



# FISCAL 2020 IN REVIEW

Annual Report



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## A Message from Dr. Ngozi O. Ezike, Director



On behalf of the Illinois Department of Public Health (IDPH), it is my sincere pleasure to present the fiscal 2020 Annual Report. To say, “we had no idea what the year would bring” as we began this 12-month journey would be the greatest of understatements. In a year unlike anything we have witnessed before, public health has been propelled to the forefront of the stage upon which our lives play out. Regionally, nationally, even globally; public health departments and agencies have adopted the roles of researcher, reporter, strategist, advisor, physician, advocate, counselor, and confidante as we sought to understand the mystery of the **Novel Coronavirus (2019-nCoV)** and the impact it was having on us, our health, and our lifestyles.

During the 12-month period covered in this report, the Illinois Department of Public Health has continued to fight forward in the COVID-19 world pandemic. We also continue to be hopeful for the future.

The mission of IDPH is to protect the health and wellness of the people of Illinois through the prevention, health promotion, regulation, and the control of disease and injury. Throughout FY20 we have endeavored to do this employing a lens of equity that challenged us to serve the health care needs of all people of our state, regardless of geography, race, gender, age, ability, sexual orientation, religion, or any of the other factors that cause us to view people differently.

The accomplishments of FY20 are due in no small part to the dedication and work of the 1,200 men and women who comprise **#TeamIDPH!** Their commitment to serving the people of Illinois from Jo Daviess County on the north to Alexander County on the south, make it a joy to lead this department. Their professionalism, flexibility, and willingness to pivot amidst a pandemic, inspires me and keeps me in a state of gratitude for the work they do and their roles as servant-leaders.

This annual report captures our work; the activities and initiatives through which we are continuously responding to the call to serve this state and advocate on behalf of its people.

Thank you for the honor and privilege of serving, and thank you Illinois, for the faith placed in **#TeamIDPH!**

In accordance with the State Finance Act (30 ILCS 105/3(a)). I am pleased to present the fiscal 2020 report for the Illinois Department of Public Health for the year ending June 30, 2020.

A handwritten signature in black ink that reads "Ngozi O. Ezike". The signature is fluid and cursive, with the first name being the most prominent.

Ngozi O. Ezike, M.D.

*Director*

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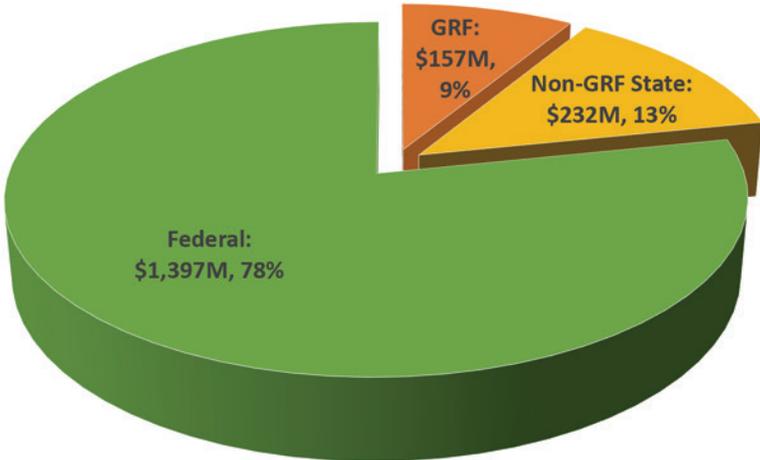
The mission of the Illinois Department of Public Health is to protect the health and wellness of the people of Illinois through the prevention, health promotion, regulation, and the control of disease and injury.

### Fiscal 2020 Key Activities

In addition to efforts to increase childhood immunization rates, IDPH is also currently focusing on:

- Maternal mortality and reducing racial disparities.
- Getting to Zero Illinois to end the HIV epidemic by 2030.
- Enhanced communications and partnerships regarding disease outbreaks, such as COVID-19 and Legionnaires.
- State- and federally-funded efforts to reduce opioid overdose instances and deaths.
- Reduction in the burden of childhood lead exposure.

### FY21 IDPH Final Appropriations \$1,786 Million



## Budget Comparisons:

### FY2020 to FY2021 (Millions)

| Funding Source        | FY2020 Budget  | FY2021 Budget  | Change       |            |
|-----------------------|----------------|----------------|--------------|------------|
|                       |                |                | \$           | %          |
| General Revenue (GRF) | \$158          | \$157          | (\$1)        | (1%)       |
| State Non-GRF Funds   | \$217          | \$232          | \$15         | 7%         |
| Federal               | \$815          | \$1,397        | \$582        | 71%        |
| <b>Total</b>          | <b>\$1,190</b> | <b>\$1,786</b> | <b>\$596</b> | <b>50%</b> |

### FY2020 to FY2021 (Millions) by Office

| Office                           | FY2020 Budget  | FY2021 Budget  | Change       |            |
|----------------------------------|----------------|----------------|--------------|------------|
|                                  |                |                | \$           | %          |
| Policy, Planning, and Statistics | \$45           | \$45           | \$0          | 0%         |
| Health Promotion                 | \$52           | \$56           | \$4          | 8%         |
| Healthcare Regulation            | \$63           | \$66           | \$3          | 5%         |
| Health Protection                | \$582          | \$751          | \$169        | 29%        |
| Women's Health                   | \$79           | \$90           | \$11         | 14%        |
| Preparedness and Response        | \$95           | \$110          | \$15         | 16%        |
| Administration                   | \$274          | \$668          | \$394        | 144%       |
| <b>Total</b>                     | <b>\$1,190</b> | <b>\$1,786</b> | <b>\$596</b> | <b>50%</b> |

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## Moving forward in FY21: Proposed Budget Highlights

- Funding of 28 new school-based health centers, an increase of \$3.4 million over FY20 GRF funding of \$4.1 million.
- Total HIV/AIDS appropriation of \$138 million, an increase of \$30 million over FY20 funding.
- Illinois Breast and Cervical Cancer Program funding of \$21.5 million, same as FY20 funding.
- State and federal funds to reduce opioid overdose Instances and deaths of \$6 million, same as FY20 funding.
- New funds for an Alzheimer's disease education and outreach program (\$1 million).
- New funds for a suicide and injury prevention program (\$750,000).
- New funds of \$600,000 to enhance infectious disease investigation capacity with added epidemiology resources.
- Additional funds for lead poisoning prevention and in particular, the work of our local health department partners on environmental assessments and case management (\$1.5 million increase over FY20 funding of \$11 million).



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## A Year in Review - PROGRAMS AND ACCOMPLISHMENTS

### Community Outreach

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

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

### Accomplishments

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

### Goal

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

More than 260 ambassadors have been recruited, thus far, in less than a month. Recruitment is ongoing and ambassadors represent every region of the state.

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

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

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## Office of Health Care Regulation

### Division of Quality Assurance

The Division of Quality Assurance (QA) is comprised of five sections: Certification, Licensure, Freedom of Information (FOIA)/Hearing/Files, Quality Review, and Technical Support. QA is responsible for processing licensure and certification surveys for long-term care facilities, such as skilled nursing, shelter care, veteran homes, intermediate care facilities for the intellectually disabled, community living, specialized mental health rehabilitation, supportive living, and long-term care for under age 22.

- The Certification Section is responsible for processing and tracking initial certifications, annual recertifications, Life Safety Code Waiver requests, bed certification changes, changes of ownership and information, terminations, and long-term care facility closures.
- The Licensure Section processes applications for the licensure of new facilities, changes of ownership, licensure renewal applications, bed level/services changes, and statistical reports, and collaborates/supports the Certification Section to process varied facility requests.
- The FOIA/Hearing/Files Section maintains records and processes FOIA and hearing requests.
- The Quality Review Section employs registered professional nurses to review surveys completed by field operations staff. The Quality Review Section is also responsible for informal dispute resolution (IDR), independent informal dispute resolution (IIDR), state licensure violations, and recommending federal civil money penalties. QA works closely with providers, the federal Centers for Medicare and Medicaid Services (CMS), and the Illinois Department of Healthcare and Family Services (HFS). Additionally, the Quality Review Section monitors the Special Focus Facilities (SFF) Program.
- The technical support coordinator maintains federal CMS Automated Survey Process Environment (ASPEN) program, works closely with staff to maintain software programs, maintains statistical databases, and tracks quality and performance data.

### Accomplishments

QA continues to process license renewals and meet the federal Centers for Medicare and Medicaid Services' State Performance Standard for Special Focus Facilities (SFF) by appropriately selecting, monitoring, and recommending for graduation of facilities in the SFF Program in an effort to improve the safety and quality of care of nursing home residents.

### Division of Health Care Facilities and Programs

The Division of Health Care Facilities and Programs licenses and provides regulatory oversight for non-long-term health care providers. The program licenses and regulates state and federal hospitals, home health, hospice, and ambulatory surgical treatment centers; licenses and regulates state only home services, home nursing, home services placement, home nursing placement, and alternative health demonstration programs (birthing centers, free standing emergency centers, subacute, post-surgical, children's residential, community-based rehabilitation); and regulates for Medicare end stage renal dialysis facilities, rural health centers, outpatient physical therapy/ occupational therapy clinics, portable X-ray facilities, and CLIA labs.

### Accomplishments

The division managed to continue to monitor and to survey providers during the COVID-19 pandemic. The division has created a virtual online initial licensure survey process for home services/home nursing programs and completed 359 federal COVID-19 infection control focus surveys for various provider types.

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## Division of Life Safety and Construction

The Division of Life Safety and Construction is made up of two sections – Design and Construction and Field Services Section. The Design and Construction Section conducts plan reviews and fire safety inspections of licensed and certified health care facilities, which includes investigations regarding fire safety and physical environment complaints or incidents. The Field Services Section conducts annual life safety code surveys of certified long-term care (LTC) facilities, initial certification surveys, and complaint and incident investigations.

### Accomplishments

In fiscal 2020, the Design and Construction Section received applications for more than 127 construction projects and collected more than \$850,000 in fees. The projects included skilled nursing facilities, ambulatory surgical treatment centers, and hospitals. IDPH issued final and temporary occupancies for more than 200 projects. Although travel was limited due to COVID-19, many onsite project inspections were conducted to assist providers, such as skilled nursing homes and hospitals, better cope with the total number of beds that may be needed during the pandemic.

## Division of Administrative Rules and Procedures

The Division of Administrative Rules and Procedures (ARP) has two units: the Administrative Rules Unit and the Health Care Worker Registry Unit. Currently, ARP has 11 staff, including the division chief and administrative assistant, with the registry unit having one professional staff and six clerical staff, and two professional staff in rules unit.

The rules unit drafts and maintains administrative rules for OHCR. Authority for these rulemakings is derived from 15 acts and encompasses 20 administrative codes. The rules unit also aids OHCR program managers and IDPH legislative staff on questions concerning existing and proposed health care legislation.

The registry unit administers the Health Care Worker Background Check Program and maintains the Health Care Worker Registry. The Health Care Worker Registry is an on-line application that health care employers and the public can use to view information about unlicensed health care workers; administrative findings of abuse, neglect, or theft; and whether an unlicensed person is eligible to work for a health care employer. Among its functions, the registry unit provides application forms and instructions to persons seeking to become a certified nursing assistant (CNA) or who are requesting a waiver of a disqualifying conviction that would otherwise prohibit them from working for a health care employer. The registry unit also staffs a call center and responds to emails from the public on questions regarding the registry and the Health Care Background Check Act.

### Accomplishments

During this calendar year, the rules unit worked with OHCR program staff and staff from other IDPH divisions to draft and publish emergency rules covering 17 different administrative codes that created or modified existing administrative rules in order to better address regulation of health care facilities during the COVID-19 pandemic. Among the topics covered by these emergency rules were infection control and testing requirements, suspension of requirements related to licensure surveys and inspections, suspensions of certain involuntary transfer and discharge requirements, suspension of various hospital licensing requirements (e.g., increasing bed capacity and providing for “alternate health care facilities”), and creating a new Temporary Nurse Aide Program.

During this calendar year, the registry unit added more than 70,000 persons to the HCWR (bringing the total number of persons now included to more than 800,000), processed more than 1,200 requests for waivers of disqualifying convictions, and handled more than 100,000 calls and emails from health care

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employers and the public. In addition, the registry unit worked with the IDPH's Division of Information Technology to improve the Portal Registration Authority process to enable health care employers to quickly register and be approved for access to the HCWR.

## **Training and Technical Direction Section**

The Training and Technical Direction Section assists surveyors to meet knowledge skills and abilities to carry out survey functions. This includes assessing training needs, coordinating training, creating curriculum and tools, evaluating learning, record keeping, and providing survey related updates. Liaison with the federal CMS Regional Training Administrator and the CMS Central Office regarding training concerns, logistics, scheduling, and oversight to CMS Surveyor Training Website. The Training and Technical Direction Section is dedicated to promoting positive holistic quality care outcomes for long-term care residents.

