

November 2023



HEALTHY ILLINOIS 2028

State Health Improvement Plan



**Policy, Practice and
Prevention Research Center**



Contents

Acknowledgments	3
Letter from Governor JB Pritzker	6
Letter from Illinois Department of Public Health Director	8
Executive Summary	10
Background	11
Method	11
Results	12
Introduction	14
Healthy Illinois 2028	16
SHIP Action Planning Process	20
Identification of Priorities	21
Strategy Selection Process	22
Implementation Recommendations	25
Social and Structural Determinants of Health	27
Healthy Illinois 2028 Priorities	30
Chronic Disease	31
COVID-19 and Emerging Diseases	33
Maternal and Infant Health	34
Mental Health and Substance Use Disorder	35
Racism as a Public Health Crisis	38
Conclusion and Next Steps	40
References	42
Appendix	44
Healthy Illinois 2028 Action Plans	45
Acronyms	70

Acknowledgments

We would like to thank the State Health Assessment and State Health Improvement Plan Partnership appointed by Dr. Sameer Vohra, director of the Illinois Department of Public Health, in consultation with Gov. JB Pritzker. The partnership developed the SHIP, the fundamental principles and practices for successful development and implementation of the SHA and SHIP, and provided essential oversight and guidance in developing the SHA and the SHIP.

SHA and SHIP Partnership

Hillary Aggertt

Woodford County Health Department

Naila Al Hasni

Illinois Primary Health Care Association

Jeff Aranowski

Illinois State Board of Education

Damon Arnold

Blue Cross Blue Shield of Illinois

(separated before project completed)

Karen Ayala

Northern Illinois Public Health Consortium/

DuPage County Health Dept.

(separated before project completed)

Angela Bailey

Southern Illinois Healthcare

Patricia Canessa

Patricia Canessa, Illinois Public Health Association

James Caporusso

Aunt Martha's Health and Wellness

Garrett Carter

Illinois Department of Commerce and

Economic Opportunity

Nina Dixon

Illinois Department of Children and Family Services

Laura Garcia

Illinois Department of Human Services

Joseph Harrington

CAPriCORN

Hana Hinkle

University of Illinois College of Medicine

David T. Jones

Illinois Department of Human Services

(separated before project completed)

Sandy Leith

Illinois Department of Aging

Hong Liu

Midwest Asian Health Association

Laura Martinez

National Alliance on Mental Illness

(separated before project completed)

James Miles

Lodestone R3 Institute

Ziyad Nazem

AbbVie

Elizabeth Patton-Whiteside

East Side Health District

Karen Phelan

State Board of Health

Robert Planthold

Illinois Department of Insurance

Anita Stewart

Blue Cross and Blue Shield of Illinois

Sarah Robinson Torres

Illinois Housing Development Authority

Sameer Vohra

Southern Illinois University School of Medicine

(separated and joined IDPH before

projected completed)

Heather Whetsell

Southern Illinois University School of Medicine

(separated and joined IDPH before

projected completed)

Teschlyn Woods

Illinois Environmental Protection Agency

Jeffrey Workman

Clay and Effingham County Health Department

Lauren Wright

Illinois Partners for Human Services

The overall SHA and SHIP process was designed, managed, and implemented by the core team from the Illinois Department of Public Health (IDPH); the University of Illinois at Chicago (UIC) School of Public Health faculty and staff, including staff from the UIC Policy, Practice and Prevention Research Center (P3RC); and the Illinois Public Health Institute (IPHI). The IDPH regional health officers took part in the partnership meetings with the core team to make connections with regional resources and needs.

IDPH Core SHA and SHIP Staff

Nelson Agbodo

*acting chief, Division of Health Data and Policy,
Office of Policy, Planning, and Statistics
(separated before project completed)*

Chaundra Bishop

regional health officer

Kelsey Cutler

research scientist II

Julie Davis

*assistant deputy director, Office of Women's
Health and Family Services*

Jenny Epstein

*deputy director, Office of Policy, Planning,
and Statistics*

Omayra Giachello

regional health officer

Marilyn Green

regional health officer

Patrick Harper

*CDC epidemiology assignee, Division of Chronic
Disease, Office of Health Promotion*

Mark Hunter

regional health officer

Mohammed Shahidullah

state demographer

Tiefu Shen, MD, PhD

*deputy director, Office of Policy, Planning, and
Statistics (separated before project completed)*

Mark Stevens

regional health officer

Amaal Tokars

*assistant director (separated before
project completed)*

Tanya Zaks

regional health officer

UIC P3RC Faculty and Staff

Yadira Herrera

*project coordinator, Policy, Practice and Prevention
Research Center*

Swati Jain

*research assistant, Policy, Practice and Prevention
Research Center*

Guddi Kapadia

*assistant director, Policy, Practice and Prevention
Research Center*

Steven Seweryn

*associate director, DrPH in Leadership Program,
clinical assistant professor, Epidemiology and
Biostatistics Division*

Amber Uskali

*deputy director, Policy, Practice and Prevention
Research Center*

Christina Welter

*director, DrPH in Leadership Program, associate
director, Policy, Practice and Prevention Research
Center (P3RC), clinical assistant professor, Health
Policy and Administration*

IPHI Staff and Consultants

Tiosha Bailey
*SHA/SHIP project consultant (separated before
project completed)*

Elissa Bassler
chief executive officer

Adrian Blasi
program associate

Laurie Call
director, Center for Community Capacity Development

Janece Gough
senior program manager

Samantha Lasky
program manager

Elise Ramos
program associate

Alison Goldstein
report writing consultant

For more information, visit: www.healthycommunities.illinois.gov



OFFICE OF THE GOVERNOR

207 STATE HOUSE
SPRINGFIELD, ILLINOIS 62706

JB PRITZKER
GOVERNOR

November 6, 2023

Illinois Department of Public Health
524 S. 2nd Street
Springfield, IL 62701

Greetings,

I am pleased to present the 2023 State Health Assessment and State Health Improvement Plan for Illinois. These documents form the basis of “Healthy Illinois 2028,” a five-year plan to address the most significant health challenges facing our state.

As your governor, protecting the health and safety of all Illinoisans is my highest priority. This was true during the COVID-19 public health emergency when we took extraordinary measures to address a once-in-a-lifetime global pandemic and is just as true today. My commitment to preserving and improving the health and quality of life for everyone remains as strong as ever.

These reports look at the state of public health in Illinois and our path forward in dealing with the issues that have the greatest impact on people’s well-being. The topline issues include not only the lingering effects of COVID-19 but also the wide range of chronic health issues that affect thousands of Illinoisans every day, maternal and infant health, and the struggles people face from mental illness and substance use disorders.

Along with the Illinois Department of Public Health (IDPH), I have committed substantial resources to address all aspects of public health. We have prioritized and invested in learning the lessons from the COVID-19 public health emergency while preparing for future emerging diseases. We have built new systems and allocated funding to improve collaboration and coordination to support mental and behavioral health in adults and children. We have done the same to assist people who experience homelessness. My administration also continues to invest in the health workforce during a challenging time for our workers throughout the entire state.

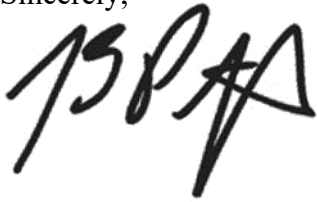
Additionally, I have been proud to sign legislation that will keep our state safer by restricting access to dangerous assault weapons, taking steps to hold gun manufacturers accountable for unsafe marketing practices, and banning use of e-cigarettes in indoor public spaces.

We are well prepared and have already built a strong foundation for a Healthy Illinois 2028.

One critical component of this report deals with racism as a public health issue. Access to care and good health should not be determined by where one lives, where one works, or the color of one's skin. We are making progress to correct historic and systemic disparities in care but we have more work to do. This initiative represents an important step toward achieving the goal of equitable access to health and equitable access to care.

I wish to extend my heartfelt thanks to Director Sameer Vohra and the team at the Illinois Department of Public Health, as well as our partners at the State Board of Health, the Illinois Public Health Institute, and the University of Illinois Chicago Policy, Practice, and Research Center. Their tireless efforts will help us fulfill IDPH's goal of building brighter futures for every community across the State of Illinois.

Sincerely,

A handwritten signature in black ink, appearing to read 'JB Pritzker', written in a cursive style.

Governor JB Pritzker

Letter from Illinois Department of Public Health Director

Thank you for your partnership in building a healthier Illinois. On behalf of the Department of Public Health, I am excited to present to you the second piece of our Healthy Illinois 2028 initiative: the Illinois State Health Improvement Plan.

The State Health Improvement Plan looks different than in previous versions. As the State of Illinois moves forward after the end of the COVID-19 public health emergency, we know that this is a crucial moment in Illinois's public health story – a time in our history to write new chapters and think differently about how we view and can improve our health today and in the years ahead.

For me, public health has always been about community. Yes, it is about keeping us safe from infectious diseases and preventing future emergencies. Those issues will always be core state priorities. However, at its heart, public health is so much more. Public health is about us coming together to unify around the health of ourselves and our loved ones. It is about the incredible residents in our big, diverse, and unique state. When we do public health right, our residents can be well and live well – enjoying the people and activities that make Illinois so special.

Our State Health Improvement Plan concentrates on five areas that Illinois will make a priority in moving our health forward from 2023-2028. COVID-19 and emerging disease is on this list, but so are chronic disease, maternal and infant health, mental health and substance use disorder, and for the first time, racism as a public health crisis.

Each of these core areas will require significant partnership, dedication, and change to make significant and meaningful improvements. However, unlike health improvement plans of the past, our goals around these priority areas look beyond specific measurements dedicated to disease diagnosis and progression. Instead, we are shifting our goals to concentrate on the root causes of what makes individuals in this state healthier or unhealthier. One of the most important lessons we learned from the pandemic was that a virus that should have infected and harmed all Illinois in a similar manner did not. The reasons had very little to do with the biology of the virus, and much more to do with social and structural factors embedded in our communities. These are the root causes we need to address to make Illinois healthier.

This initial release of the State Health Improvement Plan brings to our Illinois residents a framework for action. We have taken these five core priorities, understood their root causes, and outlined goals for action. However, the State Health Improvement Plan is built to be a living document that we will use as a guide to create the processes, policies, and programs to grow the foundation necessary for meaningful and lasting health improvement.

Although the State Health Improvement Plan is just the start of our Healthy Illinois 2028 journey, this document comes to you as the culmination of a yearlong process, made possible through the collaborative and coordinated efforts of many individuals and organizations across the State of Illinois. The State Health Improvement Plan was led by the SHA/SHIP Planning Team which includes the Illinois Department of Public Health (IDPH) in partnership with the Illinois Public Health Institute (IPHI) and the University of Illinois at Chicago School of Public Health Policy, Practice and Prevention Research Center (UIC P3RC). The Governor-appointed SHA/SHIP Partnership, made up of private and public sector public health system partners, also prioritized engagement of a broad range of organizational and community partners, representative of the geographic and sociodemographic

diversity of the state, at every step in the process. I am grateful to all the participants for their tireless work and commitment to building the brightest futures for every resident in Illinois.

With the release of the State Health Improvement Plan, the real work now begins. We aim for a Healthier Illinois 2028, and the State of Illinois seeks to work with you to make each community in our State healthier in the years to ahead. Addressing the health issues that Illinois faces today and into the future will involve all of us, at every level and in every corner of our State and require continuous, meaningful engagement with the communities we serve.

Please join us in our effort to make a Healthier Illinois 2028. Together, we can make the type of impact and improvement that improves our collective health – the public’s health.



Sameer Vohra, MD, JD, MA
Director



Executive Summary

Background

Pursuant to Illinois Public Act 102-0004, Illinois develops a state health assessment (SHA) and a state health improvement plan (SHIP) every five years. A collaborative public/private cross-agency effort, the SHA and SHIP assess and recommend priorities and strategies to improve the public health system and the health status of Illinoisans, reduce health disparities and inequities, and promote health equity. In 2021, an interim update¹ of the 2016 SHIP was published with some updates on the previous SHIP and preliminary findings for Healthy Illinois 2028.

A state health assessment is a systematic approach to fulfilling public health's mission by collecting, analyzing, and using data to educate and to mobilize communities, to develop priorities, to garner resources, and to plan actions to improve the public's health. This document represents the 2023 SHIP, a process led by the Illinois Department of Public Health (IDPH) in partnership with the Illinois Public Health Institute (IPHI) and the UIC School of Public Health P3RC, listed as the SHA/SHIP Planning Team. The Healthy Illinois 2028 initiative is also supported by a SHA/SHIP Partnership appointed by the director of Public Health in consultation with Gov. JB Pritzker. The partnership includes public health system partners from the public and private sectors, across areas of expertise, and throughout the state.

The latest SHA, published in November 2023, presented a wealth of qualitative and quantitative data and analysis documenting the range, severity, and urgency of health issues in the state. This companion document, the SHIP, builds upon that report by detailing a plan for improving upon the existing status of health in the state, developed by key stakeholders with expertise in the health priority areas identified in the SHA.

This SHIP document outlines the goals, objectives, and recommended strategies to improve the health of Illinois residents and advance health equity specifically in the priority areas identified in the SHA: chronic disease, COVID-19 and emerging diseases, maternal and infant health, mental health and substance use disorder, and racism as a public health crisis. The SHIP builds on the work of the SHA by providing a blueprint to address the crosscutting issues of health inequities—including access to health care and wrap-around services, physical and built environment, public health system infrastructure, racial equity, and social and structural determinants of health—in addition to the state's health priorities that emerged from the SHA. The SHIP should guide overarching statewide goals and objectives that organizations can adopt to align their work. This plan is a dynamic document; it is expected to be updated and refined as Illinois begins implementation.

Method

The framework used for the development of the SHIP was based on an iterative assessment process with several layers of input from key stakeholders. For this SHA, the SHA/SHIP Partnership, formed by IDPH and the Office of the Governor, implemented a model assessment process using four different methods to hear from the community, identify forces of change, review secondary data on the health status of Illinoisans, and assess the health equity capacity of the public health system. This work built upon the last Healthy Illinois update, published in 2021, that included community and public health provider input gathered through focus groups and surveys and an analysis of community health assessments and improvement plans. The planning team synthesized the data and facilitated discussions with the partnership to develop findings to inform the prioritization process. Through dozens of meetings in 2022 and 2023, the partnership honed in on five priority health areas with crosscutting issues that must be addressed for each priority.

The SHIP process focused on the development of goals, objectives, and recommended strategies to address the health priorities identified through the SHA: chronic disease, COVID-19 and other emerging diseases, maternal and infant health, mental health and substance use disorder, and racism as a public health crisis. The SHIP process relied heavily upon the expertise of key stakeholders working within the health priority areas.

