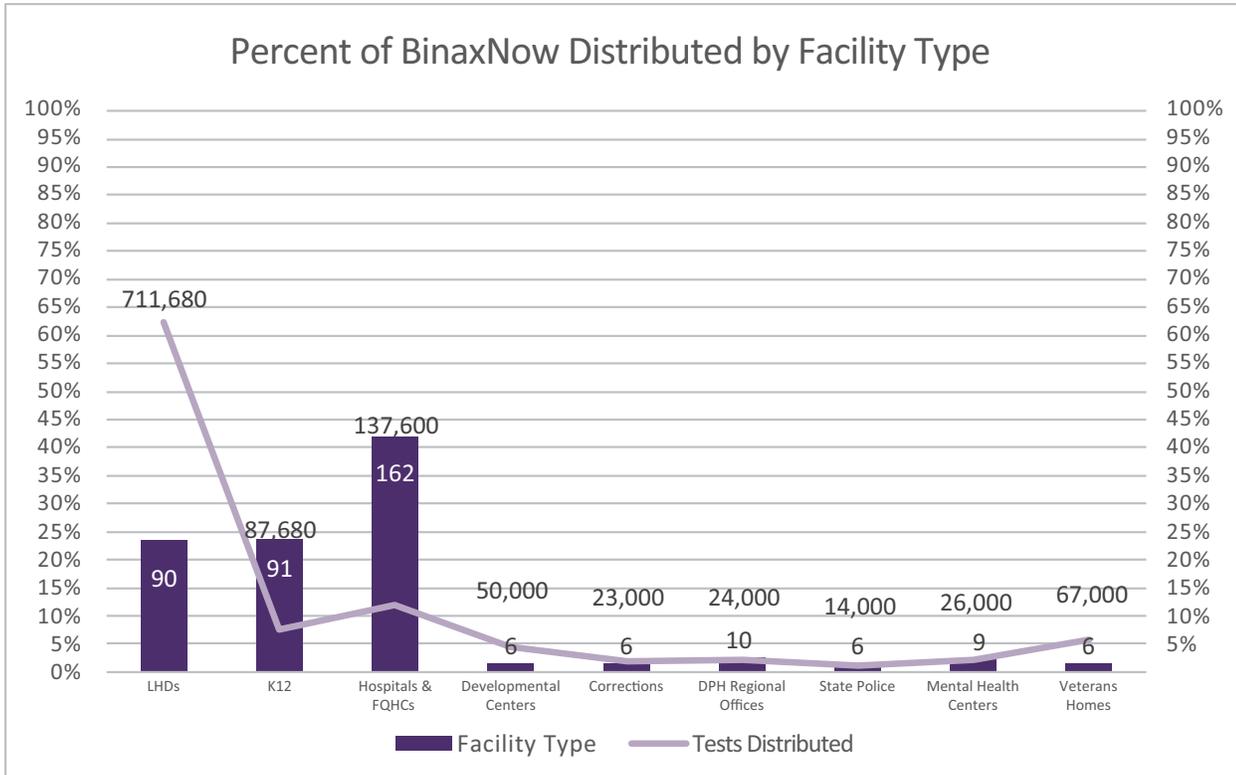


**Option 1**

**BinaxNow Distribution**

Facility Type	Number of Facilities	Tests Distributed
LHDs	90	711,680
K12	91	87,680
Hospitals and FQHCs	162	137,600
Developmental Centers	6	50,000
Corrections	6	23,000
DPH Regional Offices	10	24,000
State Police	6	14,000
Mental Health Centers	9	26,000
Veterans Homes	6	67,000

**Or Option 2**



## Resources

- Preventing HIV Infections: <https://dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/preventing-hiv-infections>
- HIV Surveillance Updates can be found here: <http://dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hiv-surveillance/update-reports>
- <https://dph.illinois.gov/resource-center/news/2021/august/idph-launches-online--vax-verify--system>
- Coronavirus Disease 2019 Dashboard: <https://dph.illinois.gov/covid19>
- Statewide COVID-19 Statistics: <http://www.dph.illinois.gov/covid19/statistics>
- COVID-19 Vaccination Administration Data <https://dph.illinois.gov/covid19/vaccine/vaccine-data.html?county=Illinois>
- IDPH COVID-19 Guidance: <http://www.dph.illinois.gov/covid19/community-guidance>
- Guidance for COVID-19 Prevention in K-12 Schools: <http://www.dph.illinois.gov/covid19/community-guidance/school-guidance>
- Resident Immunization Portal – Vax Verify
- COVID-19 Health Care Providers & Facilities Guidance & Updates: <https://dph.illinois.gov/covid19/healthcare-providers>
- Illinois Integrated HIV Prevention and Care Plan 2017–2021: A Roadmap for Collective Action in Illinois
- Illinois Integrated HIV Prevention and Care Plan 2017–2021 Executive Summary

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## Environmental Health

The Office of Environmental Health works to reduce the incidence of disease and injury, and to promote health and safety regarding environmental factors; using surveillance, regulation, data, stakeholder education, and enforcement to prevent disease caused by environmental exposures.

- The Illinois Lead Program was developed to prevent childhood and prenatal lead exposure through community and health care provider education and public awareness campaigns to:
  - Identify children and pregnant persons exposed to lead.
  - Prompt interventions to reduce exposure.
  - Improve health and developmental outcomes.
- The Plumbing and Water Quality Program is responsible for the regulation of plumbing systems and the plumbing industry. The program's primary function is to protect public health by regulating and educating on the practice and profession of installing and operating plumbing systems.
- The Toxicology Program assesses environmental data from hazardous waste sites or releases to determine whether a public health hazard exists.
  - Educates people on ways to reduce exposure to environmental contaminants.
  - Responds to inquiries regarding chemical exposures and possible human health effects.
- The Food, Dairies, and Devices Program strives to prevent illness, contamination, and injury to consumers from food and dairy products in the food supply chain.

## Accomplishments

- In coordination with the Plumbing Code Advisory Council and the State Board of Plumbing Examiners, the IDPH Plumbing and Water Quality Program established and released criteria in January 2021 to allow for virtual and electronic continuing education (CE) courses to meet CE requirements for licensed plumbers.
- The Plumbing and Water Quality Program  
In December 2019, IDPH released guidance to the Illinois State Board of Education recommending that schools constructed prior to January 4, 2014, conduct lead in water testing; implement mitigation measures at schools with detected lead in the water; and make sure schools flush their building water systems after periods of stagnation.
- The Plumbing and Water Quality Program with grantee, Elevate Energy, established the Lead Care Illinois Program, which provides free lead in water testing to childcare facilities and lead in water training to childcare providers and Illinois Department of Children and Family Services (DCFS) licensing staff. Testing of childcare facilities began in January 2021.
- The Plumbing and Water Quality Program performed six Legionella investigations and consulted with numerous other facilities and local health departments regarding cases of Legionella possibly associated with their facility or acquired in their respective communities.
- The Toxicology Program responded to requests for technical assistance for 12 hazardous waste sites and releases, including more than 200 citizen inquiries about indoor air quality in homes, schools, and congregate living facilities related to the Chemtool Chemical Plant fire in Rockton.

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- The Food, Drugs, and Dairy Program created COVID-19 inspection safety restrictions that resumed onsite dairy inspections to reduce impact on the dairy industry and allowed intrastate commerce to continue. A virtual retail food inspection policy for certain inspection types was created to aid local health departments in completing inspections during COVID-19.
  - An estimated total of 15,997 children were served through LeadCare Illinois. Approximately 41% of facilities received sampling results that identified lead present >2.01 ppb. These facilities were required to perform mitigation under DCFS administrative rules, which reduced lead exposure for thousands of children. <https://leadcareillinois.org/>
  - The Plumbing and Water Quality Program currently has a total of 14,053 individuals and businesses actively licensed and registered. This includes 7,621 licensed plumbers of which 166 are newly licensed since January 1, 2021, 2,594 licensed apprentice plumbers of which 670 are newly licensed since January 1, 2021, and 2,524 registered plumbing contractors of which 21 are newly licensed since January 1, 2021.
  - The Plumbing and Water Quality Program provided guidance to health care facilities, to water management consultants, to local health departments, to plumbing and water treatment industries, and to building owners and operators regarding water management planning with the intent of reducing the presence of Legionella and other waterborne pathogens.
  - The Food, Dairy, and Devices Program:
    - Licensed and inspected 26 bottled water plant inspections.
    - Licensed and inspected 33 salvaged food facilities. Conducted 1,204 dairy plant and farm inspections and provided permits for 234 dairy plants.
    - Conducted 98 shellfish firm inspections.
    - Approved and provided 6,381 Free Sale Certificates to manufactured food companies so they could ship foods out of the country.
    - Conducted 300 manufactured food inspections under an FDA contract, as well as 175 new facility inspections.
    - Participated in nine multi-state foodborne illness outbreak investigations with FDA and CDC, and numerous in-state outbreak investigations with local health departments.
  - The Lead Program processed 193,000 children in fiscal year 2021 who tested for lead exposure. More than 5,000 were identified with elevated lead levels. More than 202,000 tests were analyzed with a 4% test positivity for lead exposure. Children who tested positive received case-management. More than 3,000 environmental inspections were conducted to find and to remediate lead exposure sources.

## In the Community

The Toxicology Program assisted the Winnebago County Health Department with the investigation of potential exposures to perfluorinated alkyl substances (PFAS) in private drinking water in southeast Rockford.

## Resources

- <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/lead-surveillance-report-2018.pdf>

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## Office of Preparedness and Response

### Division of Disaster Planning and Readiness

#### Disaster Planning and Readiness

The Division of Disaster Planning and Readiness (DPR) focuses on public health emergency management and planning, training, exercise, evaluation, improvement planning, and response. Regional field staff provide technical assistance to local health departments (LHDs) and serve in liaison positions with state and local resources during an emergency. Staff also maintain and support the Public Health Emergency Operations Center (PHEOC), State Emergency Operations Center (SEOC), Starcom21 radio system, Illinois' interoperable emergency radio network, and the Comprehensive Emergency Management Program (CEMP). CEMP is a web-based emergency planning, exercise, and assessment system utilized by LHDs and hospitals.

#### Emergency Medical Services

The Division of Emergency Medical Services (EMS) is committed to ensuring, to promoting, and to improving the health of all Illinoisans through an integrated, collaborative, data-driven, and evidence-based care approach. The Division of EMS approach is value driven and supports state, regional, and community initiatives. This is accomplished by assuring a competent and professional pre-hospital workforce, specialized facilities, and educated staff to take care of all Illinoisans.

The Division of EMS licenses all levels of EMS professionals; first response vehicles, including ambulances and non-transport vehicles; trauma centers; stroke centers; and pediatric centers, and recognizes ST-Elevated Myocardial Infarction (STEMI) centers. The Division of EMS took a leading role in hospital preparedness and response activities during the COVID-19 response.

#### Grants and Financial Management

The Division of Grants and Financial Management ensures that appropriations or grant funds received for a specific purpose/program are utilized for the intended purpose, makes payments in a timely manner while in compliance with applicable rules and regulation, provides legally required financial reports that are accurate and complete, and ensures adequate coordination exists between OPR divisions regarding procurement activities to acquire the requested items/services according to the State of Illinois Procurement Code.

#### Serve Illinois Commission

The Serve Illinois Commission (SIC) is the agency charged with improving the quality of life of all Illinoisans through volunteerism and community service, through a multi-pronged approach. In the area of volunteerism, SIC provides opportunities for residents to volunteer in the areas of natural and human-caused disaster relief, support resolution during civil unrest, criminal justice reform, provision of education and mentorship for youth, public health crises, addressing the social determinants of health, and supporting aging residents. Programs in the volunteerism arm include the Medical Reserve Corps (MRC), Community Emergency Response Teams (CERT), Voluntary Organizations Active in Disaster (VOAD's) and long-term disaster committees. Each year SIC partners with the Office of the Governor to recognize the volunteers of the year and the municipalities that have gone above and beyond with their volunteerism.

In the area of community service, the SIC provides opportunities for Illinoisans to engage in a variety of programs designed to foster service learning, to improve community life, to address the social determinants of health, and to address equity issues and increase civic engagement. The signature community service program is AmeriCorps Illinois, where cohorts of young adults provide service to communities via assignments with nonprofits, schools, and municipalities. Other community service programs include Senior Corps (cohorts of older adults providing service), and AmeriCorps Vista

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(individuals focusing on building capacity for non-profits and other similar agencies.) Additionally, SIC provides training in capacity building for nonprofits, and civic engagement education training for community organizations and teachers.

## Accomplishments

### Disaster Planning and Readiness

- Coordinated the IDPH response to COVID-19, working with state, federal, and local partners, such as the Illinois Emergency Management Agency (IEMA), Illinois National Guard (ILNG), Federal Emergency Management Agency (FEMA), Centers for Disease Control and Prevention (CDC), local health departments (LHDs), hospitals, Regional Health Care Coalitions (RHCCs), emergency management agencies, and other state, federal, and local partners.
- Public Health Surveillance and Investigation. Since onset of the COVID-19 pandemic, seven Public Health and Medical Services Response Regions (PHSMRR) demonstrated the public health surveillance and investigation capability through identification of more than 500,000 confirmed cases of COVID-19. LHDs accompanied by their health care and community partners, implemented efforts to conduct contact tracing on the confirmed cases.
- Health Care Coalitions. The outcome of programmatic work produced an improved response to the COVID-19 pandemic. Collaboration among local and regional health care coalitions proved critical during the COVID-19 response as LHDs and their partners were stretched beyond capacity. RHCCs played a pivotal role in managing the distribution of personal protective equipment (PPE) supplies and vaccine. RHCCs were able to distribute COVID-19 vaccines that required ultra-cold storage to designated locations. Health care coalitions coordinated vaccination clinics that were supported by the ILNG.
- Medical Reserve Corps (MRC). LHDs were able to use local volunteers in the Medical Reserve Corps or other volunteer groups. These volunteers acted as force-multipliers, allowing the LHDs to sustain their vaccination operations.
- Receive, Stage, and Store (RSS) Operations. Since the onset of the COVID-19 pandemic, RSS personnel coordinated the receipt, storage, and distribution of COVID-19 vaccines of more than 100,000 doses. RSS personnel assisted in the coordination of the Janssen Johnson & Johnson vaccine delivery between hospitals and LHDs. The RSS has been upgraded and now contains supplies of PPE and medical equipment to support state operations and increase resiliency.
- Assisted in the development and updates to the state's COVID-19 vaccination plan.
- Collaborated with the ILNG to establish mobile and static mass vaccination clinics throughout the state to administer more than 1.87 million doses of COVID-19 vaccine, including populations in Illinois Department of Corrections facilities.
- Participated in and provided guidance for COVID-19 mass vaccination planning.
- Deployed IDPH liaison(s) to the State Emergency Operations Center (SEOC) for COVID-19 response.
- Collaborated with IEMA to establish more than 1,500 Community Partner Vaccination Clinics throughout the state that administered more than 59,000 doses of COVID-19 vaccines.
- Participated in updates to Illinois Emergency Operations Plan (IEOP) Annexes and assisted in the review of state level plans for the IEMA Emergency Management Program Accreditation (EMAP) visit.

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- Reviewed monthly, quarterly, and yearly PHEP, CRI, Crisis Grant, and HPP grant deliverables from LHDs and RHCCs to affirm commitment to state and federal goals, capability development, and maintenance. A lifeline of resources stemmed from the review of grant deliverables to the locals so the LHDs and RHCCs could respond effectively to the COVID-19 pandemic. The grant review also included additional Crisis CoAG & ARPA funding.
  - Provided guidance in developing after action reports.
  - Developed and secured a private call-center to function as the state's COVID-19 hotline.
  - Coordination between LHDs, ILNG, and other state partners, such as the Illinois State Police, led to more than 14 million doses of COVID-19 vaccine being administered.

### **Serve Illinois Commission**

This year the Serve Illinois Commission has achieved several accomplishments.

- Established a diverse board of directors, including residents who identify as Latina/Latino/Latinx, Black, and LGBTQ+ as well as persons living with disabilities. The board grew officially from 20 active members to more than 35 active members residing across the state.
- Recruited and managed more than 25,000 medical volunteers to assist with COVID-19 mitigation efforts.
- Recognition of more than 30 different municipalities/counties for volunteerism efforts via the Governor's Hometown Awards.
- Sponsored and supported 35 National Service Day events for the Dr. Martin Luther King Holiday, Veteran's Day, and Volunteer Week throughout the state.
- Retention of approximately 2,000 young adults and seniors providing service via AmeriCorps, AmeriCorps Vista, and Senior Corps throughout the state.
- Retention of 400 AmeriCorps sites across the state, including seven new sites representing new communities/counties.
- Distribution of more than \$13 million in grants to non-profits, to institutions, and to agencies providing community services programs across the state.

### **Resources**

#### **Disaster Planning and Readiness**

- COVID-19 Vaccination Plan: [https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/IL-COVID19-Vaccination-Plan-V8.1\\_6.24.21.pdf](https://dph.illinois.gov/content/dam/soi/en/web/idph/covid19/IL-COVID19-Vaccination-Plan-V8.1_6.24.21.pdf)
- Community Partner Vaccination Clinic Program: <https://dph.illinois.gov/covid19/vaccinationclinics>

#### **Emergency Medical Services**

- The EMS for Children program coordinates a pediatric facility recognition program that designates hospitals at one of three levels. Each level and their corresponding requirements are outlined in the EMS Administrative Code and can be accessed via the following weblinks.

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- Pediatric Critical Care Center (PCCC): <https://www.ilga.gov/commission/jcar/admincode/077/077005150J40200R.html>
  - Emergency Department Approved for Pediatrics (EDAP): <https://www.ilga.gov/commission/jcar/admincode/077/077005150J40000R.html>
  - Standby Emergency Department Approved for Pediatrics (SEDP): <https://www.ilga.gov/commission/jcar/admincode/077/077005150J40100R.html>
  - The activities in the Trauma Program, as well as Trauma Center Fund distribution are governed by the provisions in the [PART 515 EMERGENCY MEDICAL SERVICES, TRAUMA CENTER, COMPREHENSIVE STROKE CENTER, PRIMARY STROKE CENTER AND ACUTE STROKE READY HOSPITAL CODE SUBPART H: TRAUMA CENTERS](#)

Previously mentioned information pertaining to the Illinois State Trauma Registry, which includes Trauma Center Reporting Requirements, ISTR Inclusion Criteria, and NTDB and Illinois Trauma Dictionary are found in the [Trauma Program website](#).

### **Serve Illinois Commission**

The Serve Illinois Commission (SIC) was in the process of a rebuilding this year in the midst of operating during the COVID-19 pandemic. Nevertheless, this organization persevered and had a number of notable outcomes. SIC was able to continue to provide disaster responses throughout the country. Hundreds of young adults were able to achieve an education award to go toward their educational pursuits, including successful college matriculation. SIC has also been able to leverage networks to increase resource development in the philanthropic and corporate philanthropy communities.

Other volunteerism outcomes include:

- 2,824,541 volunteers contributed 206.5 million hours of service
- 28.1% of residents volunteered
- Volunteer service hours and support equaled an estimated \$4.9 billion

### **Data Links:**

[Volunteering in America – States](#)

[Volunteering in America – Rankings](#)

### **In the Community**

#### **Disaster Planning and Readiness**

OPR/DPR program:

- Hosted and prepared multiple webinar presentations for public health, emergency management, schools, and critical infrastructure partners. Examples of presentations included the Wednesday COVID-19 Situational Update Webinar and the LHD All Call Check-in. These presentations were updates and coordination calls with LHDs, RHCCs, and leadership representatives.
- Reviewed open-source data and sent out a daily brief containing significant issues to public health community partners.
- Worked with IEMA on various projects, such as Community Partner Vaccination Clinics, surge staffing, PPE distribution, and state-level plan development and review.

