



State of Illinois  
Illinois Department of Public Health

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# Healthy Illinois 2028 State Health Improvement Plan:

*Progress Report to the Illinois General Assembly*

Submitted by: State Board of Health

January 31, 2025

# Healthy Illinois 2028 State Health Improvement Plan: Progress Report to the Illinois General Assembly

January 2025

## Letter from the Director

Dear Members of the Illinois General Assembly,

Just over one year ago, the Illinois Department of Public Health presented you with our Healthy Illinois 2028 State Health Improvement Plan. We are now a year into that five-year plan, and I am proud to provide this update on our progress.

We know that we are more likely to achieve our outcomes if we align in our efforts and move towards shared goals. To that end, we have been working with partners around the state to identify a baseline of progress toward the objectives laid out in Healthy Illinois 2028. State agencies, local health departments, coalitions, non-profits, and other health system partners have responded to surveys and interviews to highlight their efforts in achieving health equity across Illinois and promote the vision of Healthy Illinois 2028.

In this report, you will read about the progress IDPH and its partners have made, bringing in diverse perspectives and a wide range of voices to find innovative ways to improve public health across the state.

We are only one year into this five-year plan and still have work to do. As progress continues, the IDPH team will be working in partnership with the Institute for Healthcare Delivery Design at UIC and the Illinois Public Health Institute to evaluate progress and assess needs related to SHIP implementation. We are also launching the Healthy Illinois 2028 priority action teams, which will oversee the implantation and evaluation of progress going forward.

Over the next four years, we will work through the action teams and our state and local partners to help the state progress toward achieving a healthier and more productive Illinois.

Yours in good health,

Sameer Vohra, MD, JD, MA  
Director  
Illinois Department of Public Health

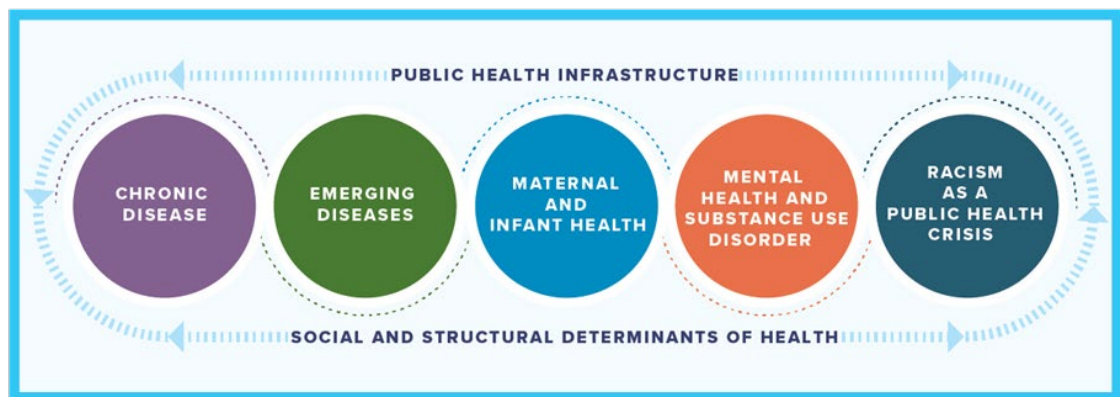
## Introduction

### *About the SHIP*

Healthy Illinois 2028 is a statewide initiative to coordinate and align plans, processes, and resources to facilitate health improvement and advance health equity throughout the state. The initiative has two main outputs, each created every five years to help build a healthier Illinois:

- The State Health Assessment ([SHA](#)) is composed of four assessments that collect, analyze, and use data to educate and mobilize communities, gather resources, and plan actions to improve public health.
  - IDPH, in collaboration with the SHA/SHIP Partnership and SHA/SHIP planning team, identified priorities through extensive data analysis, assessment, and feedback from stakeholders and community members throughout the state. The planning team also identified crosscutting themes across the four assessments, which helped inform the final list of priority areas identified in the SHA. Most cross-cutting themes appear in the descriptions of the health priority areas and are listed below in Figure 1.
- The State Health Improvement Plan ([SHIP](#)) is a shared statewide plan outlining the goals, objectives, and recommended strategies to improve the health of Illinoisans and advance health equity, specifically in the priority areas identified in the SHA.

**Figure 1. SHIP Priority Areas**



### *The SHA/SHIP Partnership and SHIP Implementation Planning Team*

The Illinois Department of Public Health (IDPH) is charged with implementing the 2028 SHIP (Healthy Illinois 2028) over the next five years. However, implementation is a shared responsibility of the state public health system.

To reach implementation goals, IDPH must start by understanding the baseline progress of statewide efforts toward SHIP recommendations. IDPH engaged the University of Illinois Chicago Institute for Healthcare Delivery Design (IHDD) and the Illinois Public Health Institute (IPHI) as the SHIP Implementation Planning Team to assist with this effort, leading to a Wins and Gaps Assessment.