Subject matter experts (SMEs) were brought in to share their expertise and knowledge and to build commitment and accountability around the health priorities. Along with members of the SHA/SHIP Partnership, more than 75 SMEs participated in 3 to 4 workshops per priority area to review health data; available national, state, and local resources; and existing plans and initiatives to develop goals, objectives, and recommended strategies that align with their existing work to improve Illinoisans' health status and advance health equity.

The partnership and the SMEs were provided with tools to assist in goal development activities, including the establishment of guiding principles and criteria for strategy selection. The partnership agreed that each of these priorities for health improvement must be approached utilizing strategy recommendations that address social and structural determinants of health (SSDOH) inequities, and public health infrastructure when feasible. Policy, systems, and environmental change strategies were encouraged when possible for greater impact.

Results

Goals, objectives, and recommended strategies were developed for each of the five health priority areas identified in the SHA. The SHIP places a heavy emphasis on addressing the crosscutting issues inequities within each priority area, and these connections are drawn out throughout the document.

The health priorities selected for Healthy Illinois 2028 are:

- chronic disease,
- COVID-19 and emerging diseases,
- maternal and infant health,
- mental health and substance use disorder, and
- racism as a public health crisis.

Each of these priorities for health improvement will be approached utilizing implementation strategies that address the crosscutting issues necessary for each priority to succeed. These include:

- access to health care and wrap-around services,
- physical and built environment,
- public health system infrastructure,
- racial equity, and
- social and structural determinants.

The updated SHA data revealed a clear need to enhance and further build the infrastructure for a high functioning and resilient public health system. COVID-19 also illuminated the need to greater bolster the public health infrastructure to address racial and ethnic inequities in health. As a result, workforce development, data use improvement, system coordination and collaboration, and funding were integrated under the crosscutting issue of public health system infrastructure.

Ultimately, the crosscutting issues were identified to focus the analysis and recommendations of this SHA/SHIP process as much as possible on structural determinants, or the root causes, of health inequities.

These priorities were collaboratively developed and supported throughout the community and stakeholder engagement processes that contributed to the Healthy Illinois 2028 initiatives. The primary goals for each priority area are outlined in the table below.

HEALTH PRIORITY AREA	GOALS FOR HEALTHY ILLINOIS 2028
Chronic Disease	<ol style="list-style-type: none"> 1. Increase opportunities for tobacco-free living. 2. Decrease preventable chronic diseases through nutrition. 3. Increase opportunities for active living. 4. Increase community-clinical linkages to reduce the incidence and burden of chronic diseases.
COVID-19 and Emerging Diseases	<ol style="list-style-type: none"> 1. Decrease disparate health outcomes related to COVID-19 and other communicable and emerging diseases. 2. Increase community resilience to communicable and other emerging disease threats. 3. Strengthen and improve public health system infrastructure and coordination to prepare for and respond to public health threats.
Maternal and Infant Health	<ol style="list-style-type: none"> 1. Improve accessibility, availability, and quality of equitable reproductive health and well-woman/person preventative health care services across the reproductive lifespan. 2. Promote a comprehensive, cohesive, and equitable system of care and support services for all birthing persons to have a healthy pregnancy, labor and delivery, and through the first year postpartum. 3. Promote a comprehensive, cohesive, and equitable system of care and services to improve birth outcomes and support infants' healthy development in their first year. 4. Strengthen workforce capacity and infrastructure to screen for, assess, and treat mental health conditions and substance use disorders among pregnant/postpartum persons.
Mental Health and Substance Use Disorder	<ol style="list-style-type: none"> 1. Improve the mental health and substance use disorder (SUD) system's infrastructure to support and strengthen prevention and treatment. 2. Reduce mortality due to mental health conditions and substance use disorders through harm reduction and preventative care strategies. 3. Increase access to age-appropriate community-based care to reduce institutionalized treatment and incarceration. 4. Improve the resilience and recovery capital of communities experiencing violence.
Racism as a Public Health Crisis Goals	<ol style="list-style-type: none"> 1. Build the public health system's capacity to advance health and racial equity and dismantle oppressive systems. 2. Develop and maintain a diverse and skilled public health workforce for anti-racist public health to dismantle systems of oppression. 3. Address historical and ongoing practices that perpetuate environmental racism to advance environmental justice.

Stakeholders in the broad networks that make up the Illinois public health system are encouraged to use this SHIP as a blueprint of overarching statewide goals and objectives that their organizations can adopt to align with and build upon their existing work. The recommended strategies may provide guidance as they seek ways to approach similar goals and objectives.

Over the next five years, the SHA/SHIP Partnership will provide oversight and champion the implementation of the SHIP through action teams based on the priority area goals and objectives. These action teams will help drive implementation through strategies that provide opportunities to broadly engage stakeholders, and build commitment and accountability around the health priorities.

2 Introduction

The mission of the Illinois Department of Public Health (IDPH) is to serve as an advocate for and partner with the people of Illinois to re-envision health policy and to promote health equity, to prevent and protect against disease and injury, and to prepare for health emergencies. This mission builds upon the core functions of public health in the United States: to assess the needs, assets, and opportunities of the public's health in order to facilitate and assure programming and policy strategies that drive health improvement.

In partial fulfillment of its mission and under Illinois state statute 20 ILCS 5/5-565,² IDPH is designated to lead an effort to create a unified vision and strategy for improving the state's public health system. The law was updated in 2022 to incorporate approaches to health assessment and planning that better reflect the importance of health equity, health disparities, social and structural determinants of health, and community engagement. The 2022 changes to the statute now require that the SHA and SHIP:

- strengthen the focus on addressing health disparities and health equity,
- emphasize the importance of social and structural determinants of health,
- require much more extensive community engagement and engagement of people with lived experience, and
- include more organizations and state agencies that work on social and economic and equity issues affecting health in the partnership.

To this end, IDPH—in partnership with the Illinois Public Health Institute (IPHI); the University of Illinois at Chicago School of Public Health Policy, Practice and Prevention Research Center (UIC P3RC); and the appointed SHA/SHIP Partnership—led the 2023 State Health Assessment (SHA) process to guide the development of this 2023 State Health Improvement Plan (SHIP).

IDPH and its partners engaged subject matter experts and community stakeholders in an action planning process to address statewide health priorities. The priorities for the 2023 Illinois SHIP include chronic disease, COVID-19 and emerging diseases, maternal and infant health, mental health and substance use disorder, and racism as a public health crisis. The partnership, along with other subject matter experts, worked with IDPH to develop goals, objectives, and recommended strategies to drive health improvement and advance health equity in these areas. Goals, objectives, and recommended strategies for each priority area acknowledge and build upon other statewide and local health improvement efforts in order to leverage best practices and align assets and resources. This process is an important strategic component of the Healthy Illinois 2028 initiative, which emerges from the following two major statewide projects.

Healthy Illinois 2028

Components of Healthy Illinois 2028

Healthy Illinois 2028 comprises two statewide initiatives that together work to coordinate and to align plans, processes, and resources to facilitate health improvement and advance health equity throughout the state (Figure 1).

Illinois State Health Assessment

SHA is a systematic approach to accessing, to analyzing, and to using data to educate and to mobilize communities, to develop priorities, to garner resources, and to plan actions to improve the public's health.

Illinois State Health Improvement Plan

A SHIP is a five-year systematic plan to address issues identified in the SHA. Based on the SHA, the SHIP describes how the whole state public health system and the communities it serves will work together to improve the health of the population and advance health equity. The SHIP's creation is led by the state health department, but its success is dependent on all health partners—navigating and implementing these goals, objectives, and recommended strategies together to achieve better health outcomes for our residents.

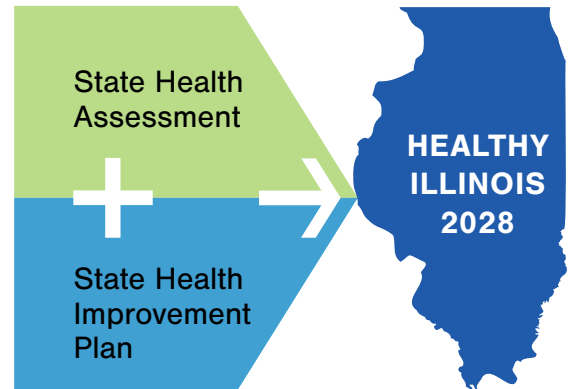


Figure 1. Healthy Illinois 2028 Components

Vision

Healthy Illinois 2028 represents a coordinated, aligned approach to lead health improvement and improve health equity. With a five-year timeline, the SHA/SHIP Partnership agrees that the success of the overall initiative would lead to improvements in the social and structural determinants of health, the public health system infrastructure, and improvements in specific health priorities that would benefit all Illinoisans.

The process of elaborating the assessments, goals, objectives, and recommended strategies that make up Healthy Illinois 2028 was driven by the partnership's desire to realize its vision.

HEALTHY ILLINOIS 2028 VISION

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

Purpose and Use of the 2023 State Health Improvement Plan

This SHIP report presents the goals, objectives, and recommended strategies to advance equitable health improvement in the five priority areas identified through the SHA: chronic disease, COVID-19 and emerging diseases, maternal and infant health, mental health and substance use disorder, and racism as a public health crisis. These goals and recommended strategies are also grounded in the crosscutting issues identified by the partnership: access to health care and wrap-around services, physical and built environment, public health system infrastructure, racial equity, and social and structural determinants of health.

The SHIP builds on the work of the SHA by providing a blueprint to address priority health issues as well as high-level recommendations for how to improve the public health system infrastructure and address the crosscutting issues of health inequities. The document is a framework for implementation that promotes evidence-based best practices and recommends ways to address core health issues and factors that impact health. It also identifies gaps and offers recommended strategies for addressing these gaps in a coordinated fashion.

This is not a plan for what the state government, by itself, should do. Rather, the intent is for organizations and agencies working across the state to adopt these initiatives and join the many agencies working in a common direction. Along with the SHA, the SHIP document represents the first phase of a five-year plan that should be updated and refined on a regular basis. It reflects the work of committed organizations, associations, research institutions, agencies, and many others across the state to create actionable and measurable recommendations to improve health and advance health equity.

The top five health priority areas identified through the 2023 SHA/SHIP process are:

- chronic disease,
- COVID-19 and emerging diseases,
- maternal and infant health,
- mental health and substance use disorder, and
- racism as a public health crisis.

The crosscutting issues of health inequities identified by the 2023 SHA/SHIP Partnership include:

- access to health care and wrap-around services,
- physical and built environment,
- public health system infrastructure,
- racial equity, and
- social and structural determinants of health.

The public health system infrastructure needs identified by the 2023 SHA/SHIP Partnership include:

- workforce development and overall capacity,
- data use improvements,
- system coordination and collaboration, and
- funding.

Principles and Practices for Success

The partnership established the following fundamental principles and practices to support the advancement of Healthy Illinois 2028:



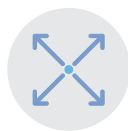
Break down silos across the Illinois public health and health care delivery system through increased communication, coordinated prevention strategies, and resource sharing.



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



Prioritize strategies that address the underlying root causes, including SSDOH.



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



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



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



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



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



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

The partnership recognizes that advancing these needed improvements—particularly as they relate to each of the Healthy Illinois 2028 priorities—is critical to realizing the shared vision for the future, advancing health equity, and combatting structural and institutional racism.

This SHIP provides a clear road map for implementation for the SHA/SHIP Partnership to pursue actualization of Healthy Illinois 2028. In order to drive toward action, attention must focus on both the health status priorities—chronic disease, COVID-19 and emerging diseases, maternal and infant health, mental health and substance use disorder, and racism as a public health crisis—and the underlying root causes of health inequities. The charge is to improve the health of Illinoisans and advance health equity.

Participants

The Healthy Illinois 2028 initiative is supported by a SHA/SHIP Partnership appointed by Governor Pritzker in 2020. The partnership was charged with the following:

1. Collaborate with IDPH and the consultant team to develop a comprehensive, equity-driven SHA/SHIP that includes data-driven strategic priorities to advance health equity in Illinois.
2. Develop and implement an actionable plan with measurable objectives, owners, and timelines.
3. Collaborate on implementation of the plan and help facilitate the implementation of the plan through December 2027.

IDPH's role in the SHA/SHIP is to lead the partnership and the SHA/SHIP processes. To complete this work, IDPH partnered with the University of Illinois at Chicago Policy, Practice and Prevention Research Center and the Illinois Public Health Institute.

Partnership members represent organizations from numerous sectors and agencies, including state agencies, health care, local public health departments, insurance agencies, education, health care associations, and other entities as representatives of a holistic public health system in Illinois. Partnership members supported the assessment phase, identification of priorities, and development of the action plan.

3

SHIP Action Planning Process

Identification of Priorities

The SHA/SHIP Partnership met monthly from June through December 2022 to review materials gathered for the SHA. Through the SHA process, the partnership identified crosscutting themes, which they narrowed down to the five priority areas of chronic disease, COVID-19 and emerging diseases, maternal and infant health, mental health and substance use disorder, and racism as a public health crisis. The partnership agreed that each of these priorities for health improvement must be approached utilizing implementation strategy recommendations that address crosscutting issues of health inequities, including access to health care and wrap-around services, physical and built environment, racial equity, SSDOH as well as addressing public health system infrastructure.

Once all the SHA data had been reviewed, the focus of the partnership meetings shifted to engaging in action planning to develop and to refine the goals, objectives, and strategies that would guide implementation of the SHIP and actualization of the vision of Healthy Illinois 2028. In addition to the components of the SHA research, the partnership pulled together a number of reports, either recommended to them or relevant to the specific priority areas, for the initial development of goals for the SHIP. The partnership also used Healthy Illinois 2021 and the Healthy Illinois 2021 Update as bases for goals and recommendations for the 2023 SHIP.

The partnership held quarterly meetings between December 2022 and July 2023 to establish goals, objectives, and recommend strategies to advance equitable health improvement in the priority areas. The agendas, minutes, and other materials are available at <http://www.healthycommunities.illinois.gov/>.

The partnership created the following figure (Figure 2) to spell out the priority areas for Healthy Illinois 2028 as well as the crosscutting issues that must be taken into consideration to address each of the priority areas.

Because the 2022 update to the SHA/SHIP law requests a range of public, private, and voluntary sector experts and partners in the public health system, and to better inform the development of the SHIP, subject matter experts (SMEs) were sought out for each of the top priority areas. Partnership members helped to identify SMEs with knowledge and experience in the priority areas who also have crosscutting expertise in broader issues, including, but not limited to, access to health care and wrap-around services, environmental justice, and the physical and built environment. Outreach was conducted to recruit experts to participate in workshops grouped by priority area to flesh out and refine the goals, objectives, and recommended strategies of the SHIP. A total of 77 SMEs from across Illinois participated in the process.

