

ANNUAL REPORT 2024

HEALTH IN ALL POLICIES

A REPORT TO THE
ILLINOIS GENERAL ASSEMBLY



Health in All Policies
Annual Report 2024



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To the Honorable Members of the Illinois General Assembly:

It is our pleasure to share with you the 2024 report of the Health in All Policies Workgroup, a cross-sector partnership of 22 state and non-state agencies co-led by the Illinois Department of Public Health (IDPH) and the University of Illinois Chicago School of Public Health (UIC SPH), in compliance with the requirements set forth in Health in All Policies Act (“The Act” (410 ILCS 155/10(a) thru 155/10(i)).

Our work centers on developing, adopting, and implementing cross-sector collaborative approaches to improve health outcomes and reduce health inequities for residents of Illinois by incorporating health considerations into decision-making and policy.

This year’s report focuses on ways to enhance health in the physical spaces where residents live, work, and play as an accompaniment to Illinois’ economic growth and expansion plans. Investments in the built environment that foster economic growth can be leveraged to address the social determinants of health, enhance quality of life, and improve health outcomes for all Illinoisians.

We fully support and encourage current and planned economic development initiatives that reduce adverse impacts and ensure equitable outcomes for underserved communities in Illinois (e.g., rent stabilization policies, inclusionary zoning, and community benefit agreements). Our workgroup respectfully submits three high-level policy recommendations to address disparities in development project planning, implementation, and assessment:

1. Support programs that prepare local communities to assess the health impacts of economic development initiatives.
2. Implement a community engagement policy for infrastructural changes.
3. Integrate comprehensive decision support tools that center on health equity.

We want to thank the workgroup members for their cooperation and commitment, and hereby respectfully submit the Health in All Policies report.

Sincerely,

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cc: Illinois Department of Public Health
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Statement of Purpose

The Health in All Policies Workgroup was convened in accordance with the mandate set forth in the Health In All Policies Act ([410 ILCS 155/10\(a\) thru 155/10\(i\)](#)). This workgroup is required to:

1. Review legislation and make new policy recommendations relating to the health of residents of the state.
2. Examine the following:
 - The health of the residents of the state.
 - Ways for units of local government and state agencies to collaborate in implementing policies that will positively impact residents' health.
 - The impact of the following on the health of the residents of the state (herein referred to as "areas of impact"):
 - (A) Access to safe and affordable housing.
 - (B) Educational attainment.
 - (C) Opportunities for employment.
 - (D) Economic stability.
 - (E) Inclusion, diversity, and equity in the workplace.
 - (F) Barriers to career success and promotion in the workplace.
 - (G) Access to transportation and mobility.
 - (H) Social justice.
 - (I) Environmental factors.
 - (J) Public safety, including the impact of crime, citizen unrest, the criminal justice system, and governmental policies that affect individuals in prison or released from prison.
3. Use a public health framework as defined in the act to:
 - Review and make recommendations regarding how health considerations may be incorporated into the decision-making processes of government agencies and private stakeholders who interact with government agencies.
 - Foster collaboration among units of local government and state agencies.
 - Develop laws and policies to improve health and reduce health inequities.
 - Make recommendations regarding implementing laws and policies to improve health and reduce health inequities.
4. Meet at least twice a year and at other times as it deems appropriate.
5. Prepare a report that summarizes its work and makes recommendations from its study.
6. Determine an annual focus area for the report.
7. Submit the report of its findings and recommendations to the General Assembly by December 31 of each year.
8. Share the annual report and recommendations with the Illinois Department of Public Health and the Board of Health.

Annual Report Executive Summary 410 ILCS 155/10(a) thru 155/10(i) Health in All Policies Workgroup December 31, 2024

410 ILCS 155/5 Legislation

The University of Illinois Chicago School of Public Health, in consultation with the Illinois Department of Public Health, shall convene a workgroup to review legislation and make new policy recommendations relating to the health of residents of the state. (The 410 ILCS 155/10)

Health in All Policies Framework

A "health in all policies framework" means a public health framework through which policymakers and stakeholders in the public and private sectors use a collaborative approach to improve health outcomes and reduce health inequities in the state by incorporating health considerations into decision-making across sectors and policy areas. (410 ILCS 155/5).

Health in All Policies Principles

1. Promote health, equity, and sustainability.
2. Enhance cross-sector collaboration.
3. Benefit multiple partners.
4. Engage stakeholders.
5. Create structural and procedural change.

Workgroup Process

The workgroup met three times (March, July, and October 2024) to learn from subject matter experts (SMEs) and to develop its work plan. The workgroup generated its recommendations through team discussion, a review of existing state and national legislation, interviews with academic experts and community leaders, and a review of evidence-based practices relevant to Healthy Illinois 2028.

Built Environment and Public Health

The built environment encompasses human-made structures and conditions designed to meet human needs. The Centers for Disease Control and Prevention (CDC) identifies neighborhood and built environment as one of five social determinants of health. Ensuring investments to revitalize communities and improve infrastructure that center equity, safety, and sustainability will improve quality of life and decrease the prevalence of conditions prioritized in the state's health improvement plan (SHIP).

Recommendations

The 410 ILCS 155/ Health in All Policies (HiAP) Workgroup endorses continued support of economic development initiatives that aim to reduce disparities and ensure equitable outcomes for underserved communities in Illinois. The following recommendations are hereby submitted for the General Assembly's consideration:

1. Support programs that prepare local communities to assess the health impacts of economic development initiatives.
2. Implement a community engagement policy for infrastructural changes.
3. Integrate comprehensive decision support tools that center on health equity.

Additional recommendations to strengthen policy, practices, and partnerships across stakeholder groups are provided throughout the report to improve the built environment.

Background

What is Health in All Policies?

Health in All Policies (HiAP) acknowledges that policies, systems, and social structures work together to ensure everyone can access the basic needs and conditions that enable health. Factors such as healthy food, a living wage, affordable housing, quality education, access to health care, and safety, often referred to as **structural and social determinants of health (SSDOH)**, impact a person's health well before they need to see a health care professional.¹ HiAP highlights the roles lawmakers, government agencies, community-based organizations, businesses, and individuals play in addressing complex health inequities in planning, processes, and policy at all levels.²

5 Key Principles of Health in All Policies³

- Promote health, equity, and sustainability
- Enhance cross-sector collaboration
- Benefit multiple partners
- Engage stakeholders
- Create structural and procedural change

Built Environment as a Public Health Issue

The built environment refers to the human-made structures, resources, and conditions surrounding us in places where we live, work, worship, age, play, and go to school. It impacts every aspect of our existence: the air we breathe, the water we drink, the food we eat, and the places we rely on for shelter, safety, and comfort. By extension, the systems supporting access to these necessities help sustain life and shape community health and well-being. The graphic below illustrates how built environment can determine short- and long-term health outcomes.



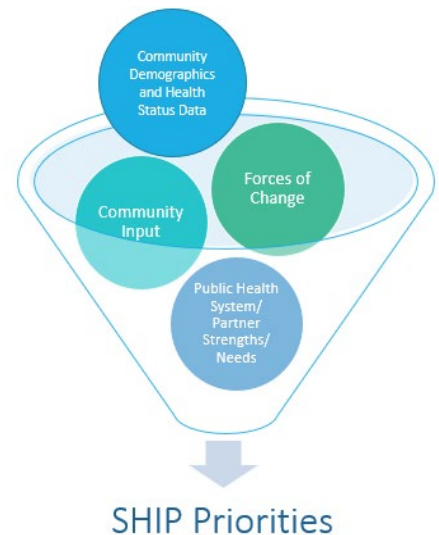
The contributors to built environment are broad and complex. Therefore, the themes explored in this report have been scoped to elements that are specifically called out in or advance priorities of [Healthy Illinois 2028⁴](#), a collaborative public/private cross-agency initiative comprised of the Illinois State Health Improvement Plan (SHIP) and State Health Assessment (SHA), which are developed every five years in accordance with Public Act 102-0004.

The priorities of Healthy Illinois 2028 are chronic disease, maternal and infant health, mental health, substance use disorder, emerging diseases, and racism as a public health crisis. One-third of the 18 goals identified in Healthy Illinois 2028 are related to the built environment. These goals, related objectives, and strategies are provided in Appendix III. Built environment elements that support active living, access to nutritious food, environmental justice, and access to care help to significantly reduce the prevalence of prioritized conditions and will be the focus of this report. The figure below summarizes the built environment themes and priorities of Healthy Illinois 2028.

Source: Illinois Department of Public Health

The SHA and SHIP are the most engaged and comprehensive health assessment and improvement efforts conducted in the state.

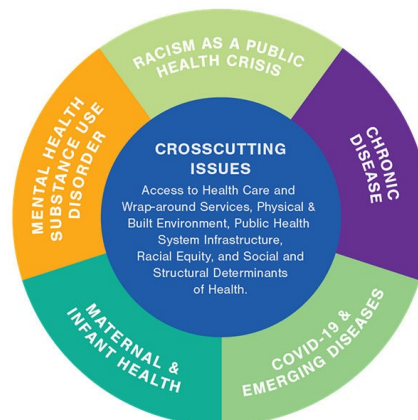
HiAP Workgroup centers its efforts on the priorities, data, and community voices articulated through the processes used to develop Healthy Illinois 2028.



Healthy Illinois 2028 Built Environment Themes



Healthy Illinois 2028 Priorities



Source: Illinois Department of Public Health

As the state implements plans to attract new businesses, create job opportunities, and improve capacity and infrastructure to improve safety and access, this report explores evidence-based strategies to incorporate health considerations into economic development, revitalization, and expansion plans. While development projects are expected to benefit target communities, there can be unintended risks to resident health and well-being that can be avoided or mitigated by applying evidence-based strategies in initiation, planning, implementation, and evaluation.

For every benefit realized in business, there are costs. Throughout this report, we explore potential negative and positive health implications of statewide initiatives and similar efforts across the nation. Our intention is not to discourage plans that build a strong economy in Illinois but to contextualize our recommendations and raise awareness of the policies, practices, and partnerships that stakeholders across the economic development ecosystem can execute to avoid the expense of preventable health threats. Decisions on built environment affect our health, economy, climate, and physical and psychological health. Working across sectors and key stakeholders to center health in all policies is critical to realizing the full benefits of efforts to create thriving, more connected, and equitable communities.

Workgroup Approach

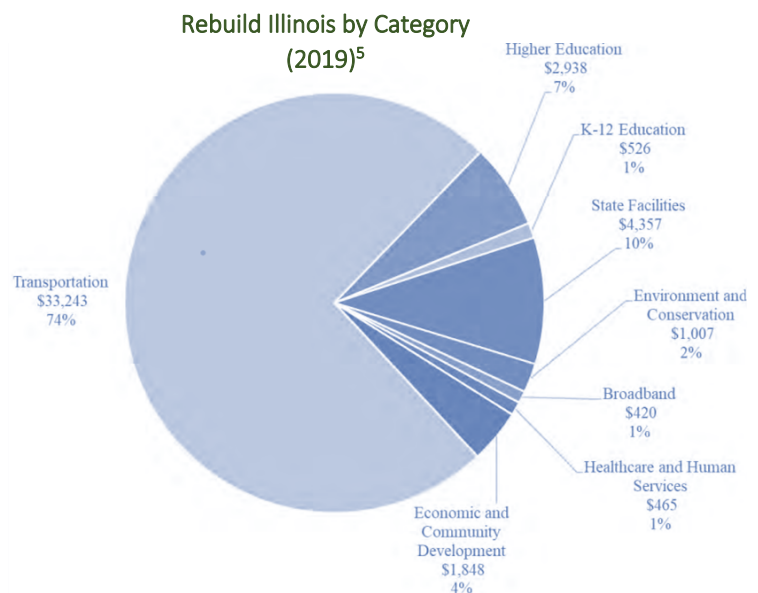
Responding to Existing State-level Work

To minimize duplication of effort, leverage overlaps in leadership, and ensure bidirectional feedback and response between statewide efforts, the HiAP examination and intervention requirements will be satisfied through alignment with findings and priorities of existing state-level initiatives to the greatest extent possible. Below, we describe the current relationships between state development and revitalization efforts and the built environment.