To advance collaboration and accountability, the IDPH director appointed the SHA/SHIP Partnership in consultation with Gov. JB Pritzker. Public and private organizations across various expertise areas are appointed in staggered 3-5-year terms. Partnership members from numerous sectors and agencies include:

- Community-Based Organizations (CBOs)
- Education
- Health Care
- Insurance Agencies
- Local Health Departments
- State Agencies
- Subject Matter Experts (SMEs)

From 2020 to 2023, the partnership met on a monthly basis to support the development of the SHA and SHIP. In the implementation stage, the partnership has met twice in 2024 and will continue to meet bi-annually.

The 2024 SHIP implementation work was funded by the Public Health Infrastructure Grant and the Public Health and Health Services Block Grant from the Centers for Disease Control and Prevention.

## Wins and Gaps Assessment

### *The Assessment Process*

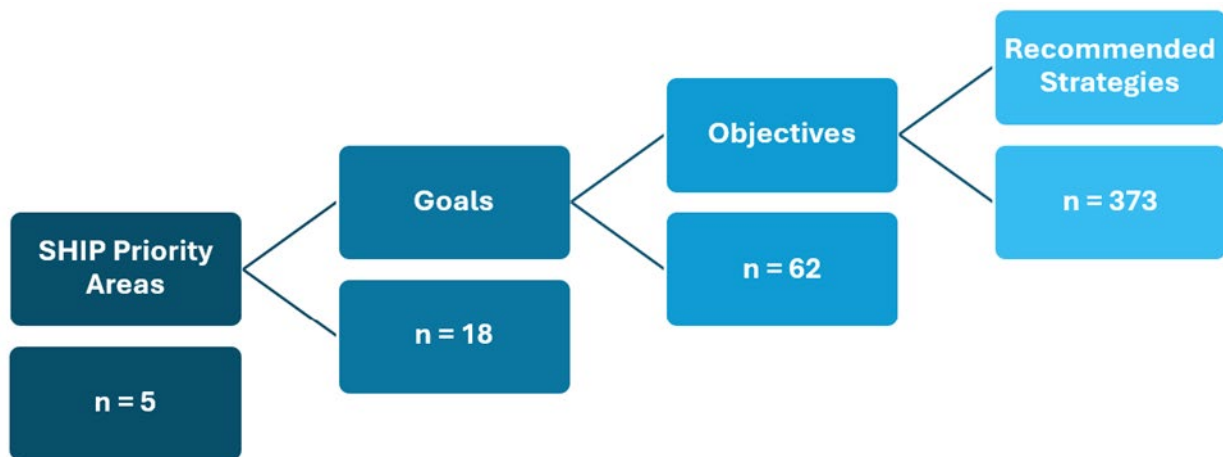
The primary goal of the assessment was to assess current gaps and wins across the strategic recommendations in the SHIP, which provide a baseline understanding of recent public health achievements and where future work should be focused.

In particular, the assessment of wins aims to promote, share, connect around, and celebrate public health accomplishments around the state. This activity can create positive reinforcing loops, where promoting these accomplishments leads to future collaborations and new ideas, prevents redundant work, and spreads successful strategies for creating impact, all of which lead to further progress. This assessment resulted in collecting hundreds of examples of strategies implemented related to SHIP objectives.

The assessment of gaps aims to identify SHIP strategies that are not being met and to provide that information to five SHIP action teams being formed. The SHIP action teams will be multisectoral public health task forces; each focused on implementing strategies in one of the five SHIP priority areas. The action teams will be tasked with prioritizing and addressing the gaps in SHIP progress, and this assessment will be used to help inform those priorities. The Wins and Gaps Assessment includes thousands of data points indicating progress (or lack thereof) toward SHIP objectives and dozens of recommendations for the action teams provided by interviewees.

The SHIP Wins and Gaps Assessment combined survey data and interview data from public health stakeholders around Illinois from August - December 2024. These methods resulted in data regarding progress toward each of the 373 strategies in the SHIP, data regarding barriers to progress in the 62 SHIP objectives, and qualitative data regarding public health accomplishments and recommendations for action teams.

**Figure 2. SHIP 2028 Hierarchy of Aims**



The data from the assessment was organized, coded, and visualized into two website dashboards (still in the development/revision phase). One internal-use dashboard may be used by action teams, and one public-facing dashboard may be used to share public health accomplishment stories and implementation progress. The latter dashboard will become publicly available soon. The internal-use dashboard was used to identify preliminary findings and themes from the assessment. It also created a tool for action teams to use as a starting point when determining SHIP strategy implementation goals.