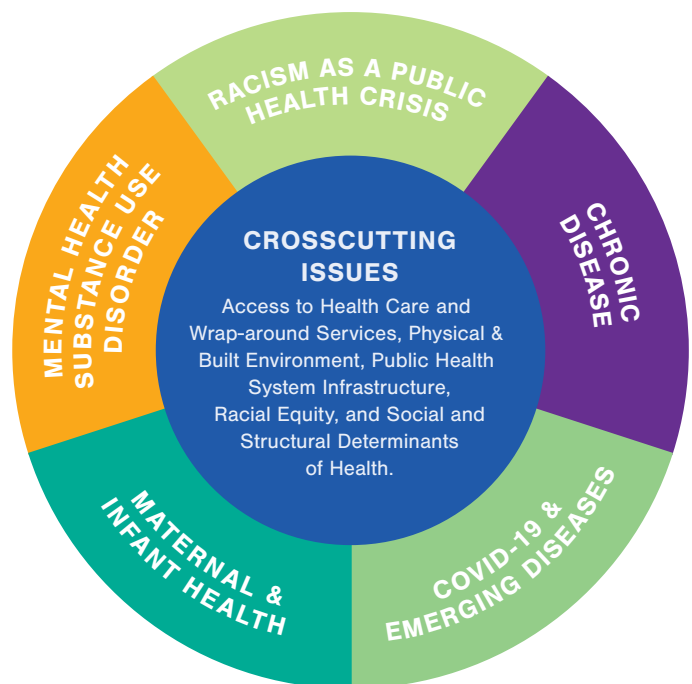


Figure 2. Preliminary Healthy Illinois 2028 Priorities

The main goal of the SME workshops was to draft a real, actionable state plan that gets implemented and produces the desired change—a plan that health departments and other public health system partners are excited about and can align with their existing work. To achieve this, SMEs worked together to build consensus on the direction of the goals, objectives, and recommended strategies for Healthy Illinois 2028. They modified and refined the draft priorities that were articulated in the early SHIP process and made changes to align with existing work as much as possible to make the goals more attainable over the next five years.

The main goal of the subject matter expert workshops was to draft a real, actionable state plan that gets implemented and produces the desired change—a plan that health departments and other public health system partners are excited about and can align with their existing work.

Three to four workshops were held for each priority area between January and May 2023. During the workshops, SMEs self-selected into breakout groups by goal according to their interests. Workshop participants were reminded that the issues, access to health care and wrap-around services, physical and built environment, race equity, and infrastructure issues are crosscutting for all health priorities and were encouraged to develop recommendations for each priority that weave in with the SDOH and other crosscutting themes.

The last SME workshops were held to finalize each priority area, and experts were brought in from relevant organizations and agencies to shed light on particularly complex issues.

Strategy Selection Process

The final SHA/SHIP Partnership meeting for strategy selection was held in July 2023, and partnership members simplified and streamlined the recommendations by applying the lens of the updated SHA/SHIP law. They used the crosscutting issues to frame how objectives and recommended strategies were developed and what they focused on, with emphases on policy, systems and environmental changes, understanding root causes, people with lived experience, and communications.

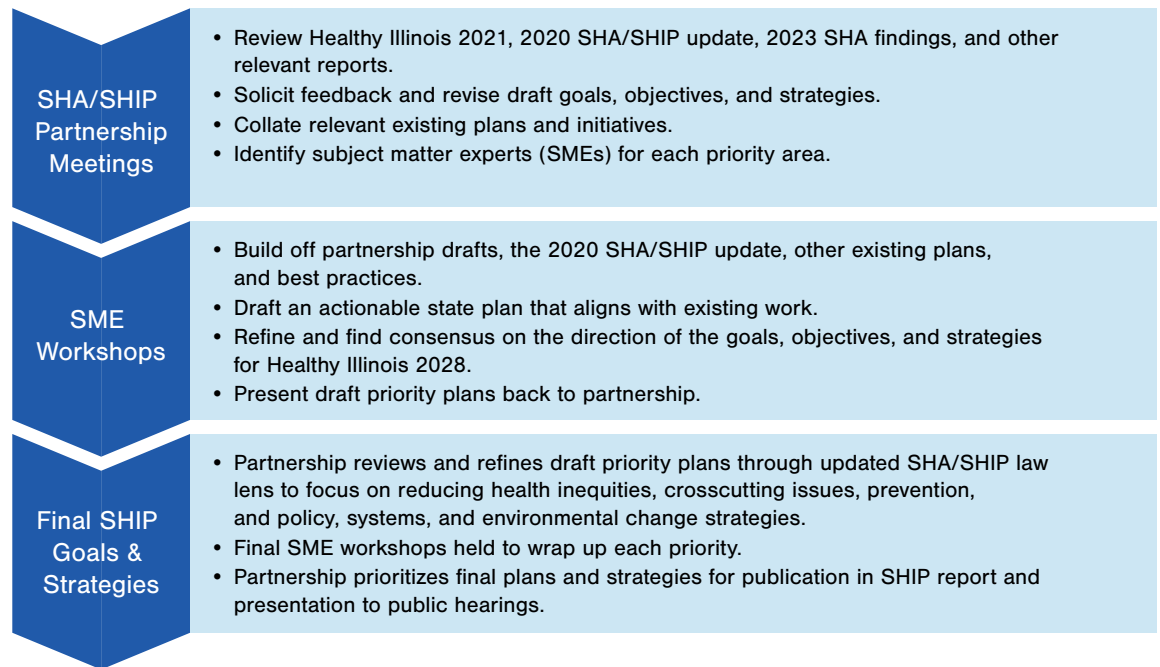


Figure 3. Healthy Illinois 2028 strategy development process

Criteria for selecting recommended strategies (Figure 5) were developed to guide and to support the partnership members and the SME workshop participants. These criteria are specific to the needs of the Healthy Illinois 2028 process and include consideration of the following areas: health equity, racial equity, alignment with existing work, action-oriented approach, and relevance to goals and objectives.

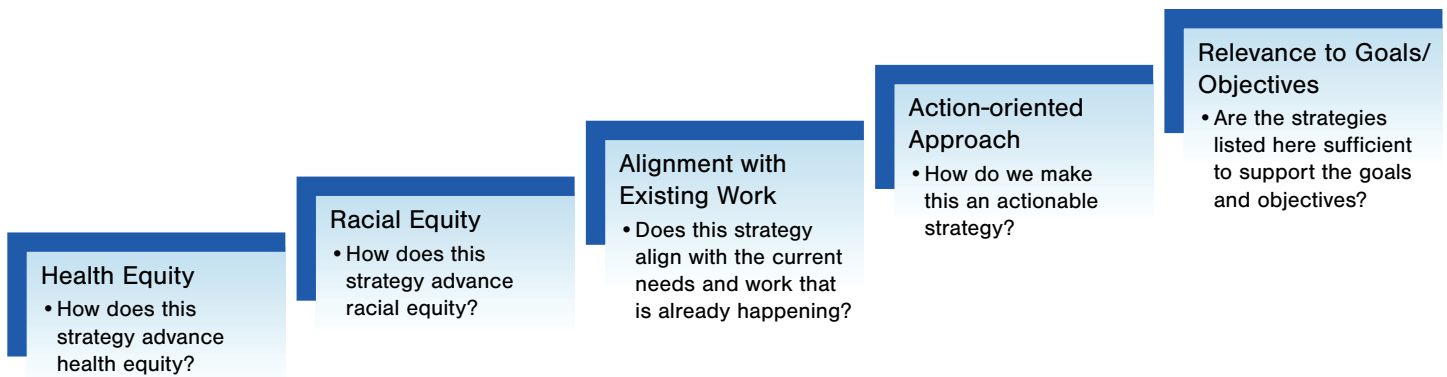


Figure 4. Strategy selection criteria for Healthy Illinois 2028

Overall, workshop participants and partnership members were asked to develop and to review potential strategies through the lens of the 2022 update to the SHA/SHIP law, which prioritizes work to reduce inequities and advance equity. In addition to the selection criteria in Figure 5, the questions in Figure 6 were used in later workshops and partnership meetings to refine and to prioritize the draft recommended strategies in accordance with the 2022 SHA/SHIP law update.

The key updates to the SHA/SHIP law that informed the strategy selection process for Healthy Illinois 2028 are depicted in Figure 6.

Spreadsheets documenting the activities of the SME workshops exist as working documents containing additional notes and detail. These spreadsheets also include justification and rationale for the goals and strategy recommendations chosen by the SMEs as they developed the recommendations. These working documents will be available to reference and build upon during implementation of the SHIP.

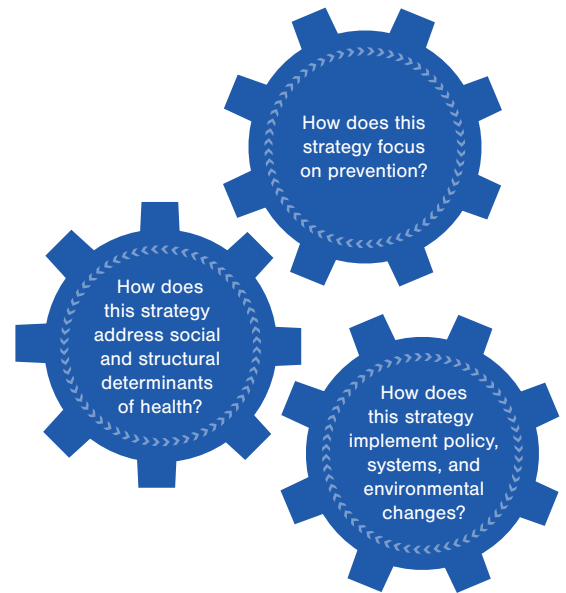


Figure 5. Criteria for refining and prioritizing SHIP recommendations for Healthy Illinois 2028

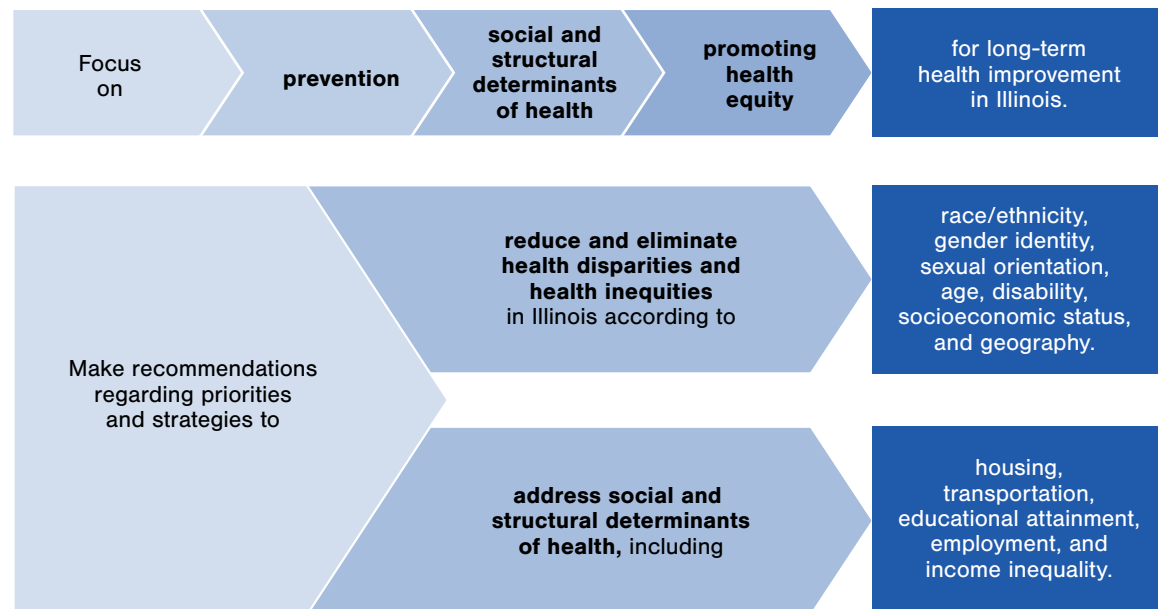


Figure 6. Key updates to SHA/SHIP law for strategy selection and prioritization

4 Implementation Recommendations

Throughout the process of the Healthy Illinois 2028 initiatives, partnership members and other stakeholders agreed that each of the goals, objectives, and recommended strategies developed to address the health priority areas must be approached utilizing implementation strategy recommendations that address crosscutting issues that often serve as the root causes of health inequities. The issues that the partnership agreed to prioritize for Healthy Illinois 2028 are the following:

- access to health care and wrap-around services,
- physical and built environment,
- public health system infrastructure,
- racial equity, and
- social and structural determinants.

The SHA provides background information on each of these determinants as well as highlighting relevant state-specific data gathered and analyzed throughout the assessment process. What follows herein is a definition for each determinant as it is used in the Healthy Illinois 2028 initiatives. Themes of the crosscutting issues are then drawn out from some of the priorities and action plans in the following section to demonstrate how partnership members and SMEs addressed determinants across the goals, objectives, and recommendations for the specific health priority areas.

Public Health System Infrastructure

Public health system infrastructure includes systems and capacity related to data, workforce, resources and funding, and coordination and collaboration. Some elements of the public health system infrastructure highlighted throughout the Healthy Illinois 2028 process included funding, health in all policies, workforce capacity, workforce supports, and greater coordination and collaboration, including with respect to data analysis.

In the SHIP, specifically, public health system infrastructure was widely addressed across all the priority health areas. The most common themes of public health system infrastructure in the SHIP are systems integration, community partnerships, data collection and sharing, technology, and funding.

- **Systems integration** – for more efficient collaboration and coordination throughout the life course and intersecting health needs, including reproductive and oral health.
- **Community partnerships** – trust building is necessary for effective outreach from both public health and communities facing disproportionate burdens of disease, including emerging diseases and mental health and substance use disorders; and meaningful community engagement is required to operationalize plans for addressing racism as a public health crisis.
- **Data collection and sharing** – more intentional, detailed, and coordinated data collection and sharing for more targeted services, to better direct care and identify gaps.
- **Technology** – more effective integration of data and technology within public health systems infrastructure to advance health equity in the field's response to challenges, including emerging diseases.
- **Funding** – better collaboration and coordination to better leverage resources and funding, addressing salary inequity among providers, and equitable allocation of resources to address oppressive systems.

The purpose of much of the integration of public health systems and infrastructure in Healthy Illinois 2028 is to facilitate equitable accessibility for all Illinoisans to achieve their optimal state of health and well-being. A key component of this accessibility is access to health care and wrap-around services.

Access to Health Care and Wrap-around Services

Access to health care and wrap-around services is addressed across all of the Healthy Illinois 2028 priority areas. Some of the most common themes related to access to health care and wrap-around services are technology, diversity of public health workers, and alternatives to incarceration.