REBUILD ILLINOIS

Signed by Gov. JB Pritzker in June 2019, the [Rebuild Illinois Capital Plan](#)⁵ (HB 62) is a landmark \$45 billion investment to improve the state's infrastructure, economic development, and quality of life. Projected to create and support 540,000 jobs over the life of the plan, it represents the most robust capital plan in Illinois history and the first in nearly a decade.

It addresses critical infrastructure needs across transportation, education, environmental conservation, and health care while emphasizing equity, economic opportunity, and sustainability. The plan's multi-sector investments prioritize transportation modernization, clean water infrastructure, broadband deployment, renewable energy, and the revitalization of public facilities, such as schools, hospitals, and state laboratories.



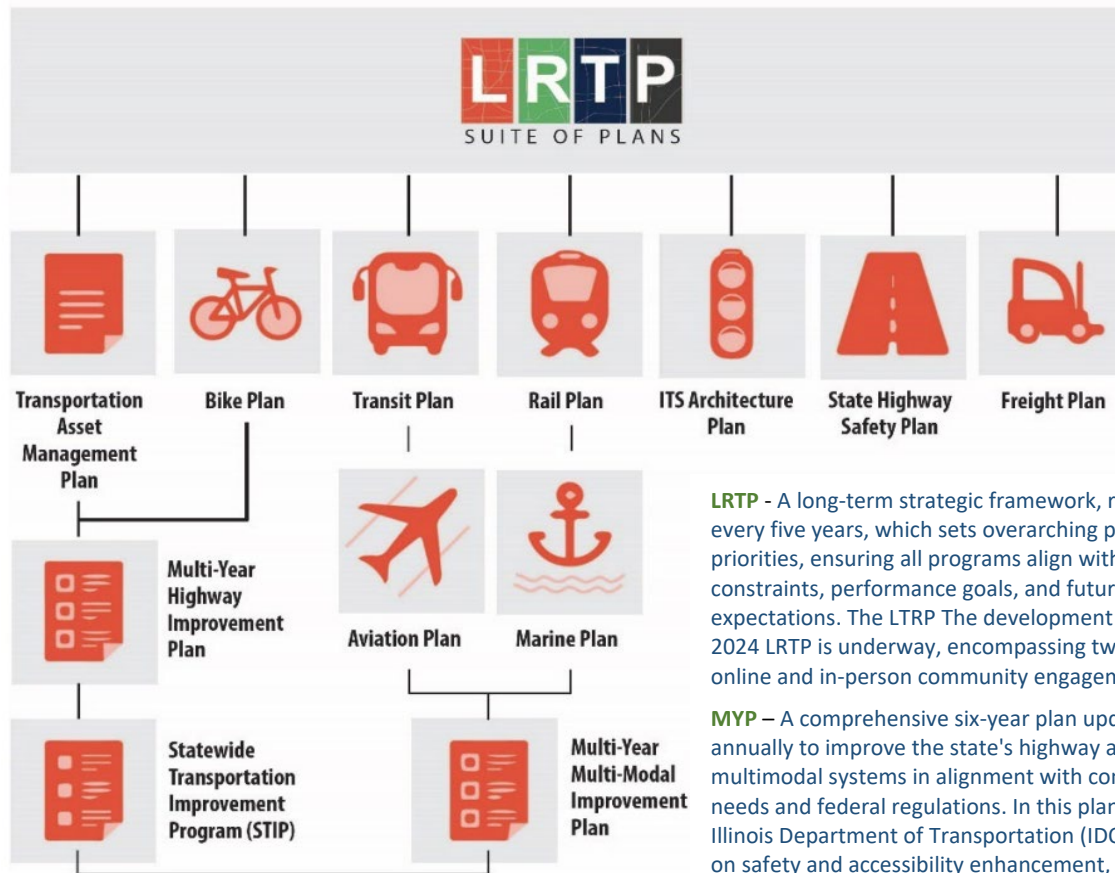
Source: Rebuild Illinois: Investing in Infrastructure for a Better Illinois. June 28, 2019

In addition to its focus on economic growth, the Rebuild Illinois Capital Plan's strategies acknowledge and respond to disparities in access to resources and opportunities that enable health and environmental sustainability.

As highlighted in our 2023 annual report, housing and economic stability are social determinants of health that can be impacted by built environment decisions. While Rebuild Illinois is designed to benefit communities by improving housing markets and local economies, it is important to avoid unintended consequences that may require careful monitoring, such as gentrification, inequitable access to job opportunities, and community displacement. We applaud the formula used by the Illinois Department of Commerce and Economic Opportunity (IDCEO) to select grantees for the [Rebuild Illinois Competitive Public Infrastructure Grant Program](#) that considers several factors, including threats to health and safety and development in underserved areas.

STATE TRANSPORTATION IMPROVEMENT PROGRAM

Transportation supports overall health and well-being by connecting us to health care, jobs, recreation sites, resources, and each other. The [Statewide Transportation Improvement Program](#) (STIP) is a four-year program of highway, transit, and intercity rail projects developed to fulfill federal Surface Transportation Efficiency Act requirements. It operationalizes the vision and goals established in [the Long Range Transportation Plan](#) (LRTP) and the projects and funding outlined in the [FY 2025-2030 Proposed Highway and Multimodal Improvement Program](#), also known as the Multi-Year Program (MYP). The \$41.45 billion in planned projects is funded by the Rebuild Illinois Capital Plan and the federal Infrastructure and Jobs Act (IIJA) of 2021. The following figure illustrates how the programs are connected.



Source: State Transportation Improvement Program, Amended September 2024

L RTP - A long-term strategic framework, revised every five years, which sets overarching policies and priorities, ensuring all programs align with fiscal constraints, performance goals, and future funding expectations. The development of the 2024 L RTP is underway, encompassing two years of online and in-person community engagement.

MYP - A comprehensive six-year plan updated annually to improve the state's highway and multimodal systems in alignment with community needs and federal regulations. In this plan, the Illinois Department of Transportation (IDOT) focuses on safety and accessibility enhancement, maintenance (via the [Transportation Asset Management Plan](#), or TAMP), and system expansions. The MYP serves as a vehicle for public input and legislative review, influencing the content and scope of the STIP.







ILLINOIS 2024 GROWTH PLAN

In August 2024, Gov. JB Pritzker and the Illinois Department of Commerce and Economic Opportunity (IDCEO) released “[Open for Business: Illinois' 2024 Economic Growth Plan](#),” a five-year plan to guide Illinois' economic development priorities and programming. Assembled through extensive research, planning, and stakeholder engagement, the plan outlines a strategic roadmap for improving the quality of life for residents over the next five years and beyond through record-level investments, job creation, and community support. Central to the plan is a commitment to equity, innovation, and sustainability while leveraging Illinois' advantages, including its robust workforce, central location, and advanced infrastructure. Key themes include:

- Empowering underserved communities.
- Advancing clean energy and sustainable practices.
- Promoting business development through strategic incentives and partnerships.
- Strengthening education and workforce training.
- Building resilient communities through infrastructure investments.

Enabled in part by Rebuild Illinois, the 2024 Economic Growth Plan highlights several key sectors primed for expansion, such as life sciences, quantum computing, transportation, and clean energy production. While the plan is designed to accelerate economic growth, it also prioritizes efficiency and waste reduction to mitigate environmental impacts and improve public health. This approach is expected to deliver significant benefits, including the development of walkable neighborhoods, enhanced transportation routes for rural and suburban areas, and creating green spaces that encourage physical activity and promote mental well-being.

High-growth industries have potential positive and negative impacts on resident health and access that need to be considered. The below table discusses these potential considerations in greater detail.

High-growth Industry	Potential Positive Impacts	Potential Negative Impacts
 <p>Life sciences (e.g., biopharmaceuticals and medical devices)</p>	Innovations in biotechnology and medical devices could enhance access to health care and chronic disease management.	Carbon emissions; pollution of surface, ground, and drinking water; antimicrobial resistance; hazardous waste generation; water, energy, and raw material consumption.
 <p>Quantum computing, AI, and microelectronics</p>	Technologies might streamline public health operations and improve disease surveillance systems.	Using green hydrogen may increase air pollution and risks for asthma and other respiratory disorders; electronic waste disposal; energy and raw material consumption; chemical exposures; increased security measures may disproportionately affect BIPOC communities.
 <p>Clean energy production and manufacturing</p>	Clean energy improves air quality and reduces greenhouse gas emissions, lowering rates of respiratory diseases, cardiovascular conditions, and cancers.	Air pollution, soil and water contamination, waste generation, land use changes, and deforestation.
 <p>Advanced manufacturing (e.g., machinery, fabricated metal, chemicals, robotics, nanomaterials, airplanes, and drones)</p>	Provides input for fast-growing sectors and increases broadly accessible skilled job opportunities, enhancing economic stability – a determinant of health.	Air and water pollution and occupational health hazards.
 <p>Next-generation agriculture, agriculture tech, and food processing (e.g., biofermentation, alternative protein, ag equipment manufacturing, sustainable foods, and packaging)</p>	Addressing chronic disease risk factors can improve food security and access to healthy food. Sustainable farming practices can further reduce environmental pollution and support environmental justice efforts.	Air pollution, greenhouse gas emissions, water contamination from agricultural runoff, harmful chemicals and additives used in production, waste byproduct generation, and the use of substantial water, land, and energy resources.
 <p>Transportation, distribution, and logistics</p>	Infrastructure improvements may reduce commute times and pollution and improve resident economic stability in construction and physical connection to jobs.	Construction can lead to community displacement and contribute to stress during resident commutes. It may increase toxic exposures and noise pollution during and long after construction. Low-income and marginalized communities near transportation hubs bear a disproportionate share of environmental and health burdens.

Environmental Scan of Built Environment Legislation and Programs

We reviewed legislation enacted in Illinois and similar states on aspects of built environment that were of interest to the HiAP Workgroup based on a search of the National Conference of State Legislatures' (NCSL) Database to examine opportunities for policy implementation in Illinois.

We also invited representatives from the Illinois Department of Transportation (IDOT) and the Illinois Public Health Association to attend workgroup meetings, as well as subject matter experts from the University of Illinois Chicago to share their findings, current and planned work, and the landscape of programs and policy related to built environment in the state. We examined the data and efforts of Illinois state agencies, local health departments, and community organizations in official briefs and reports, websites, and databases to identify potential gaps, needs, and opportunities for interventions that will best advance the health of residents in areas targeted for revitalization.

Finally, we reviewed policies and advocacy agendas relevant to built environment in Illinois as communicated by advocacy groups across the state. We referenced health policy statements produced by leading national public health organizations for recommendations made at the national level to help guide this scan.