### *Methods of the Gaps and Wins Assessment*

IDPH created and internally distributed surveys to agency stakeholders and a small number of stakeholders in other agencies. A survey was created for each of the five SHIP priority areas. Each stakeholder completed the survey for the priority area(s) they most closely worked within. The surveys contained Likert scale progress measures for each SHIP strategy for that priority area, allowing respondents to indicate if the strategy had been 1) completed, 2) progress made, 3) planned but not started, 4) not planned, or 5) not applicable/ other.

Following this survey and evaluation of the response data, IHDD developed a revised survey that included all five priority areas for distribution to a larger number of public health stakeholders around the state. This survey, developed in Qualtrics, included conditional logic to prompt respondents to answer questions based on the SHIP goals (n=18) most closely associated with their work. Each page of the survey centered around one of the SHIP objectives (n=62) that made up the goals the respondent chose. Like the first survey, this survey contained Likert scales of progress toward each SHIP strategy (n=373). The revised survey removed the scale option of “Completed,” combining it with “Progress Made in the Past Year,” since most strategies in the SHIP don’t have discrete completion points. The revised survey also added an open-text field on each page for respondents to describe any recent accomplishments or progress toward the given objective. Finally, the revised survey included a multiple-choice prompt for respondents to indicate barriers to progress toward each SHIP objective or lack of relevance to the respondent’s work (insufficient funding, insufficient staffing, insufficient data or guidance, insufficient partnerships or collaboration, or this objective is not directly connected to the work we do).

The survey was distributed to 352 public health stakeholders around the state, including stakeholders from the SHA/SHIP Partnership, subject matter experts who informed the SHIP, local health departments, and other key stakeholders with ties to IDPH, the Illinois Public Health Institute, or IHDD. Survey outreach was completed by email via Qualtrics distribution, and

surveys were completed digitally, and data was stored automatically in Qualtrics. Respondents were instructed to respond based on the work done by their group and could collaborate with colleagues to fill out the survey. Respondents were also given the option to respond directly by email with a shortened response describing their biggest recent public health accomplishment and their recommendation for action teams. Responses were collected over six weeks.

After the survey period, a group of survey recipients were selected for virtual interviews with the IHDD team. These interviews aimed to collect more data on key public health accomplishment stories and learn about recommendations related to the action plans. Interviewees were selected based on the goal of ensuring coverage from different types of organizations across different priority areas. Qualitative survey responses were also used to identify candidates for interviews. In total, 25 interviews were completed, with at least four interviewees for each SHIP priority area.

## Summary of Implementation Progress

### *Findings of the Wins and Gaps Assessment*

Sixty-one different organizations and agencies completed 85 surveys. More than 5,000 data points were collected on progress toward SHIP strategies. There were 272 open-text responses describing public health accomplishments toward SHIP objectives collected, and 566 responses were collected regarding barriers to progress. In all, each of the 62 objectives in the SHIP had respondents (n=6-25) fill out information for that objective.

Twenty-five interviews were conducted, with at least four interviews for each priority area. The interviewees represented 18 different organizations, including 12 statewide organizations and six locally focused organizations. The data collected from the interviews resulted in 54 featured public health success stories and 59 recommendations for the SHIP action teams.