- **Technology** – expanding broadband for greater accessibility of telehealth services in health professional shortage areas, including rural communities and health deserts, as well as to facilitate access to health care and wrap-around services for Illinoisans whose child care or transportation needs restrict their ability to travel for health care.
- **Diversity of public health workers** – for more culturally competent and accessible care, particularly in terms of language; greater availability and accessibility of community health workers and trained midwives.
- **Alternatives to incarceration** – increasing access to age-appropriate, community-based care to reduce institutionalized treatment and incarceration of residents with mental health and substance use problems; increasing funding for and incentivizing substance use disorder service provision, especially medication-assisted treatment.

A fundamental component of access to care—particularly when it comes to the prevention, protection, and assurance that public health is meant to deliver—is safe, affordable, convenient, and healthy access to transportation between all the places where Illinoisans live, work, and play.

Social and Structural Determinants of Health

The 2023 SHA adds “structural” to the now ubiquitous “social determinants of health (SDOH)” throughout to ensure that the root causes of health inequities^{3,4} are being considered and addressed in this assessment process as well as the subsequent health improvement and implementation plans. The World Health Organization (WHO)⁵ draws a distinction between intermediary determinants, or the social determinants of health, and structural determinants, or the social determinants of health inequities. By using the term *social and structural determinants of health (SSDOH)* instead of SDOH, this assessment aims to focus the analysis and recommendations of this SHA/SHIP process as much as possible on structural determinants, or the root causes, of health inequities.

Transportation

Transportation comes up frequently in the SHIP, particularly in the priority health areas of chronic disease, COVID-19 and emerging diseases, and maternal and infant health. Goals, objectives, and recommended strategies in the SHIP aim to increase safe, convenient, affordable, and accessible active and public transportation for the equitable advancement of public health. For example,

- to prevent and to reduce the burden of chronic disease on Illinoisans;
- in rural areas, where long distances, health professional shortages, and insufficient public transportation are significant barriers to access to care for the prevention and treatment of disease;
- to ensure access to vaccination and testing for COVID-19 and emerging diseases; and
- to support innovative mechanisms for transportation for pregnant and postpartum persons.

Transportation is integral to other crosscutting issues and SSDOH, including food security. In fact, the lack of convenient, affordable, and safe transportation was one of the focus group participants' most commonly cited barriers to food security.

Food Insecurity

In the SHIP, food insecurity is addressed throughout many priority health areas, including chronic disease and COVID-19 and emerging diseases.

- Increasing the availability, affordability, and accessibility of nutritious foods is fundamental to improving the health status of Illinoisans, particularly when it comes to obesity.
- Providing resources and training on technology can increase access to online groceries in food deserts or in times of pandemics or other emerging diseases.

Housing

Housing is referenced in Healthy Illinois 2028 priority areas, including COVID-19 and emerging diseases, maternal and infant health, and mental health and substance use disorder.

- Systems integration and community partnerships with businesses and low-income housing providers are essential in the face of COVID-19 and other emerging diseases to prevent transmission by ensuring healthy and safe indoor environments.
- Increasing opportunities for reproductive health care in school clinics can increase access to reproductive health for homeless youth.
- Innovative mechanisms are needed for housing pregnant and postpartum persons.
- Increasing and strengthening partnerships with transitional and permanent supportive housing can address mental health and substance use disorder and develop new alternatives to incarceration.

Community Violence

Community violence is referred to across every health priority area for Healthy Illinois 2028. The main themes of community violence are apparent in the SHIP's emphasis on trauma-informed care and improved data collection and sharing.

A key part of trauma-informed care for public health is that it is necessary to recognize and to acknowledge the history of violence and trauma that historically marginalized communities have faced in their interactions with the health care system and public health. This recognition and acknowledgment are necessary but insufficient steps in the process of truth, healing, and reconciliation required to advance health equity and improve relationships between the most affected communities and the field. This approach is particularly relevant when it comes to COVID-19 and emerging diseases and maternal and infant health. Recognizing that health care can be a source of trauma for LGBTQIA+ Illinoisans, particularly youth, is also important to ensuring safe, accessible, and equitable care for reproductive health.

- **Trauma-informed care**
 - Improved training is also needed to increase efficacy of care among health workers and education to reduce stigma within communities for people experiencing mental health and substance use problems.

- Greater diversity among public health professionals will help improve cultural and linguistic competency and capacity of service delivery.
- Developing pipelines and pathways to leadership for Black, Indigenous, and people of color (BIPOC) health workers will also be needed to advance health equity.
- To address the violence to communities caused by unjust urban planning, increased funding can be distributed through programs, such as loan repayment for providers, particularly in rural and underserved areas.
- **Improved data collection and sharing**
 - Improved data collection and sharing is necessary to guide evidence-based violence prevention and treatment for adverse childhood experiences.
 - Data collection and sharing can also be improved to better identify and to implement evidence-based and innovative violence-prevention health initiatives to address community needs.

Climate Change

Climate change is referenced in this SHIP particularly in the health priority areas of COVID-19 and emerging diseases and racism as a public health crisis.

- Environmental justice frontline communities should be prioritized for public health response services to address disproportionate burdens and increased risk from environmental factors.
- More meaningful community engagement is needed to educate about, conduct more effective outreach, and prevent or address health issues related to climate change.
- Improved data collection will help identify potential hazards and environmental justice frontline areas.

Climate change is directly tied to the physical and built environment, especially in terms of how the health impacts of the climate crisis will be felt differently in different communities.

Physical and Built Environment

The physical and built environment are addressed throughout the SHIP, especially in terms of public health's role in policy and in messaging:

- to reduce tobacco use and promote active living,
- to decrease transmission of COVID-19 and emerging diseases through better indoor and outdoor air quality protections and preventive measures,
- to address environmental justice in frontline areas that are disproportionately BIPOC,
- to reform zoning and land use policies and practices to prioritize racial equity,
- to increase access to convenient active or public transit in BIPOC communities,
- to replace lead pipelines,
- to identify and to change policies that perpetuate oppressive systems, and
- to meaningfully engage BIPOC and frontline communities to co-develop equitable green infrastructure.

For more details on how the SHIP addresses these crosscutting issues, see the following section which details the Healthy Illinois 2028 priorities. The action plans with goals, objectives, and recommended strategies for each of the health priority areas can be found in Appendix 1.



Healthy Illinois 2028 Priorities

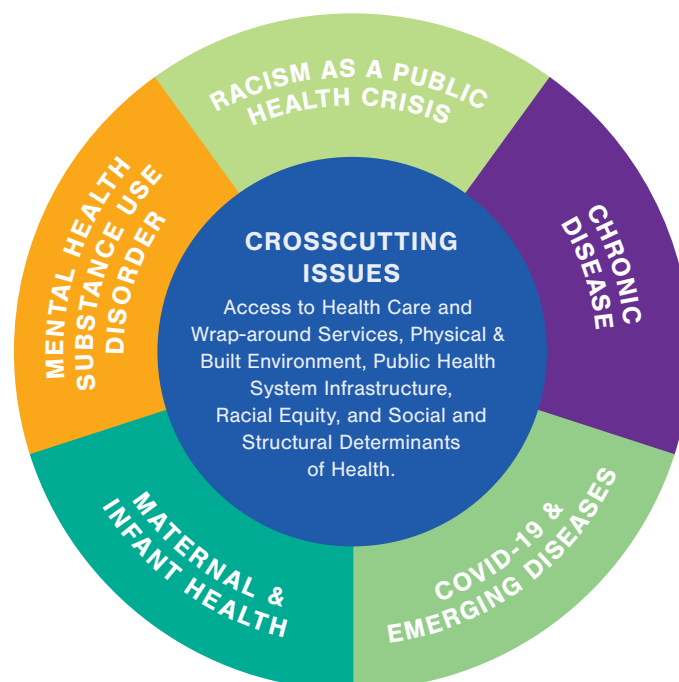
Chronic Disease

Chronic disease in Illinois reflects inequities in regional and sociodemographic disparities:

- **Arthritis and functional disability** – more concentrated in areas outside of Chicago metropolitan areas and among rural Illinoisans.
- **Diabetes** – more prevalent among Hispanic and Black or African American residents, in nonurban areas, and among those with less than a high school diploma.
- **Adult asthma** – more prevalent among Black or African American residents and those who identify as “other race” as well as for females and lower-income households.
- **Obesity** – highest prevalence among Black or African American residents and in nonurban areas of the state; similar, though higher, rates of obesity are seen among those without a college degree.
- **High blood pressure and high cholesterol** – higher prevalence among Black or African American, White, and nonurban residents.

Snapshot of chronic disease in Illinois

- The two leading causes of death in Illinois are chronic diseases: heart disease and cancer.
- Slightly more than half of Illinois residents are living with a chronic condition.
- Nearly 1 in 3 Illinoisans are living with obesity.
- Nearly 1 in 3 Illinoisans have high blood pressure and high cholesterol.]



Through the SHIP process, the partnership identified some of the most important chronic diseases and factors impacting Illinoisans to include asthma, diabetes, cardiovascular disease, hypertension, nutrition, and oral health. Focus group participants, including service providers and people with lived experience, also shared concerns about how the COVID-19 pandemic and pre-existing conditions compounded to make chronic conditions worse. The SHA/SHIP Partnership developed goals, objectives, and recommended strategies to address the challenges related to chronic disease. Recommended strategies are listed in the appendix of this report.

Figure 7. Preliminary Healthy Illinois 2028 Priorities

Chronic Disease Goals and Objectives

Goal 1: Increase opportunities for tobacco-free living.

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

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

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

Chronic Disease Goals for Healthy Illinois 2028

1. Increase opportunities for tobacco-free living.
2. Decrease preventable chronic diseases through nutrition.
3. Increase opportunities for active living.
4. Increase community-clinical linkages to reduce the incidence and burden of chronic diseases.

Goal 2: Decrease preventable chronic diseases through nutrition.

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

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

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

Goal 3: Increase opportunities for active living.

Objective 1: Improve access to physical activity in schools.

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

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

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

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

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

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

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

Objective 4: Reduce cost barriers.

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

COVID-19 and Emerging Diseases

COVID-19 in Illinois reflects inequities in disparities by race/ethnicity:

- **Case rates**
 - Illinoisans who identify as Hispanic or “other race” had higher rates early in the pandemic.
 - Black or African American and White case rates showed increases since January 2021.
- **COVID-19 mortality**
 - Remains highest among Black or African American Illinoisans.
 - Hispanic mortality from COVID-19 decreased gradually over time.
 - White mortality rates rebounded in later periods.

Snapshot of COVID-19 in Illinois

4,139,537 cases

36,870 deaths (plus 5,163 probable deaths)

The partnership identified air pollution and COVID-19, preparedness, and vaccine distribution as key issues in terms of COVID-19 and emerging diseases. Air pollution has been shown to exacerbate cardiorespiratory illness and can increase susceptibility to and severity of COVID-19, particularly for vulnerable populations.⁶ The SHA/SHIP Partnership developed goals, objectives, and recommended strategies to address these and other emerging challenges created or revealed by COVID-19. Recommended strategies are listed in the appendix of this report.

COVID-19 and Emerging Diseases Goals and Objectives

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

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

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

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

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

COVID-19 and Emerging Diseases Goals for Healthy Illinois 2028

1. Decrease disparate health outcomes related to COVID-19 and other emerging diseases.
2. Increase community resilience to public health threats.
3. Strengthen and improve public health system infrastructure and coordination to prepare for and respond to public health threats. 36,870 deaths (plus 5,163 probable deaths)

Goal 2: Increase community resilience to public health threats.

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

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

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

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

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

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

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

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

Maternal and Infant Health

Maternal and infant health (MIH) seeks to improve access to health care and delivering quality public health services to pregnant/postpartum persons and infants. MIH is of particular concern, since statewide data show that Illinois falls short of national benchmarks and has higher rates of negative outcomes than the national average for many indicators. What is even more concerning is the stark disparities observed between population groups by race/ethnicity.

As with many other health indicators, MIH is impossible to extricate from SSDOH. Racism and discrimination against immigrants, for example, show up in inequities in access to care and outcomes in maternal and infant health in Illinois. The partnership identified reproductive health, maternal health, and infant health as key areas to focus on within MIH. The SHA/SHIP Partnership developed goals, objectives, and recommended strategies to address these and other challenges. Recommended strategies are listed in the appendix of this report.

Maternal and Infant Health Goals and Objectives

Maternal and Infant Health Goals for Healthy Illinois 2028

1. Improve accessibility, availability, and quality of equitable reproductive health and well-woman/person preventative health care services across the reproductive lifespan.
2. Promote a comprehensive, cohesive, and equitable system of care and support services for all birthing persons to have a healthy pregnancy, labor and delivery, and through the first year postpartum.
3. Promote a comprehensive, cohesive, and equitable system of care and services to improve birth outcomes and to support infants' healthy development in their first year.
4. Strengthen workforce capacity and infrastructure to screen for, assess, and treat mental health conditions and substance use disorders among pregnant/postpartum persons.

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

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

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

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

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

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

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

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

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

Objective 2: Address SDOH to support infant health.

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

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

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

Mental Health and Substance Use Disorder

Across the state, behavioral and mental health was described by communities as a crosscutting theme that was greatly exacerbated by the COVID-19 pandemic. Overall, the partnership identified youth mental health support, an improved behavioral and mental health workforce, and more culturally inclusive practices in these programs and initiatives as emerging trends in behavioral and mental health. The partnership highlighted adult and youth depression and anxiety, other mental health disorders, substance use disorder, overdose, and dual diagnosis as key issues in terms of mental health and substance use disorder. The SHA/SHIP Partnership developed goals, objectives, and recommended strategies to address these challenges. Recommended strategies are listed in the appendix of this report.

Snapshot of mental health and substance use disorder in Illinois.

Statewide data confirm the increases in mental health problems and substance use disorder throughout Illinois, as well as inequities reflected in sociodemographic disparities, including by race, age, and income level.

- **Poor mental health days**
 - Slightly more than 1 in 10 residents reported having 14 or more days of poor mental health in the past month.
 - The highest prevalence of poor mental health days was seen in those 18–24 years of age, Black or African Americans, and those who identified as “other race” and lower-income groups.
- **Mortality due to drug overdose**
 - Mortality due to drug overdose and opioid overdose increased over the period from 2016 to 2020, with the highest rates seen in 2020 across all groups.
 - The highest death substance overdose mortality rates were seen among Black or African American residents, while the lowest rates were among Hispanic residents and those who identify as “other race.”
- **Access to mental health care and substance use disorder treatment**
 - The rate of emergency department visits for nonfatal opioid events is highest among Black or African American residents, while the rate of hospitalization for nonfatal opioid events is highest among White residents.
 - Overall emergency department visit rates for substance or alcohol misuse are highest for Black or African American residents.