This section approves Basic Nursing Assistant Training Programs (BNATP), Advanced Nursing Assistant Training Programs (ANATP), instructors, and evaluators; reviews resident attendant program submissions; identification and notification of nurse aide training site restrictions; and responds to Nurse Aide Training and Competency Evaluation Program Waiver requests.

### **Accomplishments**

Collaborated and partnered with infection control specialists to provide training to IDPH survey staff/supervisors and to nurses contracted through the Illinois Emergency Management Agency to prepare for the COVID-19 pandemic response and continued education updates released by CMS, CDC, and IDPH.

Established a downtown Springfield COVID-19 testing site while legislators were in session to administer testing to House and Senate members and the community.

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

The Division of Long-Term Care provides health care regulation for the state's 716 skilled nursing facilities. Division staff survey nursing homes for infection control, COVID-19, complaints, bed changes, annuals, focus facility, licensure, and certification. The long-term care surveyors are trained to be qualified for Surveyor Minimum Qualifications test.

### **Accomplishments**

The division completed 716 initial infection control surveys for the federal CMS for the state to receive Cares Act money. Personal protective equipment (PPE) was obtained for every surveyor with all types of different needs. PAPRs were recommended for those who could not wear an N95 mask (failed fit test). The division's range of Focused Infection Control Surveys completed extends from 30 to 160 per week. The backlog of complaints is lessening with a goal to complete all backlogged complaints as soon as possible. The division is also working on a committee to ensure every at-risk elderly resident and staff member receives the COVID-19 vaccination.

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## Center for Minority Health Services

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

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

### Accomplishments

In calendar year 2020, CMHS programs reached 17,441 racial and ethnic minorities statewide with outreach and education and participation at community events. HIV and hepatitis C testing were provided to 24,611 individuals; 10,549 individuals were linked to care services; more than 700 individuals received the COVID-19 test; and 438 received the flu vaccine. As of July 2020, 686 Narcan kits were distributed to individuals and training was provided on how to use the kits.

Priority programs are HIV/AIDS, hepatitis B (African and Asian immigrants), health education and access to services, refugee health, migrant and rural health, and naloxone training and distribution

CMHS developed the Health Equity Checklist as part of the COVID-19 response to address long-standing systemic health and social and economic inequities suffered by racial and ethnic minority groups that were further exacerbated by the COVID-19 pandemic. CMHS, in partnership with Office of Performance Management (OPM), has begun piloting the Health Equity Checklist as part of the grant making process and will be training other IDPH offices on how to use the checklists in their grants to provide a focus to grantees to include a consideration of ways they can reduce the negative impact of health disparities. This group also led an internal book club with a focus on racial awareness issues for IDPH employees.

The CMHS is actively engaged in the Government Alliance on Racial Equity (GARE) Collaborative, a national network of government agencies working to achieve racial equity and advance opportunities for all. CMHS staff have gone through Roots of Health Inequity online training developed by the National Association of County and City Health Officials (NACCHO). The training explores root causes of inequity in the distribution of disease, illness, and death.

This year, CMHS published its second Health Disparities Report and created an accompanying online Health Disparities Dashboard that provides an interactive map that can be used to identify key social determinants that impact health.

### Community Partnership

Young Growers of Pembroke Township. This project involved a multi-year collaboration with the residents of Pembroke Township, one of the largest rural Black communities in the state and one of the poorest areas in the nation. Over the course of four years, staff from CMHS worked with the community to develop obtainable, unified goals and build partnerships within the community that have allowed CMHS to make strategic, sustainable plans to improve lives and to promote resident health equity. With the community itself identifying the barriers, challenges, and shortcomings, CMHS is now able to work together to find solutions

In response to the COVID-19 pandemic, CMHS, in partnership with the COVID-19 Equity Team, organized a Youth Forum that featured Dr. Ezike holding a conversation with young adults to help spread awareness of COVID-19 and ways to prevent community spread. Additionally, staff organized a facemask design contest as a way to encourage young adults to wear a mask.

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CMHS recruited Bellevue to be a partner city in the CityHealth pilot project initiative. CityHealth, an initiative of the de Beaumont Foundation and Kaiser Permanente, advances a package of evidence-based policy solutions to help people live longer, better lives in vibrant, prosperous communities. CityHealth regularly evaluates cities on the number and strength of their policies. Currently, Chicago is part of the CityHealth projects, but they are also looking to expand their program to reach a city with a population size between 10,000 and 275,000.

CMHS assembled and leads the COVID-19 Equity Team made up of state and community partners. The team helped guide IDPH's response to COVID-19 in minority and vulnerable communities to ensure it was aware of and responding to the health inequities exacerbated by the COVID-19 pandemic. This is a two-way relationship where information is shared from the community to IDPH and vice-versa and has been important to IDPH as it reaches out to citizens to try to slow the spread of COVID-19. The team is working with CMHS to develop quality messaging and information around the COVID-19 vaccine and building trust and dispelling misinformation. This will give IDPH a broad and informed understanding of the needs and questions different communities have about the vaccine and will help with acceptance of the vaccine when it becomes available.

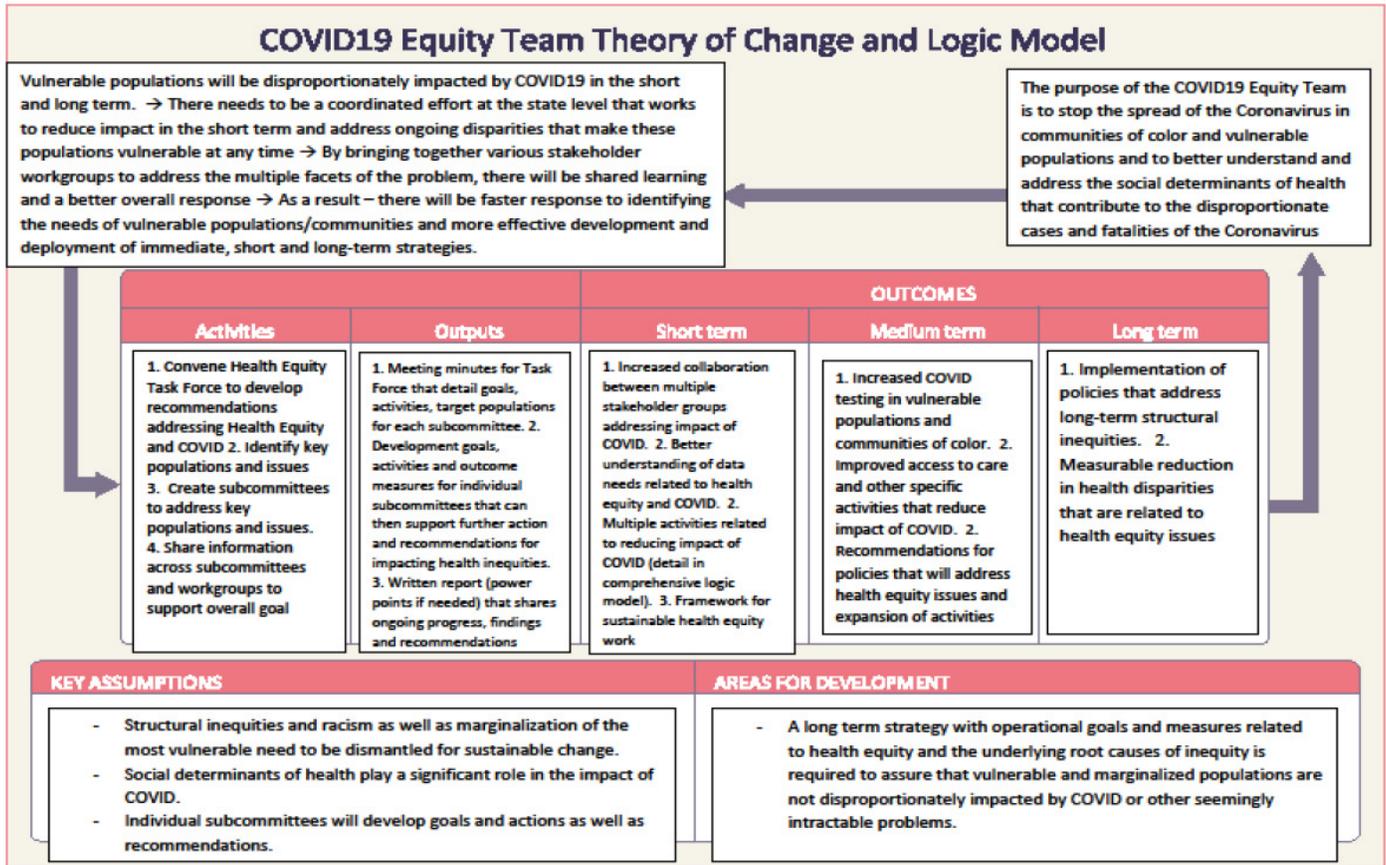
### Resources

CMHS report of Health Disparity: <https://idph.illinois.gov/HealthDisparity/>

CMHS Health Disparities Report: <http://www.dph.illinois.gov/sites/default/files/publications/v5health-disparities-report.pdf>



# COVID-19 Equity Team: Theory of Change



## Sustainable Path for Equity



### Long-term Outcome

Implementation of policies that address long-term structural inequities.

Measurable reduction in health disparities that are related to health equity issues.



### Communication

Educate stakeholders-- identify the needs of vulnerable populations/communities and more effective deployment of immediate, short and long-term strategies.



### Data and Information

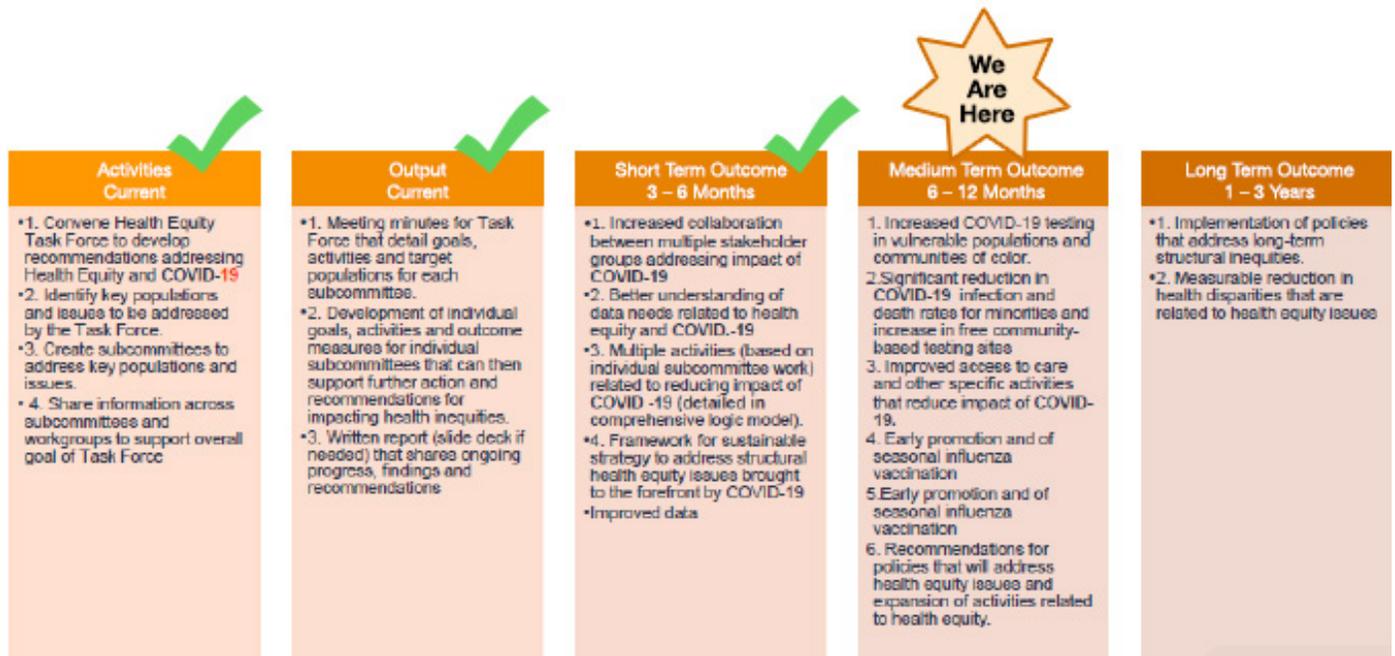
Public Health Data Warehouse, Population Health Information, and equity.