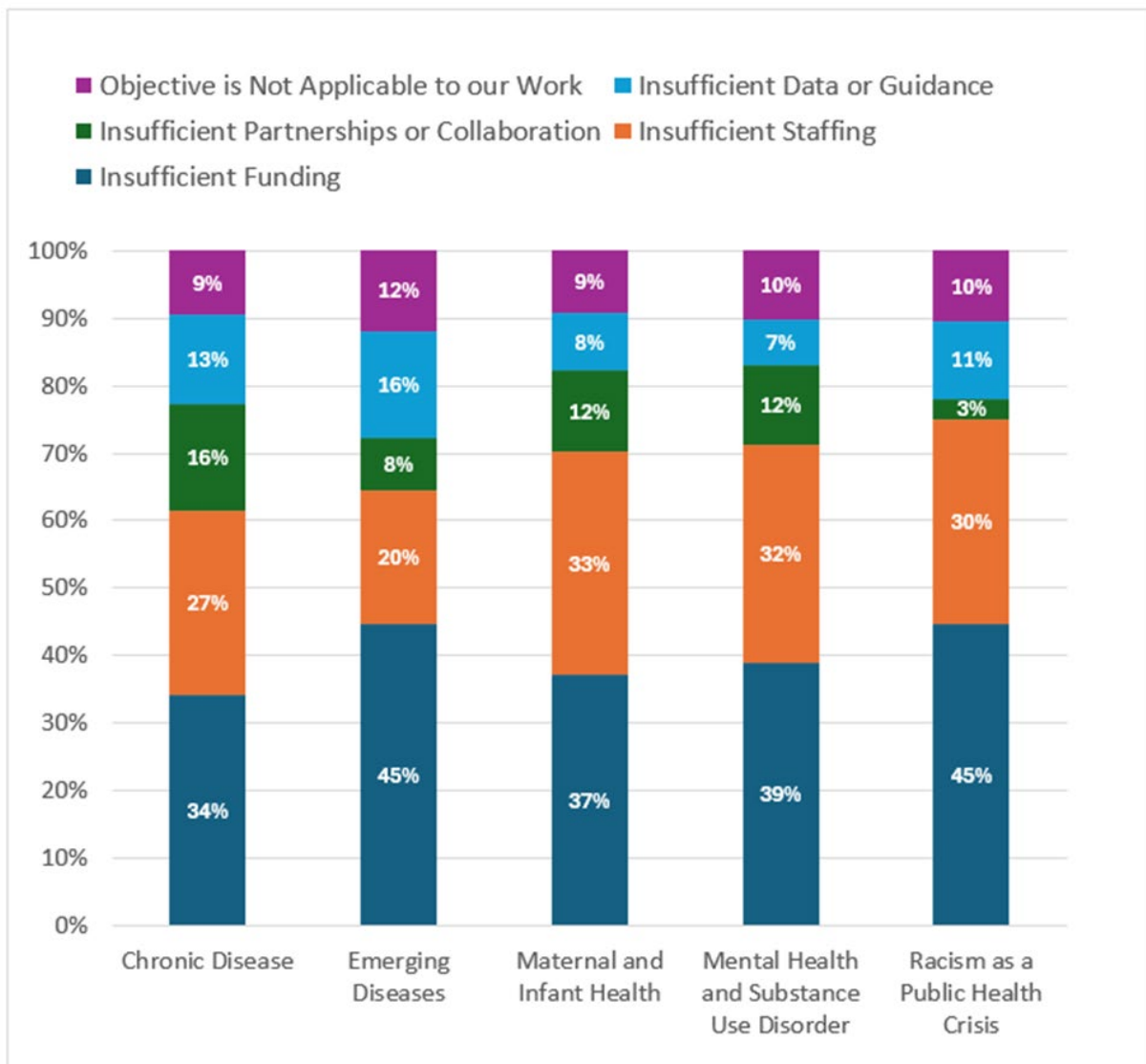
All 62 SHIP objectives had progress indicated in the survey responses by both statewide and local organizations. 318 of 373 SHIP strategies (85%) had progress indicated by at least one respondent from a statewide organization, and 306 of 373 strategies (82%) had progress indicated by at least one respondent from a local organization.

The planning team (IHDD, IDPH, IPHI) developed the Healthy Illinois 2028 Progress Dashboard from the surveys and interviews. This included the data collected in 2024 by IHDD and IDPH to evaluate public health wins and gaps. The internal-use dashboard included a gallery of public health accomplishments for each priority area and topic, recommendations for SHIP action

teams, accomplishments in the field, and progress on strategies within each objective. Action teams will use the recommendations to understand work already being done around the state. The accomplishments can be used to review stakeholder suggestions for their work and the progress on strategies can be used to visualize where progress has been made or not made in their priorities.

Respondents also indicated barriers to SHIP objective progress, shown in Figure 1 below. Across all priority areas, insufficient funding was the most frequently selected factor as a barrier to progress followed by insufficient staffing as the second most frequently listed barrier.

**Figure 3. Barriers to SHIP Objective Progress Indicated in Stakeholder Survey Responses - Percentage by Response by Priority Area**



## *Findings by Priority Area*

An overview of findings by priority area is listed below.

### **Chronic Disease**

Surveys Completed: 32

Interviews Completed: 6

1. Efforts are focused on scaling evidence-based interventions to populations that have not been reached and/or are hard to reach or establishing points of care by meeting people where they are (e.g., delivering nutritious meals to homes and providing access to health screenings through mobile units).
2. Major policy wins have furthered the expansion and/or implementation of evidence-based initiatives (e.g., expanding access to emergency asthma medication in schools, amending the Smoke-free Illinois Act to include e-cigarettes, etc.).
3. Almost all recommendations for action teams pertained to SHIP Goal CD.4) Increase community-clinical linkages to reduce the incidence and burden of chronic diseases.
4. Of the survey respondents, some respondents indicated “Not Applicable / Not Planned” for the following SHIP Objectives CD. 1.1, 3.1-3.4, 4.2-4.5, signaling potential gaps in work related to:
  - Reducing the usage of commercial tobacco products
  - Promoting and increasing active living in communities
  - Improving data collection and sharing best practices
  - Improving access to preventative and disease-management programs and screening
  - Reducing cost barriers
5. Opportunities include:
  - Engaging environmental justice organizations in addressing environmental issues that lead to and/or prolong chronic disease.
  - Addressing the complexities of Medicaid/Medicare reimbursement for community-based services.
  - Formalizing the workforce of community health workers through licensing, integration into care teams, reimbursement, and training.
  - Identifying flexible and sustainable funding mechanisms for chronic disease programming.