Mental Health and Substance Use Disorder Goals and Objectives

Goal 1: Improve the mental health and SUD system’s infrastructure to support and strengthen prevention and treatment.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Mental Health and Substance Use Disorder Goals for Healthy Illinois 2028

1. Improve the mental health and substance use disorder (SUD) system's infrastructure to support and strengthen prevention and treatment.
2. Reduce mortality due to mental health conditions and SUD through harm reduction and preventative care strategies.
3. Increase access to age-appropriate community-based care to reduce institutionalized treatment and incarceration.
4. Improve the resilience and recovery capital of communities experiencing violence.

Racism as a Public Health Crisis

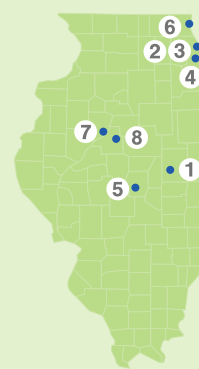
At the time of this report's writing, eight entities within northeastern and central Illinois have declared racism is a public health crisis.

Racism as a public health crisis in Illinois is reflected in inequities in regional and sociodemographic disparities:

- The number of items highlighted in this report for which American Indian/Alaska Native, Hispanic, and Black or African American Illinoisans have the most negative outcomes compared to other races/ethnicities is staggering.
- Statewide data gathered and reviewed for the SHA/SHIP process show that communities of color experience the poorest health outcomes for the vast majority of indicators.
- The mere fact that these inequities by race/ethnicity persist across diverse morbidity and mortality statistics, geographies, and income levels demonstrates that addressing these health outcomes at an individual or clinical level will be wholly insufficient at reversing, mitigating, or preventing the continuation or worsening of these inequities.

Snapshot of declarations of racism as a public health crisis in Illinois

Entities within Illinois that have declared racism as a public health crisis:



1. Champaign School Board
2. City of Chicago
3. Chicago Department of Public Health
4. Cook County Board of Commissioners
5. Decatur Public School District
6. Lake County Health Department
7. Peoria City/County Health Department
8. Rook Equity Rapid Response Team

Figure 8. Snapshot of declarations of racism as a public health crisis in Illinois

Source: <https://www.apha.org/Topics-and-Issues/Racial-Equity/Racism-Declarations>

Numbers and percentages are meaningless without context. In the case of health outcomes disaggregated by race/ethnicity, it is essential to emphasize that disparities in health outcomes according to race/ethnicity have nothing to do with biology and everything to do with inequitable distributions of money, power, and resources due to geography, culture, and sociopolitical forces. The partnership identified the key focus areas for racism as a public health crisis as health disparities are racialized, discrimination and prejudice/implicit bias, lack of diversity in the workforce, and institutional and systemic racism. The partnership developed goals, objectives, and recommended strategies to address these challenges related to racism as a public health crisis. Recommended strategies are listed in the appendix of this report.

Racism as a Public Health Crisis Goals and Objectives

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

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

Objective 2: Allocate resources to address oppressive systems, racist policies, and SSDOH.

Objective 3: Build public health system capacity for authentic community engagement and power sharing with BIPOC communities.

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

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

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

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

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

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

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

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

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

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

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

Racism as a Public Health Crisis Goals for Healthy Illinois 2028

1. Build the public health system's capacity to advance health and racial equity and dismantle oppressive systems.
2. Develop and maintain a diverse and skilled public health workforce for anti-racist public health to dismantle systems of oppression.
3. Address historical and ongoing practices that perpetuate environmental racism to advance environmental justice.

6

Conclusion and Next Steps

This SHIP outlines the goals, objectives, and recommended strategies to improve the health of Illinois residents and advance health equity specifically in the priority areas identified in the SHA: chronic disease, COVID-19 and emerging diseases, maternal and infant health, mental health and substance use disorder, and racism as a public health crisis. The SHIP builds on the work of the SHA by providing a blueprint to address the crosscutting issues of health inequities—including access to health care and wrap-around services, public health system infrastructure, physical and built environment, racial equity, and social and structural determinants, — as they relate to the state's health priority areas.

These plans for improving upon the existing status of health in the state were developed over the course of a year in partnership with community members, social service providers, and public health officials across the state as well as members of the SHA/SHIP Partnership and key stakeholders with expertise in each of the health priority areas. The update to the SHA/SHIP law in 2022 inspired some new perspectives on the SHIP process for Healthy Illinois 2028. These include focusing on policy, systems, and environmental changes; addressing SSDOH inequities; and a renewed emphasis on prevention. The breadth of stakeholder engagement throughout the development of the SHIP and the new and renewed emphases of Healthy Illinois 2028 are apparent in the goals, objectives, and recommended strategies detailed in the appendix of this report.

To align most accurately with the work that is already being done in Illinois, the SMEs who participated in the workshops to develop, to refine, and to prioritize goals, objectives, and recommended strategies for Healthy Illinois 2028 will continue to participate in the implementation phase. The SMEs will work with IDPH and the SHA/SHIP Partnership to create action teams based on the priority areas. These action teams will help drive implementation, provide opportunities to broadly engage stakeholders, and build commitment and accountability around the health priorities.

Readers are encouraged to remember that the SHIP is a living document and is intended to be monitored and built upon throughout the duration of the plan's implementation. The goals, objectives, and recommended strategies are an important starting point for work toward addressing the health priorities. The recommendations should be used for implementation, but reflection and improvement are encouraged. The SHIP should be used by public health system partners as overarching statewide goals and objectives for health improvement in priority areas with which organizations can align their work, or that partners can use to identify recommendations and practices for their own health improvement efforts. IDPH and the other members of the SHA/SHIP Partnership look forward to working with its partners in health improvement and advancing health equity across the state, as we strive to achieve the goals and objectives of Healthy Illinois 2028.

7

References

Endnotes

- 1 Illinois Department of Public Health. (2020). *Healthy Illinois 2021 plan update: An addendum to the Illinois 2016-2021 State Health Assessment and State Health Improvement Plan*. <http://www.idph.state.il.us/ship/icc/documents/Updated%20SHASHIP%20Summary%20Report.pdf>
- 2 Illinois General Assembly. The Civil Administrative Code of Illinois. 20 ILCS 5/5-565. <https://www.ilga.gov/legislation/ilcs/ilcs5.asp?ActID=221&ChapterID=5>
- 3 IDPH. (2022). *Understanding the social determinants of health*. <https://dph.illinois.gov/topics-services/life-stages-populations/infant-mortality/toolkit/understanding-sdoh.html>
- 4 Crear-Perry, J., Correa-de-Araujo, R., Lewis Johnson, T., McLemore, M. R., Neilson, E., & Wallace, M. (2021). Social and structural determinants of health inequities in maternal health. *Journal of Women's Health*, 30(2), 230–235. <https://www.liebertpub.com/doi/10.1089/jwh.2020.8882>
- 5 WHO. (2010). *A conceptual framework for action on the social determinants of health*. <https://www.who.int/publications/item/9789241500852>
- 6 Wu, X., Nethery, R. C., Sabath, M. B., Braun, D., & Dominici, F. (2020). Air pollution and COVID-19 mortality in the United States: Strengths and limitations of an ecological regression analysis. *Science Advances*, 6(45), eabd4049. <https://doi.org/10.1126/sciadv.abd4049>
- 7 Definition: "Environmental Justice refers to those cultural norms and values, rules, regulations, behaviors, policies, and decisions to support sustainability, where all people can hold with confidence that their community and natural environment is safe and productive." (Greenaction, 2023).
- 8 CDC. *What is the Cardiff Violence Prevention Model? (2023)* <https://www.cdc.gov/violenceprevention/fundinghub/fundedprograms/cardiffmodel/whatis.html>



Appendix

Healthy Illinois 2028 Action Plans

For each of these priorities, the SHA/SHIP Partnership and SMEs developed recommended strategies based on the identified goals and objectives. These strategy recommendations are listed below and describe work that could be the focus of the next five years.

Chronic Disease Goals, Objectives, and Strategies

Goal 1: Increase opportunities for tobacco-free living.

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

1. Introduce and pass legislation to eliminate discounts for tobacco products and increase equal taxation on all types of tobacco, e-cigarettes, and tobacco-derived products.
2. Develop and execute a comprehensive messaging system and youth-oriented campaign that addresses the health impacts of tobacco usage, including causes of dependency, associated chronic diseases, and special attention to menthol tobacco usage.
3. Explore best practices for advancing health equity in priority populations in alignment with the Centers for Disease Control and Prevention (CDC) Tobacco Control Health Equity Guide and assess local effectiveness.
4. Explore population health tools for data collection to identify hotspots and to link value-based payment adjustment measures to incentivize care in hotspots. Consider modeled estimates like Tobacco Use/Adult Smoking in Community Health Rankings.
5. Explore and address ways to integrate SSDOH, the link between tobacco use and other addictive behaviors, and the role of trauma and mental health into tobacco use prevention and cessation programs and messaging.
6. Partner with managed care organizations to remove system barriers to accessing services that support tobacco-free living, including efforts to expand Medicaid coverage of cessation counseling.
7. Increase public awareness of existing CDC health communication tools and engage people with lived experiences to continually improve these tools and messages.
8. Continue education, protection, and enforcement of the Smoke-Free Illinois Act (SFIA) and increase awareness of including e-cigarettes to the SFIA under new law (effective January 1, 2024), and Illinois Tobacco-Free Communities program (Public Act 103-0272).

Chronic Disease Goals for Healthy Illinois 2028

1. Increase opportunities for tobacco-free living.
2. Decrease preventable chronic diseases through nutrition.
3. Increase opportunities for active living.
4. Increase community-clinical linkages to reduce the incidence and burden of chronic diseases.

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

1. Strengthen the tobacco surveillance system to monitor the tobacco epidemic through collection of geospatial data and increasing regional capacity to plan, to develop, to implement, and to evaluate comprehensive tobacco control efforts based on the data collected.

2. Build local capacity to leverage technology through use of geo-fencing, targeted messaging in retail apps for tobacco sales, online Quitline and cessation program enrollment, motivational text, and online cessation services.
3. Strengthen partnerships to leverage resources for efficient and sustainable tobacco control initiatives by expanding involvement and funding to community-based organizations with demonstrated commitment to population health approaches (NAACP, IMC, etc.)
4. Protect and increase funding for a statewide, evidence-based, and trauma-informed approach to tobacco prevention and cessation efforts, including funding for the Illinois Tobacco Quitline, My Life My Quit, Illinois Tobacco-Free Communities grants, etc.
5. Increase Quitline referrals from health systems reaching targeted populations using electronic health records with partners, such as federally qualified health centers (FQHCs), Illinois Primary Health Care Association, Illinois Pharmacy Association, individual pharmacies, rural hospitals, etc.

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

1. Implement a grassroots campaign to encourage adults to stop smoking in cars with minors and pregnant people (2020 state law).
2. Assess the strength and enforcement of school policies related to tobacco.
3. Promote stronger tobacco-free school policies that include vaping, students, staff, visitors, and school groups. Expand awareness of the requirement to include e-cigarettes and other vaping devices in school health education under Public Act 102-0464.
4. Increase the number of smoke-free schools, hospitals, and housing units, ensuring that vaping is included in the policy.
5. Strengthen implementation and enforcement of tobacco-related laws (i.e., smoking in cars with minors and pregnant people).
6. Provide education and training on how to reduce secondhand smoke and support and provide training/education by trusted community members in partnership with health care systems.
7. Include risk of tobacco product exposure in “ozone alerts.”
8. Use tollway messaging to periodically include messaging about smoking in cars.

Goal 2: Decrease preventable chronic diseases through nutrition.

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

1. Create a public oversight body composed of chronic disease, healthy eating, oral health, and active living experts; stakeholders; and community members to prioritize, plan, and oversee the spending of the healthy eating and active living Wellness Fund Resources.
2. Create procurement policies that encourage reductions in the availability of unhealthy food in vending machines in publicly owned buildings, schools, and health care facilities.
3. Partner with hospitals, large worksites, universities, parks and recreation departments, local food banks, and social service agencies that provide food to low-income, vulnerable populations to adopt nutrition and/or procurement policies that ensure more nourishing foods are offered to clientele and/or in their cafeterias.
4. Work with local food pantries to establish guides to help individuals select foods that meet dietary recommendations.
5. Provide education and interventions to address obesity that are trauma informed.

6. Provide nutrition labeling around schools, hospitals, and worksite cafeterias and in vending areas.
7. Improve the continuity of care and support for chest/breastfeeding in communities and workplaces, including by supporting organizations and institutions to adopt chest/breastfeeding-friendly policies and environments.
8. Develop and implement a sodium-reduction education campaign.

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

1. Revise zoning laws and other urban planning and policy changes, considering unintended negative consequences that impact access to food, to prioritize access to nutritious affordable food options.
2. Increase access to, uptake of, and allotments for Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), Child and Adult Care Food Program (CACFP), and other nutrition assistance programs and establish benefits/incentives for use at farmers markets, co-ops, and farm box programs to encourage the purchase of more nutritious foods.
3. Promote Healthy Corner Store initiatives and encourage retailers to explore ways to improve store layouts to promote more nutritious options.
4. Promote publicly available directories with sources of affordable, nutritious food choices and farmers markets, such as Find Food Illinois and UI Food Finder website.
5. Develop and implement a statewide marketing campaign to promote nutritious foods.
6. Promote zoning practices and create incentives to attract supermarkets that carry fresh produce to areas where availability is low to advance positive health outcomes.
7. Conduct environmental scans of produce pricing across the state and explore ways to increase fair produce pricing, particularly in low-income communities.
8. Improve coordination between the Illinois departments of Children and Family Services and Human Services, and the Illinois State Board of Education on the promotion of and access to the CACFP.

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

1. Train non-clinical staff, such as care navigators, CHWs, and other staff in providing chronic disease prevention and management education on healthy lifestyles, healthy eating, and counseling in areas such as asthma, oral health, nutrition, and wellness counseling.
2. Increase awareness of and enrollment in SNAP-Ed.
3. Improve bi-directional referral between multidisciplinary care teams and evidence-based nutrition education programs.
4. Require and provide funding for nutrition education in public schools for children and families.
5. Integrate evidence-based lifestyle change programs into workplace wellness initiatives.
6. Train and educate primary health care providers in prescribing nutritious food.
7. Increase access to nutritious foods through supporting and promoting community, school, and neighborhood gardens and free school meal programs.

8. Support and promote community-based healthy lifestyle programs for families and adults and connect programs to referral and to recruitment systems that work for priority populations.
9. Address obesity stigma by shifting to programs and services to focus on holistic care and SSDOH, such as the U.S. Department of Health and Human Services' Food as Medicine initiative, "produce prescriptions," and partnerships with community-based organizations

Goal 3: Increase opportunities for active living.