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## Examples of community/population work:

- The St. Louis metropolitan statistical area, which includes a portion of southwestern Illinois, activated their Unified Health Command (UHC) in response to the pandemic. The UHC directed all the LHD public information officers (PIOs) in the region to activate and to collaborate to ensure consistent and accurate messaging for the St. Louis media market. The group met weekly, developed messages, monitored social media, and shared information through an app for mobile phones. Lessons learned and relationships developed while planning and executing the exercise proved to be invaluable during the COVID-19 response. Groups in the UHC included epidemiologists, planners, administrators, and PIOs.
- The Cook County Department of Public Health (CCPH) had a hyperlocal strategy targeting municipalities with the lowest vaccination rates and the most vulnerable groups. The CCPH worked closely with community-based organizations, faith-based organizations, and other trusted community members to bring mobile vaccination clinics, outreach, and education to communities. They also created community member vaccine ambassadors. At publication time, 40,681 COVID-19 vaccine doses had been administered at 345 mobile/pop-up COVID-19 vaccination clinics at community sites, including schools, work sites, and community centers across suburban Cook County since January 2021.

Local and regional alternate housing planning was conducted jointly with local EMAs and LHDs, among other partners. Vaccination efforts included, but were not limited to, homeless shelters, county jails, housing authorities, CILA homes, local airports, baseball games, local food pantries, “Meals on Wheels,” local mass transit authorities, domestic violence centers, factories, schools, churches, universities, community colleges, and theatres.

The HOPE Coalition sponsored a volunteer crisis mental health team that had been training, exercising, and responding to incidents for more than 12 years. The group activated at the beginning of the pandemic and offered mental health services to first responders, including volunteers and employees from hospitals, local health departments, EMS, fire, and various others. The group is still activated and offers free, confidential virtual services to those who request it.

### Emergency Medical Services

Many Illinois EMS providers continued to pilot Mobile Integration Health programs. This program allows EMS providers to go into homes and to provide care and health education in their area of response. This allows for people to stay home, to receive treatment and/or care, rather than going to the hospital.

Some EMS providers are also piloting transporting mental health patients directly to licensed mental health facilities. This assures that a patient experiencing a mental health crisis will get the needed treatment immediately. This initiative is a collaborative effort between EMS, hospitals, mental health facilities, and LHDs.

Some Illinois providers partnered with hospitals and/or the LHD and provided COVID-19 vaccines at individuals’ homes. This partnership was especially helpful to the elderly and to the disabled.

The Division of EMS worked with hospitals, through a regional approach, to look at mitigating the number of hours hospitals were on bypass and looked at ways to mitigate the request for bypass. This allowed patients to go to the closest available hospitals and hospital of their choice. Limiting hospitals going on bypass also allows EMS to stay in their area of response in order to not have to travel further.

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## Serve Illinois Commission

In 2021, the Serve Illinois Commission added the Quad Cities, the North Lawndale Community in Chicago, and south suburban Cook County to the geographic program expansion initiative. SIC plans to work with stakeholders in these areas to increase the level of volunteerism, establish community emergency response teams, or bring AmeriCorps programming to the area.

In addition to the geographic expansion initiative, SIC also launched an equity and inclusion initiative. With a focus on race and ethnicity, SIC worked to represent the BIPOC communities at the board and staff level. The SIC board is made up of 45% people of color and the SIC staff is 70% people of color. The executive director and board president are both women. At the program level, AmeriCorps programs have expanded to include organizations that increase service to Black and Brown communities throughout the state. This work has also established partnerships with the Steans Family Foundation, Service Year Alliance, and others to ensure that SIC represents and serves all Illinoisans.

## Division of EMS

- Prehospital Data Program
  - The Illinois EMS Systems Act (210 ILCS 50) and supporting administrative code provided for the collection of prehospital patient care report (PCR) data by licensed emergency medical services transport vehicle providers, and the subsequent electronic submission of this data to IDPH.
  - The data collected includes information about the incident (reason for call, scene location, outcome, etc.), the provider/unit/crewmember identifiers, unit utilization descriptors (e.g., times and locations, delays), the patient (limited demographics), vital sign data and other assessment results, injury/illness characterization, and treatment details (medications, procedures).
  - In fiscal year 2021, IDPH successfully transitioned to a new vendor, Biospatial, Inc, for the information system used to collect and store prehospital data.
  - Illinois adhered to the national standard for prehospital data, known as NEMSIS, and IDPH will be transitioning the state from Version 3.4 to Version 3.5 of that standard during FY22 and early FY23.
  - Data users included IDPH's EMS Division, other state agencies, EMS systems (defined here), the EMS providers themselves, the NEMSIS national repository for prehospital data, the Illinois Prescription Monitoring Program, and researchers (for an example of Illinois prehospital data recently used in published research, [click here](#)).
  - IDPH had 1,715,422 prehospital PCRs with an FY21 event date stored in its cloud database. The highest monthly volume report during this period was May 2021 with 151,849 events, and the lowest monthly volume report was February 2021 with 129,244 events. The average number of events per month over these 12 months was 142,952.
- EMS Assistance Grant
  - The EMS Assistance Grant distributed funds to EMS agencies that demonstrated a need for resources. Funds were determined by monies obtained through the licensing of ambulances and EMS fines levied by IDPH. The grant program provided for the purposes of organization, development, and improvement of EMS systems, including but not limited to training of personnel, and acquisition, modification and maintenance of necessary supplies and equipment, (210 ILCS 50/3.220(c)). In FY21, the EMS Assistance Grant was able to distribute \$215,776 to 37 EMS providers.

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- EMS Licensing
    - Number of new licenses issued for FY2021: 4,952
  - ACTIVE licenses FY 2021
 

○ Emergency Communications Registered Nurse (ECRN)	1,201
○ Emergency Medical Dispatcher (EMD)	791
○ Emergency Medical Responder (EMR)	1,395
○ Emergency Medical Technicians (EMT)	4,486
○ Emergency Medical Technicians Adv/INT (A-EMT/EMT-I)	97
○ Lead Instructor (LI)	318
○ Paramedic	3,616
○ Provisional EMR	18
○ Pre-Hospital Registered Nurse (PHRN)	110
○ Trauma Nurse Specialist (TNS)	742
  - Trauma Registry
    - The Trauma Program implemented a new Illinois Trauma Registry, and both trauma centers and hospitals now enter trauma and Head/Spinal Cord and Violent Injury Registry (HSVI) data. Education and training on the new trauma registry were regularly conducted by the Trauma Registry Validation Subcommittee. This training assisted users on understanding the features and functions of the new registry. Funding for the maintenance of the Trauma Registry for FY22 was secured through a grant from the Illinois Department of Transportation.
  - The Trauma Program
    - Level I Trauma Centers
      - Total Level I - 20
    - Level II Trauma Centers
      - Total Level II - 42
    - Level I Pediatric Trauma Centers
      - Total Level I Peds - 6
    - Level II Pediatric Trauma Centers
      - Total Level II Peds - 1

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- Stroke Program
    - Total Stroke Designated Hospitals: 162
      - Acute Ready Stroke Hospital (ASRH) 83
      - Primary Stroke Center (PSC) 60
      - Comprehensive Stroke Center (CSC) 19
  - EMS for Children
    - The EMS for Children program coordinated a pediatric facility recognition program that designated hospitals at one of three levels. Each level and their corresponding requirements were outlined in the EMS Administrative Code and can be accessed via the following weblinks:
      - Pediatric Critical Care Center (PCCC): <https://www.ilga.gov/commission/jcar/admincode/077/077005150J40200R.html>
      - Emergency Department Approved for Pediatrics (EDAP): <https://www.ilga.gov/commission/jcar/admincode/077/077005150J40000R.html>
      - Standby Emergency Department Approved for Pediatrics (SEDP): <https://www.ilga.gov/commission/jcar/admincode/077/077005150J40100R.html>
    - On-site hospital surveys were not able to be conducted due to the COVID-19 pandemic, so a virtual survey process was rolled out in August 2020 using WebEx as the virtual platform. To date, 47 virtual surveys were conducted with hospitals in EMS Regions 1, 4, 5, 10, and 11. An additional five post-survey and follow-up visits were also conducted with hospitals. Educational sessions were conducted with hospital personnel and survey team members to ensure that everyone had a good understanding of the virtual survey process. In addition, a virtual survey guidance document and other resources were developed.
    - The EMSC Pediatric Prehospital Protocol manual was revised and provided access to 24 protocol guidelines addressing the electronic medical record (EMR), basic life support (BLS), immediate life support (ILS), advanced emergency medical technicians (AEMT) and advanced life support (ALS) levels. These protocols can be adopted by EMS systems or modified for their use. The 2021 EMSC Pediatric Prehospital Protocol manual can be accessed via the following link: [https://www.luriechildrens.org/globalassets/documents/emsc/resourcesguidelines/guidelines-tool-and-other-resources/practice-guidelinestools/2021\\_prehospital\\_protocols.pdf](https://www.luriechildrens.org/globalassets/documents/emsc/resourcesguidelines/guidelines-tool-and-other-resources/practice-guidelinestools/2021_prehospital_protocols.pdf)
    - In 2020, an ad-hoc workgroup was convened to develop resources for hospitals and prehospital personnel regarding the multisystem inflammatory syndrome in children (MIS-C), which was associated with COVID-19. Both documents can be accessed via the links below:
      - MIS-C Clinical Pathway: <https://dph.illinois.gov/covid19/healthcare-providers/multisystem-inflammatory-syndrome-children>
      - MIS-C EMS Fact Sheet: [https://www.luriechildrens.org/globalassets/documents/emsc/resourcesguidelines/guidelines-tool-and-other-resources/practice-guidelinestools/mis-c\\_ems\\_factsheet\\_7\\_2020.pdf](https://www.luriechildrens.org/globalassets/documents/emsc/resourcesguidelines/guidelines-tool-and-other-resources/practice-guidelinestools/mis-c_ems_factsheet_7_2020.pdf)
    - The Illinois EMS for Children Advisory Board continued to meet quarterly to provide oversight and guidance to the statewide EMSC program.

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## Office of Health Promotion

### Injury And Violence Prevention Program

The IDPH Injury and Violence Prevention Program (IVPP) promotes health and quality of life by preventing and controlling injury and disability. The mission is to promote safety in the places where people live, work, learn, and play through partnerships, programs, practices, and policies to reduce the occurrences and impact of injury, violence, and suicide.

IVPP facilitated two partnerships to oversee the work:

- The Illinois Partnership for Safety (IPS) facilitated the implementation of the Making Illinois Safer: Strategic Plan 2018-2022.
- The director-appointed Illinois Suicide Prevention Alliance (ISPA) oversaw the implementation of the Illinois Suicide Prevention Strategic Plan 2020.

IVPP was tasked with maintaining the [Child Product Safety Recall System](#). The system was mandated by the Illinois Children's Product Safety Act, which required IDPH to maintain an updated comprehensive list of recalled children's products in order to inform the public about consumer products that may pose a safety hazard to children. These recalls are ordered by federal government agencies, such as the Consumer Product Safety Commission and the National Highway Traffic Safety Administration. The system includes recalls from 1989 to present.

### Accomplishments

#### Injury and Violence Prevention

- IVPP received a five-year grant from CDC to support public health infrastructure, data, and partnerships to identify and to respond to existing and emerging injury threats with data-driven public health actions. Strategies focused on efforts in the prevention of adverse childhood experiences, transportation safety, and traumatic brain injury.
- IVPP subcontracted with the University of Illinois Springfield (UIS) to implement a data linkage project to link health and crash data. The project was supported with funding from CDC (FY21 and YR22) and the Illinois Department of Transportation (FY22).

#### Suicide Prevention

- The Illinois Suicide Prevention Strategic Plan 2020 was released.

A state appropriation for \$750,000 was added to IDPH's budget to support the increase infrastructure and implementation of the state plan.

- The Illinois Suicide Prevention Strategic Plan 2020 was released.
- Injury-Related Data and Data Resources Webpage A webpage of injury data and data resources was released. The webpage serves as a central place to house data publications, in addition to information on where to find injury-related data and data-related resources and links to query systems with Illinois injury-related data. As IVPP creates more data reports or compiles data, it will be added to this webpage.
- Injury Prevention-Related Health Observances is a comprehensive list of injury prevention-related (both unintentional and intentional) health observances.

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## In the Community

- IDPH Injury and Violence Prevention Program distributed a survey to school personnel to learn about each facility's suicide prevention efforts, the impact of COVID-19, and to identify technical assistance for support. The goal was to gain insight into trainings, tools, and technical assistance to support schools.

Proclamations for Older Adult Falls Prevention Week and Suicide Prevention Month were developed.

## Division of Emerging Health Issues

The Division of Emerging Health Issues was created in January 2020 in order to assist IDPH by working across divisions and offices to address public health issues that may not have a 'home' within the department. It was created as a result of a rat poison-tainted cannabinoid outbreak, followed by the e-vaping lung injury outbreak, which highlighted the need for a part of IDPH to be able to nimbly combine epidemiologic, outbreak response, health communications, and scientific expertise and data systems to address emerging issues. To date, the division includes two opioid epidemiologists and a medical cannabis epidemiologist; the division chief is the acting state epidemiologist and the division helped support the COVID-19 Data Intel Team with genomic informatics, IEMA weekly data updates, and COVID-19 case and testing tracking. Office of Health Promotion (OHPm) programs supported by this data group included e-vaping in the tobacco program, newborn screening, and oral health.

## Accomplishments

This was the first full calendar year of operations of the division. Persons in the division analyzed opioid misuse and overdose data for statewide advisory groups and enhanced data available in the opioid data dashboard. The division published data briefs on opioid overdoses during the COVID-19 pandemic and presented tobacco use statistics to public health and community partners. The division also:

- Assisted with the statewide oral health plan data, prepared a newborn screening data review.
- Published a Morbidity and Mortality Weekly Report article on church camp outbreaks of COVID-19 and its impact on home communities;
- Increased utilization and interpretation of ODMap tools for first responders to actively intervene in overdose clusters.
- Created and maintained a multi-agency Cross-Sector Data Workgroup on Opioids.
- Recruited a CDC Foundation opioid epidemiologist and a CDC career epidemiology field officer (CEFO).
- Worked with the Winnebago County Health Department and the Agency on Toxic Substances and Disease Registries (ATSDR) on the Assessment of Chemical Exposure Epi-Aid after the Rockton Chem-Tool fire (publication of human health events and another on pet/livestock outcomes in progress).
- Assisted academic partners with data use agreements and data acquisition.
- Served on numerous boards (e.g., chair, Illinois Lyme Disease Task Force; member Pregnancy Related Assessment and Monitoring Surveillance or PRAMS).
- Testified before General Assembly committees regarding opioid overdoses and COVID-19.
- Provided media interviews.

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- Mentored MPH intern.
  - Wrote and presented abstracts at national scientific conferences.
  - Prepared data for Illinois participation in two CDC studies on COVID-19 variant severity.
  - Helped create a COVID-19 wastewater epidemiology program pilot with IDPH laboratories and academic partners.
  - Analyzed and tracked Illinois data from the Vaccine Adverse Events Reporting System (VAERS) for COVID-19 vaccines.
  - Created Illinois tracking visualizations of variants shared through the Global Initiative on Sharing All Influenza Data (GISAID) open-source database that tracks SARS co-V-2 virus variants.

### **In the Community**

- Weekly COVID-19 data updates to community partners in IEMA and LHDs outreach calls.
- Training on data planning and evaluation creation for grants being developed by rural health workgroup members of the Health Equity Data Team.
- Recruitment and training of first responders and public health partners to use ODMap to actively and in near real time respond to overdose clusters.
- Presentations to groups, such as the Healthy Southern Illinois Delta Network and regional tobacco programs or MCH providers, about tobacco and e-vaping use and new products being disseminated.
- Creation of multi-year Lyme Disease Data review and communications plan for the Illinois Lyme Disease Task Force.
- Participation in the American Public Health Association virtual learning collaborative on marijuana surveillance.
- Served as data consultants to the Illinois Association of Public Health Administrators.

### **Resources**

Semiannual Opioid Report, August 2021, <https://dph.illinois.gov/topics-services/opioids/prescription-opioids-and-heroin>

Illinois Opioid Overdose Epidemic During The COVID-19 Pandemic, <https://dph.illinois.gov/topics-services/opioids/prescription-opioids-and-heroin>

Opioids: Illinois' Other Epidemic (infographic), <https://dph.illinois.gov/topics-services/opioids/idph-data-dashboard>

Compassionate Use of Medical Cannabis Patient Program, July 1, 2019 – June 30, 2020, <http://www.dph.illinois.gov/topics-services/prevention-wellness/medical-cannabis/annual-report>

Matthias J, Patrick S, Wiringa A, et al. Epidemiologically Linked COVID-19 Outbreaks at a Youth Camp and Men's Conference — Illinois, June–July 2021. MMWR Morbidity and Mortality Weekly Report 2021;70:1223–1227. DOI: <http://dx.doi.org/10.15585/mmwr.mm7035e4>

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## Improving the Health of Illinoisans Through Chronic Disease Prevention

The DP18-1815 grant, Improving the Health of Illinoisans Through Chronic Disease Prevention, is a five-year grant that runs from October 1, 2018 – June 30, 2023. This grant has 10 strategic objectives: five focused on diabetes prevention and management and five focused on the prevention of cardiovascular disease, hypertension, and high blood cholesterol. Team members on this grant work with 11 granted partners throughout the state to improve access to CDC recognized lifestyle change programs, such as Diabetes Self-Management Education Support (DSMES) program and the National Diabetes Prevention (DPP) program; increase the engagement of pharmacists in the provision of medication therapy management for diabetes, hypertension and high blood cholesterol; engage with public and private payers to offer DPP as a covered benefit; support a statewide infrastructure of community health workers (CHW) that can promote the management of diabetes and hypertension; promote the use of electronic health records (EHR) to manage hypertension; support the engagement of non-physician team members in clinical settings; and facilitate the use of self-monitoring blood pressure (SMBP) equipment with clinical support to adults with hypertension.

### Accomplishments

During the first 3 ½ years of the grant, grantees have:

- Trained staff as Diabetes Prevention Program (DPP) Master Trainers.
- Converted Diabetes Self-Management Education Support (DSMES) trainings to a virtual platform and continue holding them during COVID-19.
- IDPH and Illinois Public Health Institute (IPHI) staff participated in the CDC's and the National Association of Chronic Disease Directors (NACDD) 6|18 initiative to gain Medicaid coverage for the National DPP.
- Completed two in-person/virtual cohorts of the DPP for IDPH employees.
- Recruited in September for a third cohort.
- Additionally, 156 employees were eligible to participate in Omada's virtual DPP program.
- The Midwest Business Group on Health provided an educational executive briefing in July for medium and large employers in the state (this informational executive briefing was to expand availability of the National DPP as a covered benefit for one or more of the participating small or large businesses in Illinois).
- Illinois Public Health Association (IPHA) and University of Illinois-Chicago (UIC) drafted a standardized community health worker (CHW) curriculum and continued to work with IDPH on a state-wide certification and the reimbursement of CHWs.
- A current CHW advisory group had more than 40 participants expanding central and southern Illinois representation on the group; recruitment continues.;
- Extension for Community Healthcare Outcomes (ECHO) trainings for CHWs were expanded to include additional topics around diabetes, hypertension, and pandemic health work.
- IPHA held, virtually, its first annual CHW summit on May 19, 2021 with 190 participants.