### Output

Activity, Policy, Intervention

## Goal



## Increase and improve data collection on COVID-19 related illnesses, other health conditions, and social determinants of health

|  | Recommendations  | Status  |
|--|--|---|
| Public Health COVID-19 Indicators          | Disaggregate report indicators across vulnerable and marginalized populations to ensure resource distribution is equitable and culturally/ linguistically appropriate.   | Achieved  |
| Standardization of race and ethnicity data | Use OMB Directive 15. Use 2020 U.S. Census race and ethnicity data collection questions. Use U.S. Office of Management and Budget-Directive -15 revised standards and reference U.S. Census Bureau 2020 data collection questions on race and ethnicity. | Referred for legislative consideration              |
| Policy on Data Collection                  | Issue a statewide policy that mandates the collection of data on specific race and ethnicity, disabilities, LGBTQ populations, and health equity items associated with the social determinants of health.  | Referred for legislative or executive consideration |
| Training                                   | Train personnel who are responsible for data collection, analyses and/or reporting, and increasing and improving data infrastructure, (e.g., personnel, software, hardware).   | Referred to IDPH for consideration                  |
| Legislation                                | Enact legislation through the Illinois General Assembly to provide funding and resources necessary for a permanent solution to improve data collection on race and ethnicity and on data associated with the social determinants.                        | Referred for legislative consideration              |

## COVID-19 Testing and Prevention

|                           | Recommendations   | Status                                       |
|---------------------------|---|--|
| Access to PPE             | <ul style="list-style-type: none"> <li>Develop equitable access to personal protective equipment (PPE) and necessary supplies for hospitals, primary care locations, community-based organizations, safety nets, etc.</li> </ul>  | Ongoing                                      |
| Housing Support           | <ul style="list-style-type: none"> <li>Revise intake forms for alternative housing to remove questions requiring identification and a current address.</li> </ul>   | Achieved                                     |
| Communication/ Education  | <ul style="list-style-type: none"> <li>Create communication plan framework for all populations.</li> <li>Promote the importance of vaccine and education about vaccines.</li> <li>Create education awareness to engage the community.</li> <li>Address the 3 Ms in minority communities - Myths, Misinformation, and Mistrust.</li> </ul> | Achieved                                     |
| Access to Services        | <ul style="list-style-type: none"> <li>Develop a statewide 211 system to help direct callers to social services, including for intimate partner violence, child abuse, etc.</li> <li>Developed a Violence Prevention Resource List for statewide distribution.</li> </ul>   | Needs legislative consideration/<br>Achieved |
| Health Equity Measurement | <ul style="list-style-type: none"> <li>Develop and implement a Health Equity Checklist that promotes action to eliminate differences and disparities affecting groups marginalized because of race/ethnicity, social/economic status, gender or disability (in progress).</li> </ul>  | Achieved                                     |



## Community Partnership, Engagement, and Support

|                                   | Recommendations   | Status   |
|-----------------------------------|---|----------|
| Messaging                         | Prioritize investment in multilingual outreach to communities most critically impacted by COVID-19 regarding testing, protection at home and workplace, and how to access state assistance programs and resources available.  | Ongoing  |
| Engaging the Community            | Plan and implement strategies for the active engagement and representation of existing anchor organizations in the communities in decision-making processes related to COVID-19 response and recovery.  | Achieved |
| Partnership                       | Develop and expand public and private partnerships with community health centers, local governments, other state agencies, and philanthropic organizations.<br>Create a Task Force to continue to shine a light on these issues, assure that recommendations are pursued and identify other ways to collaborate across sectors.   | Ongoing  |
| Economic Mobility and Development | Develop pathways to prevent further disparities by supporting economic mobility, especially in communities with the greatest need (e.g., minorities, low income, rural, blue collar, and other communities) that don't have access to resources. This includes developing pathways to create a stronger equitable economy that sustains/allows business and individuals to weather the challenges of disasters of any nature, including more access to financial resources. | N/A      |

## Collaborating organizations

A Safe Haven  
 Access Community Health Network  
 American Civil Liberties Union  
 American Indian Health Services  
 Beyond Care  
 Blue Cross Blue Shield Illinois  
 Cass Co. Health Dept  
 Chicago Department of Public Health  
 Chinese American Service League (CASL)  
 Coalition for a Better Chinese American Community (CBCAC)  
 Community Health Partnership of Illinois  
 Community Organizing and Family Issues  
 Eastside Health District  
 Family Counseling Center  
 Fifth Street Renaissance  
 Friend Health  
 Heartland Health Services  
 Heartland Human Care Services  
 Helping Hands  
 Illinois Coalition for Higher Education in Prison  
 Illinois Coalition for Immigrant & Refugee Rights  
 Illinois Migrant Council  
 Memorial Health System Midwest Asian Health Association  
 Muslim Association of Greater Rockford  
 National Association for the Advancement of Colored People (NAACP)  
 Northwestern University

Peer Plus Education and Training Advocates  
 Prairie State Medical Society  
 Respiratory Health Association  
 Southern Illinois University  
 Stickney Public Health District  
 Swedish Hospital  
 University of Illinois Chicago  
 University of Illinois Springfield  
 United Congregation of Metro-East  
 Women on Top of Their Game W.O.T Foundation / Comprehensive Quality Care  
 Walgreens

### State Partners

- Illinois Department of Children and Family Services (DCFS)
- Illinois Department Human Services (OHS)
- Office of the Governor
- Illinois Department of Healthcare and Family Services (HFS)
- U.S. Department of Health and Human Services (HHS)\*
- Illinois Public Health Association (PHA)
- Illinois Department on Aging (DOA)
- Illinois Department of Corrections (DOC)
- Illinois Environmental Protection Agency (IEPA)
- Office of the Lieutenant Governor
- State Representatives
- State Senators

\*ex officio

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## Opioid Initiative

IDPH's opioid epidemic response work supports the state's overall strategy to reduce opioid overdoses and is guided by the State Opioid Action Plan. The IDPH opioid initiatives are implemented through cross-sector and interagency collaboration and are focused on evidenced-based strategy. IDPH serves as the opioid overdose surveillance lead for the state and supports the expansion of harm reduction services.

### Accomplishments

IDPH submitted the Opioid Overdose Semiannual Report in October to the governor and General Assembly. This report can be found on the IDPH website. Additionally, IDPH reports fatal drug overdoses, including opioid overdose, by county and demographics, in its Drug Overdose Deaths Report, which is updated monthly and can be found on the IDPH website.

Through funding from the CDC, IDPH has worked to improve the quality and timeliness of opioid-related overdose mortality and morbidity surveillance by: 1) Leveraging syndromic surveillance data received from hospital emergency departments (ED) for near real-time information on opioid overdoses. These data are published online on the IDPH Opioid Data Dashboard and include information on ED overdose trends and case counts by county. IDPH is using the data to identify targets for opioid overdose outbreak response activities. Summary opioid overdose data are provided quarterly to the CDC for inclusion in national statistics. 2) Implementation of the State Unintentional Drug Overdose Reporting System (SUDORS) within the Illinois Violent Death Reporting System that collects comprehensive mortality data, including expanded drug toxicology testing. This has facilitated improvements in the quality and timeliness of the data collected.



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In 2019, Illinois undertook a jurisdictional vulnerability assessment of HIV and hepatitis C outbreak risk related to injection drug use at a ZIP code level in order to inform state level prevention activities and support local health departments in developing jurisdictional response plans. The assessment was modeled after the CDC nationwide analysis of HIV vulnerability and included rates of hepatitis C and other infectious diseases; opioid-related fatal and non-fatal overdose; environmental risk data, such as population age distribution, poverty, employment type, and housing; and available health resources, including medication for opioid use disorder (MOUD), naloxone by standing order, and emergency care. ZIP codes with high vulnerability when interpreted by rates were predominantly located in central and southern areas of the state, whereas as resource gaps were distributed throughout Illinois. The report identified three priority recommendations for the prevention of opioid overdose and other associated outcomes, such as a future HIV outbreak. These recommendations include increase access to harm reduction services, increased testing and vaccinations, and increased linkage and access to care.

IDPH's Rural Opioid Overdose Prevention Initiative provides free naloxone and naloxone administration training for municipal and county law enforcement agencies. In order for law enforcement agencies to receive naloxone, the officers must register with the Illinois Law Enforcement Alarm System and complete naloxone training. To date, 2,328 law enforcement officers have passed the training.

IDPH, the Chicago Department of Public Health, and the Chicago Recovery Alliance are collaborating on a CDC-funded grant to pilot real time drug testing to determine quantitative composition of drug samples collected in the Chicago/Suburban Cook County area. Through February 2020, 292 samples have been tested by the Fourier-Transform Infrared (FTIR) Spectroscopy Instrument and the high-pressure mass spectrometry.

## **Community Partnership**

The seven organizations participating in the Harm Reduction Linkage to Care Program connected 504 individuals to harm reduction services and 146 referrals to treatment.

In 2019, the Wellness on Wheels (WOW) program distributed 818 does of naloxone to high-risk individuals/family members or caregivers at events throughout the state and engaged 60 individuals in syringe exchange services.

## **Resources**

<http://www.dph.illinois.gov/sites/default/files/publications/semiannual-opioid-overdose-report9292020final.pdf>

<http://www.dph.illinois.gov/data-statistics/vital-statistics/death-statistics/more-statistics>

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

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## Office of Women's Health and Family Services

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

### The OWHFS administers:

- A. The Illinois Breast and Cervical Cancer Program (IBCCP) offers free breast cancer screenings statewide for women 35 and older and cervical cancer screenings for women 21 and older who have low incomes and no health insurance.
- B. The Illinois WISEWOMAN Program (IWP) is offered in 15 counties in Illinois and is designed to help women enrolled in the IBCCP identify cardiovascular risk factors and reduce their risk for heart disease through a heart-healthy lifestyle.
- C. The Illinois Family Planning Program (IFPP) aims to provide high-quality, culturally sensitive family planning services to low-income women and men who are under-insured, uninsured, and insured individuals who may otherwise lack access to health care. Services provide individuals assistance in planning of pregnancies, lowering the incidence of unintended pregnancy through education providing contraceptive services, lowering the rates of sexually transmitted diseases, and improving general health

The Maternal and Child Health Title V Block Grant (IL Title V) program has a large, complex, and interrelated portfolio of maternal and child health (MCH) programs that span the life course from pre-conception through adulthood. The program seeks to improve the health of women, children (including those with special health care needs), and families across the state. Programs support primary, secondary, and tertiary prevention and can be classified as direct, enabling, and system -building interventions. Specific programs include the Adolescent Health Program, School Health Program, Administrative Perinatal Center Program, and many partnerships and collaborations with key MCH partners.

### Accomplishments

- A. Illinois Breast and Cervical Cancer Program (IBCCP)
  - Tazewell County Health Department is featured on CDC's website for their outreach initiatives that drastically increased breast and cervical cancer screening rates in LatinX and Black populations in their catchment area. Screening rates tripled in LatinX women and doubled for Black women.
  - The electronic enrollment pilot at Mercy Hospital is a new workflow development that minimizes the time it takes for patients to complete IBCCP enrollment packets. More than 250 clients have utilized the new electronic format and the feedback has been reassuringly positive. There are plans to expand this workflow to other lead agencies who have the broadband and IT capacity to implement an electronic registration process for patients.
  - IBCCP is collaborating with Midwest Business Group on Health Partnership (MBGH), a non-profit coalition of mid- to large employers. The purpose of this partnership is to expand IBCCP's reach to employers and educate leadership on the importance of promoting the utilization of health benefits amongst employees to access breast and cervical cancer screenings and other preventative services. A survey that included questions developed by IBCCP was sent to MBGH members to assess benefit priority areas for 2021. Survey results are pending; however, IBCCP's intention is to utilize the survey results to partner with a specific employer and implement health promotion initiatives within their workforce.

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## B. Illinois WISEWOMAN Program

- The Illinois WISEWOMAN Program (IWP) maintained CDC approval for and coordinated with recognized lifestyle programs for participants in Weight Watchers and Taking Off Pounds Sensibly (TOPS). In addition, CDC approval was maintained for the Self-Monitoring Blood Pressure Program (SMBP) and Wise Words text messaging program, which are administered by the IWP Evaluation Team. Through these programs, IWP lead agencies (local providers serving 15 counties) have access to individualized resources to offer IWP participants in addition to the IWP health coaching curriculum, Be Wise. These resources support IWP enrollees as they make lifestyle changes to improve their heart health.
- Through its collaboration with its evaluation team from the University of Illinois College of Medicine Rockford and the Center for Research on Women and Gender/University of Illinois at Chicago, IWP recruited Winnebago County Health Department as a local lead agency provider, which extended the reach of the program to Boone, DeKalb, and Winnebago counties. The Winnebago County Health Department began serving women in 2020.
- In June 2020, CDC released a quick scan of data submitted by WISEWOMAN states showing that the Illinois WISEWOMAN Programs had referred 87% of women screened to a lifestyle program and 100% of those women had attended at least one lifestyle program session.