Objective 1: Improve access to physical activity in schools.

1. Promote activity models, such as the Comprehensive School Physical Activity Program (CSPAP) and the CDC's Whole School, Whole Community, Whole Child model.
2. Increase access to materials and resources for schools and early childhood education providers to promote physical activity among students.
3. Encourage schools to improve schoolyards to promote active play and outdoor learning and make these spaces available and accessible to the broader community.
4. Implement collaborative physical activity initiatives with partner organizations working on school health to increase reach.
5. Decrease the number of physical education waivers granted to schools; understanding where waivers are being disparately granted.
6. Protect elementary and secondary school physical education requirements and promote 150 minutes of instructional physical education per week in schools.
7. Promote asthma-friendly environments in schools, including asthma-friendly cleaning products, outdoor access for children with asthma, removing triggers, education for school personnel, increased access to asthma medication in schools (primarily crisis medications, quick-relief inhalers), and awareness of state law (Public Act 100-0726).

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

1. Increase adoption of worksite wellness programs, including, but not limited to, worksite wellness, smoke/tobacco-free, physical activity, nutritious food and vending, chest/breastfeeding, and incentive programs like benefit/deductible savings policies and pre-tax commuter benefit programs for public transit use.
2. Develop and implement policy to increase local, stable employment opportunities in communities to allow flexibility for active lifestyles.
3. Partner with the U.S. Department of Education to support early childhood education and teacher wellness improvements, including physical activity, nutrition, wellness, and mental health initiatives.
4. Develop, adopt, and promote policies for worksite wellness programs to host and/or refer employees to existing evidence-based programs, such as the National Diabetes Prevention Program, Healthy Heart Ambassadors, Chronic Disease Self-Management Program, etc., especially for workplaces that employ populations with high rates of physical inactivity.
5. Develop and implement physical health activities and policies that work to eliminate racial disparities (specific programs, equitable policies, etc.).
6. Incentivize and reward wellness activities through reductions in insurance premiums, additional benefit time, child care benefits, and other mechanisms.

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

1. Support adoption of “smart growth” land use principles and practices (such as Complete Streets, Safe Routes to School, etc.) through local and regional development policies and plans, zoning codes, and other mechanisms, with an emphasis on health and racial equity and improving connectivity.
2. Partner with the Illinois Environmental Protection Agency (IEPA), Illinois Department of Transportation (IDOT), and community-based organizations to promote the integration of health impact assessments into transportation and development decisions and apply Health in All Policies principles across disciplines.
3. Increase and reform transportation funding programs to support and to prioritize walking, biking, and public transit projects.
4. Hire and/or identify existing IDPH staff to act as subject experts on the intersection of health and built environments, charged with raising awareness, identifying opportunities for and convening interagency collaborations, acting as liaisons to local health departments, developing and disseminating tools and trainings, etc.
5. Offer capacity-building learning collaboratives around specific funding opportunities (International English Language Proficiency Test, Safe Routes to School) that can advance activity-friendly routes to everyday destinations (promote biking/walking/active transportation).
6. Provide technical assistance to build capacity among local public health, urban planning, transportation, and parks/greenspace professionals to prioritize physical activity, health, and active transportation in their local and regional plans, policies, environments, and programs, including such topics as implementing Complete Streets policies, securing funding, using health and racial equity impact assessments in policy decision-making, and program sustainability.
7. Promote urban planning policies that improve accessibility, specifically regarding people with physical disabilities and/or mobility challenges, and that address social connectedness.

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

1. Align with the Active People Healthy Nation (Illinois) campaign and tailor it to meet the needs of the specific populations in the state.
2. Align with and promote existing active living strategies and plans across the state and implement shared strategies where possible.
3. Engage local health directors and boards of health to participate in local and regional transportation planning efforts.
4. Engage network of possible nonprofit partners, many of which support healthy living initiatives.
5. Ensure alignment and consistency with, and coordination among, state government agencies and others that interact with caregivers of young children.
6. Develop and adopt a trauma-informed approach to obesity-related messaging.
7. Establish an intergovernmental task force on active transportation at the state level (including IDPH, IDOT, IEPA, Illinois Department of Natural Resources (IDNR), ISBE, etc.) to coordinate and to increase active transportation across the state, to raise awareness of the connection between active transportation and health, and to make recommendations on ways to prioritize health equity in funding and project selection.
8. Establish regulations that improve access to physical activity for the senior/older adult population, especially those in assisted living facilities and in long-term care.

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

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

1. Strengthen CHW training, supervisory capacity, and education in chronic disease management.
2. Increase access to CHWs, prevention services, and education.
3. Develop and structure an ongoing training process and billing model for CHWs.
4. Develop a campaign to increase understanding, utilization, and integration of chronic disease services, including implementation of a holistic approach to care.

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

1. Design a system of data sharing and use between and among clinical and non-clinical partners as a means of identifying and monitoring health outcomes, identifying appropriate clinical and community interventions, and assessing and evaluating impact.
2. Increase integration of electronic health records (EHRs) to improve communication across service providers.
3. Develop a campaign and guidelines to increase the collection of SSDOH and chronic disease information in EHR systems.
4. Continue to include sugar-sweetened beverage and water consumption questions on the Behavioral Risk Factor Surveillance System (BRFSS). Cross-reference BRFSS data on tobacco use, diabetes, hypertension, obesity, and oral health data to effectively integrate into chronic disease prevention, oral health, and health promotion activities.
5. Explore options and implement a system of electronic documentation for CHWs, such as registries or an app.
6. Engage CHWs in ongoing digital literacy models by increasing access to telehealth and other digital platforms.
7. Increase data collection for underrepresented populations and expand data categories to more accurately reflect the health status and needs of these groups (i.e., race/ethnicity, sexual orientation, gender identity, geography, etc.).

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

1. Increase referrals to preventative and disease-specific self-management education and support programs.
2. Increase the use of telehealth.
3. Expand and align self-management programs to ensure these types of programs are implemented in communities with a high burden of chronic disease and determined priority populations.
4. Enhance environmental support by addressing risk/causal factors through home scans, reducing cost burdens, and providing memberships to local community centers.
5. Develop public transportation options for residents in rural areas of the state.

Objective 4: Reduce cost barriers.

1. Reduce out-of-pocket costs to increase preventative care screenings for chronic diseases.
2. Protect state funding for lung, colon, breast, prostate, and cervical cancer screenings.
3. Promote reimbursement for care coordination services, especially for CHWs.

4. Promote Medicaid and other insurance reimbursements for community-based lifestyle change programs for chronic disease.
5. Identify funding for basic health care (e.g., promote usage of Medicaid to cover regular dental cleanings) and advocate for insurance coverage for developing technologies and pharmaceuticals for disease management.
6. Eliminate cost barriers, such as co-payments, prior authorizations, and refill reimbursement, and address barriers to third-party billing.
7. Identify funding to address SSDOH by subsidizing environmental improvements (such as reducing costs of home repairs, providing memberships to local community centers, etc.).
8. Increase access to preventative health care at worksites and home-based or education-based, multi-trigger, multicomponent environmental interventions.
9. Protect federal and state funding for asthma prevention, including for home visits, self-management education, and quality improvement.

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

1. Incorporate oral health education, nutrition, and services/referrals in at least one diabetes health care visit per year.
2. Increase population participation in screenings for breast, cervical, colorectal, lung, and prostate cancer, chronic kidney disease, tobacco usage, food security, and housing stability, and improve coordination with and referral to follow-up care services, education, and resources.
3. Increase diversity and number of integrative health care teams (including dietitians, CHWs, physical therapists, wellness specialists, etc.) to improve cultural and linguistic competency and capacity in preventative care and treatment programs.
4. Expand language support capacity for those who have English as a Second Language services in their preventative and treatment programs.
5. Integrate chronic disease primary prevention efforts that support both brain and physical health (e.g., increasing awareness of shared risk factors, cognitive screening paired with hypertension control, screening for age-related dementia, promoting shared lifestyle and health behaviors).
6. Increase the public's awareness of the importance of discussing memory loss with a health care professional.

COVID-19 and Emerging Diseases Goals, Objectives, and Strategies

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

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

1. Develop partnerships and plans with low-income housing providers and leverage community gathering spaces to assure physical access to care (i.e., physical infrastructure/buildings).
2. Coordinate CHWs to prepare needed vaccination distribution, testing, and treatments.
3. Identify and implement policy strategies to reduce cost barriers and other accessibility issues through actions, such as making allowances for time off work.
4. Develop internal dashboards that allow public health personnel to see where the gaps are in vaccinations, testing, and treatment and avoid duplications of effort.
5. Expand usage of technologies, such as SIREN, A.I., and other effective extension tools, for communication and incentive steps to encourage awareness of masking, preventative measures, testing, isolation, and quarantine best practices and guidance.
6. Increase data collection for underrepresented populations and expand data categories to more accurately reflect the health status and needs of these groups (e.g., race/ethnicity, sexual orientation, gender identity, geography, etc.).

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

1. Develop culturally relevant and medically accurate communications and align messaging across the public health system regarding appropriate measures for the disease of concern, including masking, treatment, vaccination, testing, isolation, quarantine, etc.
2. Conduct an assessment on community trust in public health intervention and identify trusted community leaders to build out a cadre of messengers to collaborate with for outreach, engagement, and for disseminating medically accurate information to their communities.
3. Establish and implement communication guidelines and standards to increase timeliness and consistency across all reporting organizations.

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

1. Increase access to and awareness of publicly available treatments and vaccinations through a variety of community-based settings, including mobile clinics.
2. Prioritize populations in environmental justice⁷ communities for response services due to disproportionate burdens and increased risk from environmental factors.

COVID-19 and Emerging Diseases Goals for Healthy Illinois 2028

1. Decrease disparate health outcomes related to COVID-19 and other emerging diseases.
2. Increase community resilience to public health threats.
3. Strengthen and improve public health system infrastructure and coordination to prepare for and to respond to public health threats.

3. Facilitate enrollment in publicly funded insurance programs and ensure awareness of publicly available programs (e.g., Vaccines for Children (VFC), Children's Health Insurance Program (CHIP), etc.).
4. Educate community and health care providers on public programs.
5. Identify and engage well-known individuals/leaders and trusted messengers in disseminating information through targeted campaigns.

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

1. Develop a shared database/dashboard to identify gaps and to standardize definitions across data collectors.
2. Build internal capacity of congregate settings to provide vaccinations.
3. Develop and consistently review surge and staffing plans within congregate settings during emergencies.
4. Develop wastewater genomic sequencing in congregate housing to detect transmission of virus in small units of the facility to prevent further spread.
5. Conduct periodic debriefs to resolve issues on a timelier basis.

Goal 2: Increase community resilience to public health threats.

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

1. Make funding available to community organizations and local health departments to ensure that education is accessible and available to communities from a source that is trusted by that community to combat mistrust.
2. Engage community-based organizations in preparedness plan development and training exercises for public health threats.
3. Engage community-based organizations in awareness training on how to prevent, respond to, and recover from incidents that adversely affect public health.
4. Support community partners and stakeholders to identify public health, health care, human services, mental/behavioral health, and environmental health services capable of supporting public health risk-reduction strategies and mitigation efforts.
5. Explore collaboration opportunities for state agencies to work with housing, economic, social services, cultural, mental health, and other providers of SSDOH to better reach community members in need of services.
6. Update emergency response plans to ensure they address expectations, roles, and responsibilities for response; increase capacity to respond to overlapping events.
7. Increase frequency and methods of communications to reach communities with consistent and accurate messaging and ensure that it is linguistically and culturally appropriate and is disseminated through cultural/social networks.
8. Establish and implement continuous quality improvement methods, including formal after-action processes, to collect and to incorporate feedback from the community into emergency operations plans.

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

1. Leverage trusted persons and community influencers, such as CHWs to get people connected to care.
2. Increase funding to local health departments to staff and to increase the availability of mobile, community-based vaccination clinics in underserved communities.
3. Increase access to treatments and vaccinations through a variety of community-based settings, ensuring the community is aware of publicly available programs (e.g., VFC, CHIP, etc.).
4. Educate community and health care providers on publicly available programs.

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

1. Collaborate across departments to improve air and water quality to reduce the rate of transmission.
2. Develop partnerships and plans with low-income housing providers to assure physical access to care (buildings).
3. Increase availability of and access to public resources for mitigating the effects of extreme heat (e.g., cooling stations).
4. Increase climate-health connection literacy with regard to emerging public health threats and the disproportionate impact on environmental justice communities.
5. Collaborate with community-based environmental organizations to reduce the health impact of environmental hazards (concentrated freight facilities, high-frequency truck routes, high-polluting industries).

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

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

1. Create a public information officer group of local health departments, IDPH, and others to develop a communications plan that can be adapted for disease/content-specific communications across the public health system.
2. Utilize the most successful marketing strategies/best practices available for messaging and communications, leveraging technology, radio messaging, TV ads, and social media.
3. Partner with people with lived experience and community-based organizations to develop and to implement social media outreach to reach people through regularly frequented channels.
4. Establish an equity team to inform messaging to reach priority populations for particular diseases.
5. Allocate funds to IDPH to engage partners to develop and to implement a timely, partner/field-informed communications plan.
6. Create and deploy messaging in multiple languages, particularly for the most affected populations.
7. Build a system of message coordination across the whole state public health system to ensure consistency (shared website, other methods).

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

1. Establish and implement a standard process so that relevant messages are approved and shared in a timely manner.
2. Engage existing health care coalitions in preparedness, response, and recovery activities.
3. Assess existing entities involved in response efforts and determine gaps to expand this membership.
4. Build in mechanisms to mitigate and to prevent policy inaction (and flexibility/nuance) when responding to emergency public health threats.
5. Explore existing procedures and develop new procedures for surge staffing, staff reallocation, and resource acquisition across the public health system.
6. Partner with organizations responsible for essential health care and human services to ensure those services are provided as early as possible during the response, recovery, and return of the public health system after an incident or event.

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

1. Assess baseline capacity of all system partners to manage data and to improve capacity where needed.
2. Develop an accessible, centralized system for tracking cases and prevention activities, such as a dashboard.
3. Coordinate activities and data collection between universities, IT groups, and public health programs.
4. Ensure data-sharing agreements are in place to streamline this process across departments and partners (waivers, administrative agreements, etc.) before emergencies occur.
5. Develop and implement policy to require health care providers to report vaccination rates.

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

1. Build capacity to assign individuals from anywhere within IDPH and from other agencies to the particular incident of concern by developing and implementing training for staff and strengthening relationships between and within agencies.
2. Develop and implement policy for IDPH to include duties in job descriptions for all employees to plan for reallocation of responsibilities and surge staffing in the event of an emergency response.
3. Develop and utilize better tools to identify what might be emerging (foresight methodology, forecasting futures, modernized lab software, system automation).
4. Continue quality improvements to electronic lab reporting.
5. Increase usage of multimedia communications using methods such as display boards, informatic charts, and social media campaigns.
6. Develop and implement a dashboard of retrospective and prospective data to disseminate the outcome of effective preventative programming.
7. Develop and implement a standard to expedite the review of documents to enable timely release of information.