## ***Emerging Disease***

Surveys Completed: 12

Interviews Completed: 4

1. Stakeholders are transitioning from intensive resourcing and monitoring for COVID-19 and integrating it into broader public health monitoring systems for emerging diseases.
2. Efforts are focused on ensuring timely response and resourcing for public health emergencies (e.g., monitoring and managing emerging disease cases and developing information databases to support local health departments in responding to emergencies).
3. About half of the recommendations for action teams pertained to Objective ED.3.2. Coordinate timely emergency preparedness and response activities across departments at all levels (local, state, federal) and across public health system partners.
4. Of the survey respondents, some respondents indicated “Not Applicable / Not Planned” for the following SHIP Objectives ED. 1.1, 1.4, 2.3, 3.1, 3.3, and 3.4, signaling potential gaps in work related to:
  - Ensuring equitable access to vaccinations
  - Building healthy environments to reduce disease transmission
  - Building public health system capacity (e.g., communications, data-sharing, resourcing)
5. Opportunities include:
  - Enhancing current data collection and reporting systems.
  - Developing a comprehensive protocol that clearly defines the roles and responsibilities of IDPH and other stakeholders during and after public health emergencies.
  - Identifying flexible mechanisms to sustain and expand emerging disease, emergency preparedness, and response initiatives after the COVID-19 funding era.

## ***Maternal and Infant Health***

Surveys Completed: 34

Interviews Completed: 6

1. Many initiatives that increase access to doulas, home visiting, and non-medical support services for populations facing maternal mortality and severe maternal morbidity inequities are forming and expanding.
2. Groups are focused on raising community and provider awareness about racial maternal and infant health inequities as a means to combat them (e.g., hospital equity training initiatives, vaginal birth initiatives, educational podcasts).
3. Many initiatives within this priority area take a race-based approach to address birth inequities, leading to an overlap with Racism as a Public Health Crisis priority area.
4. Of the survey respondents, some respondents indicated “Not Applicable / Not Planned” for SHIP Objectives MAT. 3.1 and 3.2, signaling potential gaps in work related to:
  - Increasing access, quality, and coordination across the perinatal continuum.
  - Addressing Social and Structural Determinants of Health (SSDOH) to support infant health.
5. Opportunities include:
  - Coordinating strategies and resources with existing maternal and infant health partnerships and task forces.

### ***Mental Health and Substance Use Disorder***

Surveys Completed: 32

Interviews Completed: 5

1. Many ongoing initiatives are focused on scaling access to medication-assisted recovery, naloxone, gun safety tools, etc.
2. Efforts are focused on expanding mental health programming and services to specific populations (e.g., mothers experiencing postpartum depression, children ages 0-5 years, older adults, and students).
3. Illinois is experiencing expanded mental health crisis intervention services (e.g., scaling 24/7 living room programs).
4. New efforts are forming to create community and provider awareness around the impact of trauma and adverse childhood experiences (ACEs).

5. Many initiatives are focused on providing mental health services and substance use treatment to birthing people, leading to an overlap with the Maternal and Infant Health priority area.
6. None of the survey respondents indicated “Not Applicable / Not Planned” for any of the objectives, signaling some level of progress in each objective.
7. Opportunities include:
  - Increasing attention and resourcing for the mental health of aging adults as an at-risk population.
  - Investing in workforce development opportunities to increase the diversity of providers and ensure adequate training in substance use disorder treatment.
  - Supporting the integration of mental health providers into primary care settings.

### ***Racism as a Public Health Crisis***

Surveys Completed: 24

Interviews Completed: 4

1. Public health groups engage communities with lived experience in decision-making for public health organizations (e.g., ILPQC engages Black birthing patients and community groups).
2. Agencies are enhancing language access plans, hiring bilingual staff, and translating documents into commonly spoken languages to better communicate with non-English speaking communities.
3. Public health groups are taking an equity-based approach to programming by targeting specific communities (e.g., incarcerated populations, Black mothers and families, Chicago communities with the lowest life expectancy).
4. Few stakeholder recommendations for action teams were provided in this priority area, signaling a need to clarify the scope and definition of the priority area and increase intentionality toward addressing the problem.
5. Of the survey respondents, some indicated “Not Applicable / Not Planned” for SHIP objectives RPHC. 3.3 and 3.4, signaling potential gaps in work related to:
  - Investing in healthy built and natural environments in Black, Indigenous, and people of color (BIPOC) communities.

6. Opportunities include:
  - Clarifying the focus of this priority area on addressing systemic racism or race-based health disparities.
  - Integrating data sources between environmental agencies, public health, and health care to better understand the impact of environmental racism.