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Highlights from the upcoming Illinois Diabetes Burden Report include:

- 29% of COVID-19 deaths were among people with diabetes.
- An increase of more than 50% in diabetes-related deaths after the onset of the pandemic.
- An 11% increase in deaths among diabetics who didn't have COVID-19 referenced on their death certificate, suggesting that lifestyle changes induced by the pandemic (diet, exercise, taking meds, going to doctor appointments, isolation/depression) are already resulting in adverse health outcomes among the diabetic population.
- Medicaid will cover DPP and DSMES programs in Illinois.
- Southern Illinois Healthcare (SIH) presented the Live Well Be Well workshop to congestive heart failure (CHF) navigators
- DSMP/Chronic Disease Self-Management Program (CDSMP) workshops have been conducted in the southernmost 16 counties of the state.
- More than 80 diabetes partners collaborated with the NACDD and CDC to conduct a State Engagement Meeting series to focus on awareness of the National DPP, the availability of DPPs in Illinois, coverage for DPP, and the screening, testing, and referral of participants to a DPP.
- Illinois Pharmacy Association (IPhA) received recognition from American Pharmacists Association (APhA) for their successful virtual Medication Therapy Management (MTM) trainings.
- Gateway Regional YMCA developed a virtual platform for DPP. IPhA staff led weekly meetings of national study group (APhA ) and Association of Diabetic Care and Education Specialist (ACDES) preparing a comprehensive cost-effective meta-analysis on pharmacists' impact on diabetes education, health outcomes, and reimbursement sustainability (DPP and DSMES).
- Introduction of a self-monitored blood pressure program to be implemented through the Gateway Regional YMCA.
- Trained 77 nurses on proper blood pressure measurement.
- Held blood pressure screenings for 1,500 individuals; with staff being trained as Health Heart Ambassadors (HHA).
- Conducted a virtual Hypertension Summit.
- Progress has been made with federally qualified health centers (FQHC) and local health departments (LHD) to promote the adoption of electronic health records (EHR) and health information technology (HIT) to improve provider outcomes and patient health outcomes related to identification of individuals with undiagnosed hypertension and management of adults with hypertension.
- IDPH worked with partners to deploy diabetes, cardiovascular, and DPP information to physicians.
- Participating LHDs were trained in the American Heart Association's Check, Change, Control program that empowers participants to take charge of their cardiovascular health.
- IDPH worked with partners to develop an educational "how to" take your blood pressure video.
- IDPH staff have been trained as Healthy Heart Ambassador (HHA) facilitators.

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## In the Community

CDC, National Association of Chronic Disease Directors (NACDD), Illinois Public Health Institute (IPHI), Illinois Department of Healthcare and Family Services (HFS) and IDPH worked together on a Medicaid State Plan Amendment to add coverage for Diabetes Prevention programs (DPP) and Diabetes Self-Management Education and Support (DSMES) programs. As of August 1, 2021, beneficiaries of Medicaid were able to access these programs. This was a huge success for all those who have worked on these efforts and a huge win for Medicaid beneficiaries.

## Asthma Program

The Asthma Program received a competitive Centers for Disease Control and Prevention (CDC) award to improve the reach, quality, effectiveness, and sustainability of asthma control services and to reduce asthma morbidity, mortality, and disparities by implementing evidence-based strategies across multiple sectors. Activities aligned with the CDC initiative, Controlling Childhood Asthma Reducing Emergencies (CCARE), and were designed to improve childhood asthma outcomes and prevent childhood hospitalizations and emergency department visits. Recipients of the award strengthen infrastructure to expand the reach of services through six EXHALE strategies:

- Education on asthma self-management.
- Extinguishing smoking and exposure to secondhand smoke.
- Home visits for trigger reduction and asthma self-management education (AS-ME).
- Achievement of guidelines-based medical management.
- Linkages and coordination of care.
- Environmental policies or best practices to reduce indoor and outdoor asthma triggers.

To most effectively reach the purpose of the award, the program aims to enhance existing infrastructure and mobilize key partners across multiple sectors to coordinate the delivery of asthma control services in priority populations with significant disparities. Core projects include a home visiting collaborative that incorporates home visiting programs equipped to implement EXHALE strategies located in high-asthma burden areas across the state; a community health worker (CHW) Extension for Community Healthcare Outcomes (ECHO) model; and statewide initiatives, including seeking reimbursement for asthma interventions, improving access to medications and devices while eliminating barriers, advocating for clean environmental policies, and education for those with asthma and caregivers.

## Accomplishments

As home visiting programs are in a unique position to deliver EXHALE strategies as a package, the Home Visiting Collaborative (HVC) was created, comprised of three intensive home visiting programs located in priority areas across the state that have been identified as high asthma burden, disparate populations. In September 2020, the HVC was expanded to include another home visiting program.

- American Lung Association (Cook County/Chicago)
- Sinai Urban Health Institute (Chicago)
- Southern Illinois University School of Medicine (Springfield)
- Southern Illinois University Edwardsville (East St. Louis)

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In addition to unique materials suited to the populations they served, HVC grantees used a standardized assessment tool for data collection and prompts for the home visitor. The tool was evidence-based and included demographic data, environmental asthma trigger information, clinical outcomes, asthma severity, and how to tailor an action plan for the client. Home visitors provided intensive AS-ME using evidence-based programs based on National Asthma Education Prevention Program (NAEPP) guidelines, including Asthma Basics, and utilized partnerships with housing, home weatherization, and other social service agencies as needed, to address barriers clients had in achieving asthma control.

Additionally, a CHW ECHO model was held for CHWs and other home visitors in additional counties to increase capacity, especially in areas with limited access to care. Project ECHO is an innovative, recognized model for telemonitoring and used a hub-and-spoke knowledge sharing approach to increase capacity and to provide best practices while also addressing disparities. Through ECHO, extensive education was provided to home visiting staff on how to incorporate the CDC EXHALE strategies in home visits.

All home visiting grantees and ECHO progress reports and performance measure reports were sent to grantees via REDCap. As a summary, 73 children and adults enrolled in the home visiting program and received asthma home visits and intensive asthma self-management education. Home visiting clients were assessed for tobacco use, and 31 clients were referred to tobacco cessation resources. During the home visit, clients were educated on low-cost strategies to reduce asthma triggers and were provided with products to assist with remediation or home weatherization if needed. A total of 45 clients were provided with products and remediation assistance.

The six-week ECHO program reached 45 participants throughout the state. Below is an outline of the program.

#### ECHO Module 1 - Education on Asthma Self-Management (AS-ME)

- Expanding access to and delivery of AS-ME
- Promotion of evidence-based programs

#### ECHO Module 2 - X-tinguishing Smoking and Secondhand Smoke

- Reducing tobacco use
- Reducing exposure to secondhand smoke
- Motivational Interviewing and smoking cessation

#### ECHO Module 3 - Home Visits for Trigger Reduction and Asthma Self-Management

- Expanding access to and delivery of home visits for asthma trigger reduction and AS-ME
- Data collection

#### ECHO Module 4 - Achievement of Guidelines-Based Medical Management

- Strengthening systems supporting guidelines-based medical care
- Improving access and adherence to asthma medications and devices

#### ECHO Module 5 - Linkages and Coordination of Care Across Settings

- Promoting coordinated care for individuals with asthma
- Assessing need for additional social service agencies/resources

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## ECHO Module 6 - Environmental Policies -Best Practices to Reduce Asthma Triggers

- Identify and reduce triggers indoor, outdoor, and occupational sources
- Eliminating asthma triggers in the home

### **In the Community**

A critical component in the success of the Home Visiting Collaborative and effectively implementing EXHALE strategies was utilizing partnerships among multiple sectors. HVC grantees leveraged partners to expand their reach in existing communities and to seek expansion to new communities. A variety of traditional and non-traditional partners included medical providers, pharmacists, CHWs, social workers, housing, transportation, home weatherization, law enforcement, truancy, and judicial systems. Each HVC grantee actively collaborated with health care providers and hospitals in their service area to identify patients with poorly controlled asthma. Patients were then referred to home visiting programs by their provider and enrolled as a client. For example, hospitals and primary and specialty care clinics utilized existing patient reports from the emergency department (ED), inpatient hospitalizations, and clinic reports to identify and to engage individuals with asthma. Once the patient was enrolled in the home visiting program, home visitors worked with the patient, caregivers, and other family members living in the home in providing AS-ME and tailored trigger reduction strategies in order to improve health outcomes. The home visitor also encouraged shared treatment decision making among patients and health care providers. As part of the home visiting process, home visitors monitored the health status of clients and documented health outcomes. Home visitors track various measures, including but not limited to, symptom control and asthma severity, quality of life, school or work absenteeism, hospitalizations, ED visits, asthma action plan use, AS-ME progress, influenza vaccinations, and referrals to smoking cessation services and other social service agencies as needed. The home visiting program transitioned into a virtual format due to the COVID-19 pandemic.

### **Resources**

<https://www.cdc.gov/asthma/default.htm>

<https://www.cdc.gov/asthma/exhale/index.htm>

<https://www.cdc.gov/asthma/ccare.htm>

<https://dph.illinois.gov/topics-services/diseases-and-conditions/asthma>

### **Newborn Screening**

Newborn screening is a state mandated public health activity aimed at early identification of babies affected with serious, rare but treatable, genetic, metabolic, and congenital disorders. IDPH's Newborn Screening (NBS) Program is a collaboration between the Office of Health Protection and the Office of Health Promotion. Newborn screening is known as one of the most successful public health accomplishments. Illinois newborns have been screened for more than 50 years. Beginning in 1965 with testing for PKU (phenylketonuria, a metabolic disorder), IDPH now screens for 50 disorders, including newborn hearing and critical congenital heart disease. Early detection, diagnosis and treatment of these conditions may prevent death or disability and helps children to reach their full potential.

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Early Hearing Detection and Intervention (EHDI) is the state mandated public health newborn hearing screening program (410 ILCS 213). The program follows national goals to screen babies for hearing loss by 1 month of age; diagnose hearing status by 3 months of age; provide intervention by 6 months of age; and enroll families in parent-to-parent support. Newborn hearing screening is a point of care test. IDPH collaborates with birthing facilities to track results and to support follow-up to reach the national benchmarks.

## **Accomplishments**

Each year in Illinois, more than 700 babies are diagnosed through newborn screening, either by using a few drops of blood from the newborn's heel, or through special equipment to detect hearing loss or critical congenital heart disease. In June 2020, Illinois began screening newborns for spinal muscular atrophy (SMA) a severe progressive disease. If left untreated, SMA may lead to life-threatening loss of muscle strength and function. In response to the COVID-19 pandemic, the NBS program was able to convert to remote working and to remain fully operational. In the latter half of 2020 the NBS program hired the first genetic counselor to join the program and began the transition to a primarily registered nurse staffing model. This update strengthens the NBS' capacity for essential reporting, referral, and follow-up responsibilities.

In the EHDI Program more than 300 infants are diagnosed with a hearing loss annually. This point of care test was significantly impacted by the pandemic. Birthing hospitals have experienced higher turnover in staffing and reductions in staffing, which has led to greater needs for follow-up and training by IDPH's staff or hospital staff. In addition, infant refer rates or missed screening rates have increased leading to the need for greater follow-up by IDPH. In response to this dynamic situation, the program collaborated with the national technical assistance center to update the Newborn Hearing Screening Training Curriculum (NHSTC) and develop a Virtual Site Visit (VSV) Project. The NHSTC provides an on-line standardized training for birth facility screeners that aligned with the 2019 Joint Committee on Infant Hearing Position Statement. The VSV Project promoted best practices in policies and procedures of a birthing facility to support a sustainable program. The project was developed using quality improvement methodology and included an on-line data system, implementation guides and manuals, and supporting tools that were developed as a collaboration of parents and professionals. The program also developed an annual data and program activity report to increase transparency to stakeholders and their engagement. The long-standing newborn hearing parent brochures were translated into the top 10 languages in the state to improve communication with parents.

## **In the Community**

The IDPH NBS Follow-up Program supports family access to needed services through grants including:

### **Genetic Counseling**

Provided funding to genetic counseling centers to make genetic counseling services more accessible to families affected by, or at risk for, genetic disorders or birth defects. Services included interpreting information about the disorder and recurrence risks, reviewing genetic testing options, and providing needed long-term patient care to patients referred from hospitals, satellite clinics, or local health departments. Genetic centers increased awareness of genetics in the community through planned educational activities to consumers, health care professionals, medical and genetic counseling students, and local health departments.

### **Sickle Cell Follow-up**

Provided funding to hematology centers to assure the availability of statewide services to families who have a newborn or child with a sickling disorder or trait. Sickle cell centers provided diagnostic services, treatment, and counseling. In addition, education and information about sickling disorders and treatment were provided to health care providers and communities.

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### **Genetics Education and Follow-up (Local Health Departments)**

Provided funding to local health departments to increase the availability of genetic services to Illinois families who have a child or family member with a heritable condition. In the coming year, IDPH brought local health department representatives together to form the Illinois Regional Genetic Services Workgroup (IRGSW). The IRGSW updated the processes and tools used to identify at-risk clients and provided necessary education and referrals. The IRGSW also collaborated on the educational outreach needed to bring current information about genetic disorders to consumers and to professionals in the local community.

### **Parent-to-Parent Support**

IDPH has an agreement with Illinois Hands & Voices Guide-By-Your-Side to assist with parent engagement throughout the EHDI process. Direct referrals were made from IDPH to the parent-to-parent support program in accordance with national recommendations. Using quality improvement activities, new practices of outreach and documentation were developed. Activities targeted were specific points of parent outreach: when families are lost to follow-up at the time of diagnosis, when babies have a new diagnosis of hearing loss, and when young children are transitioning from Part C to Part B services.

### **Resources**

<https://dph.illinois.gov/topics-services/life-stages-populations/newborn-screening>

<https://dph.illinois.gov/resource-center/news/2020/june/illinois-department-public-health-expands-newborn-screening0>

<http://dph.illinois.gov/topics-services/life-stages-populations/newborn-screening/hearing>

Both the NHSTC and VSV will be posted to [www.infanthearing.org](http://www.infanthearing.org) and later cross posted to [www.illinoisoundbeginnings.org](http://www.illinoisoundbeginnings.org)

Translated brochures: <https://dph.illinois.gov/topics-services/life-stages-populations/newborn-screening/hearing>

### **Dementia Program**

The IDPH Dementia Program promotes dementia capability in the state through the coordination of high-quality statewide services that support the needs of people with Alzheimer's Disease and related dementias, their families, and caregivers. The program facilitates the director-appointed Alzheimer's Disease Advisory Committee (ADAC), which oversees the development and implementation of the Alzheimer's Disease State Plan 2020-2023 Report and Recommendations. In 2021, a dementia coordinator position was established within IDPH to implement activities related to the strategic plan recommendations, strengthen partnerships with community stakeholders and other state agencies, and coordinate statewide efforts to increase awareness of Alzheimer's disease and other dementias, with improved access to high quality services. The program is responsible for implementing activities of the Alzheimer's Disease Assistance Act (410 ILCS 405) and the Alzheimer's Disease Research, Care, and Support Fund Act (410 ILCS 407).

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## Accomplishments

In January 2021, the 2020-2023 Alzheimer's Disease State Plan was published on the IDPH website.

In February 2021, a full-time dementia coordinator joined the Office of Health Promotion Division of Chronic Disease. The coordinator began working with the director-appointed Alzheimer's Disease Advisory Committee (ADAC) to prioritize recommendations from the 2020-2023 Alzheimer's Disease State Plan. ADAC has formed two ad hoc workgroups to further some of these recommendations.

- The Workforce Expansion and Training Workgroup was established to help Illinois's professional caregiving workforce become more dementia-capable by providing guidance about how to utilize IDPH's Core Competencies as a foundational guide when developing training programs. This workgroup focused on workforce expansion by examining strategies to increase awareness of career paths, partnerships, training programs, and certifications that promoted the growth of professionals who enter careers serving people who have Alzheimer's or related dementias and their families.
- The Strategic Budget Planning Workgroup was established to strategize an effective budget plan for the state allocated dementia funds, giving multiple stakeholders throughout the state an equitable opportunity to serve as a diverse group of subject matter experts who can effectively evaluate statewide dementia program needs and projects to increase dementia capability throughout the state.

In addition to organizing activities that implemented the 2020-2023 Alzheimer's Disease State Plan recommendations, the dementia coordinator built working relationships with other IDPH teams, state agencies, community organizations, and regional Alzheimer's centers in order to effectively organize and to coordinate resources and services that ensure dementia capability for the state.

In collaboration with the Office of the Lieutenant Governor, IDPH released a notice of funding opportunity in spring 2021 to grant funds for creating an online platform that serves as a one stop shop for people to learn more about Alzheimer's disease and related dementias, and the services available to all communities. This awareness project is expected to begin in fall 2021.

## In the Community

IDPH participates in the Illinois Cognitive Resources Network (ICRN). It was created by the three regional Alzheimer's centers to build a network between stakeholders to optimize efforts across the state. The dementia coordinator provided updates at their monthly meetings and helped promote their activities. The dementia coordinator attended monthly meetings for the ICRN's Dementia Friendly Illinois group. Dementia Friendly Illinois is a network under Dementia Friendly America, seeking to develop and to expand the number of communities in Illinois that are equipped to effectively support people living with dementia and their caregivers. Building dementia friendly communities throughout Illinois is a significant initiative in helping to make the state more dementia capable.

## Resources

IDPH Alzheimer's disease webpage includes information about the disease, programs, and resources.

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## Division Of Oral Health

Division of Oral Health (DOH) in the Office of Health Promotion establishes programs and partnerships designed to improve access to population-based interventions that prevent and reduce oral disease by promoting oral health as integral to health through organized community efforts. These oral health programs focus on community water fluoridation, school-based oral health, dental sealants, maternal and child oral health programs, community needs assessment, craniofacial anomalies, oral cancer prevention, oral health surveillance, oral health workforce initiatives to address shortage areas, and a variety of educational and communication programs and plans designed to promote oral health as integral to health and meet the oral health needs of specific population groups. Assessment, policy development, and assurance were key DOH programs' public health functions. The goal of DOH is to develop partnerships and support systems that optimize oral health and systemic health and work within the mission of IDPH — protecting health, improving lives.

### Accomplishments

DOH found it necessary to pivot its initiatives to the immediate needs associated with the SARS-CoV-2 virus. Highlights to challenges have been personal protective equipment shortages, community health risks, and an increase of health disparities.