Maternal and Infant Health Goals, Objectives, and Strategies

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

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

1. Provide education and facilitate quality improvement initiatives focused on creating adolescent-friendly clinics, including clinical best practices, such as providing confidential care.
2. Invest funds in education on the importance of annual well-woman/person visits, emphasizing to both providers and patients that the visit is available without cost-sharing.
3. Build on the postpartum Medicaid extension and develop an educational campaign on the availability of coverage and importance of primary care in the extended postpartum period.
4. Develop educational initiatives for primary care providers on screening for chlamydia and other sexually transmitted infections (STIs), and reproductive goal setting.
5. Support the development of in-school clinics at middle and high schools, particularly in high-risk ZIP codes, to be able to provide comprehensive reproductive health care and STI screening and treatment services.

Maternal and Infant Health Goals for Healthy Illinois 2028

1. Improve accessibility, availability, and quality of equitable reproductive health and well-woman/person preventative health care services across the reproductive lifespan.
2. Promote a comprehensive, cohesive, and equitable system of care and support services for all birthing persons to have a healthy pregnancy, labor and delivery, and through the first year postpartum.
3. Promote a comprehensive, cohesive, and equitable system of care and services to improve birth outcomes and support infants' healthy development in their first year.
4. Strengthen workforce capacity and infrastructure to screen for, assess, and treat mental health conditions and substance use disorders among pregnant/postpartum persons.

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

1. Expand access to patient-centered family planning services that include the full spectrum of Food and Drug Administration (FDA)-approved contraception.
2. Strengthen equitable access to high-quality abortion services across the state.
3. Increase access to family planning services for adolescents through engagement of pediatric care and school-based health services.
4. Develop hospital capacity to provide immediate postpartum patient-centered contraception, including long-acting reversible contraception (LARC), to reduce short interval, unplanned, and/or unwanted pregnancies.

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

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

1. Implement Medicaid policies that improve access to clinical and non-clinical support services for pregnant persons.
2. Develop and promote a campaign (with provider support) on the variety of resources available to support across all stages of pregnancy, especially doulas covered by Medicaid.
3. Increase the number of community outreach workers (i.e., doulas) and invest in and leverage their expertise focused on reproductive and perinatal care.
4. Develop an electronic communications system for community-based care providers, delivery hospitals, and birth centers across the birthing stages.
5. Increase innovative models of prenatal and post-care delivery (e.g., two-generation care delivery, mobile care delivery, and remote care delivery) in areas of the state that are maternal care deserts.
6. Increase the number of birth centers available in Illinois.
7. Increase the number of nurse midwives and certified professional midwives (CPMs) trained and available in the state to provide prenatal and postnatal care.
8. Incorporate oral health education, nutrition, and services/referrals in at least one prenatal health care visit.
9. Explore mechanisms for providers to engage in warm handoffs from postpartum hospital care to postpartum ambulatory care and between early postpartum visits (two in the first 12 weeks) and visits in the extended postpartum period through one year.
10. Support evidence-based quality improvement initiatives that advance maternal and infant health (e.g., SSDOH screening).

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

1. Initiate risk-appropriate, regionalized maternal birthing care.
2. Implement evidence-based quality improvement initiatives, peer review systems and simulations, and safety bundles.
3. Decrease the percentage of low-risk births delivered by cesarean section.
4. Promote hospital-related recommendations from the IDPH Maternal Morbidity and Mortality Report.
5. Support the state Maternal Mortality Review Committees (MMRC and MMRC-V).
6. Collaborate with the state-mandated Illinois Task Force on Infant and Maternal Mortality Among African Americans to assess the impact of overt and covert racism on pregnancy-related outcomes.
7. Educate emergency department and critical access hospital providers on high acuity recognition of sick postpartum patients.
8. Educate emergency department and critical access hospital providers on timely escalation of care to labor and delivery and tertiary centers.

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

1. Develop programs for child care alternatives that allow parents to drop off children during prenatal and postnatal appointments and for labor and delivery.
2. Conduct a pilot program on income supplementation during pregnancy.
3. Evaluate the effectiveness/implementation of food prescriptions among postpartum and pregnant persons.
4. Increase the number of pregnant and postpartum persons accessing the WIC program.
5. Increase the percentage of obstetrics providers that can accept and care for an equitable percentage of Medicaid patients.
6. Identify innovative mechanisms to increase reimbursement for obstetric care.
7. Assess community need and feasibility of providing optimal transportation support to pregnant and postpartum persons.
8. Increase data collection for underrepresented populations and expand data categories to more accurately reflect the health status and needs of these groups (e.g., race/ethnicity, sexual orientation, gender identity, geography, etc.).

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

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

1. Maintain a strong system of regionalized perinatal care for newborn infants.
2. Provide coordinated universal support to pregnant people and their families, with tailored services based on risk, through an array of case management and home visiting programs by state agencies that do the following:
 - a. Meet the needs of families and address social and structural determinants of infant health.
 - b. Promote protective factors to improve relational health between child and caregiver.
 - c. Educate about the importance and implementation of safe sleep.
3. Increase pediatric reimbursement to allow for longer newborn visits to address parent needs and to provide care coordination/referrals and visits before birth.
4. Develop an electronic communications system for community-based care providers, delivery hospitals, and birth centers across the birthing stages.
5. Implement recommendations from the Fetal and Infant Mortality Review (FIMR) program that focuses on identifying factors that contribute to fetal and neonatal loss and subsequent adverse pregnancy outcomes and develop recommendations to improve quality of care.
6. Disseminate and implement best practices and effective interventions from the Illinois Task Force on Infant and Maternal Mortality Among African Americans (IMMT) on the impact of overt and covert racism on pregnancy-related outcomes.
7. Improve the quality of infant well-child visits through ongoing quality improvement programs with a focus on SSDOH screening, chest/breastfeeding, developmental surveillance, safe sleep, immunizations, and lead screening.

Objective 2: Address SSSDOH to support infant health.

1. Support innovative mechanisms to ensure transportation to pregnant and postpartum persons.
2. Support innovative mechanisms to ensure housing availability for pregnant and postpartum persons.
3. Expand broadband to enable increased access to telehealth communication during the prenatal and postnatal periods.
4. Support the state's Universal Children's Savings Account and further seed the accounts of infants born in high-poverty, low-childhood opportunity index communities with additional investments.
5. Promote SSSDOH screening during prenatal and postpartum care and ensure that referral systems are in place across the state for the identified needs (e.g., NowPow).
6. Collaborate with partners to support statewide efforts to improve breastfeeding outcomes and reduce disparities.
7. Promote infant safe sleep education through community-based educational activities and campaigns.

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

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

1. Implement plans for safe care for infants prenatally exposed to substances and develop intensive family support services for families affected by SUDs.
2. Increase supportive policies addressing substance use during pregnancy and at delivery.
3. Expand integrated mental health, substance use, and primary care programs and resources during pregnancy and postpartum period that are trauma informed.
4. Train providers in substance use recovery and treatment services, such as MAR NOW and other services, through the Illinois Helpline and Doc Assist, harm reduction strategies for substance use disorders, and emerging substances such as xylazine.
5. Educate providers on the impact of stigma as a barrier to patient care and treatment and how to reduce stigma.

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

1. Increase the number of prenatal providers addressing prenatal depression prior to delivery to ensure patient awareness of signs and symptoms, services, and treatments available to them.
2. Increase availability of mental health and substance use disorder services for pregnant and postpartum persons through gender-responsive, trauma-informed, family-centered, and language-concordant programs.
3. Develop education programs for pediatric primary care on the implementation of maternal depression screening and supporting maternal health in pediatric settings.
4. Train providers on mental health screening and treatment, and resources available to them and their patients, such as Illinois Doc Assist and the 24-hour telephone consultation, for crisis intervention for people suffering from perinatal depression.
5. Develop and implement awareness campaigns for communities to know about state-funded support that is available at no cost to patients.

Mental Health and Substance Use Disorder Goals, Objectives, and Strategies

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

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

1. Determine data availability and data needs to better direct care within systems and use data collection to identify gaps in services and quality.
2. Establish partnerships, coalitions, and/or prevention centers to support data infrastructure.
3. Develop a system to analyze and to share data with local communities to inform and guide planning, implementation, and evaluation (including the use of dashboards for community-level access).
4. Identify ways to increase data sharing across government and non-government agencies.
5. Identify critical benchmark measures for annual review.
6. Continue to improve public health data collection (including qualitative data and data for underrepresented populations), reporting, and surveillance activities based on needs and regarding the drug overdose epidemic as required by HB1 (P.A. 99-0480).
7. Improve and expand data infrastructure to track availability of in-patient beds in hospitals and treatment facilities, especially for pediatric patients.
8. Expand implementation of the Cardiff Violence Prevention Model, particularly in communities experiencing high incidences of violence.⁸

Mental Health and Substance Use Disorder Goals for Healthy Illinois 2028

1. Improve the mental health and SUD system's infrastructure to support and strengthen prevention and treatment.
2. Reduce mortality due to mental health conditions and SUDs through harm reduction and preventative care strategies.
3. Increase access to age-appropriate community-based care to reduce institutionalized treatment and incarceration.
4. Improve the resilience and recovery capital of communities experiencing violence.

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

1. Identify and implement strategies to prevent burnout among existing and new mental health and SUD treatment providers and staff.
2. Assess salary equity for staff at community-based mental health and SUD services and treatment organizations and provide recommendations to improve salary equity.
3. Use data and measures of SSDOH to identify areas of unmet needs in the behavioral health workforce (e.g., rural areas, Black, and Brown communities) to reduce disparities and advance equity.
4. Increase mental health and SUD providers in areas that lack sufficient staffing, particularly in rural communities.

5. Develop Illinois Centers for Behavioral Health Excellence to maximize effectiveness of local efforts through expert technical assistance and consultation.
6. Increase community capacity to provide the full continuum of care through technology and telehealth services, Community Emergency Services and Supports Act (CESSA), and other methods.
7. Adopt and implement a consistent and evidence-based screening process for shared risk and protective factors.

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

1. Educate health care providers (physicians, nurse practitioners, physician assistants, nurses, etc.) to reduce stigma against people with mental health conditions and SUD.
2. Develop a plan of integrated care for health care patients to use as a continuum of care.
3. Support the development and work of local Behavioral Health Planning Councils that include anyone who delivers mental health care and/or SUD (e.g., Division of Mental Health Certified Community Behavioral Health Clinics, 708 Boards, schools, supportive housing, health care providers, opioid response teams, etc.).
4. Develop and promote best practices in health care and mental health care systems for diverse populations.
5. Provide training to community service providers and medical providers for Medicaid billing.
6. Develop and promote education among primary care providers in identification, support, and treatment of common mental health conditions and use of Screening, Brief Intervention and Referral to Treatment (SBIRT) screening tools.

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

1. Identify designated funding for developing physical infrastructure for mental health and SUD service provision (i.e., facilities).
2. Incentivize providers/prescribers (physicians, nurse practitioners, physician assistants) to initiate medications for opioid use disorder (MOUD) treatment.
3. Develop and strengthen loan repayment programs, especially for potential providers in rural areas.
4. Assess and promote payment models in primary care settings that support mental health screening, assessment, support, and treatment for children, adolescents, and adults.

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

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

1. Provide universal access to naloxone (such as Narcan) so that people who use drugs, first responders, health care professionals, law enforcement, families, and other community members can mitigate the effects of overdoses.
2. Disseminate best practice diagnosis, trauma care, and discharge plans for reentering the community from people leaving structured institutional care (jails, prisons, residential SUD treatment sites, and other such settings) to improve effectiveness.

3. Improve access to drug-checking equipment and syringe service programs for people who use drugs through necessary policy changes and program expansion.
4. Develop communication channels for sharing drug checking results and overdose anomaly surveillance and response.
5. Reduce the wait list times for being seen by providers (MAR NOW).
6. Improve access to appropriate, compassionate pain treatment to prevent unnecessary exposure to opioid pain medication.
7. Create and support incentives, training, and policies that support prescriber practices of treating substance use disorder, such as MOUD and medications for alcohol use disorder (MAUD) as a regular part of medical care.

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

1. Conduct outreach to those who have attempted suicide and provide education regarding available “warm lines” (peer-run listening lines staffed by people in recovery themselves).
2. Identify and disseminate best practice discharge plans for people visiting emergency departments or admitted to the hospital to prevent future suicide attempts.
3. Provide suicide management and prevention training to community and clinical service providers at all levels of the health care system.
4. Increase the provision of interventions that discourage the use of lethal means among individuals likely to commit suicide.
5. Increase distribution of safe storage boxes for firearms and other weapons.
6. Increase training on SUD risk reduction as a factor in suicide and support integration of substance use disorder in crisis safety planning.
7. Partner with dealers of firearms and groups representing firearm owners to incorporate suicide awareness as a basic tenet of firearm safety and responsible firearm ownership.

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

1. Expand access to necessary mental health and SUD treatment.
2. Use social media and other youth engagement strategies to drive a targeted campaign to increase awareness of how to get help for children, adolescents, and young adults, and address myths about mental health.
3. Increase the ability of primary care providers to screen, to assess, and to provide treatment for children and adolescents on behavioral and affective disorders; streamline transition from pediatrics to adult treatment.
4. Provide ongoing support and guidance to primary care providers to integrate mental health into clinical settings.
5. Increase access to trauma-informed care through education of health care professionals and integration into practice.
6. Increase access to early childhood programs that support relational health.

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

1. Provide community education to address interrelated health and social needs.
2. Provide support to accessing basic human health needs, such as housing, food, transportation, language barriers, etc., for vulnerable populations.
3. Partner with the overdose education and naloxone distribution programs and other harm reduction organizations/programs to expand access to overdose prevention and other harm reduction strategies.
4. Increase diversion and deflection programs that support linkages to behavioral health and social services as an alternative to incarceration or criminal legal system involvement.
5. Educate public safety professionals on mental health and SUD and de-escalation strategies.

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

1. Increase behavioral health literacy across community partners and community members.
2. Provide evidence-based community training and education materials (such as Mental Health First Aid), to parents, churches, coworkers, peers, etc. to increase community member capacity to respond to others who may be experiencing trauma and emotional distress with the goal of increasing the collective social and emotional intelligence and response.
3. Launch a culturally and linguistically appropriate public education campaign aimed at promoting mental health awareness, social and emotional skill building, and resiliency, building on proven effective campaigns.
4. Increase evidence-based interventions that are focused on cultural humility and are culturally and linguistically congruent with and responsive to the needs of the population to be served.
5. Decrease stigma of harm reduction and mental health counseling in the community.
6. Promote and expand evidence-based community harm reduction efforts, such as those led/funded by the CDC, Illinois Department of Human Services Substance Use Prevention and Recovery (IDHS SUPR), and Illinois Association for Behavioral Health, as partners.
7. Increase implementation of trauma-informed approaches across social services and health entities.