## C. Illinois Family Planning Program (IFPP)

- IFPP conducted a health education and training workgroup with 12 delegate agencies focusing on COVID-19, telehealth, and outreach strategies.
- IFPP delegate agencies were able to continue to provide family planning services during the COVID-19 pandemic via drive up, telehealth, and on-site services.
- In the past year, delegate agencies embarked on innovative outreach strategies to expand services to underserved communities:
  - The VNA outreach effort used community health workers to build relationships with local individuals and followed up with people at risk of increase disparities with access to care.
  - Lee County Health Department increased their male numbers by creating a Family Planning for Men campaign to increase Expiated Partner Therapy Care and work more closely with the sexually transmitted disease clinic.
  - Rush University Medical Center established a referral relationship with Mercy Home, an organization that serves homeless and unaccompanied youth, to increase the care coordination for these clients.
- IFPP also expanded geographic reach in the following areas:
  - The Cook County Health & Hospital Systems Family Planning delegate agency expanded services to North Riverside.
  - IFPP expanded services to Hanover Park, McHenry, Schaumburg, Streamwood, and Wheeling through the addition of Greater Elgin Family Care Center to the delegate agency provider network.

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#### D. Maternal and Child Health Title V Block Grant

- IL Title V successfully convened stakeholders, disseminated data, and implemented best practice programs to improve population health. The IL Title V leadership sat at many state and local tables to ensure that priorities were aligned, and Title V funds were leveraged appropriately. Collaborations included the Illinois Perinatal Quality Collaborative, the Illinois Maternal Health Task Force (Health Resources & Services Administration Maternal Health Innovation Grant awarded to University of Illinois Chicago), and the Chicago Collaborative for Maternal Health (Merck for Mothers Grant awarded to various MCH partners).
- The Adolescent Health Program successfully increased access to preventative care amongst adolescents (ages 11-21). The program featured 12 grantees who reached approximately 10,000 adolescents in 21 communities across eight counties. Key accomplishments of grantees included educating youth and families, increasing adolescent wellness visits, launching communication campaigns, and offering continuing medical education credit to providers.
- The IL Title V program, through the Illinois Division of Population Health Management (DPHM), which is a division of OWHFS, continued its collaboration with the Illinois Department of Corrections (IDOC). Illinois is home to three women's correctional facilities, Logan Correctional Center, Decatur Correctional Center, and Fox Valley Adult Transition Center. Combined, these facilities house more than 2,500 women. There are a total of eight mom and baby joint housing units at the facilities.
- OWHFS has successfully developed agreements or mechanisms that allow direct, ongoing access to the following data files: birth, death, and fetal death certificates; hospital discharge records for women and children; Pregnancy Risk Assessment Monitoring System (PRAMS); Behavioral Risk Factor Surveillance System (BRFSS); and the Cornerstone (data system for Illinois Department of Human Services programs, such as the Special Supplemental Nutrition Program for Women, Infants, and Children [WIC] and case management).
- The Title V epidemiology team continues to advance the development and use of linked MCH data systems through ongoing evaluation and validation. For example, the CDC MCH Epidemiology assignee conducts validation of the matched infant birth and death certificates each year as the vital records files are finalized. Updated information is provided to the IDPH Division of Vital Records so they can improve their matching processes.
- Overall, IDPH is currently undertaking an agency-wide effort to increase the ease of internal data sharing between offices by implementing standard data request forms that eliminate the needs for individualized legal agreements for data sharing. In the future, this may facilitate data sharing and allow Title V to obtain access to other IDPH datasets.

#### Community Partnership

##### A. Illinois Breast and Cervical Cancer Program (IBCCP)

- 14,478 women served
- 10,681 breast cancer screenings
- 3,499 cervical cancer screenings
- Assisted 249 underinsured women with breast cancer screenings
- Assisted 49 underinsured women with cervical cancer screenings
- Approximately 40% of initial program Pap tests provided to never/rarely screened women
- Approximately 98% of abnormal Pap tests provided with complete follow up care

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B. WISEWOMAN Program (IWP)

- 100% of clients have an income between 0 – 150% of federal poverty level (FPL)
- 354 eligible women screened for cardiovascular disease
- 456 screenings were conducted that included initial screenings, re-screenings, and follow-up screenings

C. Illinois Family Planning Program (IFPP)

- Served 46,133 clients and provided 75,644 visits
- 97% of family planning clients received chlamydia and gonorrhea treatment within 30 days
- 81% of family planning clients have an income between 0-150% of FPL

D. Maternal and Child Health Title V Block Grant

- Hosted eight Maternal Mortality Review Committee meetings
- Served 90,420 clients in school-based health centers
- 84.7% of low birth weight infants were delivered at a Level III perinatal hospital

## Resources

A. Illinois Breast and Cervical Cancer Program

- The Illinois Breast and Cervical Cancer Program (IBCCP) provides breast and cervical cancer screening and diagnostic services to people who are uninsured or underinsured – targeting populations most at risk for poor health outcomes based on race, ethnicity, sexual orientation, gender identity, age, and geographic location. IBCCP offers direct screening services through 28 lead agency grantees and a network of more than 2,500 providers. Despite the challenges brought forth by the on-going COVID-19 pandemic, IBCCP lead agencies have maintained service delivery efforts. Lead agencies have employed telehealth visits to help bridge care gaps and provide timely consultations for patients. Many agencies have expanded the use of virtual platforms and social media to engage with patients and community members to provide health education regarding the importance of continuing to access breast and cervical cancer screenings. Moreover, IBCCP continues to work collaboratively with the Illinois Cancer Leadership Team on inter-program cancer prevention and screening initiatives, which includes membership on the Illinois Cancer Partnership and participating on workgroups to develop the Illinois Cancer Leadership Plan for 2022-2027.
- The IBCCP Breast Health Education Report to the General Assembly can be found in Appendix A.

B. WISEWOMAN Program

- The Illinois WISEWOMAN Program provides cardiovascular disease (CVD) screenings to women 40-64 years old who are uninsured or underinsured and at or below 250% of FPL through local partners. Based on their CVD risk factors, participants are referred to lifestyle programs to address physical activity and healthy eating habits. The program brochure linked below is provided to potential participants so they understand the benefits of participating in the program.
- Illinois WISEWOMAN brochure: <http://www.dph.illinois.gov/sites/default/files/publications/15-appendix-c-iwp-brochure-eng-span-04-03-15-042816.pdf>

C. Illinois Family Planning Program

- The Family Planning Annual Report for FY19 (CY20) can be found in Appendix B.

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D. Maternal and Child Health Title V Block Grant

<http://www.dph.illinois.gov/topics-services/life-stages-populations/maternal-child-family-health-services>

- Maternal and Child Health Services Title V Block Grant – FY 2021 Application and FY2019 Annual Report
- Illinois Maternal and Child Health (MCH) Action Plan 2021 – 2025

## Office of Health Protection

The Office of Health Protection administers programs to prevent and to control infectious and communicable diseases, to reduce and to eliminate exposure to environmental hazards, and to ensure a safe, wholesome, and nutritious food supply.

- Division of Infectious Diseases is responsible for statewide surveillance, identification of disease outbreaks and clusters, reporting, and providing consultation services and training for public health partners for more than 64 diseases/conditions.
- Division of Environmental Health works to reduce the incidence of disease and injury and to promote health and safety with regard to environmental factors and to prevent contamination and disease transmitted through exposures.
- Division of Laboratories operates three state laboratories and supports public health programs with accurate and timely environmental and clinical testing data. The division's labs perform tests for a variety of infectious diseases, newborn genetic and metabolic disorders, foodborne illnesses, chemical and bioterrorism agents, and environmental contaminants in milk and water. The data and patient results generated by the labs are used for disease control, prevention and treatment, and epidemiological studies.

## Accomplishments

- In February 2020, IDPH labs were the first public health laboratories in the nation to implement the CDC's SARS CoV-2 PCR diagnostic assay. This test supported the aggressive prevention actions of state officials by facilitating community testing, tracking, and isolation of COVID-19 infections early in the pandemic.
- In May 2020, the division implemented the ThermoFisher TaqPath SARS CoV-2 assay. This high throughput testing platform significantly increased the division's daily testing capacity to 10,000 specimens a day.
- Established COVID-19 contact tracing protocols and provided funding grants to local health departments to support contract tracing efforts.
- Established the Pandemic Health Navigator Regional Coordinator grant for community-based organizations to assist with COVID-19 contact tracing efforts.
- Established and managed COVID-19 communications through the DPH.Sick hotline and email inbox.
- Participated in statewide COVID-19 mass vaccination planning.
- Food, Dairies, and Devices (FDD) staff accompanied and assisted local health departments on COVID-19 worker illness response inspections at food and meat processing facilities.
- The Plumbing and Water Quality Program modified the plumbing exam to continue to issue licenses and registrations to the regulated plumbing community during the COVID-19 pandemic.
- Through the Ryan White Program, successfully designed, trained, and launched the statewide Tenant Based Rental Assistance Program.

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- Sexually transmitted diseases (STD) staff presentation at the 2020 CDC STD Prevention National Conference.
  - HIV Pre-Exposure Prophylaxis (PrEP) program hotline created.
  - Plumbing and Water Quality Program developed, coordinated, and presented an eight-part webinar series to educate local health departments and health professionals on Legionella investigations and water management.
  - Plumbing and Water Quality Program released a guidance document addressing plumbing and water quality concerns caused by building vacancies. Program staff received recognition for their work from the Alliance to Prevent Legionnaires Disease, the National Sanitary Foundation (NSF), and the American Water Works Association (AWWA) for their efforts to address Legionnaires and building water management.
  - Plumbing and Water Quality Program has worked with Elevate Energy to implement a \$1.5 million WIIN grant from the U.S. Environmental Protection Agency (USEPA). This funding will be used to educate daycare providers and Illinois Department of Children and Family Services (DCFS) staff on the effects and methods to reduce lead in water exposures. Additionally, the grant will cover the cost for lead in water testing for many daycare facilities.
  - Toxicology Program was awarded a \$433,000 federal grant from CDC's Agency for Toxic Substances and Disease Registry (ATSDR) to conduct public health assessments of Superfund and other hazardous waste sites. Funding will be provided for a three-year cooperative agreement.
  - Toxicology Program secured USEPA's assistance in cleaning up mercury contamination throughout a home over a six-week period. The cleanup costs exceeded \$118,000, which was beyond the means of the homeowner and was not covered by homeowner's insurance but was covered in full by USEPA. In this instance, the program's indoor air monitoring capabilities and partnership with USEPA was critical in identifying a hazardous condition and eliminating exposure.
  - Toxicology Program responded to requests for technical assistance for nine hazardous waste sites and releases, more than 200 citizen inquiries related to hazardous substances, and three additional mercury spills.
  - Lead Program processed 230,000 children who tested for lead exposure and 7,000 were identified with elevated lead levels. The children were case-managed. More than 2,800 environmental inspections were conducted to find and to remediate the lead exposure sources.

## Community Partnership

The Division of Infectious Disease (DID) has partnered closely with local health departments and community-based organizations through the course of the COVID-19 pandemic. Sections within DID have also continued their population-based work to prevent any stoppages in services throughout the year.

- Ryan White Part B – Medication/Premium Assistance Program expansion
- “Getting to Zero” HIV initiative
- Pre-Exposure Prophylaxis Program (PrEP) in conjunction with participating health departments
- HIV corrections initiative
- Ryan White Part B program redesigned Correctional Summit of Hope community engagement fairs to a virtual platform
- Immunization funding grants – elimination of disparities and coverage level
- Partnership with local health department's on facilitation of outbreak reporting

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IDPH entered into grant agreements with 101 local health departments or delegate agencies to provide case management care for lead-exposed children in 98 of 102 counties. Additionally, 31 of the delegate agencies also had grant agreements to provide environmental investigation services. IDPH provided services to four counties with no delegate agency.

As part of the Community Involvement Plan for the Schroud Property Superfund Site, virtual and phone interviews with community members between May 18 and June 9 were conducted. A total of 22 of these interviews were accomplished with residents and community groups to document their concerns and ask questions. The Schroud Property Site was added to the National Priority List of Superfund Sites in December 2019. On July 13, 2020, Division of Environmental Health program staff visited the Schroud Property Site and two nearby youth baseball fields in Hegewisch were evaluated for metals in soil, including arsenic, lead, and manganese. Summary findings were provided July 24, 2020 to the persons who oversee the baseball fields.

The Toxicology Program responded to a significant residential mercury spill in Knox County. The Knox County Health Department contacted the program due to elevated blood mercury levels in a resident who had broken an antique barometer several months prior. The program conducted mercury vapor screenings throughout the home and determined that mercury vapors necessitated displacement of the resident and warranted emergency response by USEPA.

The Plumbing and Water Quality Program continues to work with Elevate Energy, and they are tentatively scheduled to launch their LeadCare Illinois Program in mid-December 2020 for testing of lead in water at daycare facilities under the WIIN grant.

The Division of Laboratories plays a crucial role in population health by screening all newborn babies in the state to identify rare diseases that could cause brain damage or death if not treated early. In June 2020, the division began spinal muscular atrophy (SMA) screening and has identified five cases of this rare condition, supporting early treatment and better outcomes for babies and their families.