Workgroup Examination Findings

Health Implications of Growth and Revitalization

Planning economic and revitalization development projects requires significant coordination, collaboration, and investment. Health implications can be easily overlooked if not prioritized, leading to unintended consequences precipitated by gentrification and displacement, environmental and safety risks, urbanization and overcrowding, and poor community planning.

GENTRIFICATION AND DISPLACEMENT

“ One of the ways to attract business interests to cities is to displace those people who you have deemed to be dangerous or politically harmful. ”

~Dr. David Stovall, Author, “Engineered Conflict: School Closings, Public Housing, Law Enforcement and the Future of Black Life”

Large-scale revitalization and improvement initiatives can inadvertently alter adjacent communities' demographics and socio-cultural landscapes. Transit-oriented development projects near urban train and bus hubs, while encouraging more efficient land use and promoting walkable, accessible communities, may increase land values and disproportionately affect low-income households that depend on these affordable transportation options.

Gentrification refers to the process of neighborhood transformation marked by the influx of higher-income individuals or businesses into lower-income areas, often resulting in economic, cultural, and demographic shifts.

Displacement occurs when original residents are forced to leave their homes due to rising housing costs, loss of cultural or social support, or changes in neighborhood resources ⁶.



As we highlight ways to thoughtfully build healthy communities, we cannot ignore systemic approaches to dismantling ones in need. It is important to note a growing body of evidence that suggests some communities experience negative precursors to gentrification long before the first indicator appears. Some potential signs of predatory disinvestment and destabilization include:




Racial Justice Alert

- Closure of essential services (schools, grocery stores, health care facilities, public housing)
- Increased property vacancy and abandonment
- Local business closures
- Increased law enforcement presence
- Withdrawal of funding for infrastructure

Individually, these signs may not be cause for alarm, but collectively, they represent a form of social violence that has been found to create and compound negative short- and long-term health and social outcomes. ⁷⁻¹²

While gentrification can bring infrastructure improvements and increased investment to neglected neighborhoods, it can drive up property taxes, rent, and other costs of living. These economic pressures disproportionately affect disadvantaged populations, forcing many to relocate. The resulting displacement disrupts social cohesion, limits access to affordable housing and resources, and exacerbates health inequities, particularly for low-income and minority communities.¹³

The Illinois Behavioral Risk Factor Surveillance System revealed that 23.6% of households rent their homes, indicating that a significant proportion of the population is vulnerable to rental market fluctuations.¹⁴ Economic growth in Illinois has increased housing costs across multiple regions. For instance, rental prices have risen by 18% in urban centers, disproportionately impacting low-income households who allocate a significant percentage of their income to housing. Additionally, minority homeownership remains at 25% compared to 72% for White households. As articulated in our 2023 annual report, this cycle of rising costs and housing insecurity deepens existing disparities and creates barriers to stability for long-term residents, underlining the urgent need for equitable housing policies to protect vulnerable populations.



Food for Thought

- Rebuild Illinois represents a landmark investment in critical infrastructure across a variety of economic sectors. Strategic focus on the public health effects of these investments can aid in population gains and result in long lasting benefits to the health of Illinois's communities.
- New data from the U.S. Census Bureau shows that international migrants are primarily responsible for Illinois' largest boost in population in 11 years.¹⁵
- As migrant populations settle and work alongside other residents to contribute to our economy, avoiding cultural and economic displacement becomes increasingly important if we hope to sustain population gains.

Associated Health Risks

Here, we highlight some multi-dimensional health risks associated with gentrification and displacement.



Gentrification is closely linked to increased psychological stress and adverse health outcomes among displaced residents. Individuals forced to relocate due to unaffordable housing commonly experience stress-related conditions, such as anxiety and depression.¹¹



Displacement intensifies disparities in physical health by disrupting access to essential services, such as health care facilities and healthy food options.¹⁶



Displaced families face longer commutes to work, reduced access to community health care centers, and poorer overall health outcomes.¹⁷

Families who relocate due to gentrification experience significant economic hardship, including increased housing costs and job instability, which are correlated with higher incidences of hypertension and chronic conditions such as diabetes.¹⁸

Potential Interventions in Policy, Practices, and Partnerships

	Strategy	Description	Example
	Rent Stabilization Policies	Implementing rent control measures can help long-term residents remain in their homes despite rising property values.	In San Francisco, policies to cap rent increases have allowed long-term tenants to remain in their homes despite rising property values, preserving community cohesion, and reducing housing insecurity. ²⁰
	Inclusionary Zoning	Requiring developers to include affordable housing units in new projects can help ensure equitable access to housing during neighborhood revitalization.	Illinois passed a law in 2019 that allowed local governments to institute mandates for affordable units in new residential developments. A similar approach in Montgomery County, Maryland led to the creation of more than 15,000 affordable homes. ²¹
	Community Benefit Agreements	Partnerships between developers and community groups can establish commitments to preserving affordable housing, funding local services, and maintaining cultural landmarks.	The L.A. Live project coordinated a collaboration between developers and community organizations to reserve 20% of housing units for affordable housing, allocate \$650,000 in interest-free loans to local nonprofit housing developers, and dedicate \$1 million to create or improve parks within a one-mile radius of the project, benefiting existing residents and enhancing community resources. ²²

ENVIRONMENTAL HEALTH AND SAFETY RISKS

Environmental justice is the fair treatment and meaningful involvement of all people concerning the development, implementation, and enforcement of environmental policy.¹⁹ Economic and urban development can introduce or compound health disparities in low-income and marginalized communities where long histories of redlining, zoning laws, and continual disinvestment have disproportionately subjected residents to concentrated industrial pollution.

Environmental health and safety risks refer to hazards in the built environment that can negatively impact physical and mental health, including pollution, exposure to toxic substances, unsafe infrastructure, and inadequate sanitation.²³




The increased industrial activity, construction, and vehicular emissions that accompany growth contribute to air and water pollution, while unsafe housing or infrastructure can pose immediate safety risks.²⁴ This is particularly evident in industrializing urban areas where air pollution contributes to respiratory illnesses, such as asthma and chronic obstructive pulmonary disease (COPD). For example, the Southwest Region for Economic Development (Madison, St. Clair, Clinton, Monroe, Randolph, Jersey, Bond, Washington, and Calhoun counties) has the

highest incidence of COPD of all economic regions (13%).¹⁴ The major industries concentrated in this region include oil refineries, manufacturing, and logistics and transportation, which generate products and byproducts that, when left unmitigated, are known to increase COPD prevalence.

The social aspects of the environment refer to how people live together and interact with each other within their physical surroundings. This includes population density, access to resources, social structures, power dynamics, and cultural practices. The body responds to stressors from the social and physical environment with changes in the hormone and immune systems, such as increased heart rate, blood pressure, inflammation, and glucose production. Repeated exposures to stressors may reduce one’s ability to withstand future allostatic responses. Furthermore, the effects of stress exposure may be inherited through generations. This phenomenon is referred to as allostatic load, or the cumulative “wear and tear” external stressors inflicted on the mind and body.²⁵

Studies have shown that persistent stress tied to gender and racial discrimination contributes to metabolic conditions that exacerbate existing pregnancy-related risks, including preterm birth and other factors that contribute to poor infant health. Black, Hispanic, and American Native and Indigenous women are more likely to die from pregnancy-related conditions than White women. According to the [2023 Illinois Maternal Morbidity and Mortality report](#), Black women are three times more likely to die from a pregnancy related medical condition than White women. Traditional risk factors (e.g., prevalence of disease or use of illicit substances), education, and socioeconomic status do not fully explain these differences. Coincidentally, Black women have the highest documented allostatic load scores of all demographic groups.²⁵



Food for Thought

- Global warming is projected to increase violent crime.²⁷ Industrial companies are one of the most significant contributors to climate change.
- Low-income and marginalized communities bear the greatest burden for inequitable industry zoning, unpreparedness for climate change⁶⁹, and over-policing.
- While there are several social determinants of crime, ignoring the impact of environmental hazards in vulnerable neighborhoods often targeted for revitalization could diminish returns in real estate and increase incarceration rates, compounding economic and social disparities.

Associated Health Risks

Here we highlight some multi-dimensional impacts of environmental and health safety risks.



Communities in regions with high industrial activity report elevated rates of cardiovascular and respiratory conditions.²⁹



Chronic exposure to fine particulate matter in urban areas with high vehicular traffic has been linked to cardiovascular disease, stroke, premature mortality, and increased hospital admissions for asthma.^{30, 31}



Prolonged exposure to toxic substances leaching from abandoned industrial properties or Brownfield sites poses elevated cancer and neurological risks, particularly when located in low-income and minority neighborhoods.³²

Several studies have identified correlations between elevated allostatic load and risk of preterm birth, low birthweight, and pre-eclampsia.²⁵

Potential Interventions in Policy, Practices, and Partnerships

	Strategy	Description	Example
	Pollution Control Policies	Enforcing stricter air and water quality standards and site cleanup requirements, particularly in high-growth urban areas, can significantly reduce exposure to harmful pollutants. ³³	The Cross-State Air Pollution Rule (CSAPR), implemented by the EPA, regulates power plant emissions to reduce air pollution that crosses state borders. EPA estimates this policy prevented premature deaths and asthma-related illnesses, reduced emissions, and reduced health care costs.
	Brownfield Redevelopment	Remediation programs prioritizing cleanup and safe redevelopment of abandoned industrial sites can mitigate toxic exposure while supporting sustainable urban revitalization. ³⁴	Denver transformed a 25-acre former industrial site in the River North (RiNo) Art District into a vibrant cultural hub with mixed-use developments and green spaces. The city saw increased property values, community engagement, improvements to water quality, and reduced urban heat island effects.
	Green Infrastructure	Expanding green infrastructure projects, including rain gardens, tree planting, green roofs, and urban parks, to mitigate heat islands, reduce air pollution, and decrease respiratory illnesses. ³⁵	Philadelphia implemented its 25-year “Green City, Clean Waters” plan to reduce combined sewer overflows (CSOs) using green stormwater infrastructure, such as rain gardens, green roofs, and permeable pavements. They reduced flooding and the volume of untreated wastewater entering rivers, achieved cost savings compared to gray infrastructure, and supported 15,000 jobs. ³⁶

URBANIZATION AND OVERCROWDING

Urbanization typically begins when a factory or multiple factories are established within a region, creating a high demand for labor. Other businesses, such as building manufacturers, retailers, and service providers, follow the factories to meet the product demands of the workers. Rapid urbanization and overcrowding frequently outpace the development of essential services, leading to inadequate housing, barriers to nutritious food, poor sanitation, strained health care systems, and long-term health risks when poorly managed.³⁷ Vulnerable populations, particularly low-income and marginalized groups, face disproportionate health risks due to these conditions, which exacerbate existing disparities.

Urbanization refers to the process by which areas transform into urban centers due to population growth and economic development. Overcrowding occurs when the density of people within a given area exceeds the capacity of available infrastructure, resources, and services, leading to adverse living conditions.³⁸



Urbanization profoundly affects rural areas through demographic shifts, economic transformations, social reconfigurations, and environmental changes. Integrating urban and rural economies can promote agricultural productivity and food security through improved access to technology and markets.⁴⁸ However, challenges, such as depopulation, economic disparity, and cultural shifts, must be addressed to ensure sustainable and equitable growth. Some rural regions benefit from increased access to urban markets and services, while others face economic decline due to the outflow of resources and labor to urban centers expanding nearby.