## Next Phase/Steps

IDPH will continue to work with the SHA/SHIP Partnership and the SHIP Implementation Planning Team as the next phase of implementation begins, which will include the formation and launch of action teams. The SHIP action teams will be a group of community-centered, cross-organizational stakeholders who are already working on the priority area (such as local health departments, health issue advocacy groups, faith community groups, health care providers, individuals with lived experiences, coalitions, state and local government agencies, etc.). These multisectoral public health teams will focus on implementing strategies in one of the five SHIP priority areas. Action team members will come from entities whose mission or organizational goals are to address 1 of the 5 priority areas. Teams will help prioritize and execute recommendations from the Gaps and Wins Assessment, monitor progress, and evaluate impact.

The action teams will:

- review and prioritize gaps and recommendations to focus on;
- develop implementation and evaluation plans to address gaps;
- implement strategic plans while engaging the community and other stakeholders as needed; and
- track and report progress regularly and through an annual report on SHIP implementation progress.

Each action team will be led by an “action team coordinator,” a paid contract position filled, ideally, by staff from a community-focused organization whose work is focused on improving 1 of the 5 priority areas. Ideally, the action team coordinator work would be part of the organization’s mission. The coordinator will help engage and oversee members of an action team to prioritize recommendations from the Healthy Illinois 2028 plan and results from the Gaps and Wins assessment, including prioritizing gaps and recommendations from assessment participants. The Action Team Coordinator will collaborate with the Action Team to create and execute a plan for implementing the recommendations and evaluating progress/impact towards achieving the collective goals and objectives.

## Closing

IDPH and the SHA/SHIP Partnership are excited to continue working with public health system partners and the community at large to improve health and advance health equity across the state as it strives to achieve the goals and objectives of Healthy Illinois 2028.

These action teams will help drive implementation, provide opportunities to broadly engage stakeholders, and build commitment and accountability around the SHIP priorities.

To continue success over the next four years, IDPH and the partnership recognize the importance of realizing the Healthy Illinois 2028 vision. This vision serves as a desired future state that requires the whole public health system to work together to achieve its goals. The Healthy Illinois 2028 vision is the achievement of health equity across Illinois by addressing structural and social determinants of health through a unified public health system, community engagement and collaboration, a strong workforce, and sustainable and flexible local funding.

As part of the Healthy Illinois 2028 campaign, IDPH may share accomplishment stories publicly through its website, future reports, and social media. A public-facing dashboard of public health accomplishment stories will be made accessible in early 2025 and aims to promote cross-collaboration and sharing amongst organizations within the state.

For more information and updates from IDPH regarding the SHA/SHIP Partnership, go to [Healthy Illinois 2028](#) or email [DPH.SHASHIP@illinois.gov](mailto:DPH.SHASHIP@illinois.gov).

## Appendix A

### *SHIP Goals and Objectives*

#### **CD.1) Increase opportunities for tobacco-free living**

CD.1.1) Reduce the percentage of Illinois adults and youth reporting using commercial tobacco products (including e-cigarettes, vaping, combustible tobacco products, smokeless tobacco, etc.).

CD.1.2) Strengthen public health infrastructure through funding, surveillance, and workforce capacity for tobacco prevention.

CD.1.3) Reduce secondhand smoke in cars, housing, outdoor spaces, etc.

#### **CD.2) Decrease preventable chronic diseases through nutrition**

CD.2.1) Increase the number of local organizations/businesses that implement institutional policy and systems change that support the consumption of nourishing foods.

CD.2.2) Increase access to sufficient, affordable, nourishing, culturally responsive, and consumed food, including by maximizing access to and participation in nutrition assistance programs.

CD.2.3) Expand healthy lifestyle services provision and promotion, including in schools and health professional programs, and ensure advice aligns with learners' lives, conditions, and cultural needs and preferences.

#### **CD.3) Increase opportunities for active living**

CD.3.1) Improve access to physical activity in schools.

CD.3.2) Improve workplace wellness to encourage and to improve access to active lifestyles for adults.

CD.3.3) Improve the built environment to increase active living in priority communities.

CD.3.4) Develop a cross-sectoral public health campaign to promote and to support active living.

#### **CD.4) Increase community-clinical linkages to reduce the incidence and burden of chronic diseases**

CD.4.1) Expand the role of and access to community health workers (CHWs).

CD.4.2) Improve data collection and sharing practices across the public health system.

CD.4.3) Improve access to preventative and disease-management programs.

CD.4.4) Reduce cost barriers.

CD.4.5) Increase assessment of family history, preventative screenings, and lifestyle modifications to prevent onset and to reduce the impact of chronic disease.

#### **ED.1) Decrease disparate health outcomes related to COVID-19 and other communicable and emerging diseases**

ED.1.1) Ensure and prioritize equitable access to vaccinations, testing, and treatment for COVID-19 and other emerging diseases.