In September 2020, the Division of Laboratories, in collaboration with the Office of the Governor, released the Abbott BinaxNOW, 15-minute rapid COVID-19 antigen test. More than 800,000 tests have been deployed to nearly 300 sites of care, including local health departments, hospitals, rural health clinics, long-term care and correctional facilities, federally qualified health centers, and schools, and first responders. This test has enhanced COVID-19 testing among vulnerable and underserved populations; and proved invaluable in preventing outbreaks by allowing for more timely isolation and quarantining of positive cases.

## Resources

HIV surveillance update reports - <https://dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hiv-surveillance/update-reports>

IHIPC meeting minutes - <https://dph.illinois.gov/topics-services/diseases-and-conditions/hiv-aids/hpg/meetings>

HIV data and statistics - <https://dph.illinois.gov/diseases-and-conditions/HIV-Factsheets>

Hepatitis A - <https://dph.illinois.gov/hepatitisA>

Influenza surveillance - <https://dph.illinois.gov/topics-services/diseases-and-conditions/influenza/influenza-surveillance>

STD reporting - <https://dph.illinois.gov/topics-services/diseases-and-conditions/stds/data-statistics>

Immunizations - <https://dph.illinois.gov/topics-services/prevention-wellness/immunization>

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The linked interactive map reveals details of testing activities of children exposed to lead by counties or delegated public health agencies and Medicaid status. Population, pre-1978 housing units, and high-risk ZIP codes for lead exposure are also listed by county.

[Childhood lead poisoning surveillance reports](#)

For the retail food program, the Food, Dairies, and Devices Section conducted monthly webinars for local health departments on topics of food safety, the Food and Drug Administration Food Code, and conducting food inspections, and answered hundreds of food code interpretation questions from local health departments and conducted program reviews for one third of the local health departments.

For the manufactured food program, the Food, Dairies, and Devices Section conducted 353 manufactured food establishment inspections and 32 specialized inspections for juice, seafood, and preventive controls. In order to accomplish these inspections, five staff members have taken FDA training courses. Food, Dairies, and Devices Section conducted two cannabis cultivation center inspections in 2020 and 111 new manufactured food establishment inspections.

Despite the COVID-19 pandemic, the Plumbing and Water Quality Program managed to participate in 13 Legionella outbreak investigations and assisted facilities and local health departments with 11 possible Legionella outbreaks.

IDPH was successful in getting emergency rules approved to extend the renewal period for plumbing licenses from April 30 to August 28 to allow the majority of licensees to renew their license and/or registration without receiving late fees or penalties. There are currently 13,419 active licenses, certifications, and registrations issued by the Plumbing and Water Quality Program, including 180 newly licensed plumbers, 510 new apprentice plumbers, and 49 new registered plumbing contractors. The program continues to work with individuals who may have failed to submit or have submitted renewals after the deadline.

Illinois consistently ranks among the top five states in average COVID-19 tests completed per capita. The Division of Laboratories has made a significant contribution to this ranking. By the close of 2020, the Division of Laboratories will have processed more than 1 million COVID-19 diagnostic tests.



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## Office of Health Promotion

### Division of Chronic Disease Prevention

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

### Accomplishments

During the first 2½ years of the grant, grantees have been able to:

- Successfully implement and hold classes for chronic disease management, including a shift of in-person classes to a telehealth/virtual platform during the COVID-19 pandemic.
- Implement a self-monitoring blood pressure program through a partnership with the Gateway Regional YMCA.
- Hold a statewide Diabetes Day with 287 registered attendees.
- Train 77 nurses on proper blood pressure measurement.
- Hold blood pressure screenings for 1,500 individuals.
- Provide technical assistance to 18 federally qualified health centers (FQHC) through a DPP Community of Practice forum.
- Offer new, all-virtual trainings for medication therapy management, diabetes management and cardiovascular disease management to pharmacists that resulted in recognition from the American Pharmacists Association.
- Develop a Community Health Worker Advisory Committee to further the infrastructure of a CHW workforce that includes a standardized curriculum, statewide certification, and a sustainable reimbursement mechanism.
- Expand Extension for Community Health Outcomes (ECHO) trainings for CHWs that included modules on diabetes prevention and management, hypertension management, and pandemic response.
- Successfully implement two cohorts of the DPP for IDPH employees including the transition to a virtual program and the allowance of employees to attend DPP on work time.
- Secure employer-based coverage for the DPP at the University of Chicago Medicine that exceeded the benchmark for enrollment of participants.
- Develop a rate structure and state plan amendment language for Medicaid to use for implementation of reimbursement to providers for DPP.

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## Community Partnership

The DP18-1815 grant has a focus on the Edwardsville and Marion regions, which cover the southern third of the state, due to a high burden of chronic disease identified through the GIS mapping of ZIP codes. These regions are largely rural with barriers that include accessing medical care due to geography, a lack of trained medical professionals, little public transportation, and low-income status. During year three, the grant will expand its focus to the Peoria region.

## Resources

[Year 2 Efficiency Improvement Plan and Process Models](#)

[Performance Measures Category A](#)

[Performance Measures Category B](#)

[Year 2 Evaluation Report](#)

## Illinois Comprehensive Cancer Control Program

The goal of the Illinois Comprehensive Cancer Control Program (ICCCP) is to reduce cancer incidence and mortality by addressing areas across the cancer continuum. The purpose of the five-year grant cycle is to leverage existing partnerships and initiatives to enhance primary prevention, early detection, and survivorship. The ICCCP aims to sustain the current momentum around cancer prevention and early detection, to support an updated Illinois Comprehensive Cancer Control Plan, and to build capacity for the ICCCP to strengthen partnerships with multi-sector stakeholders to increase the level and reach of cancer prevention and control strategies to the entire state while also targeting vulnerable populations.

## Accomplishments

The ICCCP held its annual Illinois Cancer Partnership (ICP) meeting October 27, 2020 and 113 partners attended the three-hour virtual meeting. Attendees included 12 partners from Georgia, Indiana, Kentucky, Missouri, and Wisconsin. The ICP annual meeting served as a kick-off to prepare the work groups for the 2022-2027 Illinois Comprehensive Cancer Control Plan. Speakers included Jamila Shields, public health advisor, Comprehensive Cancer Control Branch (CCCB), Division of Cancer Prevention and Control from the CDC's National Centers for Chronic Disease Prevention and Health Promotion, who spoke on health equity and disparities.

The ICCCP began development of the 2022-2027 Illinois Comprehensive Cancer Control Plan through three work groups – prevention; screening and early detection; and diagnosis, treatment, and survivorship – and all will include a health equity focus. Each work group has approximately 25 members, with two facilitators/leaders per group. The work groups began meeting in November to define the goals, objectives, and strategies for the next iteration of the cancer plan and will continue to meet monthly until February 2021.

The ICCCP grantee, Southern Illinois Healthcare, presented a webinar June 24, 2020 to present best practices and lessons learned from the Nourish Program pilot project to health care providers and practices. The one-hour webinar, which was attended by 65 individuals, described 1) how a cancer survivorship program focused on nutrition was implemented in a rural area, 2) the obstacles and opportunities faced in program implementation, 3) ideas for program implementation in the “new normal” with COVID-19, and 4) tips for working with patients through the “Nourish” Program toolkit. The webinar attracted attendees from 19 different counties (7 rural and 12 urban) and 31 different ZIP codes in Illinois, as well as attendees from Missouri and Ohio.

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The ICCCP worked in collaboration with the Diabetes Prevention Program to offer a competitive application to address obesity in cancer survivors through the Lifestyle Change Program. Southern Illinois University School of Medicine was selected as the grantee and has begun the process to identify cancer survivors eligible to participate in the Lifestyle Change Program.

The ICCCP was selected as one of six states to participate in a technical assistance project with the National Association of Chronic Disease Directors (NACDD) and Leavitt Partners. The University of Chicago Medicine was asked to be a co-lead in the project, which tentatively has three strategies:

1. Facilitate a policy change so Medicaid will prioritize the quality improvement measure of colorectal cancer screening rates.
2. Explore internal policy barriers related to colorectal cancer screening with insurance payers (Blue Cross Blue Shield).
3. Through interviews, identify the most significant barriers to colorectal cancer screening and innovative solutions undertaken that are sustainable during and past COVID-19.

The technical assistance project involves three components: an engagement meeting (May 2021); one-on-one interviews with Blue Cross Blue Shield and Medicaid; and phone interviews with five large health systems (one in Cook County and four health systems with broad reach in multiple regions in the other parts of Illinois).

### **Community Partnership**

The ICCCP has entered a collaborative, no-cost agreement with the University of Illinois Cancer Center Community Engagement and Health Equity (CEHE) office to obtain input and feedback from the community for the 2022-2027 Illinois Comprehensive Cancer Control Plan. In the collaboration, CEHE will develop a strategy to engage diverse community stakeholders, including cancer survivors and providers not currently involved with the Illinois Cancer Partnership, to receive feedback and input on the next iteration of the cancer plan. The engagement project focuses on addressing cancer inequities and health disparities through a community town hall in February 2021 and four-to-six focus groups after the town hall. Proposed focus groups include individuals with disabilities, Native Americans, young cancer survivors under the age of 45, a men's group, and lesbian, gay, bisexual, transgender, and queer or questioning (LGBTQ). CEHE can conduct the focus groups in Spanish and Cantonese.

### **Resources**

[http://www.dph.illinois.gov/sites/default/files/publications/ICCCP%20Year%203%20Evaluation%20Report\\_09.11.2020.pdf](http://www.dph.illinois.gov/sites/default/files/publications/ICCCP%20Year%203%20Evaluation%20Report_09.11.2020.pdf)

[http://www.dph.illinois.gov/sites/default/files/publications/ICCCP%20Year%203%20Evaluation%20Report\\_Appendices\\_09242020.pdf](http://www.dph.illinois.gov/sites/default/files/publications/ICCCP%20Year%203%20Evaluation%20Report_Appendices_09242020.pdf)

### **Alzheimer's Disease Advisory Committee**

IDPH is responsible for implementing activities of the Alzheimer's Disease Assistance Act (410 ILCS 405) and the Alzheimer's Disease Research Act (410 ILCS 407).

### **Accomplishments**

IDPH facilitates the director-appointed Alzheimer's Disease Advisory Committee (ADAC).

P.A. 101-0588, effective January 1, 2020, authorized the creation of an IDPH dementia coordinator. This position will be responsible for implementation of the Alzheimer's Disease State Plan and will coordinate

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resources for Alzheimer’s and other dementias across state agencies. The act also changed the membership structure for ADAC from 23 to 17 members and refocused who is represented on the committee.

- Restructure of the ADAC – several people were appointed to the new positions – and the committee held its first meeting in October 2020.
- Dementia coordinator position is a new position. IDPH is in the process of interviewing candidates.
- The state plan was updated, and it is anticipated to be released by the end of 2020.

Through fiscal 2020, tax check off funds were utilized to support Alzheimer’s Disease Research Fund grants, but beginning in FY21, money generated by the tax check off will be used to support the dementia coordinator. The fund, in existence since 1985, supported 186 Illinois research projects. Grant awards were used to investigate the biomedical, technical, or psychosocial study pertaining to Alzheimer’s disease and related disorders

Each year, IDPH gathers information from the Regional Alzheimer’s Disease Assistance Centers and state agencies on services provided for persons with Alzheimer’s disease and/or related dementias. The reports follow the language in Section 4 of the Alzheimer’s Disease Assistance Act and helps IDPH document the standards for a service network and designation of regional centers and primary providers.

IDPH is collaborating with the Office of the Lieutenant Governor to establish a task force focusing on access to services for people living with a dementia and develop a public awareness campaign.

IDPH participates in the Illinois Cognitive Resources Network, which was established by the three Alzheimer’s regional centers, to build a network between stakeholders to optimize efforts across the state.

### **Community Partnership**

IDPH participated in a fellowship project hosted by the IIT Institute of Design and Rush University Medical Center called “Dementia Friendly Chicago with the role for Department of Public Health” to identify the role of health departments in dementia-related services. Staff participated in an interview and meeting with subject matter experts to begin compiling ideas. The discussion lead IIT Institute of Design drafting a Caregiver Break Program concept.

### **Resource**

[IDPH Alzheimer’s Disease webpage](#) includes information about the topic, programs, and resources.

### **Newborn Screening**

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

### **Accomplishments**

Each year in Illinois, more than 700 babies are diagnosed with genetic, metabolic, and congenital disorders through newborn screening, either by using a few drops of blood from the newborn’s heel, or through special equipment, to detect hearing loss or critical congenital heart disease. In June 2020, Illinois began screening newborns for spinal muscular atrophy (SMA), a severe progressive disease. If left

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untreated, SMA may lead to life-threatening loss of muscle strength and function. In response to the COVID-19 pandemic, the NBS Program was able to convert to remote working and remain fully operational. In the latter half of 2020, the NBS Program hired its first genetic counselor and is in the process of transitioning to a primarily registered nurse staffing model.