During this time when the COVID-19 virus restrictions and guidelines were being developed, DOH provided information and regular communication with school-based providers, local health department oral health programs, private practice dental offices, public dental clinics, and the public. Due to the high risk of transmission of SARS-CoV-2 via aerosols, IDPH and the Illinois Department of Healthcare and Family Services (HFS) made the difficult decision to temporarily halt the school-based oral health program from March 2020 to February 2021. For thousands of children, HFS' school-based program is the only source of prevention care the child receives in any given year. This pause in school services impacted the children who did not have a dental home and dental sealants and fluoride varnish treatments were delayed for children in kindergarten to high school. Oral health consultant staff who were doing field Quality Assurance (QA) Site Reviews of the HFS school-based oral health program were suspended and the staff pivoted to contribute through other assignments, such as the following:

- Supported school-based programs informing and communicating on COVID-19 and SARS-CoV-2.
- Updated internal DOH written materials and protocols.
- Compiled and updated a listing of dental programs that were open for urgent only health care.
- Answered questions from local health departments, made presentations at meetings and conducted trainings (OWHFS School Nurse Days, Illinois State Board of Education (ISBE) School Health Advisory Committee, IPHCA, Illinois and Chicago dental societies, and others).
- Drafted the Illinois Oral Health Surveillance system and data plan; and began to collect and to compile data from HFS Dental Program, BRFSS, PRAMS, and other sources with the help of part-time epidemiologist shared with the IDPH's Opioid Program.
- Analyzed and provided interpretation of HFS impact and use of dental services during COVID-19 pandemic by Medicaid members.
- Shared important SIREN notifications of webinars/links from IDPH, CDC, and others to oral health providers.

- Piloted an electronic newsletter to communicate with oral health stakeholders. The first two issues highlighted DOH programs, oral health data for providers, Oral Health Plan update, oral health champions, and “news from the field.”
- Constant communication with WebEx, Citrix, and email has allowed DOH to conduct business as usual during this health care emergency. Staff met every two weeks via WebEx for agenda-driven meetings and other check-in meetings to assure DOH tracking and completion of projects.
- Followed IDPH COVID-19 protocols when DOH staff needed to work from the office.

COVID-19 Response: DOH led the effort in developing resource documents, providing technical assistance and vaccinations.

- DOH provided constant communication and guidance to the oral health providers on PPE, infection control, returning to schools to conduct prevention programs, and maintaining safety in clinical environments.
- Supported school nurses with resources, information, and connections to community providers to address challenges posed by the COVID-19 emergency.
- DOH participated in the COVID-19 Social Media Efforts for the Office of Health Promotion. These messages were for Illinois residents and practitioners.
- DOH staff took temporary assignments to aide IDPH’s COVID-19 response.
- Collaborated with the Illinois State Dental Society, academic dental training programs, and others to support Just-in-Time training for dentist volunteer vaccinators for SARS-CoV-2. Almost 1,000 dentists completed Just-In-Time vaccination training.
- DOH chief volunteered on weekends and days off and vaccinated at six mass vaccination events.

## Oral Health Workforce

DOH receives funding from the Health Resources and Services Administration (HRSA) through the Grants to States to Support Oral Health Workforce Activities. The goals of the grant are to improve oral health knowledge and status of community members living in Illinois dental health professional shortage areas (HPSAs) by expanding the role and numbers of three community health professionals - community health workers (CHW), public health dental hygienists (PHDH), and community dental health coordinators (CDHC); and to improve understanding of oral health workforce, workforce shortages and capacities in Illinois to better focus on improving the oral health status of Illinoisans.

To expand the oral health workforce:

- A. DOH worked with CHW focused organizations to update and to certify a CHW curriculum that included an oral health component used to train CHW/CHW students. The oral health component was developed in partnership with grantees and covers basic oral health concepts to educate CHWs so they can effectively educate clients on disease prevention, better self-care, and the importance of when and how to seek oral health services. Improving oral health education and action-oriented knowledge will in turn improve oral health outcomes. Thus far, 144 CHWs have been trained on oral health content ranging from 2-9 hours of total contact time with 43 completing follow-up job shadow days.

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- B. DOH worked closely with a statewide organization that represented federally qualified health centers (FQHC) to train and to certify dental hygienists to become public health dental hygienists (PHDHs) and work in a public health setting. PHDHs, a new category of dental health professionals in Illinois, increased access to oral health care by allowing the PHDH to see patients and provided limited services without a dentist seeing the patient first. Thus far, the total number of PHDH certified dental hygienists is 71.
  - C. DOH worked with three dental hygiene schools in Illinois to implement the American Dental Association's CDHC curriculum certificate program in dental HPSAs and to train CDHC credentialed dental hygienists that will close education, prevention service, and follow-up care need gaps through collaboration with elementary, middle, or high schools. In this reporting period, an additional 85 students received their CDHC certificates to bring up the total to 356 CDHC certified dental hygienists through the Oral Health Workforce initiative.
  - D. To improve understanding of the oral health workforce, workforce shortages, and capacities , DOH worked closely with a former CDC epidemiologist to develop a survey for dentists and dental hygienists to collect complete workforce data. The survey was deployed using RedCap and when the survey period closed, data was analyzed, and results detailed in report form. Maps and other visual tools were used to describe the existing workforce to understand levels of oral health access (critical and ongoing) and to assist in making workforce decisions by Illinois stakeholders.
  - E. To improve the public's understanding and to engage the entry of diverse individuals in the oral health workforce, DOH published several informational Careers in Oral Health Care documents (education, job outlook, pay), which can be found on the Oral Health Workforce section of DOH's webpage.

DOH worked in collaboration with the Champaign–Urbana Public Health District (C-UPHD) on a five-state pilot titled Partnership for Integrating Oral Health Care into Primary Care. The project plan included promoting “Smiles for Life” and other oral health training opportunities at C-UPHD, especially for new staff in an effort to integrate oral health risk assessments, education, and referrals to the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) participants (virtually or by phone) and to pregnant persons receiving services at C-UPHD. Finding dentists who participated in Medicaid in the area and are willing to see pregnant people was an ongoing challenge. The COVID-19 pandemic further reduced the capacity of dental offices and clinics to see pregnant people with low incomes. To address this challenge, C-UPHD worked collaboratively with the local dental association branch to provide COVID-19 vaccinations to oral health professionals, which helped build relationships and improve trust. C-UPHD will continue to build local professional relationships to expand its oral health referral network for pregnant and postpartum people.

DOH retained membership of the ISBE School Health Advisory Committee and works with IDPH's Office of Women's Health on supporting optimal oral health for school-aged children. Collaborative discussions revealed several avenues of potential collaboration, including speaking at the ISBE Wellness Conference, presenting at IDPH's School Health Days, data sharing, links to local and regional contacts, review of nutrition in the school curriculum, school-based program support, standardized messaging, support of health equity issues found through the ISBE Strategic Plan, and bolstering communication about oral health at school and district levels. The first collaboration effort resulted in a joint statement geared towards school administrators and school nurses stating support and importance of the school-based oral health program in the health, education, and well-being of the school-aged child. Several presentations were conducted on the oral health status of school-aged children during this reporting period and have reached more than 800 school nurses through online presentations and recordings made available for asynchronous review.

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DOH executed a state-funded grant to Advocate Illinois Masonic Medical Center, which gave them the ability to put an older dental van that had been retired, back in service. The old dental equipment in the van was replaced with new and more advanced equipment, supplies were fully stocked, significant repairs were made to the inside and outside of the dental van, and the outside was given a facelift with new graphics geared towards children. Patients were seen in the refurbished dental van in April 2021 and to date 74 patients have been seen (95 total visits), and more than 200 services were provided. More information can be found at <https://advocategiving.org/2021/01/11/mobile-dental-program-helps-create-smiles-for-patients/>.

DOH executed a state-funded grant to Oral Health Forum, a program of Heartland Alliance Health. Heartland Alliance Health/Oral Health Forum (HAH/OHF) partnered with six long-term and community living facilities for older adults to provide oral health education resources and dental hygiene kits to 939 older adults. They also provided oral health education resources and dental hygiene kits to 895 older adults through community outreach events. Through this program, older adults in long-term and community living facilities in need of dental treatment were provided case management and assistance with finding dental treatment. As a result, older adults living in pain and experiencing challenges with eating were able to resolve their urgent treatment needs (dentures, dental treatment, etc.) and greatly improve their quality of life. HAH/OHF continued its partnership with Norwegian American Hospital's (NAH) Care-A-Van mobile dental program by providing oral health case management services. HAH/OHF also provided oral health case management services to children through its partnership with Chicago Public Schools (CPS). Through this program, 5,180 children enrolled in CPS were provided oral health education resources and dental hygiene bags. HAH/OHF contacted 569 households of children who were recommended for dental treatment – 251 of those children had urgent dental needs and 318 children had non-urgent dental needs. OHF assisted families with finding dental treatment and enrolling in Medicaid, when possible.

## **In the Community**

Online Oral Health Resources. DOH staff compiled and reviewed 77 online oral health resources (videos, lesson plans, curricula, facts sheets, and practical tips) designed to support local health departments use by teachers, school nurses, parents, health care professionals, classrooms, and individual children and community members. This resource listing can be found on the IDPH Oral Health webpage at <http://dph.illinois.gov/topics-services/prevention-wellness/oral-health/online-oral-resources>.

The Illinois Maternal and Child Health Services Block Grant that previously funded the Dental Sealant Grant, as a fee-for-service grant, is now a population-based grant named the Oral Health Promotion Project Grant (OHPP). DOH used the data analysis and recommendations from the 2020 published Healthy Growth Healthy Smiles 2018-2019 Report (<https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/hshg-201819-report-final-2-21-2020.pdf>) to determine areas in Illinois that need resources to address oral health disparity gaps. Through the OHPP funding opportunity, 14 entities across Illinois are developing and implementing innovative programs that address the oral health needs of children and families through high-quality education, integration into medical visits, and disease mitigating prevention services. This program will primarily reach low-income vulnerable families with a focus on early prevention to reduce oral disease burdens and to help people obtain timely oral health care services. It is also designed to assist school personnel and families in accessing oral health education, fluoride varnish, All Kids enrollment, and care services through a dental home relationship.

Oral Health Needs Assessment and Plan – Phase II (OHNAPP II). DOH piloted a new grant opportunity for local health departments that completed an Oral Health Needs Assessment and Planning Grant (OHNAP) within the previous three years. The original OHNAP grant provided grantees with the opportunity to evaluate and to determine the oral health status of their jurisdiction through a comprehensive community-based assessment. This process produced action plans and/or next steps. OHNAPP II provided grantees

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with funding and technical assistance to move action plans and/or next steps forward. The DOH assisted grantees with technical support for the development and implementation of an effective population-based oral health program to meet the needs of their community. OHNAPP-II recognized and considered challenges but also the unique partnerships that may exist or will need to be developed in communities. Pilot grants started October 1, 2020 and were made possible through funding from the Illinois Maternal and Child Health Services Block Grant.

DOH staff collaborated to completely redesign, reorganize, and populate DOH webpages that include sections on DOH programs, Oral Health Plan Fast Facts on Oral Health, Where/How to Access Oral Health Care, and Oral Health Data. See <https://www.dph.illinois.gov/topics-services/prevention-wellness/oral-health>. The process included researching current topics and writing approximately 40 “Fast Facts on Oral Health” that include Accessing Oral Health Care in Illinois, What to Expect During Your Oral Care Visit? For the Adult Patient, and Careers in Oral Health Care. Plain language “Fast Facts on Oral Health” are directed to public and to professional audiences.

Wrote and published the advocacy document Case for Fluoride Varnish Reimbursement for Children and Pregnant Women to expand the use and reimbursement for this evidence-based intervention through non-dental health care settings.

Completed the Illinois Oral Health Plan IV (2021-2025): Eliminating Inequities in Oral Health. This was the result of eight community meetings, and four active participation webinars with an estimated 300-400 attendees and contributors.

Community Water Fluoridation. Fluoridation of the community water system is the most effective public health measure available to prevent and to control dental caries. It reaches people with little cost to individuals and is important for health and well-being. DOH worked closely with the Illinois Environmental Protection Agency (IEPA) to monitor community water safety, and provide education and technical expertise to the water supply operators to keep fluoride levels optimal. Activity related to supporting and reporting fluoridation included:

- Maintenance and updates to the Illinois Fluoride Reporting System (IFRS) were completed daily from fluoride level test results for all community water systems (CWS) from public and private laboratories as well as IEPA CWS evaluation reports.
- Completed fluoridation data collection statewide. Staff collected fluoride data from about 800 Community Water System reports that are sent to one of five regional IEPA in the state. This data was compiled, formatted, and posted on My Water’s Fluoride webpage.
- The IDPH Community Water Fluoridation 2020 Awards List was created along with fluoride certificates to recognize and to commend water systems for maintaining perfect compliance of continuous water fluoridation for 12 consecutive months in accordance with the state’s fluoridation statute. There were 142 perfect compliance facilities and 63 honorable mentions for meeting state fluoride levels 11 of 12 months for 2020. The DOH mailed award certificates directly to the facility.

Initiated the Illinois County Health Resources Map for partners and public use (not published yet as work continues). The oral health resource map will provide an interactive visualization of the available oral health and other health and wellness resources in Illinois. The project started at the southern tip of Illinois and is moving north. To date, resources for the 26 most southern Illinois counties have been completed and mapped. Contact information, hours of operation, and other pertinent details will be able to be viewed for each resource. Resources can also be filtered by categories, such as food distribution centers, grocery stores, FQHCs, dental providers, medical providers, local health department clinics, and other sources of health and well-being.

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Three oral health data sets published for public use, two of which are available on the Illinois Public Health Community Map. Successful, data collaborations occurred with PRAMS, BRFSS, and Patient Safety and Quality staff within the IDPH Office of Policy Planning and Statistic that resulted in this information being directed to oral health stakeholders and program planners.

- a. PRAMS oral health
- b. BRFSS oral health
- c. Dental use data in emergency departments

## **Medical Cannabis Patient/Opioid Alternative Programs**

In August 2013, Illinois became the 20th state to authorize a program for the cultivation and dispensing of cannabis for medical purposes. The Medical Cannabis Registry Program allows patients access to medical marijuana who meet one of the qualifying conditions. IDPH manages the registry by reviewing and processing applications and issuing registry cards to Illinois residents meeting program requirements. IDPH protects patient confidentiality while striving to ensure timely accessibility to cannabis for registered patients.

On August 28, 2018, Public Act 100-1114, the Alternative to Opioids Act of 2018, was signed into law, making changes to the Compassionate Use of Medical Cannabis Pilot Program Act. The public act created the Opioid Alternative Pilot Program (OAPP), which allowed access to medical cannabis for individuals who could receive a prescription for opioids as certified by a physician licensed in Illinois. This program offers qualifying individuals an alternative to manage their pain. The long-term goal of this program is to reduce opioid deaths.

### **Accomplishments**

#### **Auto-renewals for MCPP Patients During COVID-19**

Through executive order, the cards of more than 40,000 patients and caregivers were auto renewed for one year without application or fee during 2020 and 2021. Data was collected from the registry and printing vendors of those affected, and it was used to send email blasts to those patients with needed information, to update statuses, and to send records to the printing vendor. This was done quickly to alleviate patient concerns during the COVID-19 pandemic.

#### **Reduced Fees and Legislative Changes**

All fees were cut in half for 2021 to allow better access to the medical cannabis program. Additionally, legislative changes allowed for patients to utilize any dispensary at any time instead of having to change their designated dispensary in the system. Also added was a “lifelong condition” option that permits patients to renew their certification without a health care provider certification every three years should they qualify.

#### **Conversion of Medical Cannabis Registry to New System**

This year the program transitioned to Entellitrak and after a challenging launch the system has stabilized and is functioning. Staff worked overtime to address issues identified during the launch. The new system combined all the programs and will be much easier for staff to navigate once it is functioning at capacity.

#### **Cannabis Regulation Oversight Office (CROO) Meetings**

IDPH was one of seven agencies with representatives who attended the first Quarterly Cannabis Cabinet meeting on March 9, 2021. The initial meeting was informative for all levels of cannabis support/management staff. The objective of CROO is to formulate collaborative and coordinated plans with cannabis initiatives and goals between the agencies.

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## In the Community

Newsletters designed to provide information about changes, upgrades, and new procedures associated with the Medical Cannabis and Opioid Alternative Programs were sent to dispensaries periodically through the year to share with their staff. Because they frequently interact with patients and caregivers, they are then able to update them with new program processes and procedures.

Local health departments have been contracted to assist patients in their areas with application submissions. Both the newsletters and local health departments provide resources to patients who may not have computer/internet access in order to be aware of program changes and/or submit registry applications.

The first public event of the Medical Cannabis and Opioid Alternative Programs after the COVID-19 shutdown was the Illinois State Fair. Several staff members staffed the event, representing the program and IDPH as a whole.

## Resources

<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/illinois-medical-cannabis-patient-program-annual-report-general-assembly-2020.pdf>

## Illinois Comprehensive Cancer Control Program

The Illinois Comprehensive Cancer Control Program (ICCCP) manages the Centers for Disease Control and Prevention DP17-1701 grant for the National Comprehensive Cancer Control Program. This is a five-year grant that will conclude June 20, 2022. The goal of the ICCCP is to reduce cancer incidence and mortality by addressing areas across the cancer continuum by leveraging existing partnerships and initiatives to enhance primary prevention, early detection, and survivorship. The ICCCP aims to sustain the current momentum around cancer prevention and early detection, to support an updated Illinois Comprehensive Cancer Control Plan, and to build capacity for the ICCCP to strengthen partnerships with multi-sector stakeholders to increase the level and reach of cancer prevention and control strategies across the state while also targeting vulnerable populations.

## Accomplishments

The ICCCP is required to create and to update a comprehensive cancer control plan to address the burden of cancer in Illinois. The plans are specific to the state and based on data collected about people living here. Strategies that have been proven to work, either in the region or in similar locales, are used as blueprints for action. The plan provides a roadmap to guide cancer prevention work and control activities through the implementation of high need, high feasibility, and evidence-based strategies.

The revised cancer plan places more emphasis on health equity and health disparities. It also places a high level of importance on including the voices and opinions of those impacted by cancer, the caregivers and support persons, and the cancer survivors.

During the past year, ICCCP accomplished the following:

- Held a cancer plan work-group kick-off meeting October 27, 2020, with 113 people in attendance.
- Created three workgroups to focus on the priority areas of (1) prevention; (2) screening and early detection; and (3) diagnosis, treatment, and survivorship (health equity was embedded within each priority area). The three workgroups met from November 2020 through April 2021 to define priority areas, goals, objectives, and strategies.

- The ICCCP collaborated with the University of Illinois Cancer Center’s Community Engagement and Health Equity (CEHE) office to implement a community engagement strategy to understand health equity and cancer disparities and to obtain the feedback and input of cancer patients, survivors, and caregivers. More details on the community engagement plan are available in the “Community Partnership” section below.
- The draft 2022-2027 Illinois Comprehensive Cancer Control Plan is currently being reviewed by the Illinois Cancer Partnership and will be submitted for publication following completion of the review.
- The ICCCP concluded the Colorectal Cancer Screening (CRCS) technical assistance project with the National Association of Chronic Disease Directors (NACDD) and Leavitt Partners, along with the co-lead from the University of Chicago Medicine.
- The two-part Illinois Colorectal Cancer Screening (CRCS) Engagement Meeting was held May 12, 2021, and May 26, 2021. Part 1 focused on the current status of CRCS nationwide and statewide, along with policy issues. The second part focused on building action steps to increase CRCS in Illinois. The common themes from the engagement meeting were using lessons learned from other state partnerships to guide future action -- collaboration between stakeholders and strategies to reach vulnerable populations and address health equity.
- A one-on-one meeting was held with Blue Cross Blue Shield (BCBS) of Illinois. The goals of the meeting were to identify key areas of opportunity to implement evidenced-based interventions that will have a high impact on colorectal cancer screening rates, drive consensus toward collaborative action, and increase awareness of the strategic initiatives of IDPH, the Center for Asian Health Equity from the University of Chicago Medicine, and CDC’s Division of Cancer Prevention and Control.
- BCBS of Illinois set a goal several years ago to increase CRCS to 80% by 2020. The interest in incorporating new CRCS strategies is due partially to the reemergence in Medicaid and Medicare Advantage programs that promote alignment with HEDIS measures. Some of the strategies targeting an increase in CRCS included:
  - A health equity strategy aimed at overcoming access barriers. A pilot program was launched that utilized geographic proximity survey results and sent those beneficiaries a MailedFIT kit.
  - Using a patient success story in outreach to increase response rates.
  - Strong value-based purchasing programs in combination with some of the largest ACOs in the country promote cultural alignment toward CRCS and a heavy use of alternative screening methods, especially during the pandemic.