Population density in Illinois' urban centers has increased by 20% in the last decade, straining existing infrastructure. This overcrowding has decreased access to health care services, as 30% of residents report delays in receiving medical care due to capacity constraints.¹⁴ These challenges are further amplified in underserved regions with limited health care availability.



- Urbanization increases costs of living, which can lead to housing insecurity.
- People living in highly urbanized areas often choose to live in overcrowded, and sometimes deteriorating, living spaces to cut expenses. This arrangement is particularly common among young college students and low-income families.
- Overcrowding can create threats to health and safety, including increased fire risk, disease transmission, mental health problems, higher mortality rates among women, and adverse effects on children later in life.³⁹
- Ensuring affordable housing and monitoring overcrowding in current and emerging urban centers, particularly those with planned revitalization and industrial growth near university campuses and in low-income neighborhoods, contribute to positive health outcomes and economic stability by freeing up much-needed resources for food and health care expenditures.

Associated Health Risks

Here, we highlight some multi-dimensional impacts of urbanization and overcrowding.



A significant association exists between household overcrowding and increased COVID-19 deaths, with overcrowding emerging as a stronger predictor of mortality than total case numbers.⁴⁰



Overcrowding has been shown to contribute to elevated rates of respiratory and gastrointestinal illnesses. Factors such as poor ventilation, inadequate sanitation, and inadequate infrastructure were central to the increased disease burden.⁴¹



Overcrowding facilitates the spread of infectious diseases and contributes to chronic conditions, such as hypertension, due to stress and limited access to health care, emphasizing the dual burden of communicable and non-communicable diseases in urbanized areas.³⁷

Potential Interventions in Policy, Practices, and Partnerships

Strategy	Description	Example
<p>Urban Planning Policies</p>	Implementing zoning laws to manage population density and ensure equitable housing, health care, and sanitation access can mitigate overcrowding risks. ⁴²	In 2018, Minneapolis eliminated single-family zoning, allowing duplexes and triplexes in all residential neighborhoods to increase housing density and address the housing shortage. By 2023, more than 1,000 new multi-family units were developed in areas previously restricted to single-family homes, rent increases slowed relative to other large cities with less progressive zoning reforms, and housing access expanded in historically exclusionary neighborhoods, promoting socio-economic diversity.
<p>Infrastructure Development</p>	Expanding public infrastructure, including clean water systems, waste management facilities, and health care services, is essential to meet the needs of growing populations. ⁴³	Following the water crisis, Flint, Michigan, replaced more than 10,000 lead service lines and upgraded water treatment facilities to ensure safe drinking water. Blood lead levels in children decreased by more than 50% between 2016 and 2022.
<p>Community-based Solutions</p>	Engaging local communities in urban planning can help identify and address specific challenges associated with overcrowding. ⁴⁴	New York City's East Harlem Neighborhood Plan fostered active participation by more than 400 local organizations and residents to ensure solutions aligned with neighborhood needs to address overcrowding, housing shortages, and access to services in 2017. Through participatory zoning and infrastructure improvements, the neighborhood saw more than 2,000 units of affordable housing under construction or completed by 2022, with prioritization for existing residents. Residents also reaped benefits of investments in community centers, parks, and public facilities and increased access to sanitation, health care, and education.

COMMUNITY PLANNING

Urban growth and revitalization can positively and negatively influence access to fitness opportunities and nutritious foods. While development can introduce new parks and supermarkets, inadequate community planning may also reduce affordable food options and recreational spaces. Vulnerable populations, such as low-income and marginalized groups, are

disproportionately affected by these disparities, leading to higher rates of obesity, malnutrition, and related health conditions. These factors collectively increase the burden of disease and injury among vulnerable populations. Additionally, creating parks and exercise areas that accommodate wheelchairs, sensory-friendly spaces, and adaptive equipment can ensure everyone, including those with disabilities, has opportunities to stay active.

Fitness refers to an individual's ability to engage in physical activity, which is influenced by access to safe and adequate spaces for exercise. Nutrition pertains to the availability and consumption of foods that meet dietary requirements for health and well-being.⁴⁵ Both are essential for preventing chronic diseases and promoting overall health.



Approximately 22% of Illinois residents experience food insecurity, with rural areas reporting even higher rates at 30%. Additionally, the prevalence of obesity statewide is 35%, and only 28% of residents meet aerobic and strength activity guidelines.¹⁴ These statistics highlight the pressing need for policies that improve access to affordable, nutritious food and promote physical activity across all communities.


Traditional diets are often replaced with processed, high-calorie foods in urbanized areas, leading to a rise in obesity and diet-related chronic diseases, especially in underserved populations with limited access to healthy food options.⁴⁶ Urban growth can also lead to a dual burden of malnutrition in developing areas, with “undernutrition” persisting among vulnerable populations while “overnutrition” emerges in higher-income groups.⁴⁷ Urbanization in rural areas often leads to alterations of food supply chains and changes in agricultural practices and land use. As urban areas expand, agricultural land may be converted for urban development, reducing the land available for food production.⁴⁹ Further, rural areas frequently suffer from inadequate infrastructure, which limits access to markets, transportation, and essential services.⁵⁰

While increased physical activity can help combat the impacts of a poor diet, urban designs focused on vehicular transportation limit opportunities for walking and cycling, contributing to sedentary lifestyles and associated chronic diseases, such as obesity and cardiovascular conditions.⁵¹ Communities with poor access to parks or walking infrastructure, especially those in rural areas, are particularly at risk.⁶³ Built environment features also impact physical activity levels among individuals with disabilities. Accessibility barriers, such as uneven sidewalks, insufficient lighting, and poorly timed traffic signals, were reported as key deterrents to outdoor exercise and walking. Facilitators like benches, well-maintained paths, and aesthetic elements can increase physical activity and greater community participation.^{52,59}

Rebuild Illinois and IDOT’s multimodal improvement initiatives offer unique opportunities to improve residents’ physical activity and nutrition access. For example, revitalization efforts in urban areas can integrate urban agriculture programs and farmers markets, providing access to

fresh, affordable produce for underserved communities. At the same time, the development of pedestrian-friendly infrastructure and green spaces near transit hubs can encourage walking, cycling, and other forms of active transportation.

Collaborative efforts between agencies like IDOT and the Illinois Department of Agriculture can amplify these benefits. Prioritizing investments in parks, recreational facilities, and food access programs will ensure that revitalization initiatives support healthier lifestyles for all residents.



- Physical activity has been linked to improved executive functions and academic performance and reduced disruptive behaviors in school children. Studies have shown it can also help reduce crime.⁵⁶⁻⁵⁸
- Physical inactivity and obesity increase as violent crime rates increase.⁵⁹
- Investing in accessible parks and recreational spaces, particularly near schools and in underserved communities, may support simultaneous improvements in mental and physical health, academic success, and crime rates.

Associated Health Risks

Here, we highlight some multi-dimensional impacts of built environment on fitness and nutrition.



High-density urban areas with mixed land use often worsen mobility challenges for disabled populations.⁵³





Majority-Black census tracts experience greater distances to supermarkets and greater challenges obtaining fresh and nutritious food compared to other neighborhoods, contributing to higher rates of diet-related conditions, such as obesity and diabetes.⁵⁴



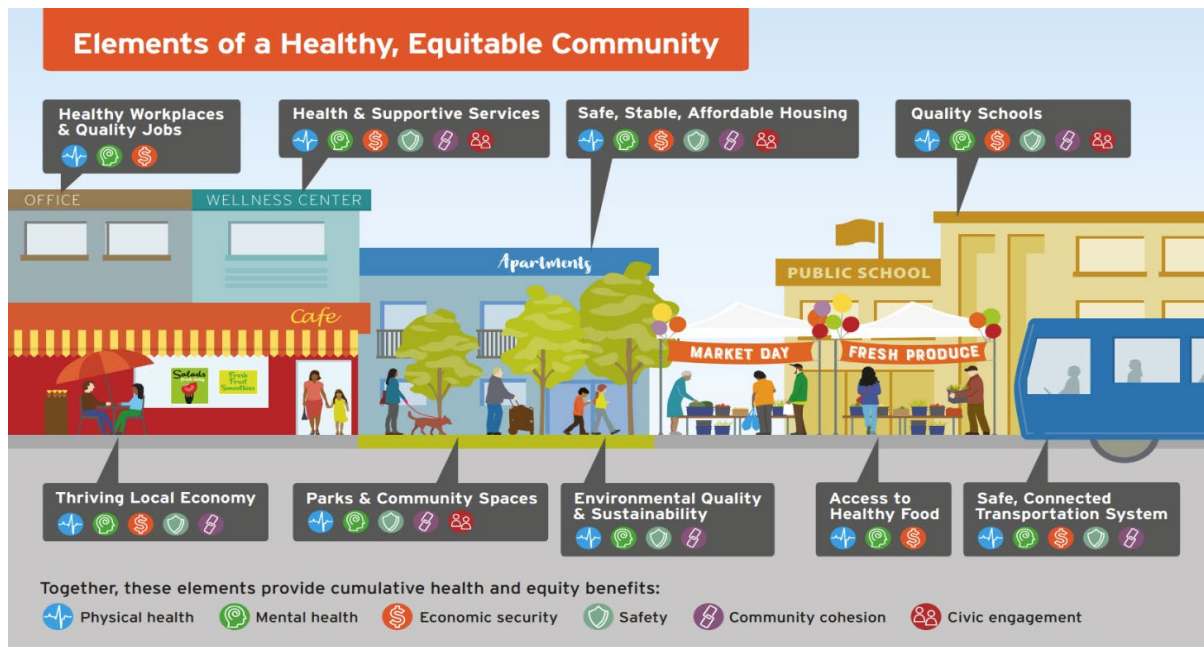
The absence of green spaces can decrease opportunities for physical activity and social engagement, leading to increased feelings of isolation.⁵⁵

Potential Interventions in Policy, Practices, and Partnerships

Strategy	Description	Example
	Active Transportation Initiatives Expanding pedestrian and cycling infrastructure to promote physical activity and reduce reliance on cars. ⁶⁰	Seattle implemented Vision Zero policies and Complete Streets principles to create safer streets for walking, biking, and other active transportation modes. Walking and biking trips increased by 12% from 2018 to 2023. Traffic-related fatalities declined by 25%, and pedestrian injuries decreased significantly. More than 40 miles of bike lanes and pedestrian pathways were added, increasing access to active transportation options.
	Urban Agriculture Programs Encouraging community gardens and urban farming to increase access to fresh, affordable produce in underserved neighborhoods. ⁶¹	Baltimore’s Growing Green Initiative turned vacant lots into urban agriculture hubs to address food deserts and improve nutrition. The effort increased access to fresh produce for more than 10,000 residents annually and created 50 new jobs in urban farming, supported local food markets, and improved dietary diversity among participants, with 70% reporting increased vegetable consumption.
	Food Policy Councils Establishing councils that bring together stakeholders to advocate for policies addressing food deserts and promoting healthy eating habits. ⁶²	The LA Food Policy Council (LAFPC) advocated for and passed Healthy Food Zones Ordinances to promote equitable access to healthy food and sustainable urban food systems, reducing fast-food density near schools and increasing healthy food retail. The council launched programs that reached more than 100,000 residents, focusing on low-income neighborhoods and managed to increase the availability of healthy food in underserved areas by 20% through partnerships with grocery stores and farmers’ markets.

Promising Practices for Healthy, Equitable Community Planning and Development

The built environment significantly influences various aspects of public health, including access to safe and affordable housing, health care services, transportation systems, healthy food, parks and community spaces, and infrastructure. These factors can either help or hinder equitable access for all community members, particularly vulnerable populations.