ED.1.2) Work with communities to build trust in public health system messaging and guidance.

ED.1.3) Increase vaccination, up-to-date vaccination rates, and testing rates in under-resourced populations.

ED.1.4) Decrease disparities in vaccination dissemination in congregate settings and with home-bound individuals.

#### **ED.2) Increase community resilience to communicable and other emerging disease threats**

ED.2.1) Increase trust between communities and health departments and reinforce health departments as experts and as a resource for the community.

ED.2.2) Increase availability of and improve access to resources in priority communities as determined by the particular disease (referencing the particular risk factors).

ED.2.3) Build healthy indoor and outdoor environments to reduce disease transmission.

**ED.3) Strengthen and improve public health system infrastructure and coordination to prepare for and respond to public health threats**

ED.3.1) Develop and implement a timely, partner/field-informed communications plan.

ED.3.2) Coordinate timely emergency preparedness and response activities across departments at all levels (local, state, federal) and across public health system partners.

ED.3.3) Improve data-sharing capabilities across departments and partners.

ED.3.4) Build public health system resource capabilities to increase efficiency and effectiveness.

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

MAT.1.1) Increase the proportion of people of reproductive age who received a preventative medical visit with appropriate sexual and reproductive screening annually.

MAT.1.2) Increase equitable access to the full range of reproductive health services.

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

MAT.2.1) Increase the proportion of birthing persons receiving early, adequate, and high-quality prenatal and postpartum care.

MAT.2.2) Decrease the rate of severe maternal morbidity, pregnancy-related mortality, and pregnancy complications in hospital settings.

MAT.2.3) Address social determinants of health and barriers to care for postpartum and pregnant persons.

**MAT.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**

MAT.3.1) Increase access, quality, and coordination across the perinatal continuum.

MAT.3.2) Address social and structural determinants of health (SSDOH) to support infant health.

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

MAT.4.1) Reduce the rate of neonatal abstinence syndrome (NAS) at delivery and pregnancy-related mortality ratios for deaths caused by substance use disorders.

MAT.4.2) Decrease the proportion of postpartum persons experiencing depression symptoms and the pregnancy-related mortality ratio due to mental health.

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

MH.1.1) Improve data infrastructure to better understand the needs of children, adolescents, and adults, along with the capacity to address these needs.

MH.1.2) Equip the public health workforce to better address behavioral health needs and to provide care more effectively across the lifespan.

MH.1.3) Build capacity for increased integration of mental health and SUD with health care and other services across the continuum of care.

MH.1.4) Increase funding to support the infrastructure development of the mental health and SUD system to meet the needs of children, adolescents, and adults.

**MH.2) Reduce mortality due to mental health conditions and substance use disorders through harm reduction and preventative care strategies**

MH.2.1) Reduce drug overdose mortality following the recommendations of and utilizing the metrics outlined in the Statewide Overdose Action Plan.

MH.2.2) Reduce the age-adjusted suicide rate for the general population and populations known to experience higher rates.

MH.2.3) Reduce the number of children, adolescents (age 13-17), and young adults (age 18-24) who report experiencing poor mental health for more than one week per month.

MH.2.4) Reduce the incidence and prevalence of morbidity and mortality of substance use among adolescents and adults.

MH.2.5) Increase community interventions to improve prevention and linkage to care.

### **MH.3) Increase access to age-appropriate community-based care to reduce institutionalized treatment and incarceration**

MH.3.1) Reduce emergency department visits, hospitalizations, and incarceration by narrowing the treatment gap (between those who have a disorder and those who receive care) and building and sustaining community-based treatment capacity.

MH.3.2) Increase access to health care and wrap-around services for populations that have disproportionate incarceration rates and lack of access to services, in particular for people of color and vulnerable populations.

### **MH.4) Improve the resilience and recovery capital of communities experiencing violence**

MH.4.1) Increase mental health and SUD outreach and support to communities with the highest rates of violence.

MH.4.2) Increase efforts to prevent and address adverse childhood experiences (ACEs), which can have a tremendous impact on future violence victimization and perpetration and lifelong health and opportunity.

MH.4.3) Improve data collection and surveillance systems around community violence (intentional injury).

MH.4.4) Develop tools and resources to implement a crosscutting approach to prevent community violence.

### **RPHC.1) Build the public health system's capacity to advance health and racial equity and dismantle oppressive systems**

RPHC.1.1) Declare racism as a public health crisis with an appointed advisory committee and required plan development to operationalize.

RPHC.1.2) Allocate resources to address oppressive systems, racist policies, and SSDOH.

RPHC.1.3) Build public health system capacity for authentic community engagement and power-sharing with BIPOC communities.

