

Summary of Findings from the Healthy Illinois 2021 Plan Update

An Addendum to the Illinois 2016-2021 State Health Assessment and State Health Improvement Plan

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Introduction

The Healthy Illinois 2021 Plan Update is a two-year plan that includes data, priorities, and plans from the 2016–2021 State Health Assessment (SHA)¹ and State Health Improvement Plan (SHIP)². This update was created in 2020 when a full update was not possible due to the demands of the COVID-19 pandemic and sought to answer the following questions:

- 1 What is the current state of public health priorities in Illinois? What is urgent to address and why?**
- 2 How is Illinois, as a public health system, addressing these priorities?**
- 3 What is the current state of the public health infrastructure and capacity in Illinois?**
- 4 What is the vision or should be the vision for public health in Illinois?**
- 5 What priorities should we focus on to improve the public health system?**

The update was created by the SHIP Partnership, including representatives from the state public health system and community partners, and a Planning Team, including the Illinois Department of Public Health (IDPH), the University of Illinois Chicago (UIC) Policy, Practice and Prevention Research Center (P3RC) and its subcontractor, the Illinois Public Health Institute (IPHI).³

Findings

CURRENT STATE: HEALTH PRIORITIES

Chronic Disease

As in the 2016 SHA, chronic diseases continue to be leading causes of both mortality and premature mortality; indeed, half of all Illinois adults have at least one chronic condition. Obesity, a risk factor for chronic disease, increased by 7.8%, from 29.5% in 2014 to 31.8% in 2018.⁵ Almost half of all local health department (LHD) survey respondents (47.1%) flagged chronic disease as an urgent or very urgent priority for the public health system to address over the next 18 months and chronic disease was the most frequently documented priority in Illinois Project for Local Assessment of Needs (IPLANs) reviewed (84%, n=77).⁶ Public health practitioners described observing increased disparities for chronic disease in focus groups and the LHD survey.⁶

FIGURE 1 Key Terms And Requirements

State Health Assessment (SHA)^{1,4}

Systematic approach to collecting, analyzing, and using data to educate and mobilize communities, develop priorities, garner resources, and plan actions to improve the public's health.

State Health Improvement Plan (SHIP)²

Long-term systematic plan to address issues identified in the SHA. Describes how the state health department and the communities it serves will work together to improve the health of the population.

Both the SHA and SHIP are required for accredited health departments^{1,2}

Illinois statute requires the production of a SHIP with a specific focus on prevention and elimination of health disparities. The plan must be updated every five years.

The SHA and SHIP must include the following components and or processes:⁵

- Health profile updated annually that shows Illinois' state of health.
- Engagement and review of the data by stakeholders.
- Action plans linked to priorities and progress on the plan implementation.
- Monitoring of health and actions to the IDPH's strategic plan and quality improvement system.

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Methods

To create the Healthy Illinois 2021 Plan Update and to inform a more accurate understanding of the landscape of the public health system in relation to the Healthy 2021 priorities, a variety of primary and secondary data sources were used.⁷ Data were collected on health status related to major public health issues; emerging health issues, including COVID-19 and structural racism; and the capabilities and capacities of the public health system. Specific data sources include:

- Five virtual focus groups with key community and institutional stakeholders.
- A review and update of indicators from the 2016–2021 SHA/SHIP, including priority topics, health status, and behavioral factors.
- A review of the priorities and strategies in the most recent local health department (LHD) Illinois Project for Local Assessment of Needs (IPLAN) on file.
- An external stakeholder survey of Illinois LHDs.
- An internal survey of IDPH staff and the Illinois State Board of Health (SBOH).⁴

The purpose of this brief is to present a summary of findings from the Healthy Illinois 2021 Plan Update and provide a description of the current state of public health and the public health system in Illinois.

The 2021 Healthy Illinois State Health Improvement Plan Update: Implementation Plan includes health priorities and action plans related to this document.

two-thirds of Hispanics graduating high school between 2014 and 2018.⁶ Social and structural determinants of health (SDOH) were consistently rated as urgent priorities in the LHD survey, and 39% of LHD survey respondents indicated the public health system had minimal capacity to address SDOH.⁶ Similarly, SDOH-related priorities comprised just 3.6% of IPLAN priorities (n=12) and strategies to address socioeconomic factors were included in only 12% (n=11) of IPLANs.⁶