The ICCCP provided the following educational opportunities:

- The Illinois Cancer Partnership coalition annual meeting on October 27, 2021
- Annual CRC Roundtable on June 30, 2021

### **In the Community**

The ICCCP collaborated with the University of Illinois Cancer Center’s Community Engagement and Health Equity (CEHE) office to implement a community engagement strategy to understand health equity and cancer disparities and to obtain the feedback and input cancer patients, survivors, and caregivers. The purpose was to capture individual perspectives to be reflected in the cancer plan, which will be published as a stand-alone report.

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In January 2021, a statewide cancer town hall was held to hear from the community regarding how cancer impacts their life, strategies to improve cancer outcomes, and what the state can do to improve cancer disparities.

**“Cancer effects everyone, but not everyone equally.”**

Community Town Hall Participants

In March and April, CEHE held eight focus groups: three general population focus groups, as well as focus groups specifically for rural residents, survivors, young survivors, caregivers, and Spanish speakers. The goals of the focus groups were: 1) identify cancer-related problems, barriers, and gaps that Illinoisans experience; 2) identify solutions, facilitating factors, and strengths to address the problems; and 3) propose recommendations based on findings. The report on the community engagement project will be included in the 2022-2027 cancer plan and published separately as a stand-alone report.

Town hall and focus group participants described how fundamental causes, the physical and social context, individual demographic and risk factors, and biologic responses and pathways contributed to disparities across the cancer continuum for Illinoisans. The published report will detail the discussions among participants and highlight statements made by participants.

Fundamental Causes. Participants described several fundamental causes, those distal determinants of health that include population social conditions, policies that affect social conditions, and the policymaking bodies that influence or determine them that contribute to disparate health.

- Social conditions and policies. Overall, the lack of a comprehensive health insurance system for all and discrimination were identified as being the primary social conditions and policies that contributed to cancer disparities across the cancer continuum.
- Institutional context. A lack of access to health systems, services, and quality care were described as major drivers of cancer disparities. Participants expressed the belief that not all health systems provide equivalent standards of care and groups with lower socioeconomic status may be receiving worse care.
- Physical and Social Context. The physical and social contexts are intermediate factors through which the distal effects of fundamental factors are experienced and impact cancer disparities. Participants described how their community’s physical and social contexts were important determinants of health and contributors to health disparities.
- Physical context. Abundant discussions were held on the importance of place and where one lives and how this determines health. Specifically, environmental hazards, internet access and the digital divide, transportation, and food insecurity were discussed.
- Social context. The social context includes community and neighborhood demographic characteristics, such as community poverty, education, income levels, residential segregation, and social networks and norms. Participants discussed a sense that community organizations are struggling to reach out and to connect with other organizations and community members to address health equity and to create awareness of existing resources. One person described the availability of funds and programs for cancer screening in their community, but that corresponding outreach need to accompany programs for it to reach those who need it most.
- Individual Demographics, Risk Factors, and Biologic Responses and Pathways. Demographics, risk factors, and biological responses and pathways are proximal, individual-level determinants of health. Overall, town hall and focus group attendees had minimal discussion of individual-level risk factors and health behaviors. When they were mentioned, it was typically in relation

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to the different social and physical community contexts that shape behavior, such as access to resources and safety and engagement in physical activity. While individual demographics and risk factors, especially insurance status and immigration status, were described as contributing to cancer disparities across the continuum among Illinoisans, they were not perceived to be the primary drivers of the disparities. Concerning biologic responses and pathways, attendees had conversations about knowing one's family health and cancer history.

- Insurance status. Overall, participants noted concerns that being uninsured or underinsured means neglecting your health simply because care is unaffordable otherwise. For example, people discussed the inability to get screened for cancer without insurance, hesitation to engage with screening because, if cancer is detected, the care will be unaffordable, and the treatment cost exorbitant.
- Immigration status. In conversations concerning those in undocumented communities, participants noted the perception that they are less likely to utilize resources or seek medical care. For some, this may be due to fear of engaging with a health system, a lack of knowledge about where to receive care, or having to deal with long wait times for appointments.
- Biologic Responses and Pathways. Participants discussed the importance of knowing their family history to assess their personal cancer risk. Once cancer was diagnosed in a family, this opened up conversation opportunities. This also prompted other family members to engage in genetic testing.
- Proposed Recommendations and Funding Priorities to Improve the Health of Illinoisans Across the Cancer Continuum. During the town hall and focus groups, participants were asked to recommend and prioritize strategies and funding to address cancer disparities in Illinois. These strategies were organized and presented by policy and systems, clinical, community, and individual-level recommendations. These recommendations span the entire cancer care continuum, from prevention and continuing through survivorship.
- Policy and systems level recommendations. Overall, there was a strong sense that there should be continued advocacy, from policy makers, health care systems, providers, patients, and community members to ensure that all those who need health care receive it, irrespective of cost. One person described the ease of getting a COVID-19 vaccine at no cost, and wondered why the receipt of cancer treatment was not free.
- Health systems level. At the health systems level, participants recommended a need for building trust and ensuring quality, standardized care for all. Health care organizations can enhance diversity among providers and recruit oncologists of color that mirror the communities they serve. This is especially important as there have been tremendous shifts in the health care landscape in terms of health care system closures, consolidations, and mergers. It is essential to set the same standard of care for all hospitals/cancer centers to ensure all patients receive the same care no matter where they go for screening or where they receive treatment.
- Clinical level. Several recommendations were suggested to address clinical-level factors that contribute to health disparities. These included access to patient navigation, improved patient provider communication, and provider trainings.
- Community level. Community organizations, members, and health care providers can come together to address cancer disparity issues in Illinois. Specific recommendations included increased access to community navigators, ensuring that transportation needs are met for both rural and urban communities, and addressing food insecurity by establishing food depositories throughout the state.

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- Individual level. At the individual-level, the need to increase awareness and education opportunities about cancer among communities was a top recommendation among town hall and focus group participants. Specific topics of education included prevention/risk reduction; programs and resources available within a community; the existence of disparities and their impact; navigating the health care system; treatment options, including getting a second opinion; what to expect during treatment; and participation in clinical trials. Additionally, patients should be given information, so they are better equipped to ask questions and to advocate for themselves. One cancer survivor talked specifically about the need for more individuals to be aware of screening guidelines.
  - Funding priorities. Participants shared their thoughts and ideas on how funds should be prioritized to address cancer in Illinois. First, it was noted that community organizations doing collaborative work should be prioritized if addressing cancer disparities, especially around screening, and should be prioritized for funding. People also stated that cancer prevention should be kept in mind as the ultimate goal for funding priorities. Participants expressed the concern that COVID-19 was diverting available dollars and resources which had previously been allocated for cancer.
  - The results of the community engagement strategy for the 2022-2027 Illinois Comprehensive Cancer Control Plan indicate that Illinoisans experience disparities across the cancer continuum. These disparities are a result of multilevel determinants of health and include fundamental factors, like policies and social conditions; intermediate factors, including physical and social contexts; and proximate factors, such as individual demographics and risk factors. Participants from the town hall and focus groups proposed a number of policy, clinical, community, and individual-level recommendations to address the disparities. These recommendations should be considered by stakeholders, including community organizations, providers and oncologists, policy makers, and researchers, who are concerned with eliminating cancer disparities in Illinois. Illinois is abundant with resources and assets to address this challenge, as well as a dedicated group of stakeholders who continue to work and advocate for the health of all Illinoisans.

## Resources

The ICCCP published the following reports on the burden of HPV in Illinois:

- HPV-Associated Cancers in Illinois Part 1 describes HPV and the incidence of HPV-associated cancers in Illinois. <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/hpv-associated-cancers-illinois-part-1-final-01282021.pdf>
- HPV-Associated Cancers in Illinois Part 2 focuses on HPV vaccination recommendations and policy recommendations to increase HPV vaccinations in Illinois. <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/hpv-associated-cancers-illinois-part-ii-final-6252021.pdf>



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## Office Of Health Care Regulation

The Office of Health Care Regulation (OHCR) supports IDPH's mission to protect the health and wellness of the people of Illinois through its licensing, regulatory, and certification activities in both health care and long-term care facilities. The OHCR licenses and inspects 1,595 long-term care facilities, including those providing skilled nursing, intermediate nursing care, sheltered care, community living, assisted living, and specialized mental rehabilitative services. The OHCR also licenses and inspects a combined 1,448 non-long term care health care facilities and in-home agencies providing medical care or home services. In addition to ensuring compliance with federal and state regulations, the OHCR conducts criminal background checks of all health care workers, approves training courses and competency evaluations for certified nursing assistants, approves all basic and advance nursing assistant training programs, and operates a 24/7 central complaint registry to serve the needs of individuals seeking to express concerns about the quality of care provided in long-term care and medical facilities. The OHCR divisions and responsibilities are described in greater detail in the following sections.

### Division of Health Care Facilities and Programs

The Division of Health Care Facilities and Programs licenses and provides regulatory oversight for 1,148 non-long-term care health care facilities including:

- alternative demonstration programs
- ambulatory surgical treatment centers
- birthing centers
- certified clinical laboratories (CLIA)
- children's residential
- community-based rehabilitation centers
- end-stage renal dialysis facilities
- free standing emergency centers
- health maintenance organizations
- home health
- home services
- home services placement
- home nursing placement
- hospice
- outpatient physical therapy/occupational therapy clinics
- portable-X-ray facilities
- post-surgical
- rural health centers
- state and federal hospitals

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- subacute
  - transplant facilities

Surveys in facilities certified by Medicare and Medicaid are conducted in collaboration with and under the auspices of the federal Centers for Medicare and Medicaid (CMS)

## **Division of Administrative Rules and Procedures**

The Division of Administrative Rules and Procedures is comprised of the Administrative Rules Unit (ARU) and Health Care Worker Registry Unit (HCW). The ARU is responsible for identifying necessary amendments to administrative rules that address new or revised legislative requirements, identify best practices, and address industry requests proposed through various advisory boards. The ARU staff plays a central role assisting program managers and legislative staff to evaluate proposed legislative initiatives that impact OHCR's regulatory activities.

The HCW Unit is primarily responsible for providing information to health care employers about unlicensed health care workers, including certified nursing assistant (CNA) certification; CNA findings of abuse, neglect or theft; criminal background checks; disqualifying convictions; and processing waivers that allow an exception to the prohibition of employment when there is a disqualifying condition. The HCW unit also provides application forms and instructions to persons seeking to become a certified nursing assistant or who request a waiver of a disqualifying conviction that would otherwise prohibit them from working for a health care employer. As the Health Care Worker Registry is supported by a public and private website, the HCW Unit staffs a call center and responds to email inquiries.

## **Technical and Training Unit**

The Training and Technical Direction Unit (TTU) provides training and education for long-term care surveyors to ensure OHCR maintains a highly skilled and qualified workforce. Responsibilities of the TTU include assessing training needs, coordinating training, creating curriculum and tools, evaluating learning, maintaining training records, and providing continuing education in response to regulatory changes. The TTU liaisons with the federal CMS regional training administrator and the CMS central office regarding training initiatives, scheduling of certification exams, and the CMS Surveyor Training Website. The TTU approves all Basic Nursing Assistant Training Programs (BNATP), Advanced Nursing Assistant Training Programs (ANATP), Temporary Nursing Assistant Programs (TNA), and identifies facility restrictions associated with these programs.

## **Division of Life Safety and Construction**

The Division of Life Safety and Construction (LS&C) is made up of two sections, including the Design and Construction and Field Services Section. The Design and Construction Section conducts plan reviews and fire safety inspections of licensed and certified health care facilities, which includes investigations regarding fire safety and physical environment complaints or incidents. The Field Services Section conducts initial certification surveys, annual life safety code surveys, and complaint and incident investigations in long-term care facilities. The division works closely with the Divisions of Compliance Assurance, Long-Term Care Field Operations, and Division of Health Care Facilities and Hospitals as the combined surveying activities impact resident or patient outcomes. Facilities must be in compliance with both LS&C and nursing surveys to ensure certification and/or licensure.

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## **Division of Long-Term Care Field Operations**

The Division of Long-Term Care encompasses all activities associated with surveying in Illinois' certified and licensed nursing homes (field operations) and those of the Special Investigations Unit (SIU). Surveying activities include re-certification to ensure compliance with federal regulations, state regulations, initial licensure, re-licensure, and investigation of complaints. The SIU oversees the Central Complaint Registry (CCR), which is the repository for concerns or complaints received across all agencies licensed and regulated by OHCR. The SIU plays a key role in establishing and maintaining collaborative relationships with numerous criminal law enforcement and prosecutorial agencies to reduce the incidents of abuse in nursing homes. SIU tracks activities associated with the Abuse Prevention Review Team, facilitates the investigation of alleged nursing aide neglect and abuse of residents, and refers allegations of Medicaid fraud for investigation. Other activities of the SIU include those related to tracking identified offenders in long-term care facilities and the placement of monitors in facilities due to licensure revocation, closure, or when a threat exists to the health, safety, or welfare of residents.

## **Division of Compliance Assurance**

The Division of Compliance Assurance (CA), formerly known as Quality Assurance is responsible for processing licensure and certification surveys for long-term care facilities, including skilled nursing, shelter care, veterans' homes, intermediate care facilities for the intellectually disabled, community living, specialized mental health rehabilitation, and supportive living. The division is responsible for initiating and resolving all enforcement activities associated with federal deficiencies and state licensure violations. Appeals of federal deficiencies by facilities are also processed by CA, including those utilizing informal dispute resolution procedures. The CA division works closely with the federal CMS in connection with federal surveys and is required to meet specific standards to ensure timely processing of surveys and enforcement activities.

Given the collaborative agreement between IDPH and federal CMS, additional activities include those related to identifying facilities with repeat and serious deficiencies (special focus facilities) and implementing graduated enforcement activities resulting in removal from special focus or termination by CMS from the Medicare and/or Medicaid programs.

## **Division of Licensure and Certification**

The Division of Licensure and Certification is responsible for processing and tracking initial certifications, annual recertifications, Life Safety Code Waiver requests, bed certification changes, changes of ownership and information, terminations, and long-term care facility closures, and tracking civil money penalties imposed under federal and state regulations. The division conducts licensure activities, including processing applications for the licensure of new facilities, changes of ownership, licensure renewal applications, and bed level/services changes. Additionally, the division provides statistical reports and data for the IDPH website, and sister agencies, such as the Illinois Department of Healthcare and Family Services. Other key responsibilities of the division include responding to internal and external requests for information related to surveys. The division provides information technology support to OHCR staff, maintaining the CMS Automated Survey Process Environment Program (ASPEN), computer equipment, and databases while also producing quality and performance data.

## **Division of Assisted Living**

The Division of Assisted Living licenses and regulates assisted living facilities throughout the state. Assisted living establishments provide community-based residential care to older adults needing assistance with activities of daily living and intermittent health related services. The number of assisted living facilities have increased from 292 in 2010 to 522 in the last year, representing a 78% growth. The

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division is responsible for conducting licensure and complaint surveys and ensuring compliance with state regulations.

## **Division of Specialized Mental Rehabilitation Services and IC/DD Facilities**

The Division of Specialized Mental Rehabilitation Services (SMHRF) and IC/DD Facilities licenses and regulates facilities designated as institutions for mental disease that specialize in providing rehabilitation services to individuals with serious mental illness. There are currently 23 licensed facilities in the state. Activities include licensure inspection, surveying to ensure compliance with state regulations, and investigation of complaint allegations.

### **Accomplishments**

#### **Division of Health Care Facilities and Programs**

The division ensured federally required surveys for FY20 and FY21 will be completed by the end of the federal fiscal year (October 1, 2020 to September 30, 2021) even with a five-month cessation of routine surveys. During the past year, 74 hospital surveys and two federally qualified health center surveys were completed to ensure compliance with the Sexual Assault Survivors Emergency Treatment Act (410 ILCS 70/1, et seq.)

The division's initiative to integrate a new virtual online-initial licensure survey process for home services/home nursing programs has resulted in the removal of the backlog of licensure applications and streamlined the time frame to review, process, and conduct surveys

#### **Division of Administrative Rules and Procedures**

During this calendar year, the Division of Administrative Rules and Procedures (ARU) played a pivotal role ensuring emergency rules and amendments to existing rules were adopted in response to the COVID-19 pandemic, including those aimed at addressing staffing shortages in long-term care facilities, governing infection control/testing, suspending certain involuntary transfers and discharges, suspending licensing requirements in hospitals to increase bed capacity, and health care provider COVID-19 training requirements. Other key accomplishments include:

- Amendments to the Specialized Mental Health Rehabilitation Facilities Code that required facilities to post non-retaliation posters and include posters as a compliance element in facility surveys.
- Amendments to the Skilled Nursing and Facilities Code that provide for increased IDPH oversight and fines for violations of the minimum staffing ratios.
- Added 9,019 certified nursing assistants and 4,382 direct service personnel to the Registry.

The HCW Unit responded to more than 17,000 telephone calls and 92,000 emails seeking assistance and information regarding the Health Care Worker Registry.

#### **Training and Technical Direction Unit**

Key accomplishments of the Training and Technical Direction Unit (TTU) include:

- Participated as a co-team leader in the federal CMS National Dementia Partnership Program. The program engaged federal and state agencies, nursing homes, providers, advocacy groups, and caregivers to focus on the delivery of health care to individuals with dementia that is person-centered, comprehensive, and interdisciplinary.
- Revised the training manual and materials for newly hired surveyors.

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- Developed new training materials for surveyors associated with changes in emergency rules and permanent rule changes implemented by federal CMS.
  - Received a 100% pass rate of the Surveyor Minimum Qualifications Training exam for newly hired surveyors.

### **Division of Long-Term Care Field Operations**

Key accomplishments of the Division of Long-Term Care Field Operations and Special Investigations Unit include:

- Successfully met federal CMS frequency and quality standards for surveying activities.
- Processed 10,100 complaints in facilities licensed and regulated by OHCR.

### **Division of Life Safety and Construction**

Key accomplishments of the division include:

- Conducted onsite life safety code inspections in health care, making temporary changes to facilities to safely house additional residents and patients due to COVID-19.
- Reviewed 45 long-term care projects and 127 non-long-term care projects.

### **Division of Compliance Assurance**

While the Division of Compliance Assurance increased the efficiency of the survey process by previously implementing an electronic plan of correction system, not all long-term care providers are enrolled to participate. In the past year, staff successfully enrolled an additional 114 registered users.