## **Community Partnership**

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

### **Genetic Counseling**

Provides funding to 16 genetic counseling centers to provide genetic counseling services to families affected by genetic disorders or birth defects. In addition, the centers offer information to families who may be at risk of inherited conditions, interprets information about the disorder, analyzes inheritance patterns and risk of recurrence, reviews genetic testing options, and provides potential long-term patient care, when clinically indicated, to patients referred from hospitals, satellite clinics, or local health departments. Genetic centers increase awareness of genetics in the community through planned educational activities to consumers, to health care professionals, to medical and genetic counseling students, and to local health departments.

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

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

### **Genetics Education and Follow-up**

Provides funding to 33 local health departments to increase the availability of genetic services to families who have a child or family member with a heritable condition. Local health departments screen clients, using the IDPH Family Health History Questionnaire, to identify at-risk clients and to provide necessary education and follow up services for clients with a positive family health history, including those families affected by chronic diseases, disorders included in newborn screening, and sudden infant death. In addition, education and information about genetic disorders are provided to consumers and to professionals in the local community.

## **Resources**

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

<http://www.dph.illinois.gov/news/illinois-department-public-health-expands-newborn-screening>

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

## **Vision and Hearing Program**

The Vision and Hearing Program works to prevent the detrimental effects of hearing and vision loss in children by implementing the Illinois Child Vision and Hearing Test Act (410 ILCS 205), which mandates vision and hearing screening programs for preschool and school-age children. Screenings are mandated at specific age and grade levels and must be performed by technicians/nurses trained and certified by IDPH. Adequate vision and hearing are paramount to educational performance. Impaired vision and/or hearing in children can seriously impede learning and contribute to the development of educational, emotional, and behavioral problems. Early identification and treatment of hearing and vision problems in children is the goal of the state's screening programs.

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The Vision and Hearing Program also implements and enforces the Illinois Hearing Instrument Consumer Protection Act (225 ILCS 50), which regulates the fitting and sale of hearing aids. Hearing aid dispensers must be licensed through IDPH. The purpose of this act is "...to protect the deaf or hard of hearing public from the practice of dispensing hearing instruments that could endanger the health, safety and welfare of the People of this State. The Federal Food and Drug Administration has recommended that State legislation is necessary in order to establish standards of competency and to impose stringent penalties for those who violate the public trust in this field of health care."

### Accomplishments

The Vision and Hearing Program staff train, certify, and re-certify individuals to provide mandated vision and hearing screening services for preschool and school-age children. In addition, they provide consultative services to screening personnel regarding all aspects of conducting vision and hearing conservation programs. Numerical summaries of screening activities are collected annually from programs providing screening services. Early discovery, through screening and referral for diagnostic evaluation and treatment of vision and hearing disorders, helps prevent educational delays and often behavior disorders.

Program staff are also responsible for ensuring individuals who fit and dispense hearing aids have an IDPH issued Hearing Instrument Dispenser (HID) License. Audiologists licensed through the Illinois Department of Financial and Professional Regulations are exempt from the HID licensing requirement. Program staff monitor each HID license candidate to ensure they meet licensing requirements before a license is issued. Staff also oversee access to, and results of, the required written examination, and organize administration of the required practical examination.

### Community Partnership

Vision and Hearing Program staff review and resolve complaints from consumers regarding hearing instrument transactions. Most HID consumer complaints involve senior citizens. Staff considers the facts of the transaction, as well as legal requirements found in the Hearing Instrument Consumer Protection Act and Illinois Administrative Code Rules and Regulations, to reach an appropriate resolution to the complaint.

During FY20, \$5,240 in refunds were secured for consumers who filed Hearing Instrument Consumer Complaints.

### Resources

#### *Numerical Tallies of Program Activities for FY20*

- |   |     |
|---|-----|
| 1. Vision/Hearing Training/Initial Certification:       |     |
| # Trained/Certified for Vision Screening                | 185 |
| # Trained/Certified for Hearing Screening               | 173 |
| 2. Hearing Screening Certificate Renewals               | 338 |
| 3. Vision Screening Certificate Renewals                | 344 |
| 4. Initial Hearing Instrument Dispenser Licenses Issued | 15  |
| 5. Hearing Instrument Dispenser Licenses Renewed        | 168 |

Vision and Hearing Screenings provided in schools/preschools as reported by screening agencies during FY19:

Vision Screenings: 784,044

Hearing Screenings: 947,547

(FY20 screening and reporting was interrupted by school closures due to the COVID-19 pandemic.)

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## Asthma Program

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

- **E**ducation on asthma self-management,
- **eX**tinguishing smoking and exposure to second-hand smoke,
- **H**ome visits for trigger reduction and asthma self-management education (AS-ME),
- **A**chievement of guidelines-based medical management,
- **L**inkages and coordination of care, and
- **E**nvironmental policies or best practices to reduce indoor and outdoor asthma triggers.

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

### Accomplishments

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

- American Lung Association primarily serves Cook County (Chicago area) and the city of Kankakee.
- Sinai Urban Health Institute covers Chicago.
- Southern Illinois University School of Medicine covers four central and southern Illinois cities, which include Springfield, Decatur, Peoria, and Marion (with expansion in later years).
- Southern Illinois University Edwardsville serves East St. Louis.

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

Additionally, a CHW ECHO model was held for CHWs and other home visitors in additional counties to increase capacity, especially in areas with limited access to care. Project ECHO is an innovative, recognized model for telementoring and uses a hub-and-spoke knowledge sharing approach to increase

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capacity and provide best practices while also addressing disparities. Through ECHO, extensive education was provided to home visiting staff on how to incorporate the CDC EXHALE strategies in home visits.

### **Community Partnership**

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

### **Resources**

All home visiting grantees and ECHO progress reports and performance measure reports are sent to grantees via REDCap. As a summary, 57 children and adults received asthma home visits and 55 children and adults received intensive asthma self-management education. Home visiting clients are assessed for tobacco use, and 11 clients were referred to tobacco cessation resources. Of the 11, five have reduced tobacco use. During the home visit, clients are educated on low-cost strategies to reduce asthma triggers and are provided with products to assist with remediation or home weatherization, if needed. A total of 54 clients were provided with product and remediation assistance.

The six-week ECHO program reached 37 participants from 12 health care organizations. Below is an outline of the program.

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

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

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

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

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

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

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

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

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

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

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

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

### **Division of Emerging Health Issues**

The Division of Emerging Health Issues began less than a year ago and now has three epidemiologists. The division works to address three major areas – injury and violence prevention; cannabis, cannabinoids, and E-cigarettes; and opioid prevention. The epidemiologists work with program managers in the respective areas to decide the most acceptable surveillance and reporting measures.

#### **Accomplishments**

In its first year, the division has developed an annual opioid report and multiple data updates on opioid use for presentation to the Lieutenant Governor’s Opioid Prevention and Response Steering Committee, the Illinois Public Opioid Crisis Advisory Council, and the National Opioids and Synthetics Coordination Group from the White House Office of National Drug Control Policy.

The cannabis epidemiologist has worked with analysts across state government agencies to develop an initial assessment of statewide cannabis use. This included reviewing references from different sources, such as collected data, and developed, designed, analyzed, and prepared presentations for the Adult Use Cannabis Health Advisory Committee meeting. The program has participated in several online meetings and webinars for e-cigarette, vaping, and cannabis related-information exchange with the State Board of Health, state epidemiologist, Multi-State Marijuana Policy Group, State Epidemiological Outcomes Workgroup quarterly meeting, teen vaping cessation meeting, CDC kick-off meeting, Asthma Partnership meeting, and CDC tobacco-free behavioral health meeting.

Additionally, the injury and violence prevention epidemiologist has developed grants and proposals and established linkages with relevant stakeholders.

#### **Resources**

One of the data updates presented to the Lieutenant Governor’s Opioid Prevention and Response Steering Committee: [https://www.dhs.state.il.us/OneNetLibrary/27896/documents/21OAC/IDPH\\_Data\\_Update\\_for\\_August\\_2020.pdf](https://www.dhs.state.il.us/OneNetLibrary/27896/documents/21OAC/IDPH_Data_Update_for_August_2020.pdf)

### **Division of Oral Health**

Oral health is an essential and integral component of people’s overall health throughout life and is a critical public health issue that is part of strategic efforts to eliminate health disparities. The Division of Oral Health (DOH) works to improve oral health and reduce health disparities by supporting and strengthening oral health programs. DOH establishes programs designed to assure people have access to population-based interventions that prevent and reduce oral disease by promoting oral health as integral to health through organized community efforts. These oral health programs focus on community water fluoridation, dental

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sealants, early childhood caries, community needs assessment, craniofacial anomalies, oral cancer prevention, oral health surveillance, oral health workforce initiatives to address shortage areas, and a variety of educational programs designed to meet the oral health needs of specific population groups. Assessment, policy development, and assurance are key DOH programs' public health functions. The goal of DOH is to develop partnerships and support systems that translate to optimal oral health.

## Accomplishments

DOH identifies and supports high-impact promotion and preventive services, such as dental sealants (a proven method to prevent dental caries), silver diamine fluoride treatment (arrest dental caries with a noninvasive, painless, and quick method across the age spectrum), and test innovative workforce models and policies that allow licensed dental providers to practice to the full extent of their education and training. In addition, DOH works to bridge oral health education, prevention, and treatment interventions within the health care system through the evaluation of data that can be used to facilitate access to evidence-based and routine oral disease prevention that eliminate health disparities and reduce health care costs.

1. Completed and published Healthy Smiles Healthy Growth 2018-2019, presented at a statewide event on 2/28/2020. Also published Data Brief: IL and National Data on 3rd Grade Children's Oral Health and Body Mass Index.
2. Updated and published the guidance document: Public Health Intervention: Use of Silver Diamine Fluoride for Arresting Dental Caries.
3. Drafted the Illinois Oral Health Plan that is framed around addressing social determinants of health and supporting oral health education, prevention, and treatment interventions.
4. In collaboration with Illinois Primary Health Care Association and the Illinois Dental Hygiene Association, DOH instituted a process that resulted in the certification of 71 public health dental hygienists who can provide expanded access to basic preventive oral care to low-income individuals.
5. To close oral health need gaps, DOH has, with collaborators (Southern Illinois University, University of Illinois-Chicago, Sinai Urban Institute, and Illinois CHW Association) have written an introductory and advanced level CHW curriculum. Using this curriculum, 60 CHWs have been trained and an additional 30 English and Spanish speaking CHWs have registered for December 2020 sessions.
6. Increased understanding of oral health disease burdens and challenges by communicating information through a framework that includes developing oral health measures set and data extraction and packaging in a way that is understandable to the oral health workforce. The completed oral health measure sets, data extraction, and packaging include a data dictionary, glossary, and methodology. Oral health measures can be found at <http://www.healthcarereportcard.illinois.gov/maps>.

### Data from the Illinois County Behavioral Risk Survey 2020 Questionnaire

- Dental Insurance Among Adults (self-reported)
- Cost as a Barrier to Dental Visit Among Adults (self-reported)

### Emergency Department (ED) data

- ED Non-Traumatic Dental Condition Visits by Age Group
- ED Non-Traumatic Dental Condition Visits by Race/Ethnicity
- ED Non-Traumatic Dental Condition Visits by Payer Mix
- ED Non-Traumatic Dental Condition Visit Charges

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## 7. Contributed to COVID-19 Response

The COVID-19 pandemic is disproportionately impacting vulnerable populations, adding to the existing disparities in oral health care. To inform the public and oral health practitioners, DOH led the effort in developing two resource documents.