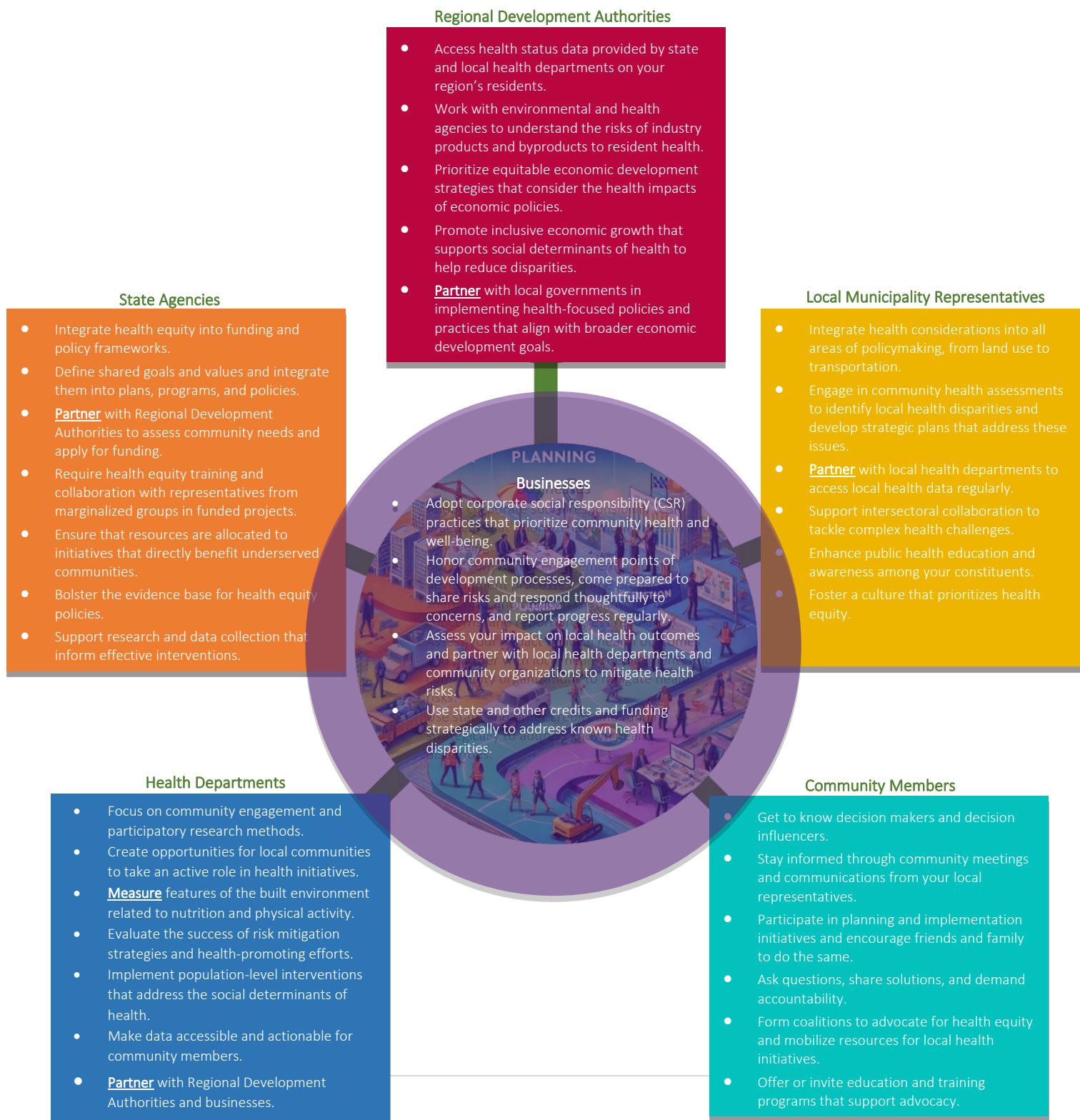
Source: [ChangeLabSolutions.org](https://www.changelabsolutions.org)

In the table below, we highlight a few evidence-based practices, existing policies, and statewide programs implemented by state agencies that enable built environments to support healthy, equitable outcomes most relevant to the priorities of Healthy Illinois 2028.

SAFE AND AFFORDABLE HOUSING		
	<p>Practice Tenant-based housing voucher programs.</p>	<p>Program(s) Subsidized Housing Programs</p> <ul style="list-style-type: none"> • Housing Choice Voucher Program • Public Housing Program • Project-Based Subsidized Housing • Permanent Supportive Housing (PSH) <p>Agencies: Illinois Department of Human Services (IDHS) and Illinois Housing Development Authority (IHDA)</p>
ACCESS TO HEALTHCARE AND SUPPORTIVE SERVICES		
	<p>Practice Subsidized rideshare services and expanded broadband and mobile access points (e.g., street furniture) for telehealth appointments.</p>	<p>Policy Telehealth Act (225 ILCS 150/1)</p> <p>Program Medical Transportation</p> <p>Agency: Illinois Department of Healthcare and Family Services (IDHFS)</p>
ACCESS TO HEALTHY FOOD		
	<p>Practice Programs that fight food insecurity and increase the availability of healthy options.</p>	<p>Policy Healthy Food Program Development Act (PA 102-1049) Agencies: IDHS and Illinois Department of Commerce and Economic Opportunity</p> <p>Program(s) Illinois Grocery Initiative Farm to Child Nutrition Programs (F2CNP)</p> <p>Agencies: Illinois Department of Agriculture, Illinois State Board of Education (ISBE)</p>
PARKS AND COMMUNITY SPACES		
	<p>Practice Land use interventions that enhance mixed land use environments.</p>	<p>Program(s)</p> <ul style="list-style-type: none"> • Urban and Community State Forestry Programs • Park and Recreational Facility Construction Grant Program • Open Space Land Acquisition and Development (OSLAD) Program <p>Agency: Illinois Department of Natural Resources (IDNR)</p>
SAFE, CONNECTED TRANSPORTATION SYSTEMS		
	<p>Practice Streets that enable safe, convenient, and comfortable travel and access for all road users, regardless of age, ability, or mode of travel.</p>	<p>Policy Illinois Complete Streets Law (605 ILCS 5/4-220) (Illinois Highway Code; Sec. 4-220)</p> <p>Program(s) Safe Routes to School</p> <p>Agency: Illinois Department of Transportation (IDOT) See: Active Transport Design Guidance</p>
INFRASTRUCTURE		
	<p>Practice Systems that are accessible, effective, efficient, timely, safe, equitable, and sustainable.</p>	<p>Policy Lead Service Line Replacement and Notification Act (PA 102-0613)</p> <p>Program(s) Climate Pollution Reduction Grants Climate Action Plan Lead Service Line Replacement Loans (LSLR)</p> <p>Agencies: Illinois Environmental Protection Agency, IDNR</p>

Engaging for Health Equity in Development

There are a number of steps stakeholders across the economic development landscape can take to create healthy, equitable communities when planning and executing revitalization projects. The figure below highlights some evidence-based strategies that may be adopted by state agencies, local municipalities/representatives, local health departments, businesses, community members and coalitions, and regional development offices.⁷⁰⁻⁸⁰



Economic Benefits of Healthy Built Environment



The first wealth is health.



~ Ralph Waldo Emerson

Investing in the built environment has proven to yield substantial economic returns by lowering health care costs associated with chronic diseases like COPD, asthma, obesity, high blood pressure, and diabetes, accounting for more than 70% of Illinois' health care expenditures. For example, the Partnership to End Chronic Disease projected total chronic disease costs of \$1.6 trillion in medical expenses and lost productivity in Illinois between 2016-2030. Their findings also project cost savings of \$91.5 billion over that period if affected residents make modest improvements in healthy behaviors and care delivery.⁶⁴ Studies show that for every dollar invested in prevention-focused infrastructure, such as active transportation networks, equitable access to healthy food, and green spaces, health care costs related to these chronic diseases can be significantly reduced.⁶⁵⁻⁶⁸

Unhealthy, unwell, and temporarily disabled residents cannot contribute fully to the labor force. Lack of job opportunities creates income instability that can create poor health outcomes. Thus, the bidirectional relationship between poor health and job insecurity diminishes economic returns. By creating safe environments that support physical activity and access to nutritious food, the prevalence of these diseases can decrease, resulting in billions of dollars in long-term savings for residents, businesses, and the state.

Community engagement also plays a critical role in maximizing the returns on investment. The General Iron controversy in Chicago is a clear example of the economic and reputational costs of neglecting health equity and environmental concerns. Businesses that actively involve communities in their planning processes can avoid the expense of delays, legal disputes, and public backlash while building trust and collaboration. By investing in community health, businesses can improve project outcomes, strengthen community relationships, and enhance their corporate image while contributing to a healthier workforce and community.

High-growth industries like quantum computing and clean energy also offer opportunities to integrate public health considerations. Quantum computing, while energy-intensive, holds the potential to model and solve complex public health and climate-related challenges. Likewise, federal and state funding for investments in clean energy infrastructure and decarbonization helps reduce pollution-related illnesses such as asthma and cardiovascular diseases—conditions that cost Illinois billions annually. These initiatives improve residents' quality of life, lower energy expenditures, and contribute to long-term sustainability.

Building on innovative approaches that link public health and economic growth through investment in the built environment would address immediate health challenges while setting the foundation for future prosperity in the state. By aligning the interests of private investments and communities, Illinois can continue positioning itself as a model for integrating health and environmental stewardship to realize the full benefits of economic development.

Recommendations

The HiAP Workgroup acknowledges the work being done across the state to build vibrant, sustainable, and equitable built environments for Illinoisians. We strongly endorse existing and planned strategies that:

- Ensure underserved communities benefit equitably from Rebuild Illinois and other economic development initiatives across the state.
- Reduce disparities in economic development initiatives (e.g., rent stabilization policies, inclusionary zoning, community benefit agreements).

Most relevant to the workgroup's charge to improve health outcomes through policy, the following recommendations seek to address disparities in built environment by enhancing community engagement and collaboration in development project planning, implementation, and assessment:

1) Support Programs That Prepare Local Communities to Assess Health Impacts of Economic Development Initiatives.

Between 2017 and 2021, state and local public health agencies across the U.S. lost 46% of their employees. As agencies work to recruit and retain their workforce, public health needs persist, including those that emerge in times of growth and revitalization. Protecting public health requires a cross-stakeholder approach starting at the point of impact – individuals and communities. Providing training and resources to support self-advocacy is critical to advancing the mission of public health. The first steps in advocating for one's health are knowing your health status, understanding how your health is impacted by your behaviors and environment (which are shaped largely by policy), and defining what you/your community need/s to support health. Empowering communities to assess impacts to their health when faced with growth opportunities can include:

- Providing funding for community-based health assessments.
- Partnering with community organizations, public health agencies, local schools, community colleges, and universities to offer training to build local capacity.
- Facilitating access and sharing of community health data (e.g., encouraging community members to engage in the [Healthy Illinois Survey](#) and use tools like the [Cook County Health Atlas](#)).
- Communicating available tools, resources, and processes in a standard, comprehensive, and straightforward manner across state agency websites and other channels so that everyday citizens can easily access the information they need to advocate for and support their health.

2) Implement A Community Engagement Policy for Infrastructural Changes.