### **Other Key Accomplishments of the OHCR**

As the OHCR seeks to improve the quality of care and life of residents in the long-term care setting, attracting and retaining a high-quality workforce to support the surveying activities associated with licensure, certification, and complaint investigations is mission determinant. The OHCR implemented an aggressive hiring plan to address the staffing ratios required by Public Act 96-172. Fully staffing the Field Operations and Compliance Assurance divisions ensured timely investigations of complaints and expeditious resolution of deficiencies.

During the past year, OHCR continued to implement critical steps to ensure that facilities responded to the threat of disease caused by COVID-19 utilizing enforcement remedies to the fullest extent to address deficient practices related to infection prevention and control. As a result, the OHCR met federal CMS' required focused infection control survey benchmark.

### **In the Community**

Although the OHCR's primary role is to ensure providers licensed and regulated by IDPH comply with applicable federal and state statutes, staff regularly interact with other state agencies and advocacy groups for the purpose of collaboration and education. Encouraging an ongoing dialogue with internal and external stakeholders whose activities engage community partners ensures the services OHCR provides are accessible and responsive to the unique needs of all Illinoisans accessing health care, utilizing in-home services, or long-term care facilities.

### **Resources**

<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/2021-long-term-care-annual-report.pdf>

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## Office of Women’s Health and Family Services

The Office of Women’s Health and Family Services (OWHFS) strives to improve health outcomes of all Illinoisans by providing preventative education and services, increasing health care access, using data to ensure evidence-based practice and policy, and empowering families.

The OWHFS administers:

- The Illinois Breast and Cervical Cancer Program (IBCCP). The statewide IBCCP offers free breast and cervical cancer screening and diagnostic services for women 40 and older for breast cancer screening and 21 and older for cervical cancer screening who are uninsured or underinsured. Younger symptomatic women and men are also served in the program upon medical provider referral.
- The WISEWOMAN Program (IWP). The IWP is offered in 15 counties in Illinois and is designed to help women enrolled in the IBCCP identify cardiovascular risk factors and reduce their risk for heart disease through a heart-healthy lifestyle.
- The Illinois Family Planning Program (IFPP). The IFPP aims to provide high-quality, culturally sensitive family planning services to low-income women, men, and adolescents who are underinsured, uninsured, and insured individuals who may otherwise lack access to health care. Services provide patient centered assistance in planning pregnancies, lowering the incidence of unintended pregnancy through education and contraceptive services, lowering the rates of sexually transmitted diseases, and improving general health.

The Maternal and Child Health (MCH) Services Block Grant (Title V), is the oldest federal-state partnership to support the health and well-being of all mothers, children, and families, including those with special health care needs. In Illinois, the Title V Program is viewed as a leader within the MCH field, convening stakeholders, disseminating data, and implementing best practice programs. It has an array of maternal and child health programs in its portfolio. These programs span the life course from pre-conception through adulthood, and focus on primary, secondary, and tertiary prevention in the form of direct, enabling, and infrastructure-building interventions. Specific programs include the school-based Health Centers Grant, the Adolescent Health Program, the Fetal and Infant Mortality Review, the Increasing Well-Woman Visits Programs, and many other partnerships and collaborations with key MCH stakeholders.

### Accomplishments

**Provided Supplemental Funding for School-Based Health Clinics.** OWH provided supplemental support to 39 certified school-based health centers during the COVID-19 public health emergency to ensure their vitality and ability to continue to serve their respective communities and meet the needs of children and families during the COVID-19 public health emergency. The program supported activities that included:

- Educating/training staff and community to improve their readiness for COVID-19 and other infectious diseases.
- Developing and distributing materials regarding COVID-19 to share with communities, especially specific populations of the community that are disproportionately affected by COVID-19.
- Providing personal protective equipment (PPE) and other supplies to promote health and safety.
- Incorporating technology to facilitate e-learning and other social distancing measures, as well as providing professional services.

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**Supported the Task Force on Infant and Maternal Mortality Among African Americans.** A newly established state legislatively mandated taskforce charged to “establish best practices to decrease infant and maternal mortality among African Americans” in Illinois. The task force work includes:

- Reviewing research that substantiates the connections between a mother’s health before, during, and between pregnancies.
- Reviewing data on social and environmental risk factors for Black/African American women and infants.
- Determining better assessments and analysis on the impact of overt and covert racism on toxic stress and pregnancy-related outcomes.
- Engaging the community to collect the voices of Black/African American women and families regarding maternal and infant health.
- Identifying partners or key stakeholders in which the state should engage to address the issue in a systematic way

The task force issued its first report to the General Assembly in January 2021.

**Expanded Fetal and Infant Mortality Review.** Supported the establishment of a second Fetal and Infant Mortality Review (FIMR) program in southern Illinois. This new FIMR is operated by the Southern Illinois Healthcare Foundation (SIHF). Similar to the FIMR managed by the University of Chicago, SIHF’s FIMR is a part of a nationwide system strategy supported by the American College of Obstetricians and Gynecologists (ACOG) that aims to improve services, systems, and resources for women, infants and families across the state. A multidisciplinary review team convenes to systematically review fetal and neonatal deaths within targeted communities of the state. Another key component of FIMR is the Community Action Team which focuses on designing and implementing key interventions based on the recommendations generated by the review committee. Reviews, recommendations and subsequent interventions are tailored to eliminate disparities in perinatal, infant, and maternal health; to direct resources; and to improve access to, utilization of, and full participation in comprehensive perinatal and women’s health services, particularly for women at higher risk for poor health outcomes. It is anticipated that OWHFS will support additional Illinois FIMRs in the near future.

## **Illinois Breast and Cervical Cancer Program (IBCCP)**

Community Navigation Pilot. The IBCCP Community Navigation Pilot is designed around the idea that when an IBCCP lead agency employee focuses their efforts on outreach activities and implements evidence-based interventions (EBI) based on the factors present in their community, they will reach priority populations not currently accessing screening. During the pandemic, the navigation sites had to shift the way they reached members of the community to ensure that employees remained safe while still conducting outreach. This required innovative solutions, including drive-through health fairs, virtual community meetings, virtual events such as relay for life, and other activities that were aimed at reaching people while keeping the employee safe. Additionally, some community navigators were tasked with COVID-19 related work that limited the amount of time they had to devote to the pilot. Despite the barriers created by the pandemic, all pilot sites were successful in changing the way they conducted their work and the pilot remained active throughout the pandemic.

IBCCP Lead Agency EBI Work. Each year the IBCCP lead agencies are asked to develop and to implement an EBI that will work toward increasing access to early prevention and intervention services. Despite the barriers created by the pandemic this year, sites were successful in completing their EBI projects. For example, one site focused their efforts on collecting baseline data to understand the number

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of uninsured patients who were eligible for screening for breast and/or cervical cancer who had not been screened. The lead agency began the process by pulling the list of patients that met the above criteria from their electronic health systems. The agency contacted patients on the list via phone calls, text messages, and reminder letters. Additionally, patients were reminded during their follow-up visits with their providers. The agency reassessed the data at the end of the project and found that the rate of eligible patients who completed screening increased by 35%.

**New IBCCP Lead Agencies.** The IBCCP released a competitive grant application in FY21 that resulted in two additional lead agencies serving the Chicagoland area -- Equal Hope and University of Illinois Health. The new lead agencies will receive Policy and Procedure Manual and data system training to walk them through program guidance, along with a community navigator, and quality assurance nurse technical assistance to guide them into service delivery.

### **Illinois WISEWOMAN Program (IWP)**

The Illinois WISEWOMAN Program (IWP) obtained CDC approval for Weight Watchers Virtual Meetings and the online Weight Watchers app as recognized lifestyle programs for participants, thereby providing access to lifestyle programs virtually instead of in-person, which was critical during the COVID-19 pandemic. IWP also continued to maintain CDC approval for and to coordinate with recognized lifestyle programs for participants: Weight Watchers (in-person) and Taking Off Pounds Sensibly (TOPS). In addition, CDC approval was maintained for the Self-Monitoring Blood Pressure Program (SMBP) and Wise Words text messaging program, which are administered by the IWP Evaluation Team. Through these programs, IWP lead agencies (local providers serving 15 counties) had access to individualized resources to offer IWP participants in addition to the IWP Health Coaching curriculum, Be Wise. These resources supported IWP enrollees as they made lifestyle changes to improve their heart health.

IWP recruited Winnebago County Health Department as a local Lead Agency provider in 2020, which extended the reach of the program to Boone, DeKalb, and Winnebago counties. IWP has retained not only this newest lead agency provider during 2021 but has also retained the other six existing providers (Asian Human Services and Family Health Center, Fulton County Health Department, McHenry County Health Department, Mercy Care Center, Stephenson County Health Department, and Tazewell County Health Department) despite barriers presented due to the COVID-19 pandemic. Provider retention is crucial to the program's success and ensures that women will continue to have access to screening, health coaching, and lifestyle program services.

In April 2021, the CDC released a quick scan of data submitted by WISEWOMAN that stated where the program operated. Illinois WISEWOMAN programs had referred 91% of women screened to a lifestyle program, and 99% of those women had attended at least one lifestyle program session.

### **Illinois Family Planning Program (IFPP)**

Illinois Critical Access Hospital Network (ICAHN) secured the family planning professional education bid to provide training to the Illinois Family Planning Program delegate agencies. ICAHN conducted a logic model session for IFPP delegate agencies, and IBCCP and WISEWOMAN lead agencies.

Due to the pandemic, program staff shifted focus from traditional in-person outreach events to social media/video conferencing, and targeted outreach to individuals/community partners. Delegate agencies continued with program efforts via virtual platforms, social media campaigns, town hall meetings, and Facebook live sessions. A delegate agency, ACCESS, launched a social media campaign addressing adolescent friendly topics including Valentine's Day, Teens, Stress, & Finals, STD Awareness Month, and Pride/LGBTQ. Social media campaigns (English/Spanish) on Facebook and Instagram promoted the IFPP program awareness and inclusive services/program availability and linked to a teen health webpage.

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Valentine’s Day/Teens, Stress & Finals, STD ads generated 80,000 impressions each and the Pride/ LGBTQ campaign generated 60,000 impressions. Due to these efforts, the agency was able to see an increase of family planning patients in one of their new clinic sites. Another agency developed STD virtual appointment and the “Family Planning is still here for you” campaign.

Other examples of successful outreach efforts are highlighted through Cook County Hospital, Livingston County Health Department, and Pike County Health Department. Cook County Hospital developed an electronic, web, and mobile-based Reproductive Life Plan (RLP) assessment tool to facilitate their client reproductive health encounters. Education and counseling sessions were refined and targeted based on the client’s plans to conceive over a specific timeframe of their choice. The RLP assessment tool provided a forecast and historical view to the client to help inform them of best contraceptive options available to meet their goals. The Cook County Health Systems staff broadened their use of the assessment tool throughout their family planning program, and the project increased patient satisfaction with quicker service provision. Livingston County created innovative outreach campaigns, such as, Toilet Talks and direct mailers to increase their caseload. Pike County Health Department partnered with their county jail and archery shop to market the program services and provide education as needed. Their efforts successfully increased services to their male population raising the reach from 3% to 9% over the past two-year funding cycle.

IFPP delegate agencies continued to provide family planning services during the COVID-19 pandemic via drive up, telehealth, and on-site services. Through this process, VNA and Erie County were able to expand family planning services to a total of four new sites. During this past funding cycle, the IFPP increased statewide services through the addition of Planned Parenthood of Illinois to the OWHFS service provider network. This addition yielded a 10% increase in caseload.

IFPP continues to reach its goal of serving at least 70% of Illinois low-income clients between 0-150% federal poverty level. Service limitations within the health care delivery systems of hospitals and managed care organizations have increased the program’s visibility.

## **In the Community**

### **Illinois Breast and Cervical Cancer Program (IBCCP)**

- 13,716 breast cancer screenings (goal: >15,752)
- 3,624 cervical cancer screenings (goal: >2,252)
- 511 clinically navigated insured for breast cancer screenings
- 70 clinically navigated insured for cervical cancer screenings
- 14,626 women served in IBCCP (goal: >18,000)
- Approximately 40% of initial program Pap tests provided to never/rarely screened women (goal: >20%)
- Approximately 98% of abnormal Pap tests with complete follow up care (goal: >90%)

### **WISEWOMAN Program (IWP)**

- 100% of clients have an income between 0 – 150% of federal poverty level
- 656 eligible women screened for cardiovascular disease through IWP (goal: >975)
- 420 eligible women were referred to health coaching and/or lifestyle programs (goal: >780)
- 201 eligible women completed health coaching and/or lifestyle programs (goals: >460)

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## Illinois Family Planning Program (IFPP)

- 75,548 clients served through IFPP (goal: >50,000)
- 112,470 clients IFPP visits (goal: >77,000)
- 9% of male clients served during this timeframe (goal: 7%)
- 97% of family planning clients received chlamydia and gonorrhea treatment within 30 days (goal: 97%)
- 70% of family planning clients have an income between 0-150% of FPL (goal: 70%)
- 65% of family planning clients use the most/moderately effect method of contraception.

## Resources

OWHFS issued its second Maternal Morbidity and Mortality Report: <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/maternalmorbiditymortalityreport0421.pdf> and a one-pager on the report: <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/Maternal-Mortality-in-Illinois.pdf>. This report has been monumental in pushing the issue of maternal health to the forefront of public health efforts, and has led to legislation being introduced and passed, including a huge federal victory in having Medicaid expanded to one year postpartum: <https://www.hhs.gov/about/news/2021/04/12/hhs-marks-black-maternal-health-week-announcing-measures-improve-maternal.html>

The Task Force on Infant and Maternal Mortality Among African Americans Report issued its first report: <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/immt-report-2020ga.pdf>

OWHFS also released an updated report on infant mortality: <https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/illinois-infant-mortality-data-report-2020-december.pdf>



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## Office of Men's Health

The mission of the Office of Men's Health is to oversee the surveillance, research, and public health strategic implementation addressing social determinants of health related to men's health care outcomes throughout IDPH. Additionally, the office works to identify key determinant initiatives with respect to health care disparities and special populations affecting men who are incarcerated, LGBTQ, homelessness, and to lead on messaging, research, and programming for men's health topics. During the first half of 2021, a framework to support primary and secondary prevention for public health crisis was developed and called "Restoring our Communities" (ROC). During this time, more than 30 town halls across the state were conducted with community-based organizations that had direct and indirect missions to address men's health with Black and Latino communities.

### Accomplishments

During the first six months, the Office of Men's Health (OMH) accomplished the following:

- Statewide public health community-based framework "Restoring our Communities" was created to address vaccine information and hesitancy in Black and Latino communities as part of a platform for OMH within the OHP COVID 19 Equity Grant.
- First-ever Men's Health Symposium.
- First-ever statewide Barber Leader Town Hall initiative (more than 2,000 views).
- Accepted oral podium presentations from the American Public Health Association
  - Pilot report of Restoring our Communities.
- ICEP co-publication for opioid fentanyl overdose.
- Spearheaded collaboration with Illinois Department of Corrections (IDOC) IMPACT4HC
  - Narcan distribution and curriculum for individuals discharged via IDOC.
- Co-advised DHS vaccine distribution.

In 2021, a framework to support primary and secondary prevention for public health crisis, Restoring our Communities (ROC) was developed. During this time, more than 30 town halls reaching more than 3,000 Illinoisans were conducted with community-based organizations who had direct and indirect missions to address men's health within Black and Latino communities. The typical messaging campaign included a community leader who had a documented rapport with the community and several public health representatives and doctors. Pilot data conducted by the Office of Minority Health supported with communication. The ROC laid the foundation for the COVID-19 equity grant which targeted men's health strategies to support a statewide system. It addressed the public health crisis and was also repurposed for other public health issues, including gun violence, chronic diseases, mental health, and prostate cancer. OMH also spearheaded development and collaboration with IDOC; the IDPH Office of Policy, Planning, and Statistics; and the Ryan White correctional coordinator to distribute Narcan and harm reduction curriculum for incarcerated men at high risk for opioid overdose. OMH spearheaded conceptualization and recruitment of stakeholders to deliver meaningful education and naloxone education to pilot across IDOC. OMH also conducted the first ever statewide Barber Leader COVID-19 Town Hall in partnership with Master Builder's Masonic Lodge #33. OMH completed the first-ever Men's Health Symposium with a focus on fatherhood and mental health for southern Illinois. Town halls were streamlined into the IDPH Innovative Ambassadors program to stimulate amplification of evidence-based COVID-19 mitigation safe practices. Lastly, OMH's lead strategy in grant development and deliverables for prostate cancer screening initiatives targeted minority men most affected by prostate cancer.

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## In the Community

Below are some of the organizations that hosted town hall events:

- Rock Valley College
- Crusader Community Health
- Coalition of Latino Leaders
- YWCA of Northern Illinois
- Master Builders Masonic Lodge #33
- DeKalb County Health Department
- Winnebago County Health Department
- Leo's Locs Styles and Cuts
- Luxe on Alpine Salon & Barber Lounge
- New Hope Missionary Baptist Church
- Total Faith Community Church
- Chicago Urban League
- Binacional Instituto
- Chicago CRED
- Alpha Phi Alpha Fraternity-Statewide
- Phi Beta Sigma Fraternity-Statewide
- Omega Psi Phi Fraternity-Statewide



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## Opioid Initiatives

The Illinois Department of Public Health's opioid epidemic response work supports the state's overall strategy to reduce opioid overdoses and is guided by the State Opioid Action Plan. The opioid initiatives at IDPH are implemented through cross-sector and inter-agency collaboration and are focused on evidence-based strategy. IDPH serves as the opioid overdose surveillance lead for the state, provides training and technical assistance to local health departments, and supports the expansion of harm reduction services.

Illinois is experiencing both an opioid overdose epidemic and the COVID-19 pandemic. In April 2021, IDPH released the "Illinois Opioid Overdose Epidemic during the COVID-19 Pandemic" report. The goal of this publication was to provide a brief update on the state of the opioid epidemic during the COVID-19 pandemic.

IDPH sent the Opioid Overdose Semiannual Report to the governor and General Assembly in September 2021. Additionally, IDPH reports fatal drug overdoses, including opioid overdose, by county and demographics, in its Drug Overdose Deaths report, which is updated monthly.

Director Ezike co-chairs the Lieutenant Governor's Opioid Overdose Prevention and Recovery Steering Committee. This committee, along with IDPH; DHS Division of Substance Use, Prevention, and Recovery (SUPR); and other partner agencies are collaborating on the development of the new State Overdose Action Plan.

IDPH received year two funding from CDC Overdose Data to Action Cooperative Agreement (OD2A CoAg). Through funding from the CDC, IDPH has worked to improve the quality and timeliness of opioid-related overdose mortality and morbidity surveillance as well as strengthen overdose prevention programming throughout the state.

### Accomplishments

- Leveraged syndromic surveillance data received from hospital emergency departments (ED) for near real-time information on opioid overdoses. These data were published online on the IDPH Opioid Data Dashboard and included information on ED overdose trends and case counts by county. IDPH used the surveillance data to identify targets for opioid overdose outbreak response activities. Summary opioid overdose data were provided quarterly to the CDC for inclusion in national statistics.
- Implementation of the State Unintentional Drug Overdose Reporting System (SUDORS) within the Illinois Violent Death Reporting System that collected comprehensive mortality data and included expanded drug toxicology testing. This facilitated improvements in the quality and timeliness of the data collected.
- Primary opioid use disorder prevention and provider monitoring through an intergovernmental agreement with DHS Prescription Monitoring Program.