Access to Care

Across each preexisting priority (i.e. SDOH, MCH, chronic disease, and behavioral/mental health and substance abuse), access to care was described as most urgent or needed improvement. Access to care was also the third most prevalent priority in IPLANs (37%, n=34).⁶ Disparities in access to care were seen in the review of indicators; for example, between 2016 and 2018, there were substantially higher emergency department visit rates among Black residents for asthma and diabetes.⁶

Mental Health and Substance Abuse

The review of indicators also showed that behavioral, mental health, and substance abuse remained an urgent issue for Illinois. In 2018, 18% of residents reported ever being diagnosed with a depressive disorder.⁶ Nearly 1 out of 6 (15.4%) Illinoisans reported experiencing poor mental health more than one week in each month and the number of young adults aged 18 to 24 years who reported experiencing poor mental health for more than one week per month increased by 16%, from 20.6% in 2014 to 24.0% in 2018.⁶ These data are supported by public health practitioners' perspectives; over half of the survey respondents (50.6% staff/SBOH and 56.9% LHD)⁶ identified mental and behavioral health and substance misuse as very urgent priorities to address. LHD and focus group respondents described significant disparities in mental and behavioral health.⁶ Mental health was the second most prevalent health priority addressed in IPLANs (52%, n=48), followed by substance abuse (37%, n=34).⁶

Maternal and Child Health

The 2016-2021 SHIP identified maternal and child health (MCH) as a key health priority and a review of indicators supports continued focus in this area, particularly with respect to MCH disparities. From 2014 to 2018 there was a 5.9% increase in preterm births (10.1% to 10.7%) and Illinois failed to meet the Healthy People 2020 goal for adequate prenatal care.⁶ Large disparities also exist along key indicators, including rates of preterm birth, which are two times higher for Black infants than White, and a three times higher infant mortality rate for Black infants compared to White.⁶ Despite these trends, when compared to other priorities, maternal and child health ranked lower in urgency and was not as frequently discussed in focus groups and surveys of public health practitioners.⁶

Social Determinants of Health

In 2019, disparities were seen in income, with Black households earning 60% less than the highest earning group; similarly, between 2014 and 2018, unemployment among Blacks was more than three times that of other groups.⁶ Rates of poverty were two times higher among Hispanics compared to Whites and disparities were present in education, with only

CURRENT STATE: EMERGENT ISSUES

COVID-19

While many priorities remained constant through the last iteration of the SHA/SHIP, COVID-19 emerged as an urgent issue and revealed and exacerbated disparities. In 2020, COVID-19 was associated with excess deaths among Illinois residents with chronic disease, with the highest COVID-19 mortality rates in persons aged 80 years and over and among Black residents.⁶ The highest positivity rates were among the Hispanic population.⁶ The impact of COVID-19 on behavioral and mental health and chronic disease was supported by survey responses from LHD staff.⁶

Health Equity and Structural Racism

Issues of health equity, structural racism, and health disparities also emerged in the review. In 2017, Black and Hispanic life expectancy at birth was 14 and 12 years lower than the highest group, respectively.⁶ While 87% of LHD survey respondents indicated the public health system had moderate to optimal ability to integrate and to emphasize anti-racism and equity, only 68% said that public health system had moderate to significant capacity to do so, indicating a gap between public health practitioners' skills, knowledge, and expertise compared to their ability to address these issues of racism and equity in context.⁶ However, survey respondents and focus group participants noted that IDPH has been providing community outreach and engagement and formalizing plans to address equity.⁶

CURRENT STATE: INFRASTRUCTURE

Data suggest the need to improve the infrastructure and capacity of the public health system. In particular, survey participants noted that workforce availability and workforce development; data accessibility and use to drive planning and decision making; improving partnerships, coordination, and collaboration; and sustained funding were needed to help build the public health system.⁶ Data from focus groups and the IPLAN analysis support the need for these infrastructure improvements.