Community engagement occurs on a spectrum. For instance, communicating with trusted organizations is different from connecting with individual community members. Encouraging community engagement through public forums requires implementing policies that support local decision-making while prioritizing equity and addressing potential barriers to participation. As articulated in the Illinois Environmental Protection Agency's [Enhanced Public Participation Plan](#), community meetings are often held at times that are not aligned with typical work schedules or after work when family and other responsibilities can be prohibitive. Further, notification

processes rely on print and email channels. Improving attendance at meetings during the developmental stages of a project can make or break implementation efforts.

Setting standards for different types of projects creates an expectation of transparency for community members and businesses and ensures accountability. Illinois should establish a robust, standardized community engagement policy to ensure that every affected resident has an opportunity to hear and respond to manufacturing, commercial, developmental, and infrastructural projects and that plans are customized to the local community's unique needs and health priorities. In practice, this may include:

- a) Creating a standardized process for soliciting and responding to community feedback with criteria to scale the level of public involvement to the type of project and minimum thresholds for meaningful participation (e.g., enhanced engagement is triggered when cumulative impacts are assessed on a project).
- b) Allotting additional resources for community feedback processes during development projects' planning and implementation stages to ensure maximum participation. Promising practices employed by IDOT to boost participation, particularly from underrepresented groups, include:
 - Financial incentives to participants for their time and costs
 - Food/meal truck during mealtimes
 - Gift cards
 - Games/prizes
 - Child care assistance at public meetings
 - Community-based organizations hired for support
- c) Implementing a digital notification system for announcements of community meetings that discuss severe project threats to health and safety. Ninety-eight percent of Americans have a cellular device. A means of communicating threats to public health by industry projects as a localized government alert would ensure that most residents are aware of opportunities to provide feedback.
- d) Enabling virtual participation in community meetings. The UIC Collaboratory for Health Justice provides useful strategies that may be adopted in its [Guide to Virtual Engagement](#), created during the COVID-19 pandemic.
- e) Requiring disclosure of known threats to health or the environment in construction or ongoing operations in public hearing proceedings.
- f) Investing in health and project data assessments with regional and community stakeholders through collaboration with the DCEO to ensure businesses and communities have the information they need to co-develop plans.
- g) Using existing programs, such as the [Illinois Commission on Environmental Justice](#), to enhance transparency and accountability.

3) Integrate Comprehensive Decision Support Tools that Center Health Equity in Development.

[Regional Development Authorities](#) (IL-RDAs) should be informed of the health status of their counties' residents if they decide to fund projects that best serve their regions. In addition, they should be aware of inequitable burdens and community health histories that may create cumulative impacts on the communities they serve. Businesses and community members should also have access to the same information to assess risk. In practice, this may look like:

- a) Facilitating collaboration between RDA administrators and IDPH and/or local health departments to secure health outcomes and social determinants data by county and Regional Economic Development (RED) zones. Data should also be provided at the hyperlocal level to facilitate impact.
- b) Creating stricter health impact assessment requirements for permit approvals so that businesses and local municipality decision-makers can access the health and safety data to assess risks to target communities.
- c) Allocating funds for IDPH and local health departments to increase capacity to conduct its [public health assessments and health consultations](#) on a timeline that does not slow project initiation or hinder transparency in community engagement efforts.
- d) Expanding the utility of existing data tools across the IEPA, IDPH, IDCEO, IDOT and other local and national agencies by connecting data already being collected and made publicly available. For example, IL-RDA administrators could check whether the products or byproducts of an inquiring business would compound existing disparities in target communities by entering a business' NCAIS code into the [Illinois EPA Environmental Justice \(EJ\) Start](#) tool to access hazardous waste information from the Resource Conservation and Recovery Act Inventory system (RCRAInfo) by county and RED zone.
- e) Making existing tools and end-to-end process overviews easily accessible across all stakeholder agency sites in one standard location.
- f) Establishing a formula to calculate the burden of a project on communities that considers factors such as current community health status, social determinants of health, existing exposures to hazards, history of disparity, and degree of exposure. For example, IDOT uses a [Data-driven Decision Tool](#) based on defined goals and criteria to help them select capacity projects in a transparent and equitable manner.

Conclusion

Illinois is a leader in the Midwest, pioneering initiatives combining public health and economic development. By enhancing its built environment—including homes, workplaces, and recreational spaces—the state plays a crucial role in fostering healthier communities while driving economic growth. Illinois integrates health considerations into public sector decision-making through the Health in All Policies framework, transforming how residents engage with their surroundings and ensuring that every policy supports a healthier, more sustainable future.

As we conclude this report of the Health in All Policies workgroup, we want to thank the workgroup partners for their hard work and dedication. It is through this and other collective efforts that we will improve the health and well-being of the residents of Illinois and strive toward making Illinois the healthiest state in the nation. In the new year, we will continue to examine manifestations of historic, systemic, and structural injustices as they relate to the disproportionate impacts on health, well-being, and mortality. Participation in this timely work presents an opportunity to explore innovative ways to use our collective voices to foster a system-wide culture of health.

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Appendices

- Appendix I. Health in All Policies Workgroup Membership**
- Appendix II. Meeting Minutes and Agendas**
- Appendix III. Healthy Illinois 2028 Built Environment Objectives and Strategies**

Health in All Policies Workgroup Confirmed Members

Sec.	Agency	Designee
10.a.	University of Illinois Chicago School of Public Health	Wayne H. Giles, Professor & Dean Antonia Lewis-Reese, Senior Director of Strategic Initiatives
10.d.1.	Illinois Department of Human Services	Priya Khatkhate, Deputy Chief of Staff
10.d.2.	Illinois Department of Transportation	Elizabeth Irvin, Deputy Director of the Office of Planning and Programming
10.d.3.	Illinois Environmental Protection Agency	Teschlyn Woods, Environmental Toxicologist/Environmental Health Specialist II
10.d.4.	Illinois Department of Agriculture	Jeremy Flynn, Chief of Staff
10.d.5.	Illinois Department of Labor	Jane Flanagan, Director
10.d.6.	Illinois Department of Public Health	Sameer Vohra, Director Janice Phillips, Assistant Director
10.d.7.	Illinois Public Health Association (Statewide Public Health Association)	Thomas Hughes, Executive Director
10.d.8.	Will County Community Health Center	Mary Maragos, Chief Executive Director
10.d.9.	Chicago Department of Public Health (Health Department local to UIC)	Kate McMahon, Director, Health Equity in All Policies
10.d.10.	Illinois Health and Hospital Association (Hospital and Health Systems Association)	Lisa Harries, Assistant Vice President, Health Equity and Policy
10.d.11.	Illinois Department of Healthcare and Family Services	Elizabeth Whitehorn, Director
10.d.12.	Illinois State Board of Education	Rebecca Doran, Principal Consultant Nurse
10.d.13.	Illinois Department of Corrections	Steven H. Bowman, Agency Medical Director
10.d.14.	Illinois Criminal Justice Information Authority	Delrice Adams, Director
10.d.15.	Illinois Department of Commerce and Economic Opportunity	Brandy Evans, Chief Operating Officer
10.d.16.	Illinois Department on Aging	Elizabeth Vogt, Chief of Staff
10.d.17.	Office of the Governor	Isabella Hurtado, Deputy First Assistant to the Deputy Governor, Health & Human Services
10.d.18.	Vermillion County Health Department (Local Health Department (serving pop of <3M))	Prince Danso-Odei, Administrator and Health Officer
10.d.19.	Illinois Public Health Institute (Statewide Public Health Institute representing multisector public health system stakeholders)	Meher Singh, Senior Program Manager, Health Equity in All Policies Alliance for Health Equity
10.d.20.	Chicago Hispanic Health Coalition (Organizations representing minority populations in public health 1 of 2)	Esther Sciammarella, Executive Director
10.d.20.	Springfield Urban League, Inc. (Organizations representing minority populations in public health - 2 of 2)	Marcus E. Johnson, President and CEO
10.d.21.	Illinois State Medical Society (Statewide agency representing physicians licensed to practice medicine in all its branches)	Rashmi Chugh, Medical Officer, DuPage County Health Department

Health in All Policies (HiAP) Workgroup Agenda

July 25, 2024

12-2pm CST

1603 W. Taylor St, Suite 1136

Chicago, IL 60612

Meeting Objectives

- Set direction for annual report.
- Discuss strategies to advance racial and environmental justice objectives of the SHA/SHIP

12:00-12:20pm	Opening Remarks & Introductions <i>Name, Title, Organization</i> <i>Share <u>one</u> thing about your neighborhood/community that helps (or would help) sustain or improve resident health.</i>	Wayne H. Giles, Dean & Professor University of Illinois Chicago School of Public Health (UIC SPH) Sameer S. Vohra, Director Illinois Department of Public Health (IDPH)
12:20-12:25pm	Approval of March 26, 2024, Minutes	Wayne H. Giles, Dean & Professor UIC SPH
12:25-12:35pm	Open Comment Period	Janice Phillips, Assistant Director IDPH
12:35-12:50pm	Neighborhood and Built Environment 101	Jamie Chriqui, Senior Associate Dean and Professor UIC SPH, Office of the Dean and Division of Health Policy & Administration
12:50-12:55pm	Break	
12:55-1:15pm	Research Updates from IDPH and IOPEH Related to Homelessness	Colleen Mahoney, Senior Policy Advisor Illinois Office to Prevent & End Homelessness IDPH
1:15-1:25	Overview: State Health Improvement Plan (SHIP) and the Built Environment	Jennifer Epstein, Deputy Director Office of Policy, Planning, and Statistics IDPH
1:25-1:55pm	Group Discussion <i>Strategies to advance SHIP objectives related to racism and environmental justice</i>	HiAP Alliance Members
1:55-2:00pm	Closing Remarks	Wayne H. Giles, Dean & Professor UIC SPH Sameer S. Vohra, Director IDPH

Health in All Policies (HiAP) Workgroup Meeting Minutes**March 26, 2024****11am-1pm CST**

1603 W. Taylor St, Suite 1136

Chicago, IL 60612

Members Present: Rashmi Chugh, Rebecca Doran, Brandy Evans, Jeremy Flynn, Wayne Giles, Lisa Harries, Tom Hughes, Bart Hagston, Isabella Hurtado, Janice Phillips, Elizabeth Vogt, Sameer Vohra, Teschlyn Woods

Other Guests Present: Jennifer Epstein, Colleen Mahoney, Dorian Manion, Michael McGovern, Conny Moody

Facilitator: Antoniah Lewis-Reese

I. Opening Remarks, Introductions, & Attendance

- See new initiatives for 2024 mentioned by members in the [feedback summary](#).

II. Approval of November 2023 Minutes

- Motion to approve November 17, 2023 minutes: Janice Phillips
- Second: Brandy Evans
- Vote: 87% yes; 0% no; 0% abstain; 13% ineligible

III. Open Comment Period

- No comments

IV. Annual Report: Reflection and Next Steps

- Overall strong baseline presentation of the landscape of health and housing.
- Members encouraged to share with chief executives and expand to leadership team and others within agency including frontline staff as relevant to identify opportunities with community partners and counterparts to help move the report recommendations forward.
- Think about how we are socializing the recommendations and amplifying the public health voice in implementation.
- Create a 1-2pgr quick stats/cheat sheet that highlights background and recommendations to be shared with other groups outside of the alliance. The IDPH maternal morality report had an executive summary that might be a useful template.
- Interns are working on a toolkit to share with cross-sector leaders on Health in All Policies. This toolkit will include a health equity checklist as described in the 2022 HiAP report. Members shared resources that might be useful in developing this tool. See [feedback summary](#).
- The members voted to focus the 2024 annual report on other aspects of housing and health such as those tied to neighborhood and the built environment (e.g. environmental exposure, healthcare access, and program coordination).