Nine local health departments (LHDs) were funded through the LHD Overdoses Surveillance and Response Project. The LHDs were required to identify a primary and optional secondary staff person for opioid surveillance and response. Those person(s) participated in training, created alerts, drafted a response plan, and engaged partners. Each LHD was responsive to monitoring trends and responding to unusual increases.

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IDPH hosted the Cross-sector Data Work Group, which consisted of several partner organizations and met quarterly to discuss data access. Within this group, a subcommittee of real-time data organizations formed to coordinate monitoring and interpretation of spikes in overdoses. The subcommittee consisted of poison control, Chicago High Intensity Drug Trafficking Agency (HIDTA), emergency department, and emergency medical services representatives.

IDPH hosted the inaugural Illinois Harm Reduction Summit August 24-25, 2021. Director Ezike opened the summit on August 24. The speakers and panelists represented harm reduction providers, researchers, and funders. Over the two days, nearly 300 people attended.

## **In the Community**

The following activities were funded through the CDC Overdose Data to Action Cooperative Agreement (OD2A CoAg).

IDPH funded the Chicago Recovery Alliance (CRA) Mobile Drug Substance Testing Program. Specimen testing was conducted in 2019 and reported to IDPH. IDPH worked with the Chicago Department of Public Health (CDPH) to coordinate efforts to support the harm reduction work at CRA. The collaboration provided an opportunity for IDPH to evaluate the benefits and challenges of expanding the drug checking program to other geographic regions in Illinois, while learning how LHDs could apply drug testing to community actions through lessons learned by CDPH. From July 2019 to January 2021, 306 specimens were tested by the CRA.

IDPH funded seven organizations through the Harm Reduction Community Linkage Project. The purpose of this grant was to strengthen partnerships between harm reduction community stakeholders and treatment providers to improve local coordination, to connect more individuals to the appropriate support services and treatment for OUD, and to provide case management to people who inject opioids. Despite the challenges encountered during the COVID-19 pandemic, the harm reduction community linkages project was extremely successful. During the state's stay-at-home order, the agencies remained flexible and used innovative strategies to continue linking their clients to the correct services. From March 2020 – March 2021, the agencies served 6,109 clients, 3,080 clients linked to overdose prevention education, 1,608 clients linked to harm reduction services, 207 clients linked to treatment, and 502 clients linked to overdose reversals

In 2020, the WOW program distributed 670 doses of naloxone to high-risk individuals/family members or caregivers at events throughout the state and engaged 60 individuals in syringe exchange services.

IDPH's Rural Opioid Overdose Prevention Initiative provided free naloxone and naloxone administration training for municipal and county law enforcement agencies. For law enforcement agencies to receive naloxone, the officers registered with the Illinois Law Enforcement Alarm System and completed naloxone training. In FY21, 1,066 law enforcement officers passed the training.

## **Resources**

<https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/il-opioid-overdoses-and-covid-pandemic-04012021.pdf>

<https://dph.illinois.gov/data-statistics/vital-statistics/death-statistics>

<https://idph.illinois.gov/OpioidDataDashboard/>

## Indicator Charts on the Overall Health of Illinois

- This information is used by different programs, including the Center for Minority Health Services, Disability Program, and IPLAN.
- These annual trends help programs to make necessary changes for evaluation and implementation.
- Illinois Department on Aging, long-term care, health facilities use these data.
- This data is basic demographic and socio-economic data for relevant public health program development, program implementation, and evaluation.

All the indicator charts are displayed as follows per year with respective rates.

### Infant Mortality Rates per 1,000 Live Birth for All Causes of Death in Illinois, 2014-2019

Year	Infant Mortality Rate per 1,000 Live Births
2014	6.6
2015	6.0
2016	6.4
2017	6.1
2018	6.5
2019	5.6

Figure 1.1

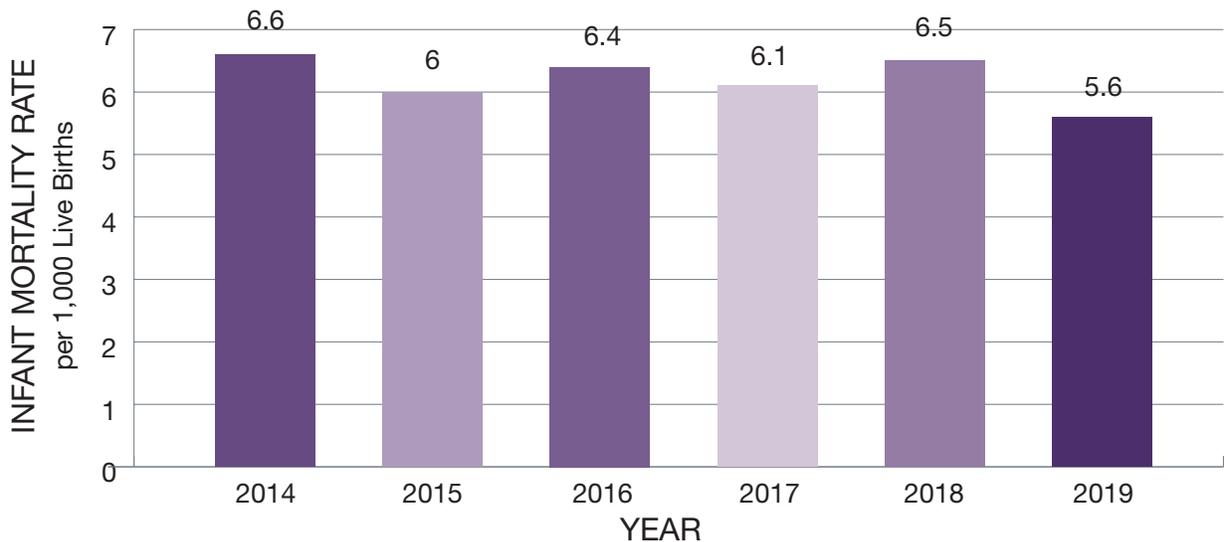


Figure 1.2

**Source:** IDPH, Illinois Annual Vital Statistics Reports, 2014-2019

**Inference:** There was yearly fluctuation of infant mortality rates for Illinois from 2014 to 2019. It varied from 5.6 and 6.6 per 1,000 live births.

## Life Expectancy for All Causes of Death in Illinois, 2009-2020

Year	Both Sexes	Male	Female
2009-11	79.36	76.85	81.74
2012-14	79.41	76.92	81.79
2015-17	79.18	76.62	81.66
2018-20	78.63	75.88	81.38

Figure 2.1

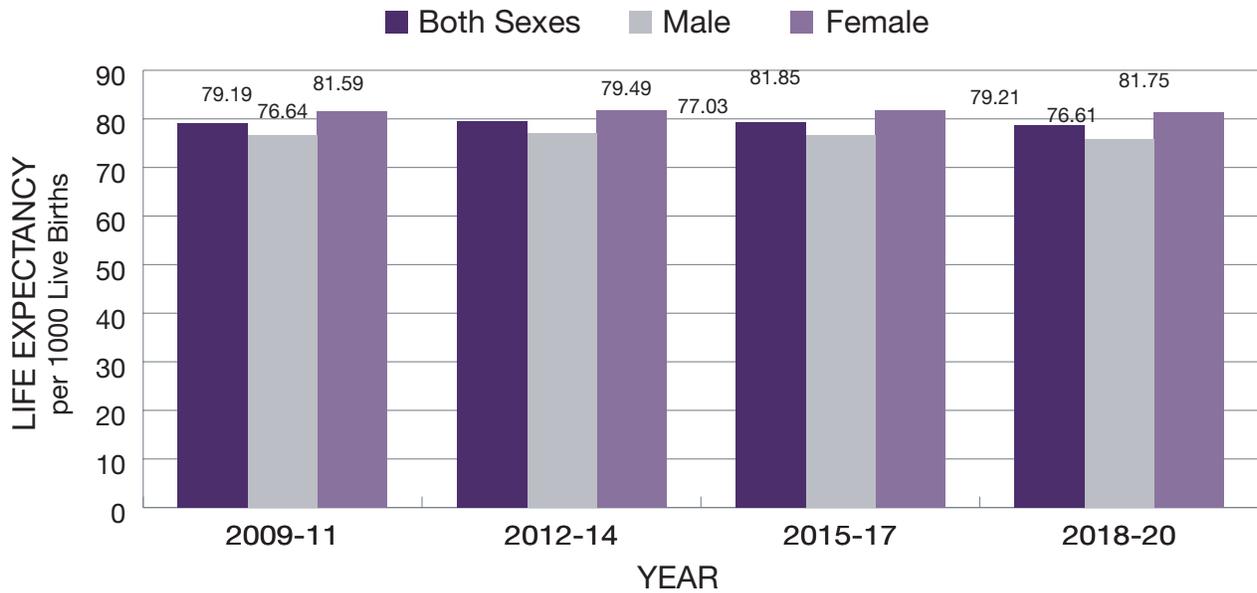


Figure 2.2

**Source:** Illinois Department of Public Health (Number of Deaths) and U.S. Census Bureau (Vintage Year Population Estimates), 2009-2020

**Note:** 3-year average deaths were used and July 1, of the middle year of population estimates were used

**Inference:** Life expectancies increased from 2009-2011 to 2012-2014 and decreased from 2015-2017 to 2018-2020.

## Disability-free Life Expectancies in Illinois 2011- 2015, 2014-2018

For the year 2011-2015 (Mid-year 2013)			
Age	Both Sexes	Male	Female
0	68.82	67.14	70.47
35	36.47	35.32	37.56
65	12.34	11.69	12.88
75	6.40	6.05	6.65

Figure 3.1

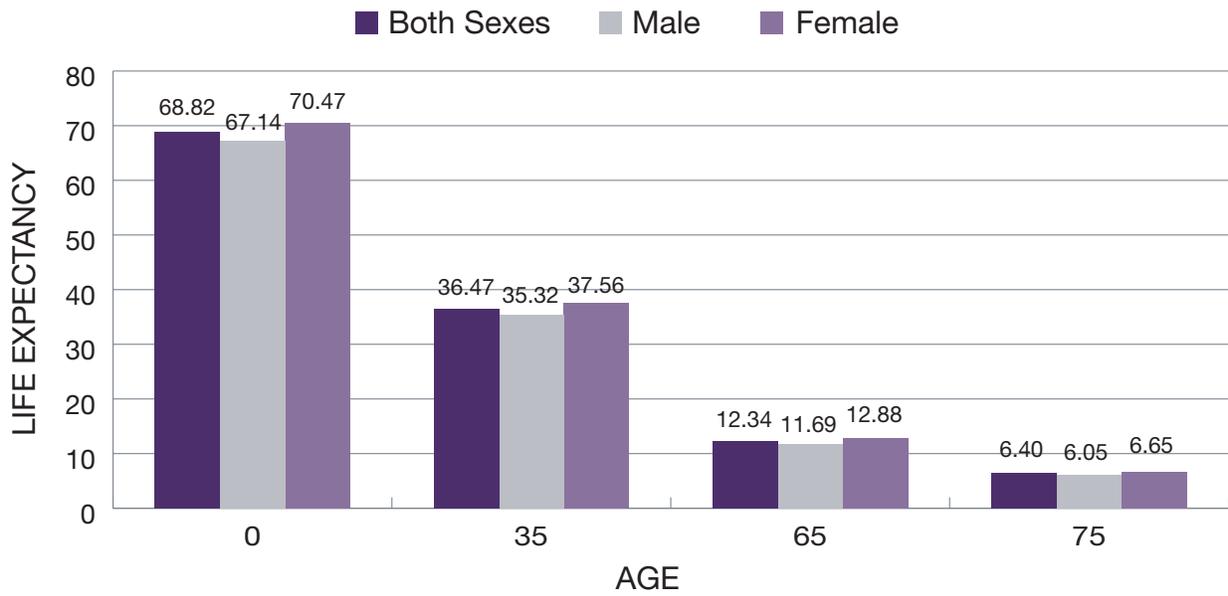


Figure 3.2

For the year 2014-2018 (Mid-year 2016)			
Age	Both Sexes	Male	Female
0	68.82	66.89	70.56
35	36.64	35.43	37.79
65	12.62	11.96	13.17
75	6.71	6.45	6.89

Figure 3.3

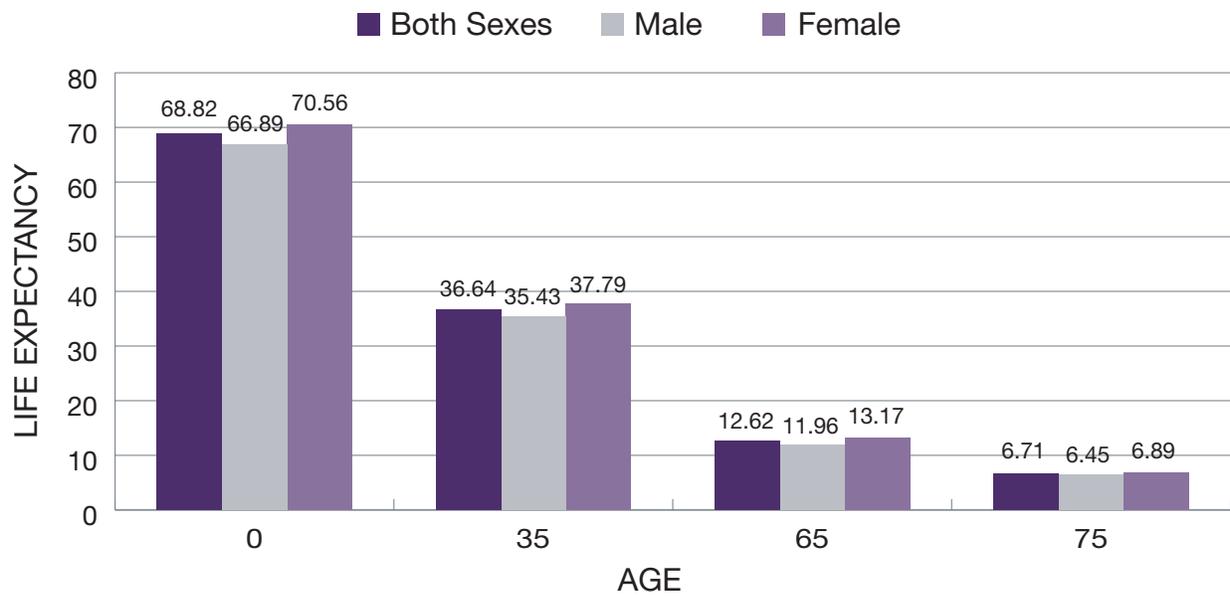


Figure 3.4

**Source:** U.S. Census Bureau, 5-Year American Community Survey 2011-2015, 2014-2018

**Inference:** Disability-free life expectancies increased for both males and females from 2011-2015 to 2014-2018.



**Percent of Children (6 years or less) with Blood Lead Level  $\geq 5 \mu\text{g/dL}$  in Illinois, 2014-2019**

Year	Percent (%) of Children with a Blood Lead Level (BLL) $\geq 5 \mu\text{g/dL}$
2014	6.8
2015	4.1
2016	3.6
2017	3.1
2018	3.3
2019	3.0

Figure 4.1

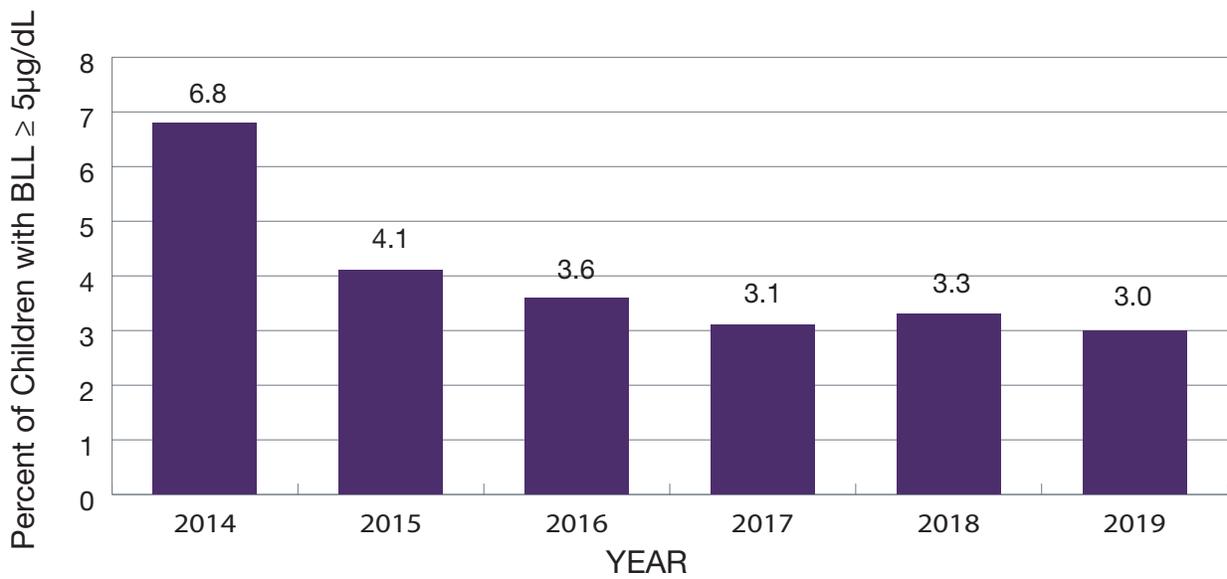


Figure 4.2

**Source:** Illinois Department of Public Health, Illinois Lead Program

**Inference:** Childhood blood lead level poisoning decreased from 2014 to 2019 from 6.8  $\mu\text{g/dL}$  in 2014 to 3.0  $\mu\text{g/dL}$  in 2019.

**Annual Crude Death Rates per 100,000 Population for All Causes for Illinois, 2014-2020**

Year	Crude Death Rate per 100,000 Population
2014	817.5
2015	831.1
2016	836.2
2017	857.1
2018	863.4
2019	859.7
2020	1054.2

Figure 5.1

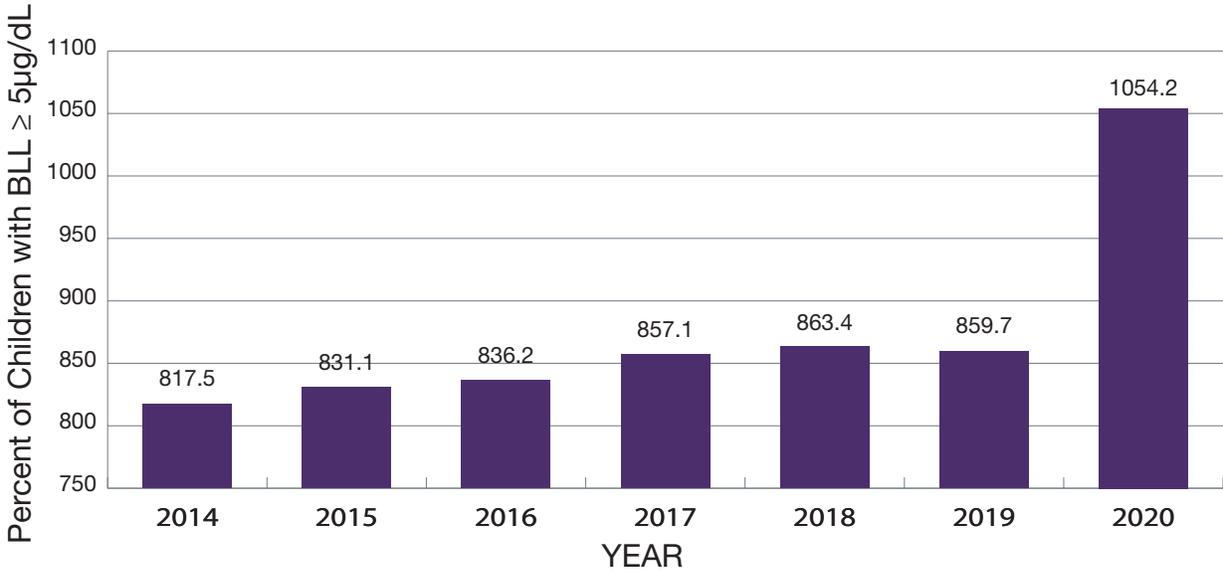


Figure 5.2

**Source:** Illinois Department of Public Health (Number of Deaths) and U.S. Census Bureau (Vintage Year Population Estimates)

**Inference:** Annual crude death rates for all causes per 100,000 population increased from 817.5 in 2014 to 859.7 in 2019. There was a much larger increase to 1,054.2 per 100,000 population in 2020.