Workforce availability and workforce development

About one third (34%) of survey respondents said that the public health system has no to minimal capacity to assure development and maintenance of a competent public health workforce and focus group participants identified workforce capacity among the most needed areas for improvement of the public health system.⁶ Just over half (52%, n =47) of IPLANs included at least one professional capacity building activity, indicating some existing efforts to increase the capacity of public health and aligned professionals at the local level.⁶

Data accessibility and use

Among focus group participants, data limitations were identified as an area most in need of improvement within the public health system. Participants specifically noted the need to work toward improvements in data and assessment. A large majority of LHD respondents reported that the public health system had a moderate to optimal capability and capacity to monitor health status, collect, and produce relevant data (98% and 83%, respectively), while a smaller percentage reported that the state had a moderate to optimal capability and capacity to explore and research for innovations and insights to address public health problems (88% and 70%, respectively).⁶

Funding

Additional funding and legislative support are needed to support the Illinois public health infrastructure. While 48% of IPLANs (n=43) included at least one policy-related strategy, focus group participants noted funding and resource limitations among the areas most needed for improvement in the public health system, particularly in relation to funding to sustain programming. LHD respondents also frequently noted limited funding to address structural racism and health equity and allocate resources to marginalized groups of color.⁶

Collaboration and Communication

Improvements in infrastructure are also needed to bolster internal and external collaborations and communications. While 96% (n=86) of IPLANs included at least one strategy related to collaboration, partnerships, and coalitions, focus group participants reported that State Public Health System (SPHS) communication was among the areas most needed for improvement.⁶ LHD survey respondents also described the need for the state to continue regular communication with LHDs, to hold news conferences and to continue communication on sharing of data.⁶

CURRENT STATE: CAPACITY AND CAPABILITY

Overall, LHDs consistently reported that the current public health system in Illinois, consisting of IDPH and its partners, demonstrates greater levels of capability (i.e., skills, knowledge, and expertise), than capacity (i.e., staff, time, and funding). Table 1 shows participants' perceived capability and capacity of the public health system for each of the 10 Essential Public Health Services as well as capability and capacity for addressing social and structural determinants of health and integrating anti-racism and health equity. While there are differences between the individual capability and capacities, the most prominent difference is the stark contrast between the percentage of respondents who indicated that the system had a moderate to optimal capability compared to the system's moderate to optimal capacity. These findings suggest that improvements to Illinois' public health infrastructure could build upon its existing strengths.

TABLE 1 Local Health Department Perceptions of Capability vs Capacity for the 10 Essential Public Health Services,^{*6,8,9} Illinois, 2020

Type of Essential Service	Capacity/Capability Domain	Moderate to Optimal Capability	Moderate to Optimal Capacity
Assessment	Monitor health status, collect and produce relevant data.	98%	83%
	Diagnose and investigate health problems.	96%	80%
Policy Development	Inform, educate, and empower communities about health.	96%	83%
	Prepare and respond to health threats in the community.	98%	85%
	Develop policies and plans to support and to guide action and efforts.	98%	83%
	Enforce laws and regulations.	78%	53%
Assurance	Link people to and assure access to personal health.	94%	70%
	Assure development and maintenance of a component workforce.	93%	66%
	Evaluate effectiveness, accessibility, and quality of services.	88%	70%
Research	Explore and research for innovation and insights to address public health problems.	88%	70%
Equity	Address social and structural determinants of health.	93%	61%
	Integrate and emphasize anti-racism and equity.	87%	68%

* Capability and capacity survey questions were derived from a combination of the 2020 and 1994 versions of the Essential Public Health Services^{6,8,9}

CURRENT STATE: STRATEGIES¹⁰

In order to assess the types of strategies being undertaken by LHDs to address health priorities in Illinois, a UIC team conducted a content analysis of all current IPLANs. Ninety IPLANs representing 98 counties across the state were analyzed; two IPLANs were excluded due to a lack of strategies. The content analysis found that only 12% (n=11) of IPLANs included interventions that addressed socioeconomic factors and only 10% (n=9) of IPLANs proposed multi-level multi-component interventions. Eighty-nine percent (n=80) of IPLANs included community-level interventions, but most of these were related to health communication and education, rather than to enhancement of community services or infrastructure. Fifty-three percent (n=48) of IPLANs included policy, systems, and environmental (PSE) strategies, and most of these strategies were relatively limited in scope, often focusing on specific health content. Only 32% (n=29) of IPLANs mentioned the use of an evidence-based strategy. The majority of IPLANs showed the existence of collaborations, as 96% (n=86) had at least one partnership strategy. The current strategies proposed by LHDs may reflect an opportunity to provide additional workforce development to public health agencies and LHDs to strengthen strategy and IPLAN development.

Moving From Priorities To Action

In the next phase of the SHA/SHIP Update, the SHIP Partnership agreed to prioritize public health system infrastructure and created implementation plans for Illinois' infrastructure goals. These implementation plans can be found in the second brief in this series, *2021 Healthy Illinois State Health Improvement Plan Update: Implementation Plan*.

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