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

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

1. Increase the use of effective community care and prevention of readmission models and programs that are currently in use in Illinois hospitals and health systems.
2. Develop new alternatives to incarceration programs, including deflection programs.
3. Increase knowledge across the system of care (including health care, law enforcement, legal system, etc.) of alternative programming in lieu of institutional settings.
4. Build partnerships with transitional and permanent supportive housing providers in local communities.
5. Increase awareness and utilization of the Illinois Helpline to assist patients in accessing services outside of the hospital and carceral systems.

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

1. Increase community partnerships to strengthen the offer and uptake of diversion and deflection initiatives and programs.
2. Increase employment and recovery-supportive workplace initiatives.
3. Increase SUD screening, treatment, and medication assisted recovery access for individuals who are at risk of incarceration, those who are incarcerated, and those returning to the community following incarceration.
4. Increase community capacity to provide the full continuum of care to target populations through technology and telehealth services, CESSA, and other methods.
5. Identify and implement evidence-based and innovative violence prevention and mental health initiatives to address community needs.

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

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

1. Identify communities with high rates of violence.
2. Identify underlying causes of violence in communities experiencing high rates (e.g., built environment, socioeconomic status, community programs, housing, etc.).
3. Train community leaders, community-based organizations, spiritual leaders, etc., on Critical Incident Stress Debriefing (CISD).
4. Develop crisis response teams (like Federal Emergency Management Agency's Community Emergency Response Teams) that include clergy, community agencies, and health care providers.
5. Identify and implement evidence-based and innovative violence prevention and mental health initiatives to address community needs.

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

1. Identify and assess Illinois-based violence prevention programs and models from other states to apply in Illinois.
2. Increase access to effective violence prevention models and intervention services, such as Violence Prevention Community Support Teams, based on the assessment.
3. Identify the intersections of violence prevention and response in connection with health care and behavioral health services to support evidence-based interventions.
4. Provide support for community-based services and programs that increase resilience and protective factors.
5. Increase access to early childhood services to address ACEs and strengthen families.

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

1. Increase collaboration with other agencies through data usage agreements.
2. Increase state and local capacity for data analysis to determine factors that influence change in violence within communities and hotspots across the state.
3. Develop and implement policies and strategies to share timely local and more real-time data using publicly available dashboards and reports to guide prevention efforts.

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

1. Align approach with existing state-level policies and procedures, such as the CDC Community Violence Prevention Strategies.
2. Provide guidance and training on policies and procedures to apply at a local level.
3. Develop and provide guidance on innovative communication strategies.
4. Develop a learning collaborative (e.g., “train the trainer”) to implement a crosscutting approach with the end goal of building collective knowledge and expertise on violence prevention.

Racism as a Public Health Crisis Goals, Objectives, and Strategies

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

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

1. Declare racism as a public health crisis in Illinois with an actionable plan that outlines specific and measurable activities and strategies.
2. Explore mechanisms to create a formal advisory committee that may inform policy and guidance that is comprised of public, private, and voluntary community representatives, geographically representative of the state, centered on those most impacted by racism and oppressive systems and includes funding to compensate participating members.
3. Review current policies (both public and organizational/institutional) that perpetuate oppressive systems and leverage policy to advance health and racial equity and dismantle oppressive systems and make recommendations for revisions through the appropriate channels such as legislative change.
4. Advance the Illinois Public Health Association/UIC/IDPH Health in All Policies Project and include the Health and Human Services Task Force in this effort.

Racism as a Public Health Crisis Goals for Healthy Illinois 2028

1. Build the public health system’s capacity to advance health and racial equity and dismantle oppressive systems.
2. Develop and maintain a diverse and skilled public health workforce for anti-racist public health to dismantle systems of oppression.
3. Address historical and ongoing practices that perpetuate environmental racism to advance environmental justice.

Objective 2: Allocate resources to address oppressive systems, racist policies, and SSDOH.

1. Identify and advocate for sustained funding for public health infrastructure, including local health departments and community-based organizations.
2. Provide training and technical assistance to local health departments and other public health partners on community engagement and advancing health and racial equity.
3. Increase awareness of and access to community resources that are offered electronically, virtually, and digitally (such as how to order groceries online, accessing telehealth, accessing online training, etc.), and leverage community health workers in this effort.
4. Establish a work group through the appropriate channels to identify funding opportunities and resources from diverse sectors, including the business sector to address SSDOH.

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

1. Develop and disseminate across the public health system formal guidance for community engagement best practices that are rooted in racial equity practices.
2. Advocate for legislative change that requires statewide public health groups, commissions, and coalitions include people with lived experience (PWLE) and include funding to compensate participating individuals.
3. Develop and propose recommended requirements across health and human services policy and programs to enable communities' "maximum feasible participation" to institutionalize meaningful community engagement and power sharing.
4. Include anti-racism best practices in the Illinois Project for Local Assessment of Need (IPLAN) process and in Community Health Needs Assessments (CHNAs) processes.

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

1. Modernize data systems to ensure data is accessible, up-to-date, and relevant to all public health system partners and the public.
2. Utilize data to identify populations experiencing inequities to make data more actionable.
3. Explore the development of a shared services/resources model to increase capacity (i.e., shared EPIs) in areas like data analysis, collection, etc.
4. Increase data collection for underrepresented populations and expand data categories to more accurately reflect the health status and needs of these groups (e.g., race/ethnicity, sexual orientation, gender identity, geography, etc.).
5. Develop a pilot for local health departments to use more specific racial/ethnic categories as applicable to communities across the state for data collection, while ensuring privacy, to determine differences in health in a more informed way (e.g., Black immigrants, Black Americans, Hmong, Chinese, etc.), and implement across the state using best practices learned in the pilot.
6. Evaluate public health programs and services to measure the impact on health and racial equity.

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

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

1. Develop workforce diversity indicators at the state level for the public health workforce.
2. Strengthen workforce pipelines through apprenticeships, internships, and trainee programs, with the goal of recruiting populations that have been historically excluded from and/or harmed by the public health workforce.
3. Build out the standardization and sustainability of the CHW role across the state to enlist underrepresented populations and those who have been historically excluded and/or harmed.
4. Engage with government offices to identify barriers to retaining a diverse workforce and explore strategies to eliminate the barriers.

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

1. Develop infrastructure to convene groups to identify and to adopt racial equity framework and guidelines to be used across the public health system.
2. Assess hiring processes, promotion practices, and workforce development at the state level to ensure they are equitable, including job descriptions, degree requirements, and geographic locations for creating more equitable opportunities and provide recommendations for improvement to the Illinois Department of Central Management Services (CMS).
3. Implement training for the new and existing public health system workforce to apply and operationalize a racial equity and Health in All Policies (HiAP) lens/focus.
4. Utilize the IDPH Health Equity checklist for funding opportunities and continue to evaluate and update the tool to ensure effectiveness and provide ongoing training and technical assistance to support applicants.

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

1. Create pipeline programs connecting public health to academic institutions (high schools and colleges) and other places to enter the state workforce to reduce barriers for entry in state government positions, emphasizing building partnerships with historically Black colleges and universities and minority-serving institutions (especially minority-serving community colleges).
2. Develop pathways for leadership positions for BIPOC as well as leadership training in public health and throughout the health care delivery system, including mentorship and leadership development programs.
3. Advocate for incentive programs for workforce development through student loan repayment programs, offering tuition stipends, and/or reimbursement for higher education.
4. Develop a more robust set of opportunities for professional development across the state public health system (e.g., sponsorships for certifications, continuing education units, media training, etc.), especially those that focus on race equity, anti-racism, and health equity.
5. Develop mentorship programs in the public health system for BIPOC public health professionals entering the workforce.
6. Offer diversity, equity, and inclusion training to public health partners.

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

1. Determine a mechanism to report (using accessible language and data) on the status of workforce diversity across health care, social services, and the public health system to identify gaps.
2. Develop and implement a plan to ensure implementation and an oversight strategy for continuous quality improvement.
3. Establish a taskforce to conduct assessments, provide support for workforce diversity needs, and develop recommendations.
4. Advocate for funding allocation to sustain these efforts.

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

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

1. Engage community-based organizations and community members to inform environmental policy and regulations.
2. Advocate for policy change to encourage conducting health impact assessments and cumulative impact assessments when IEPA and other departments are issuing permits that impact air, water, and land pollution in environmental justice (EJ) communities.
3. Implement real-time air/neighborhood quality assessments in EJ communities to identify sources of air pollution that are not adequately funded elsewhere and have impacts on community health.
4. Develop and adopt accountability metrics and mechanisms to provide EJ communities with a way to intervene in local siting decisions.
5. Advocate for increased funding for the replacement of lead service lines and prioritize low-income and BIPOC communities.
6. Identify additional built environment practices that have negative effects on public health, the environment, and overall community well-being and advocate for those with positive effects.

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

1. Systematize ongoing environmental scans and continued assessments (similar to CHNAs) to identify potential environmental health hazards, both inside buildings and outside in physical environments.
2. Improve data collection and analysis to quantify hazards and their distribution to connect health outcomes and environmental determinants for incorporation into health screenings (i.e., flagging ZIP code diagnosis for reporting and data collection).
3. Develop a database of specific priority focuses of inequities driven by grassroots environmental justice organizations and EJ community members.
4. Initiate cross-sector collaboration with leadership from local health departments, health officers, and other public health leaders to incorporate and prioritize climate change and EJ within their departments, across local government departments, and within their communities.
5. Integrate addressing climate change impacts and improved health equity outcomes into the mainstream practices of local government; include climate change in Health in All Policies initiatives.

6. Build state agencies and departments' capacity to collaborate for assessment, planning, and implementation of environmental justice strategies.
7. Support and strengthen the Illinois Commission on Environmental Justice.

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

1. Support, promote, and partner in the development and implementation of Complete Streets initiatives. Engage impacted EJ community members to better understand the reason for Complete Streets.
2. Advocate for the reform of zoning and land use practices to prioritize racial equity and public health.
3. Plan comprehensively for industrial siting in a way that prioritizes racial equity and public health.
4. Promote the implementation of equitable transit-oriented development in local planning initiatives.
5. Support the Reconnecting Communities program to mitigate the harms of highway infrastructure on BIPOC communities (divided neighborhoods, lack of walkable neighborhoods, air pollution, noise pollution, social and economic isolation).
6. Prioritize traffic safety, especially for bicyclists and pedestrians, in transportation investments in BIPOC communities.
7. Increase engagement of state and local agencies in planning for transportation investments in BIPOC communities to ensure investments match the needs of community members.
8. Increase state support for water management systems operations and capital improvements to ensure safe and affordable drinking water across the state and especially in low-income communities.

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

1. Promote the development of green infrastructure (rain gardens, bioswales, green roofs, permeable pavers, rain barrels, urban tree canopy, land conservation, native plantings, low-impact development, etc.) and put this into practice among public health entities.
2. Engage community members in developing plans that prioritize green infrastructure.
3. Assess the value of green stormwater infrastructure as a vacant parcel strategy to capture community and public health benefits.
4. Support and promote tree equity and urban reforestation initiatives to increase tree canopy coverage and to provide health benefits to urban EJ communities.
5. Develop metrics for determining tree equity as a feature of assessing community health.
6. Support and promote policy on sustainable agriculture practices.
7. Engage communities to develop and adopt strategies to improve safety, accessibility, and usability of public green spaces.

Acronyms

ACE	Adverse Childhood Experience
APEX-PH	Assessment Protocol for Excellence in Public Health
APHA	American Public Health Association
ARPA	American Rescue Plan Act
ASTHO	Association of State and Territorial Health Officials
BIPOC	Black, Indigenous, and People of Color
BRFSS	Behavioral Risk Factor Surveillance System
CACFP	Child and Adult Care Food Program
CD	Chronic Disease
CDPH	Chicago Department of Public Health
CHNA	Community Health Needs Assessment
CHSA	Community Health Status Assessment
CHW	Community Health Worker
CISD	Critical Incident Stress Debriefing
CMS	Illinois Department of Central Management Services
COVID-19	Coronavirus Disease 2019
CPM	Certified Professional Midwives
CSPAP	Comprehensive School Physical Activity Program
CTSA	Community Strengths and Themes Assessment
EJ	Environmental Justice
EHR	Electronic Health Record
ESL	English as a Second Language
FEMA	Federal Emergency Management Agency
FIMR	Fetal and Infant Mortality Review
FOCA	Forces of Change Assessment
HBCU	Historically Black College or University
HECA	Health Equity Capacity Assessment
IDOT	Illinois Department of Transportation
IDPH	Illinois Department of Public Health
IDHS SUPR	Illinois Department of Human Services Substance Use Prevention and Recovery
IEPA	Illinois Environmental Protection Agency
IMMT	Infant and Maternal Mortality Among African Americans
IPHI	Illinois Public Health Institute
IPLAN	Illinois Project for Local Assessment of Need

ISBE	Illinois State Board of Education
ITEP	Illinois Transportation Enhancement Program
LARC	Long-acting Reversible Contraception
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual
LHD	Local Health Department
MAPP	Mobilizing Action for Planning and Partnerships
MAR	Medicated Assisted Recovery
MAUD	Medications for Alcohol Use Disorder
MIH	Maternal and Infant Health
MMRC	Maternal Mortality Review Committees
MOUD	Medications for Opioid Use Disorder
NAACP	National Association for the Advancement of Colored People
NACCHO	National Association of County and City Health Officials
NAS	Neonatal Abstinence Syndrome
P3RC	Policy, Practice and Prevention Research Center
PHNCI	Public Health National Center for Innovations
PHSA	Public Health System Assessment
PRAMS	Pregnancy Risk Assessment Monitoring System
PSE	Policy, Systems, and Environmental Change
PWLE	Public with Lived Experience
SBIRT	Screening, Brief Intervention and Referral to Treatment
SBOH	State Board of Health
SDOH	Social Determinants of Health
SFIA	Smoke-Free Illinois Act
SHA	State Health Assessment
SHIP	State Health Improvement Plan
SME	Subject Matter Experts
SNAP	Supplemental Nutrition Assistance Program
STI	Sexually Transmitted Infection
SSDOH	Social and Structural Determinants of Health
SUD	Substance Use Disorder
UIC	University of Illinois at Chicago
WHO	World Health Organization
WIC	Special Supplement Nutrition Program for Womens, Infants, and Children