## Percent Below Poverty Level in Illinois, 2014-2020

Year	Percent (%) of Population Below Poverty Level
2014	14.4
2015	13.6
2016	13.0
2017	12.6
2018	12.1
2019	11.5
2020	11.0

Figure 6.1

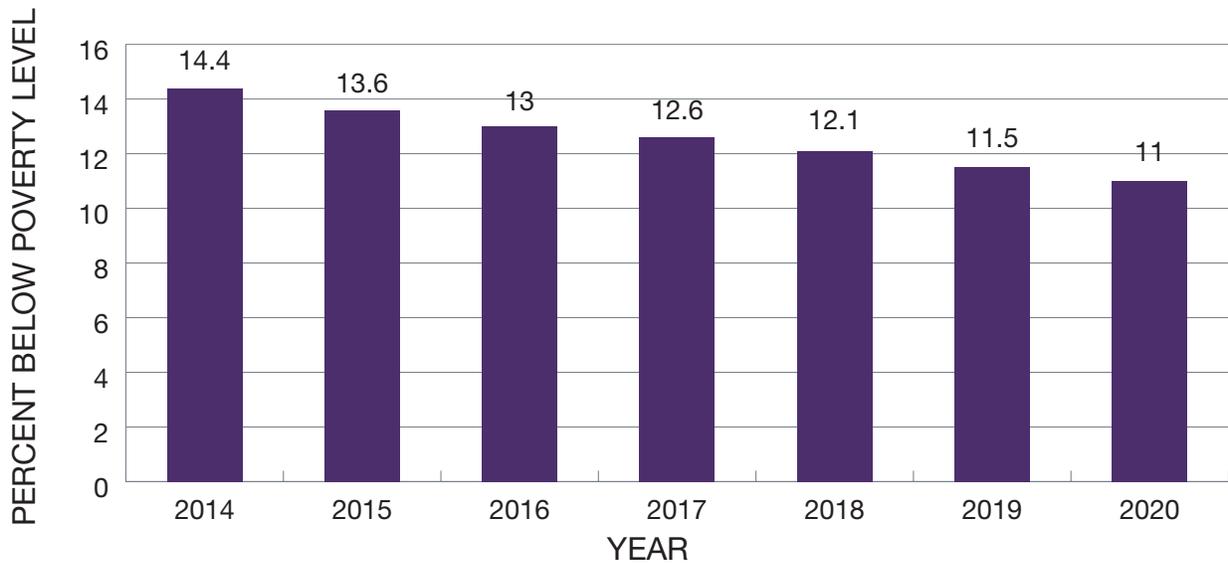


Figure 6.2

**Source:** U.S. Census Bureau, American Community Survey, 1-Year Estimates

**Inference:** Percent of population below poverty level decreased from 14.4 percent in 2014 to 11.0 percent in 2020.

## Median Household Income in Illinois, 2014-2020

Year	Annual Median Household Income (\$)
2014	57,444
2015	59,588
2016	60,960
2017	62,992
2018	65,030
2019	69,187
2020	71,240

Figure 7.1

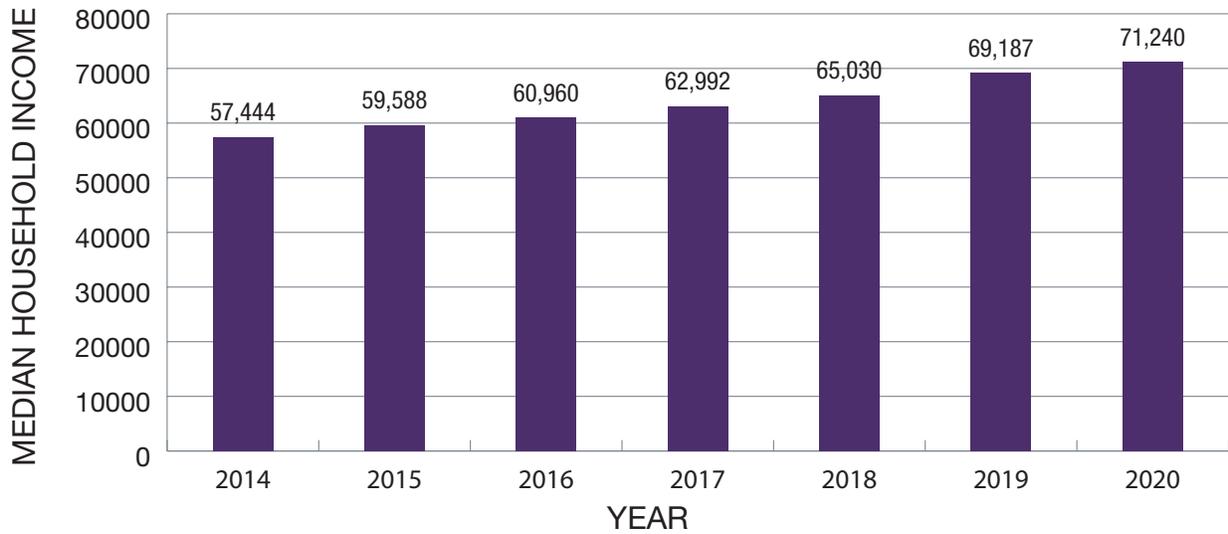


Figure 7.2

**Source:** U.S. Census Bureau, American Community Survey, 1-Year Estimates

**Inference:** Inflation adjusted annual median household income increased from \$57,444 in 2014 to \$71,240 in 2020.

## Percent Health Uninsured Population in Illinois, 2014-2020

Year	Total Population	Total Uninsured	Percent (%) Uninsured
2014	12,702,393	1,237,926	9.7
2015	12,679,860	900,289	7.1
2016	12,620,388	816,602	6.5
2017	12,620,126	859,257	6.8
2018	12,563,908	874,608	7.0
2019	12,488,377	923,291	7.4
2020	12,406,943	881,009	7.1

Figure 8.1

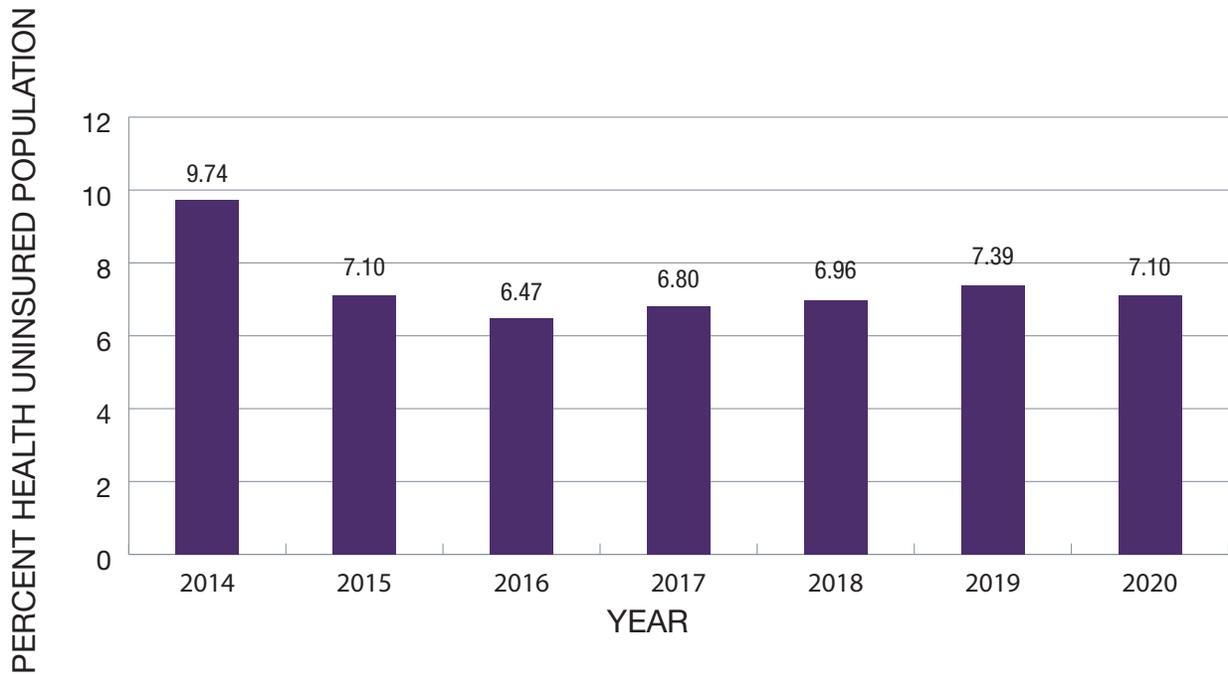


Figure 8.2

**Source:** U.S. Census Bureau, American Community Survey, 1-Year Estimates

**Inference:** Percent health uninsured population in Illinois declined from 9.7 percent in 2014 to 6.5 percent in 2016, increased to 7.4 percent in 2019, and decreased to 7.1 percent in 2020.

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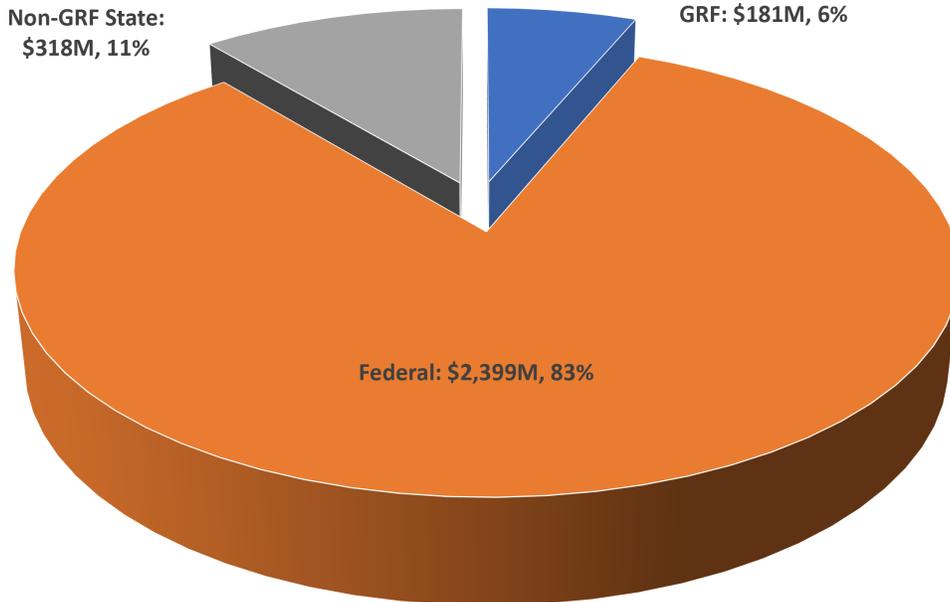
## OFA BUDGET

### IDPH FY21 Key Activities:

- COVID-19 activities, including testing, contact tracing, vaccine distribution, data reporting, and communications.
- Promote health equity and work to eliminate health disparities through increased coordination with leadership, programs, and strategic partnerships.
- Added more than 70,000 individuals to the Health Care Worker Registry, bringing the total number to more than 800,000.
- Piloting health equity checklists as part of the IDPH grantmaking process to help applicants consider ways to address health equity across IDPH programs.
- Leveraging syndromic surveillance data received from hospital emergency departments for near real-time information on opioid overdoses.
- Processed 230,000 children in the Lead Program, 7,000 of whom were identified with elevated lead levels.
- Developed an initial assessment of statewide cannabis use.

### FY22 IDPH Final Appropriations

**\$2,898 million**



## Budget Comparisons:

FY2021 to FY2022 (millions)

Funding Source	FY2021 Budget	FY2022 Budget	Change	
			\$	%
General Revenue (GRF)	\$157	\$181	\$24	15%
Non-GRF State Funds	\$247	\$318	\$71	29%
Federal	\$1,897	\$2,399	\$502	26%
<b>Total</b>	<b>\$2,301</b>	<b>\$2,898</b>	<b>\$597</b>	<b>26%</b>

FY2021 to FY2022 (millions) by Office

Office	FY2021 Budget	FY2022 Budget	Change	
			\$	%
Policy, Planning & Statistics	\$45	\$48	\$3	7%
Health Promotion	\$56	\$55	(\$1)	(2%)
Healthcare Regulation	\$66	\$66	\$0	0%
Health Protection	\$1,266	\$1,851	\$585	(46%)
Women's Health	\$90	\$91	\$1	1%
Preparedness & Response	\$110	\$110	\$0	0%
Administration	\$668	\$677	\$9	1%
<b>Total</b>	<b>\$2,301</b>	<b>\$2,898</b>	<b>\$597</b>	<b>26%</b>

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## Moving Forward in FY22

- \$2 billion in federal fund appropriation for COVID response activities
- Alzheimer’s disease education and outreach program \$1 million in new funding
- Suicide and injury prevention program \$750,000 in new funding
- Illinois Breast and Cervical Cancer Program funding of \$21.5 million, same as FY21 funding
- Total funding of \$138 million for HIV/AIDS programs, same as FY21 funding
- State and federal funds to reduce opioid overdose instances and deaths of \$6 million, same as FY21 funding

## IDPH Goals for FY22

### Public and Stakeholder Engagement

- Enable Illinoisans to become contributors, problem solvers, and partners in helping to stop the spread of COVID-19

### Advancing Health Equity

- Implement policies and programs to address long-term structural inequities that contribute to health inequities.

### Enhance 10 Essential Public Health Services

- Increase ease of internal data sharing and data collection systems to inform program and policy improvements
- Continue professional development to support a diverse and skilled public health workforce
- Identify, create, champion, and implement policies, including legal and regulatory actions, to improve the state’s health

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## **IDPH Grant Programs**

### **Asthma Grants**

- Asthma Control and Health Plans
- Asthma Education, Policy, and Care Coverage
- Asthma Home Visit Collaboration

### **Chronic Disease Grants**

- Comprehensive Cancer Professional Education
- Comprehensive Cancer Survivorship Lifestyle Change Program
- Comprehensive Sickle Cell Clinical Care
- Diabetes Research Fund
- Genetic Counseling
- Illinois Breast and Cervical Cancer Program
- Kidney Care Program
- Multiple Sclerosis Research
- Sickle Cell Follow Up
- Prostate Cancer Outreach and Screening

### **Coronavirus Grants**

- COVID-19 Contact Tracing
- COVID-19 Crisis Grant
- COVID-19 Community Based Testing and Interventions Targeting Minority Population
- COVID-19 Mass Vaccination
- COVID-19 Migrant Workers Mobile Testing & Outbreak Response
- COVID-19 Pandemic Health Navigator Regional Coordinator

### **Crime Victim Grants**

- Harm Reduction Community Linkages Project
- Rape and Sexual Assault Prevention
- Rape Prevention and Education
- Violent Death Reporting System

### **Environmental Grants**

- Environmental Health Beach Program
- WIIN - Day Care Lead Water Testing

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## Health Promotion Grants

1815 - Capricorn Module  
1815 - CHW Strategies  
1815 - Critical Access Hospital Strategies  
1815 - DPP Toolkit Training  
1815 - FQHC Strategies  
1815 - Hospital Strategies  
1815 - Managed Care Strategies  
1815 - Pharmacy Strategies  
1815 - Southern Illinois Healthcare Strategies  
Comprehensive Health Protection Grant  
Hospital Health Protection Grant Program

## HIV Grants

Minority AIDS Initiative/ADAP Program  
African American AIDS Response Act Grant  
Direct HIV/HCV Testing  
HIV / AIDS Quality of Life Program  
HIV Prevention Regional Implementation Grant  
HOPWA HIV Housing Facility  
Routine HIV Screening Development Grant  
Ryan White Part B Education and Training  
Ryan White Part B HIV Care Connect  
Ryan White Part B Lead Agents  
Ryan White Part B Community Re-entry Support

## Immunization Grants

Immunization Coverage Level HPV Strategic Planning  
Immunization Coverage Levels  
Immunization Elimination of Disparities  
Seasonal Influenza Southern Illinois  
Seasonal Influenza Statewide

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## Minority Health Grants

Communities of Color Special At Risk Population  
Wellness on Wheels - Mobile Administration  
Hepatitis B Perinatal Grant  
Illinois Hepatitis B Outreach, Awareness, and Education to Immigrants  
Increasing Access to Health Care-Wellness on Wheels  
Refugee Health Assessment - Other Services

## Oral Health Grants

Dental Sealant Grant Program  
Eliminating Barriers to Timely Oral Health Services  
Improved Access through Mobile Oral Health Services  
Oral Health Promotion Program  
Oral Health Workforce Grant

## Policy, Planning and Statistic Grants

Healthcare Associated Infection Prevention  
Project Firstline Primary Care  
Serve Illinois - AmeriCorps  
Serve Illinois - AmeriCorps Formula  
State Primary Care Office Assistance

## Preparedness and Response Grants

Cities Readiness Initiative  
EMS Assistance  
Hospital Preparedness - Pediatric Preparedness  
Hospital Preparedness - Regional Hospital Coordinating Center  
Hospital Preparedness- IL Medical Emergency Response Team  
HPP-Community Health Centers  
Infection Prevention Liaison Program  
Public Health Emergency Preparedness

## Sexually Transmitted Disease Grants

Comprehensive STD Prevention Services  
STI Syphilis Prevention Services Among MSM  
Syphilis Prevention Services Among Women

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## **Substance Abuse Grants**

Chicago Alliance for Collaborative Drug Checking  
Local Health Department Overdoses Surveillance and Response  
Rural IL Opioid Overdose Prevention Initiative - Care Coordination  
Rural IL Opioid Overdose Prevention Initiative - Naloxone Distribution  
State Unintentional Drug Overdose Reporting

## **Tobacco Grants**

Illinois Tobacco Quitline  
Illinois Tobacco-Free Communities  
Smoke-Free Illinois Act Enforcement Grant

## **Women and Children Health Grants**

Adolescent Health Program  
Children and Youth with Special Health Care Needs Grant Program  
Emergency Response Supplemental Grant for School Health Center Grant  
Illinois Administrative Perinatal Center Grant  
Illinois Family Planning Program  
Illinois Perinatal Quality Collaborative  
Illinois Wisewoman Program  
Maternal and Child Health (MCH) Fetal Infant Mortality  
Maternal and Child Health (MCH) Perinatal Depression Hotline  
MCH Technical Assistance, Training and Education  
Mini Maternal and Child Health Services  
Pre-school Vision and Hearing  
Preventing Sleep-Related Infant Deaths  
School Health Center Grant  
Southern Illinois Adolescent Health Program  
Women's Health Mini-Grant