V. Healthy Illinois 2028 (SHA/SHIP) Priorities Overview

- Jennifer Epstein presented an overview of the vision, principles, process, and findings of the State Health Assessment (SHA) and State Health Improvement Plan (SHIP), collectively referred to as Healthy Illinois 2028. Priorities are racism as a public health crisis, chronic disease, maternal and infant health, COVID-19 and emerging diseases, and mental health and substance use disorder.

- Members were asked to discuss can we take to address racism as a public health issue in areas of advocacy, implementation, and collaboration.
 - During COVID, Chicago Mayor Lightfoot convened a Racial Equity Rapid Response Team that included a community group, healthcare group, and a data group. The healthcare group (Rush, AMA, UI Health U of Chicago, Sinai, and others) issued a statement that declared racism as a public health issue. Looking see what has been done with that work, ways it can inform our work, and opportunities for synergy or collaboration with existing efforts. Will send a copy. (J. Phillips, IDPH/Giles, UIC)
 - Landscape analysis of what's happening across the SHIP – all objectives will connect with partnerships to understand what activities are occurring to see where we need to invest our time. We have some local health departments and other states that are already doing this work. (J. Epstein, IDPH)
 - Some of the tools to evaluate impacts to health also work well for racial equity impacts. It might work for our needs to develop a tool that addresses both perspectives and train the public health workforce and others on how to use the tools. (C. Mahoney, IDPH)
 - We can assemble have a smaller group of members to take a closer look at the SHIP objectives sometime next month (J. Epstein, IDPH)
 - Encourage continued reports and sharing of findings summaries related to health inequities and disparities and counter that information with strategies and best practices that have been successful. Want to see a balance between practices that are perpetuating disparities and those that address them to inspire action, especially among stakeholders that are central to solutions. (R. Chugh, ISMS)
 - Practices also include educational practices and what we're teaching our students today. (J. Phillips, IDPH)

VI. Closing remarks

Health in All Policies (HiAP) Workgroup Agenda
July 25, 2024
12-2pm CST
 1603 W. Taylor St, Suite 1136
 Chicago, IL 60612

Meeting Objectives

- Set direction for annual report.
- Discuss strategies to advance racial and environmental justice objectives of the SHA/SHIP

12:00-12:20pm	Opening Remarks & Introductions <i>Name, Title, Organization</i> <i>Share <u>one</u> thing about your neighborhood/community that helps (or would help) sustain or improve resident health.</i>	Wayne H. Giles, Dean & Professor University of Illinois Chicago School of Public Health (UIC SPH) Sameer S. Vohra, Director Illinois Department of Public Health (IDPH)
12:20-12:25pm	Approval of March 26, 2024 Minutes	Wayne H. Giles, Dean & Professor UIC SPH
12:25-12:35pm	Open Comment Period	Janice Phillips, Assistant Director IDPH
12:35-12:50pm	Neighborhood and Built Environment 101	Jamie Chriqui, Senior Associate Dean and Professor UIC SPH, Office of the Dean and Division of Health Policy & Administration
12:50-12:55pm	Break	
12:55-1:15pm	Research Updates from IDPH and IOPEH Related to Homelessness	Colleen Mahoney, Senior Policy Advisor Illinois Office to Prevent & End Homelessness IDPH
1:15-1:25	Overview: State Health Improvement Plan (SHIP) and the Built Environment	Jennifer Epstein, Deputy Director Office of Policy, Planning, and Statistics IDPH
1:25-1:55pm	Group Discussion <i>Strategies to advance SHIP objectives related to racism and environmental justice</i>	HiAP Alliance Members
1:55-2:00pm	Closing Remarks	Wayne H. Giles, Dean & Professor UIC SPH Sameer S. Vohra, Director IDPH

Health in All Policies (HiAP) Workgroup Meeting Minutes

July 25, 2024

11am-1pm CST

1603 W. Taylor St, Suite 1136

Chicago, IL 60612

Member Organization Reps Present: Rashmi Chugh, Prince Danso-Odei, Brandy Evans, Wayne Giles, Lisa Harries, Marcus Johnson, Dana Kelly, Priya Khatkhate, Conny Moody, Janice Phillips, Ryann Reents, Elizabeth Vogt, Sameer Vohra

Other Guests Present: Jamie Chriqui, Jennifer Epstein, Colleen Mahoney, Dorian Manion

Facilitator: Antoniah Lewis-Reese

VII. Opening Remarks, Introductions, & Attendance

Members share their ideas about what built environment elements contribute to their neighborhood's health:

- Coordinated systems of care and points of accountability.
- Walkable and accessible streets and sidewalks.
- Transportation
- Education available to prevent disease.
- Road safety (pedestrians, bikers, intersections)
- Connections to public health outreach.
- More of a welcoming environment for homeless populations.
- Connected trail systems.
- Parks throughout the city and other places to do recreational activities.

VIII. Approval of March 2024 Minutes

- Motion to approve March 26, 2024 minutes: Janice Phillips
- Second: Brandy Evans
- Vote: 62% yes; 0% no; 0% abstain; 38% ineligible

IX. Open Comment Period

- No comments

X. Neighborhood and Built Environment 101

The HiAP workgroup selected neighborhood and built environment as the focus for its 2024 report. Jamie Chriqui, Professor and Senior Associate Dean at the UIC School of Public Health presented an overview of neighborhood and built environment as one of five domains for social determinant of health cited as a priority area in Healthy People 2030.

Built environment refers to the physical surroundings where people live, work, and play, including buildings, streets parks, transportation systems, etc. Dr. Chriqui's [presentation](#) shared information on key policy levers that affect the built environment:

- Zoning and land use – how land in a community is divided and used.

- Walkable cities – infrastructure that encourages physical activity and create benefits to the environment, economy, and health outcomes.
- Transportation – connected systems that are clean, safe, reliable, and accessible, including sidewalks, bike facilities, traffic calming efforts, and public transport.
- Repurposing of old train/trail systems to provide walking trails.
- Green spaces

She also discussed racial and economic health disparities tied to the lack of infrastructure and blighted areas in segregated neighborhoods, as well as unintended consequences of healthy community design. Connecting transportation systems and changing zoning and land use codes, while providing benefits to some, may lead to increased property values and encourage displacement of existing residents. She stresses that the authority is different for different aspects of the built environment. For example, the state may provide funding for infrastructure, but zoning codes are determined at the municipal government level (local planning and zoning commissions). Supplemental materials for Dr. Chriqui’s presentation may be found [here](#).

Members agree that while the recommendations that we make in the annual report will target primarily lawmakers in the General Assembly, the report should also include guidance for community members and municipal governments.

XI. Research Updates from IDPH and IOPEH Related to Homelessness

Colleen Mahoney, Senior Policy Advisor in the Illinois Office to Prevent & End Homelessness shared findings from two recently released reports: [Black Homelessness in Illinois: Structural Drivers of Inequity](#) and the [Illinois Homelessness Mortality and Morbidity Report 2017-2022](#)

XII. Healthy Illinois 2028 (SHA/SHIP) Built Environment Priorities Overview

Jennifer Epstein, Deputy Director of IDPH’s Office of Policy, Planning, and Statistics presented an overview of the built environment aspects of the State Health Assessment (SHA) State Health Improvement Plan (SHIP), collectively referred to as Healthy Illinois 2028. Priorities are racism as a public health crisis, chronic disease, maternal and infant health, COVID-19 and emerging diseases, and mental health and substance use disorder. Specific objectives address access to nutritious food, opportunities to increase active living, access to care, infrastructure to support mental health and substance use disorder, social determinants of infant health and mortality, and advancing environmental justice in BIPOC communities.

Members agree that the annual report should highlight built environment issues and best practices for mitigating risks to vulnerable populations discussed in the homelessness reports and Healthy Illinois 2028 such as:

- Zoning for affordable housing and shelters
- Social context aspects that impact incarceration and employment
- Foster care discharge
- Traffic fatalities in unhoused populations
- Contributors to infant mortality within 1st year of life
- Factors that contribute to violence

- Access to health care and supportive services near places that are likely to house the unhoused (parks, shelters).
- Economic benefits of improving lived environment

XIII. Closing remarks

Health in All Policies (HiAP) Workgroup Agenda
October 24, 2024
1-3pm CST
 1603 W. Taylor St, Suite 1136
 Chicago, IL 60612

Meeting Objectives

- Review and approve annual report outline.
- Discuss strategies to advance racial and environmental justice objectives of the SHIP.

1:00-1:10pm	Opening Remarks	Wayne H. Giles, Dean & Professor University of Illinois Chicago School of Public Health (UIC SPH) Sameer S. Vohra, Director Illinois Department of Public Health (IDPH)
1:10-1:15pm	Approval of July 25, 2024 Minutes	Wayne H. Giles, Dean & Professor UIC SPH
1:15-1:25pm	Open Comment Period	Janice Phillips, Assistant Director IDPH
1:25-1:35pm	Annual Report Outline Review and Approval	Antonia Lewis-Reese, Senior Director of Strategic Initiatives UIC SPH
1:35-1:55pm	IPHA Built Environment Efforts	Tracey Smith, Associate Executive Director for Public Health Practice Conny Moody, Associate Executive Director for Advocacy Illinois Public Health Association
1:55-2:00pm	Break	
2:00-2:20pm	Rebuild Illinois and Proposed Highway and Multimodal Improvement Program	Illinois Department of Transportation Elizabeth Irvin, Deputy Director, Office of Planning and Programming
2:20-2:55pm	Group Discussion <i>What recommendations could we make to improve the health of individuals who live (or will live) in soon-to-be revitalized areas while advancing the SHIP priorities? What specific actions can we take to ensure communication and collaboration across existing initiatives? Are there opportunities for policy intervention at the agency or state level?</i>	HiAP Alliance Members
2:55-3:00pm	Closing Remarks	Wayne H. Giles, Dean & Professor UIC SPH Sameer S. Vohra, Director IDPH

Health in All Policies (HiAP) Workgroup Meeting Minutes

October 24, 2024

1pm-3pm CST

1603 W. Taylor St, Suite 1136

Chicago, IL 60612

Member Organization Representatives Present: Rashmi Chugh, Prince Danso-Odei, Brandy Evans, Jane Flanagan, Elizabeth Irvin, Dorian Manion (IDHFS delegate), Janice Phillips, Tracey Smith (IPHA delegate), Elizabeth Vogt, Sameer Vohra, Teschlyn Woods

Other Guests Present: Jamie Chriqui (UIC), Jennifer Epstein (IDPH), Sarah Littrell, Conny Moody (IPHA), Pavani Punnam (UIC)

Facilitator: Antoniah Lewis-Reese

Notetaker: Tynetta Hill-Muhammad

- I. Opening Remarks, Introductions, & Attendance** (Wayne H. Giles, Dean & Professor UIC SPH)

- II. Approval of July 25, 2024 Minutes**
 - Motion to approve July 25, 2024 minutes: Rashmi Chugh
 - Second: Janice Phillips
 - Vote: 62% yes; 0% no; 0% abstain; 38% ineligible

- III. Open Comment Period** (Janice Phillips, Assistant Director IDPH)
 - No comments

- IV. Annual Report Outline & Approval** (Antonia Lewis-Reese, Senior Director of Strategic Initiatives UIC SPH)
 - Upcoming Report Update
 - Will be aligning with to the Health Illinois 2028 priorities and economic and revitalization efforts across the state (Rebuild Illinois, IDOT initiatives, Economic Growth Plan)
 - APHA & IPHA recommendations - Continuing to look for regional and statewide work
 - Report Framework
 - Providing guidance for engaging with communities
 - Connecting findings to determinants of health between housing and homelessness
 - Annual Report Outline – received by all committee members.
 - There will be no literature review. Findings will be incorporated in the broader report.
 - Completed and Planned Outreach
 - IL Department of Commerce and Economic Opportunity
 - IL Environmental Protection Agency - designated environmental justice area
 - UIC College of Urban Planning and Policy
 - Questions, Comments, Recommendations

- R. Chugh: review other states or communities for examples – this will be incorporated into the scan.
- J. Chriqui: Community Provider Services Taskforce, American Health Association - fiscal activity alliance, and the CDC Health People Initiative.
- W. Giles: Reason for not doing literature review is there are a number of published literature reviews that will be used as references.
- C. Moody: Recommends referring to documents from the Network for Public Health Law and Change Labs

V. IPHA Built Environment Efforts

- Efforts (Tracey Smith, Associate Executive Director for Public Health Practice Illinois Public Health Association)

Workforce Development

- Trainings that highlight built environment and policy/procedures
- Focus on Community Health Workers (CHW) (Lunch & Learn) - helping to lead toward healthier built environments through trainings around housing policies, food deserts, implicit bias, social and environmental justice.
- Gaps in ‘memory cafes’ - development of a workforce training that decreased the number of falls in the aging population.