- For the public: Coronavirus Disease (COVID-19) and Your Oral Health Spanish:  
[https://www.dph.illinois.gov/sites/default/files/COVID19/COVID-19\\_Oral-DentalCare\\_Sp.pdf](https://www.dph.illinois.gov/sites/default/files/COVID19/COVID-19_Oral-DentalCare_Sp.pdf)  
English: [https://www.dph.illinois.gov/sites/default/files/COVID-19\\_Oral-DentalCare20200504.pdf](https://www.dph.illinois.gov/sites/default/files/COVID-19_Oral-DentalCare20200504.pdf)
- Provider Guidance: Provision of Routine Oral and Dental Care:  
[https://www.dph.illinois.gov/sites/default/files/20200521\\_COVID-19\\_REVISED\\_Interim\\_Gu.pdf](https://www.dph.illinois.gov/sites/default/files/20200521_COVID-19_REVISED_Interim_Gu.pdf)

8. Fast Facts on oral health topics listed below have been updated and posted to the IDPH Oral Health webpage.

Accessing Oral Health Care in Illinois

What to Expect with COVID-19 and your Dental Visit

What to Expect During Your Oral Care Visit? For the Adult Patient

Careers in Oral Health Care

Dental and Dental Hygiene Schools in Illinois

Oral Cancer Facts

Tobacco Facts

Quitting Smokeless Tobacco

How to Brighten Your Smile

Daily Care of Your Teeth

Flossing Your Teeth

Fluoride to Prevent Tooth Decay

Protect Your Teeth with Dental Sealants

Early Childhood Tooth Decay

Silver Diamine Fluoride

Sugary Drinks and Foods

Oral Health and Learning

Oral Care for the Orthodontic Patient

Women's Oral Health

Dental Health During Pregnancy

Breast Feeding and Oral Health

Perinatal Period- Infants and Oral Health

Cleft Lip and Cleft Palate

Periodontal Disease

Diabetes and Your Oral Health

Denture Adhesives

Caring for Your Dentures

Anticipatory Guidance and Fluoride Varnish for the Medical Provider

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Additional Fast Facts Under Review:  
Community Health Worker and Oral Health  
E-cigarettes or Vaping  
Human Papilloma Virus and Oral Cancer  
Pain Management in Oral Health

## **Community Partnership**

DOH developed and offered a new grant opportunity for local health departments that have completed an Oral Health Needs Assessment and Planning Grant (OHNAP) within the previous three years. The original OHNAP grant provided grantees with the opportunity to assess and to determine the oral health status of their jurisdiction through a comprehensive community-based assessment. This process produces action plans and/or next steps. The Oral Health Needs Assessment and Plan – Phase 2 is a funding and technical assistance opportunity to move action plans and/or next steps forward. DOH will assist grantees with technical support for the development and implementation of an effective population-based oral health program to meet the needs of their community.

DOH's oral health workforce strategies are focused on expanding workforce activities that take place in geographic and health professional shortage areas across the state. This focus informs the public and helps in timely navigation to health care services.

Compiled and reviewed 77 online oral health resources (videos, lesson plans, curricula, facts sheets, and practical tips) designed to support local health departments. This resource listing will be posted to the IDPH Oral Health webpage.

## **Resources**

Oral disease and excessive body weight have been identified as important health issues affecting a significant segment of the state's third-grade population. The report of the Healthy Growth Healthy Smiles 2018-2019 (HSHG 2018-19) survey provides updated data on these two health concerns and can be used to support strategic interventions that improve the health status of third-grade children. In addition, for the first time during HSHG 2018-19, baseline data were collected on water and sugar-sweetened beverage consumption by Illinois third-grade children. The data brief document (second link below) compares how Illinois' elementary-school children on these measures with U.S. data from the National Center for Health Statistics.

The results of HSHG 2018-2019 show continued progress in access to prevention services and reveal challenges in accessing or completing corrective treatment for dental caries. Dental sealant rates have increased in this survey period and the dental sealant disparity gap continues to decrease by race/ethnicity, urban/rural, low-income, and public health regions. However, corrective treatment that addresses untreated dental caries continues to be an unmet need. County and regional level data confoundingly show a high proportion of children with dental sealants co-existing with high levels of untreated dental caries. This suggests that children who have a high prevalence of dental sealants also frequently have a high prevalence of untreated caries and immediate dental care needs.

The estimated overall proportion of third-grade children who are overweight or obese decreased to 32.6% in HSHG 2018-19. Since the first measure in 2003-04, this represents a decrease of 20% over the 15-year period. However, alarmingly, more than 50% of Hispanic/Latino children are overweight or obese.

Finally, this survey provides important clinical health information and baseline data on beverage consumption of third-grade children, and will help state and local, public, and private partners formulate programmatic and policy strategies that address the health care needs of children.

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Healthy Smiles Healthy Growth 2018-2019: An Assessment of Oral Health Status, Beverage Consumption, and Body Mass Index of Third-grade Children in Illinois

<https://dph.illinois.gov/sites/default/files/publications/hshg-201819-report-final-2-21-2020.pdf>

<https://dph.illinois.gov/sites/default/files/publications/oral-health-data-brief-comparing-il-3rd-grade-hshg-survey-national-data-22020.pdf>

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

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

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

### **Accomplishments**

#### **Auto-renewals for Medical Cannabis Pilot Program patients during COVID-19**

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

#### **Conversion of Medical Cannabis Registry to new system**

Regular weekly meetings were conducted in preparation for the conversion of the Medical Cannabis Registry system from CAVU to Entellitrak, both products of Tyler Technologies. This involved development of system requirements and ongoing testing of the software. The new registry system has the ability to incorporate the rules with legislative changes regarding medical cannabis that are expected to be approved in early 2021. They include reduced fees, allowances for lifelong conditions, and the ability for patients to have three caregivers. The new system also allows more patient online interaction with the ability to directly upload documents, fees, and demographic changes to their applications and to print their own cards. All of this will greatly reduce the waiting time for approval to purchase cannabis.

### **Community Partnership**

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

Local public health departments have been contracted to assist patients in their areas with application submission.

Both of these provide resources to patients who may not have computer/internet access in order to be aware of program changes and/or submit registry applications.

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## Resources

<http://www.dph.illinois.gov/sites/default/files/publications/illinois-medical-cannabis-patient-program-annual-report-general-assembly-2020.pdf>

## Injury and Violence Prevention Program

- The Injury and Violence Prevention Program (IVPP) promotes health and quality of life by preventing and controlling injury and disability. The mission is to promote safety in the places where people live, work, learn, and play through partnerships, programs, practices, and policies to reduce the occurrences and impact of injury, violence, and suicide.
- IVPP facilitate two partnerships to oversee the work. The Illinois Partnership for Safety (IPS) facilitates the implementation of the [Making Illinois Safer: Strategic Plan 2018-2022](#). The director-appointed Illinois Suicide Prevention Alliance oversees the implementation of the [Illinois Suicide Prevention Strategic Plan 2018-2021](#).
- IVPP is tasked with maintaining the Child Product [Safety Recall System](#). The system is a mandate under the Illinois Children's Product Safety Act that instructs IDPH to maintain an updated comprehensive list of recalled children's products to inform the public about consumer products that may pose a safety hazard to children. These recalls are ordered by federal government agencies like the Consumer Product Safety Commission and the National Highway Traffic Safety Administration. The system includes recalls from 1989 to present.

## Accomplishments

### Injury and violence prevention

- IVPP is in the final years of a five-year project funded by CDC entitled the State Violence and Injury Prevention Project (SVIPP). Supplemental COVID-19 funding provided trainings to address suicide and adverse childhood experience.
- IPS meets every other month. There are four committees aligned with the goals of the state plan. IPS released the [Policy and Injury Prevention webpage](#) and have hosted several webinars to increase awareness of injury-related topics.
- Data-related projects
  - An [Injury Data Book](#) was released to assist stakeholders on where to locate injury-related data. IVPP collected 2017 and 2018 mortality and morbidity injury-related data to submit to CDC as part of the State Injury Indicator's Report. This data will be used to update the [injury, violence, and suicide prevention data book](#).
  - IVPP received supplemental SVIPP funding to link crash data with health data. IVPP is partnering with the Illinois Department of Transportation (IDOT) and the University of Illinois Springfield to link the data. IVPP also is applying to IDOT to sustain the project.
  - IVPP oversees an agreement with Northwestern University to collect data for the Illinois Violent Death Reporting System. The agreement will be updated to include the Statewide Unintentional Drug Overdose Reporting System.
- More than 100 unsafe children products were entered into the Safety Recall System.

### Suicide prevention

- With funding from the IDPH Office of Women's Health and Family Services, the ISPA Adolescent Suicide Prevention Ad Hoc Committee was formed several years ago. IVPP hosts a graduate intern to assist with the implementation of strategies to address adolescent suicide.

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- As a result of Public Act 101-0331, which was signed in August 2019, ISPA updated the state plan to include recommendations from the most current National Suicide Prevention Strategy; current research and experience into the prevention of suicide; measures to encourage and assist health care systems and primary care providers to include suicide prevention as a core component of their services, including implementing the Zero Suicide model; and additional elements as determined appropriate by ISPA. The plan is anticipated to be released by the end of 2020.
  - A Suicide Prevention Month Proclamation was released in September 2020.
  - Talking points on suicide and COVID-19 and a list of shared risk and protective factors were shared with senior management.
  - IVPP serves on the Governor’s Challenge to Prevent Veteran Suicides.

### Community Partnership

- [Scan](#) was released of injury, violence, and suicide related-priority areas, including topics related to shared risk factors chosen by local hospitals. The scan serves a dual purpose. First, the scan captures an at-a-glance summary of what local hospital needs assessments identified as their injury, violence, and suicide prevention priority areas, including topics related to shared risk factors. A companion document will be released focused on community assessments from local health departments. By identifying these community needs for prevention, this resource can be used as a tool for organizations to gain a better understanding of both community needs and potential priorities for service provision, prevention efforts, and technical assistance. In addition, this scan can help connect communities with similar priorities and promote local community engagement in statewide efforts. The second purpose is to identify gaps in service and possible root causes of each priority area, including selected injury, violence, suicide, or related risk factors as a priority area.
- IVPP received funding to offer funding to training at the local level to offer Assessing and Measuring Suicide Risk (AMSR) trainings between now and July 2021. The following three trainings will be offered:
  - Outpatient (Core Competencies for Health and Behavioral Health Professionals Working in Outpatient Settings)
  - Inpatient (Core Competencies for Behavioral Health Professionals Working in Inpatient Settings)
  - Substance Use Disorder Treatment Professionals

### Resources

IDPH Injury and Violence Prevention - <http://dph.illinois.gov/topics-services/prevention-wellness/injury-violence-prevention>

IDPH Child Product Safety Recall System - <http://srs.dph.illinois.gov/webapp/SRSApp/pages/index.jsp>

IDPH Suicide Prevention - <http://dph.illinois.gov/topics-services/prevention-wellness/suicide-prevention>

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## Tobacco Prevention and Control Program

The Tobacco Prevention and Control Program implements population-based environmental, policy, and system interventions and strategies, demonstrated to reduce the burden of tobacco use, increase tobacco cessation, prevent initiation of tobacco use by youth, eliminate secondhand smoke exposure, and provide an opportunity for all people to live a healthy, tobacco-free life.

Under a CDC cooperative agreement, the program:

- Collaborates with grantees and partners on initiatives to identify populations most affected by tobacco use and dependence and secondhand smoke.
- Collaborates with partner organizations, including school district and school personnel, parent groups, and youth service organizations, to develop a coordinated response to the rapidly increasing use and dependence of emerging tobacco products by youth and young adults.
- Plans and provides tobacco dependence treatment referral for populations with tobacco-related disparities.
- Collaborates with behavioral health systems to create tobacco-free campuses, increase tobacco use and dependence screening, and provide tobacco use and dependence treatment assistance to clients; support statewide and community initiatives to promote and ensure smoke-free living, including elimination of secondhand smoke exposure in public places and places of employment, outdoor spaces, multi-unit housing, homes, and cars.
- Collaborates with partners to implement and evaluate culturally-appropriate, evidence-based strategies and activities to achieve health equity in implementation and enforcement of tobacco control and prevention policies.
- Supports statewide and community strategies and activities to educate decision-makers, the public, and the media, about the health effects of tobacco use and dependence, available tobacco cessation services, and the dangers of secondhand smoke exposure.

### Accomplishments

The Tobacco Prevention and Control Program collaborated over a six-month period with the Smoking Cessation Leadership Center at the University of California at San Francisco, the National Behavioral Health Network, and the Illinois Tobacco Quitline to plan and conduct a one-day virtual training August 12, 2020, to address the tobacco dependence treatment needs of the behavioral health population. National subject matter experts facilitated the training to support behavioral health facility leadership and staff efforts to integrate evidence-based cessation support for individuals with behavioral health conditions and facility staff, to optimize nicotine replacement therapies and other pharmacological treatment support for tobacco dependence, and to enforce tobacco-free facilities and grounds. The target audience for the training included behavioral health providers and local health department tobacco control and behavioral health staff.



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## Office of Preparedness and Response

### Division of Emergency Medical Services

The Division of Emergency Medical Services is committed to ensuring, promoting, and improving the health of Illinois residents and visitors through an integrated, collaborative, data-driven, and evidence-based care approach that is value driven and supports state, regional, and community initiatives. This is accomplished by assuring a competent and professional pre-hospital work force, specialized facilities, and educated staff.

The division licenses and relicenses all levels of emergency medical services (EMS) professionals; first response vehicles, including ambulances and non-transport vehicles; trauma centers; stroke centers; and pediatric centers, and recognizes STEMI centers. In addition, the division is a leader in preparedness and response activities and has taken an active role in the COVID-19 response.