RPHC.1.4) Build the state's data capacity/ capabilities to better address health and racial equity.

### **RPHC.2) Develop and maintain a diverse and skilled public health workforce for anti-racist public health to dismantle systems of oppression**

RPHC.2.1) Ensure the workforce is representative of the state population in race/ethnicity and all other points of intersectional identity.

RPHC.2.2) Leverage and implement organizational policy to support workforce diversity development.

RPHC.2.3) Expand workforce support infrastructure through programs and opportunities for professional development.

RPHC.2.4) Decrease gaps in public health workforce and leadership diversity.

### **RPHC.3) Address historical and ongoing practices that perpetuate environmental racism to advance environmental justice**

RPHC.3.1) Reduce and prevent environmental hazards in BIPOC communities.

RPHC.3.2) Build the state's capacity to map, track, and assess environmental inequities and plan for addressing them.

RPHC.3.3) Increase investment in healthy, connected, and thriving built environments in BIPOC communities.

RPHC.3.4) Increase investment in healthy, connected, and thriving natural environments in BIPOC communities.

## Appendix B

### *Organizations Who Participated in the Wins and Gaps Assessment*

Active Transportation Alliance  
American Academy of Pediatrics (ICAAP)  
American Lung Association  
Ann and Robert H. Lurie Children's Hospital of Chicago  
Association of Diabetes Care & Education Specialists (ADCES)  
Boone County Health Department  
Bureau, Putnam, Marshall County Health Department  
Catching Joy Midwifery and Home Birth  
Chicago Department of Public Health  
Chicago Hispanic Health Coalition  
Clark County Health Department  
Community Health Partnership of Illinois  
Cook County Department of Public Health  
Division of Medical Programs, Illinois Department of Healthcare and Family Services  
DuPage County Health Department  
East Side Health District  
Egyptian Area Agency on Aging  
EverThrive  
Feeding Illinois  
Greater Auburn Gresham Development Corporation  
Greater Chicago Food Depository  
Greene County Health Department  
HealthConnect One  
Henry/Stark County Health Department  
Housing Action Illinois  
IL Department on Aging  
Illinois Academy of Family Physicians (IAFP)  
Illinois Community Health Workers Association  
Illinois Department of Human Services (IDHS)  
Illinois Department of Human Services, Substance Use Prevention and Recovery (IDHS SUPR) Illinois  
Department of Public Health (IDPH)  
Illinois Environmental Protection Agency (IEPA)  
Illinois Perinatal Quality Collaborative (ILPQC)  
Illinois Public Health Association (IPHA)  
Illinois Public Health Institute  
Illinois State Alliance of YMCAs  
Illinois State Board of Education  
Jackson County Health Department  
Jared's Keepers Foundation, Inc  
Lee County Health Department

Logan County Department of Public Health  
Madison County Health Department  
McLean County Health Department  
Metro Planning Council  
National Alliance on Mental Illness - Illinois (NAMI)  
Northwestern Medicine Buehler Center for Health Policy and Economics  
Ogle County Health Department  
OSF St Francis Medical Center/University of Illinois College of Medicine Peoria IL  
Peoria City/County Health Department  
Peoria Park District  
Raising Illinois  
Respiratory Health Association  
Ride Illinois  
Rock Island County Health Department  
St Clair County Health Department  
Start Early  
Tazewell County Health Department  
University of Illinois Chicago (UIC)  
University of Illinois Urbana-Champaign (UIUC)  
Village of Skokie Health and Human Services  
Wabash County Health Department  
Wayne County Health Department  
Wellness West  
Winnebago County Health Department

## Appendix C

### *List of the SHA/SHIP Partnership*

Angela Bailey	Southern Illinois Healthcare
Garrett Carter	Illinois Department of Commerce & Economic Opportunity
Hillary Aggertt	Woodford County Health Department
James Caporusso	Aunt Martha's Health and Wellness
Jeffrey Workman	Clay and Effingham County Health Department
Lauren Wright	Illinois Partners for Human Service
Sandy Leith	Illinois Department of Aging
Damon Arnold	Blue Cross Blue Shield of Illinois
Joseph Harrington	CAPriCORN
Naila Al Hasni	Illinois Primary Health Care Association
Teschlyn Woods	Illinois Environmental Protection Agency
Ziyad Nazem	AbbVie
Anita Stewart	Blue Cross and Blue Shield of Illinois
Elizabeth Patton-Whiteside	East Side Health District
Hana Hinkle	University of Illinois College of Medicine
Hong Liu	Midwest Asian Health Association
James Miles	Lodestone R3 Institute
Karen Phelan	State of Illinois Board of Health
Laura Garcia	Department of Human Services
Sarah Robinson Torres	Illinois Housing Development Authority
Becky Dragoo	Illinois Department on Aging
Tiffany Burnett	Illinois State Board of Education