Support to Communities to Build Hyperlocal, Trauma Informed, and Equitable Ecosystems of Care

- Hub approach to granting - providing funding communities - 87 partner organizations in FY 24 (34 local; 53 state agencies).
- 128 sub-recipients of grant contracts.
- EOY 2025 will have 120 MOUs in a partnership network that focused on the issues of the built environment.
- Currently working with 15 health departments across the state to integrate CHWs.
- Evaluating how to integrate CHWs into schools.
- Identified a lack in the WIC environment and people trained in lactation support.
- Facing major burnout of healthcare providers - incorporating local areas by working with forestry experts in southern IL to integrate wellness programs.
- Policy and Advocacy (Conny Moody, Associate Executive Director, Operations and Advocacy)

Legislative Priorities

- Safe and accessible transit and infrastructure
- Increasing access to food (e.g., community gardens)
- Reducing the risk of asthma and environmental exposures (e.g., reducing truck idling near schools)
- Zoning policies
- Social connectedness of communities (e.g., 3rd space & public gathering spaces)

Partnerships

- Healthcare roundtable in the Governor's Office
- IPHA and APHA partnering with other states on the national level on proposals such as:
 - ensuring federal agencies have adequate funding.
 - addressing the health impacts of climate change - protecting nutrition security

Question/Comments

- Members recommend examining the following issues and projects:
 - improving and expanding sidewalks across the state
 - walkability/safety – sustainable, cost-effective street lighting, partnering for safe streets, street furniture.
 - food accessibility - convenience stores selling fast food. (e.g., offering gardening lessons to teach people how to grow food in their backyard.)
 - outdoors gyms - allocated parts of parks for people to workout outside in a safe/accessible area.
 - care coordination - need to work with insurance companies and specialties in health to include CHWs and social workers.
 - bi-directional communication strategies
 - underserved urban and rural communities.
 - crime prevention through urban design.
 - implications of parking elimination strategies for disabled persons.
 - zoning codes – major policy lever for advancing public health.
 - grant opportunities through State agencies.
- Examples and Opportunities
 - IL Housing Authority - Fall 2020 Community Revitalization Survey feedback was focused on parks and recreation/sidewalks. Rural community that does not have a park district received a grant to revitalize a community park from a multigenerational perspective. Included fitness equipment, a walking path, and a play space.
 - Partnership between the health department (includes social workers and others), community leaders, and Sherriff's department to join patrolling to improve safety in Florida.
 - IPHI has a state fiscal nutrition grant focused on the needs in rural areas of southern IL to implement and develop infrastructural plans.
 - Federal bills (e.g., 2020 Great American Outdoors Act and [Outdoors for All Act](#)- pending Senate approval) can be a legal and funding tool to develop initiatives to equitably provide more green space and expand public lands.

VI. Rebuild Illinois and Proposed Highway Multimodal Improvement Program (Illinois Department of Transportation: Elizabeth Irvin, Office of Planning and Programming)

- Implementing highway and intermodal projects across 9 IL Districts
- Long Range Transportation Plan Long Term - 20-to-30-year Plan
 - Performance Goals – Economy, Livability, Mobility, Resiliency, Stewardship
 - Current Focus:
 - Multi- year Highway Improvement Plan - plan over the year and the next 5 years
 - Statewide Transportation Improvement Program
 - Bike Plan
 - Transit Plan
- Rebuild IL (main focus: investing in maintenance of the structure through asset management)
 - 14.8 Billion Awarded
 - 6,078 miles of road improvements
 - 629 Bridge Projects
 - 895 Safety Improvements

- Prioritizing Projects (HB0253) - Traffic Operations/Congestion, Safety, Economic Development, Environmental Impacts/Livability, Regional Rating
- IDOT funding - on IDOT Website
 - Transportation Enhancement Program
 - [IL Safe Routes to School](#) – available to municipalities
 - CMAC - reducing emissions from freight vehicles.
 - Transportation Alternatives Program
- Additional Information
 - National Safe Routes Coalition focusing on safe routes to parks.
 - The transportation enhancements program goes through an application process and is scored on a number of criteria including equity.
 - The engineering field has developed measures for features of traffic modeling that haven't been focused on pedestrians and cyclists. Data is not available at a state-level but supporting work at the local level like metropolitan planning departments. Active Transportation Plan will have some of this information.

VII. Group Discussion (HiAP Alliance Members)

- Report Deadline is 12/31
- Share draft for Alliance Review by 12/13/2024.
- Next Meeting February/March

VIII. Closing Remarks (Dr. Sameer Vohra Director of IDPH)

HEALTHY ILLINOIS 2028 – STATE HEALTH IMPROVEMENT PLAN: BUILT ENVIRONMENT

Priority Areas

Chronic Disease 1

COVID and Emerging Diseases 2

Maternal and Infant Health 3

Mental Health and Substance Use Disorder 3

Racism as a Public Health Crisis..... 4

Priority Area: Chronic Disease

Goal 2. Decrease preventable chronic diseases through nutrition.

- Objective 2: Increase access to sufficient, affordable, nourishing, culturally responsive, and consumed food, including by maximizing access to and participation in nutrition assistance programs.
 - o S1: 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.
 - o S3: Promote Healthy Corner Store initiatives and encourage retailers to explore ways to improve store layouts to promote more nutritious options.
 - o S6: Promote zoning practices and create incentives to attract supermarkets that carry fresh produce to areas where availability is low to advance positive health outcomes.

Goal 3 : Increase opportunities for active living

- Objective 1: Improve access to physical activity in schools.
 - o S3. Encourage schools to improve schoolyards to promote active play and outdoor learning and make these spaces available and accessible to the broader community.
- Objective 3: Improve the built environment to increase active living in priority communities.
 - o S1. 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.
 - o S2. 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
- S3. Increase and reform transportation funding programs to support and to prioritize walking, biking, and public transit projects.
 - S4. 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.
 - S5. 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).
 - S6. 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.
 - S7. 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.
- S7. 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.
 - S8. 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.

COVID and Emerging Diseases

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

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

- S1. 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).
- Objective 3: Increase vaccination, up-to-date vaccination rates, and testing rates in under-resourced populations.
 - S2. Prioritize populations in environmental justice
 - S7 communities for response services due to disproportionate burdens and increased risk from environmental factors.
 - S2. Increase community resilience to communicable and other emerging disease threats
- Objective 3: Build healthy indoor and outdoor environments to reduce disease transmission.
 - S1. Collaborate across departments to improve air and water quality to reduce the rate of transmission.
 - S2. Develop partnerships and plans with low-income housing providers to assure physical access to care (buildings).
 - S3. Increase availability of and access to public resources for mitigating the effects of extreme heat (e.g., cooling stations).
 - S4. Increase climate-health connection literacy with regard to emerging public health threats and the disproportionate impact on environmental justice communities.
 - S5. Collaborate with community-based environmental organizations to reduce the health impact of environmental hazards (concentrated freight facilities, high-frequency truck routes, high-polluting industries).

Maternal and Infant Health

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 2: Address SSDOH to support infant health.
 - S1. Support innovative mechanisms to ensure transportation to pregnant and postpartum persons.
 - S2. Support innovative mechanisms to ensure housing availability for pregnant and postpartum persons.
 - S3. Expand broadband to enable increased access to telehealth communication during the prenatal and postnatal periods.

Mental Health and Substance Use Disorder

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

- 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.
 - o S1. Identify designated funding for developing physical infrastructure for mental health and SUD service provision (i.e., facilities).

Racism as a Public Health Crisis

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
 - o S1. Engage community-based organizations and community members to inform environmental policy and regulations.
 - o S2. 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.
 - o S3. 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.
 - o S4. Develop and adopt accountability metrics and mechanisms to provide EJ communities with a way to intervene in local siting decisions.
 - o S5. Advocate for increased funding for the replacement of lead service lines and prioritize lowincome and BIPOC communities.
 - o S6. 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.
 - o S1. Systematize ongoing environmental scans and continued assessments (similar to CHNAs) to identify potential environmental health hazards, both inside buildings and outside in physical environments.
 - o S2. 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).
 - o S3. Develop a database of specific priority focuses of inequities driven by grassroots environmental justice organizations and EJ community members.
 - o S4. 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.
- S5. 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.
 - S6. Build state agencies and departments' capacity to collaborate for assessment, planning, and implementation of environmental justice strategies.
 - S7. Support and strengthen the Illinois Commission on Environmental Justice.
- Objective 3: Increase investment in healthy, connected, and thriving built environments in BIPOC communities.
- S1. 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.
 - S2. Advocate for the reform of zoning and land use practices to prioritize racial equity and public health.
 - S3. Plan comprehensively for industrial siting in a way that prioritizes racial equity and public health.
 - S4. Promote the implementation of equitable transit-oriented development in local planning initiatives.
 - S5. 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).
 - S6. Prioritize traffic safety, especially for bicyclists and pedestrians, in transportation investments in BIPOC communities.
 - S7. Increase engagement of state and local agencies in planning for transportation investments in BIPOC communities to ensure investments match the needs of community members.
 - S8. 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.
- S1. Promote the development of green infrastructure (rain gardens, bioswales, green roofs, permeable pavers, rain barrels, urban tree canopy, land conservation, native plantings, lowimpact development, etc.) and put this into practice among public health entities.
 - S2. Engage community members in developing plans that prioritize green infrastructure.

- S3. Assess the value of green stormwater infrastructure as a vacant parcel strategy to capture community and public health benefits.
- S4. Support and promote tree equity and urban reforestation initiatives to increase tree canopy coverage and to provide health benefits to urban EJ communities.
- S5. Develop metrics for determining tree equity as a feature of assessing community health.
- S6. Support and promote policy on sustainable agriculture practices.
- S7. Engage communities to develop and adopt strategies to improve safety, accessibility, and usability of public green spaces.