### Accomplishments

- Data Management
  - In late 2019, the software vendor for the state's prehospital data system — EMS Data Systems Inc — announced it would not be renewing its support agreement as of July 2020.
  - Since IDPH already had a data-sharing agreement in place with Biospatial, a data analytics organization specializing in providing near real-time insights for national-level missions, this provided an opportunity to expand the agreement in order to serve as the destination for data transmissions by EMS systems and providers and afforded access to Biospatial's powerful data analytics platform.
  - Virtual training was conducted for EMS stakeholders to include EMS providers and EMS system staff and links to recordings are available from the division upon request.
- EMS Assistance Grant
  - The EMS Assistance Grant distributes funds to EMS agencies who demonstrate the need for resources. Funds are determined by monies obtained through the licensing of ambulances and EMS fines levied by IDPH. The grant program provides for the purposes of organization, development, and improvement of EMS systems, including training of personnel and acquisition, modification, and maintenance of necessary supplies and equipment. (210 ILCS 50/3.220(c)). In FY20, EMS Assistance Grants totaling \$128,308 were distributed to 32 EMS providers.
- EMS Licensing
  - Number of new licenses for year to date – 3,905
  - Number of licenses renewals – 7,129
  - Number of active licenses – 10,736
- Trauma Registry
  - The Trauma Program implemented a new and updated Illinois State Trauma Registry. The program secured grant funding from IDOT to procure a web-based and user-friendly trauma registry capable of collecting national data requirements and Illinois-specific data fields, use ICD-10 codes, and keep up with National Data Bank updates and report writing capabilities.
  - Training on the new trauma registry was provided to trauma centers and hospitals, which will be inputting for the violence registry.

- EMS for Children
  - Each year, the EMS for Children (EMSC) program conducts on-site survey visits at hospitals that participate in the pediatric facility recognition program to assure compliance with pediatric regulations outlined in the EMS Administrative Code. It was recognized that in-person visits would be challenging this year due to COVID-19, so a virtual survey process was developed.
  - WebEx was utilized as the virtual platform for the surveys. Educational sessions were conducted with the hospitals and the survey team members, and a guidance document was distributed that the EMSC program developed. A pre-survey test was also conducted with each hospital to assure their computers/laptops could access WebEx and provide them with an opportunity to walk thru the document share feature and other WebEx components.
  - Hospitals were requested to submit specific documentation for review prior to the survey. This included photos/videos of specific areas within their emergency department/hospital, and specific equipment/supply items that would typically be reviewed during a tour of the hospital during in-person surveys. Electronic medical records, quality improvement materials, and other documents containing patient identifiers/confidential information were only shared with the survey team members during the virtual survey, and these sessions were locked to further assure confidentiality.
  - In August and September, 22 hospitals in Regions 4 and 5 underwent virtual surveys. On the day of each survey, one IDPH surveyor was dedicated solely to facilitating the flow of the survey, troubleshooting technical issues, and answering questions, which allowed the rest of the survey team to focus on document review and discussion with hospital personnel.

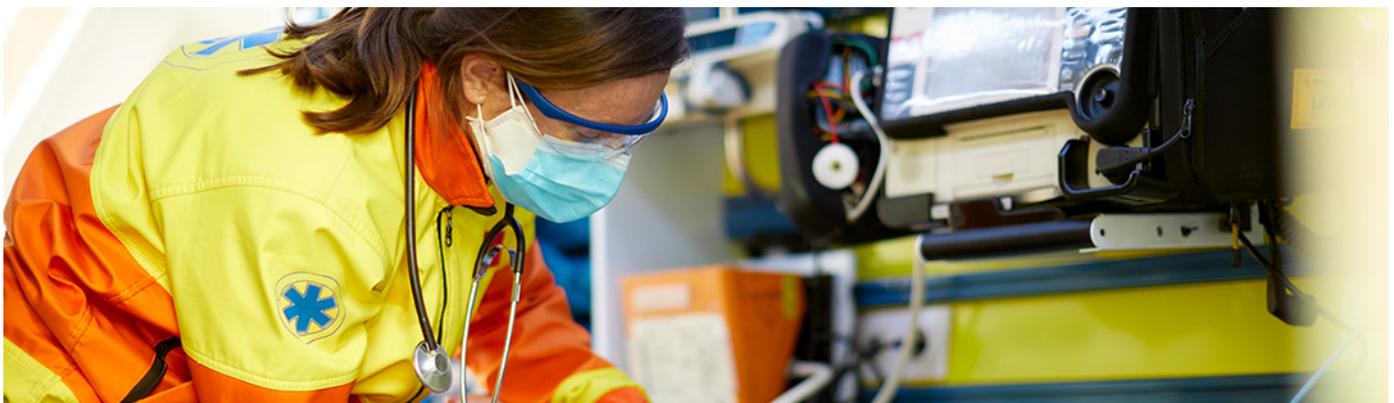
## Community Partnership

Many EMS providers are piloting Mobile Integration Health programs that allow them to go into communities and provide care and health education. This allows for people to stay home and get treated and not have to go to the hospital.

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

## Resources

The activities in the Trauma Program, as well as Trauma Center Fund distribution are governed by the provisions in the Previously mentioned information pertaining to the Illinois State Trauma Registry (ISTR), which include Trauma Center Reporting Requirements, ISTR Inclusion Criteria, and National Trauma Data Bank and Illinois Trauma Dictionary are found in the Trauma Program website.



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## Serve Illinois Commission

The Serve Illinois Commission (SIC) is the agency charged with improving the quality of life of all Illinoisans through volunteerism and community service. SIC has a multi-prong approach to achieving this end. In the area of volunteerism, SIC provides opportunities for residents to volunteer in the areas of disaster relief (natural and man-made), support resolution during civil unrest, criminal justice reform, provision of education and mentorship for youth, public health crises, addressing the social determinants of health, and supporting aging residents. Programs in the volunteerism arm include the Medical Reserve Corps, community emergency response teams, voluntary organizations active in disaster, long-term disaster committees, and the Illinois Disaster Corps. Each year SIC Illinois partners with the Office of the Governor to recognize the volunteers of the year and the municipalities that have gone above and beyond with their volunteerism.

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

### Accomplishments

In 2020, SIC's accomplishments include:

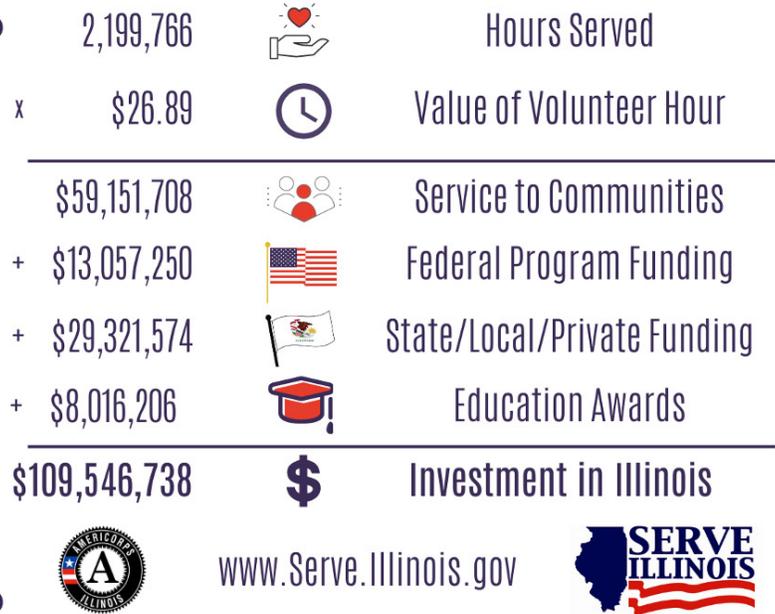
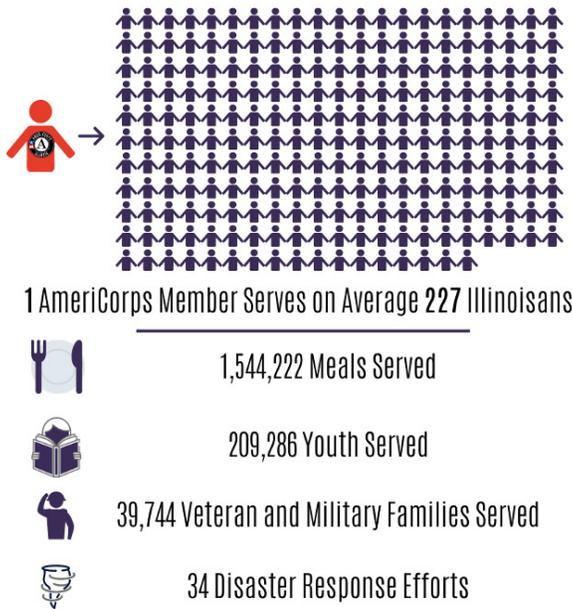
- Nearly 2,000 young adults and seniors providing service via AmeriCorps, AmeriCorps Vista, and Senior Corps.
- Establishment of 400 AmeriCorps sites.
- 10 million personal protective equipment items donated and distributed for COVID-19 relief.
- 20,000 registered volunteers for COVID-19 relief.
- 2 million residents received volunteer-based COVID-19 relief via the efforts coordinated by SIC.
- Increased social media engagement by 200% within the last quarter of the calendar year.
- Civic engagement, criminal justice reform, and equity initiatives were developed with an anticipated launch in 2021.
- Provided additional volunteer support to IDPH COVID-19 operations.

### Community Partnership

The rapid increase of volunteerism and community service in response to the COVID-19 pandemic was unprecedented. The SIC staff, volunteers, commissioners, and interns contributed 100,000 hours to help mitigate the impact of the pandemic. AmeriCorps members shifted their responsibilities to do whatever they could to make a difference. This included serving as trained contact tracers, supporting teachers and their students in virtual classrooms, conducting virtual wellness checks on those in vulnerable populations, and providing technical support to overwhelmed health agencies. Additionally, medical professionals were matched and deployed to health systems and long-term care facilities to provide relief for those colleagues on the front lines.

## Resources

### Annual AmeriCorps Illinois Impact



- ▶ 2.8 million Illinoisans volunteered
  - ▷ 28.1% of residents volunteer, an average of 26.5 hours per resident
- ▶ 206.55 million hours served
- ▶ Valued at \$5.8 billion (\$27.98/hour)
- ▶ Top volunteer locations:
  - ▷ Sport, hobby, cultural, or arts (26.35%)
  - ▷ Faith-based (19.52%)
  - ▷ Education (12.64%)

<https://www2.illinois.gov/sites/serve/Pages/default.aspx>

## Division of Disaster Planning and Readiness

The Division of Disaster Planning and Readiness focuses on public health emergency planning, training, exercise, evaluation, improvement planning, and response by supporting regional field staff who provide technical resources to local health departments and serve in forward liaison positions with state and local resources during an emergency. Staff also maintain and support the Public Health Emergency Operations Center; Starcom21, Illinois' interoperable emergency radio network; and the Comprehensive Emergency Management Program – a web-based emergency planning, exercise, and assessment system utilized by local health departments and hospitals to support emergency planning and exercise activities.

## Accomplishments

- Participated in IEMA/FEMA recovery meetings following State Emergency Operations Center (SEOC) activation for flooding in 2019.
- Coordinated the IDPH response to COVID-19, working with state partners such as the Illinois Emergency Management Agency (IEMA).

- 
- Updated the IDPH Continuity of Operations Plan – February 2020.
  - Updated the IDPH ESF-8: Pediatric and Neonatal Surge Annex update – July 2020.
  - Liaison to the SEOC Community-Based Testing Site Task Force for COVID-19 response.
  - Participated in COVID-19 Testing Quality Management project with specimen collection vendor, human resources support; assumed facilitation of project in October 2020.
  - Participated in updates to Illinois Emergency Operations Plan Annexes.
  - Participated in COVID-19 mass vaccination planning.
  - PHIS program currently has 286 partners, including 32 new individuals in 2020.
  - Review of quarterly and yearly Public Health Emergency Preparedness and CRI grant deliverables from local health departments.
  - Provided guidance in developing After Action Reports.
  - Provided mass vaccination planning and technical assistance to local health departments.

## Community Partnership

### PHIS program:

- Hosts and prepares a monthly webinar presentation for public health, emergency management, schools, and critical infrastructure partners.
- Reviews open-source data and sends out a daily brief containing significant issues to public health community partners.
- Worked with the Illinois Department of Human Services on homeless population action agency groups with other state entities and community action groups.
- Worked with IEMA on various projects, such as alternate housing initiative, mass vaccination program, and other critical projects.

## Resources

IDPH ESF-8 Pediatric and Neonatal Surge Annex

<http://dph.illinois.gov/sites/default/files/publications/peds-neo-surge-annex-revisionsjuly-2020final-july-2020publicversioncombined.pdf>

[https://ilgov.sharepoint.com/:w:/t/DPH.OfficeofPreparednessandResponse/EZRBMPGkGyZPtN5HLLIntxUBfD08H5\\_i\\_qNgo0jZfw7PIA?e=C41xtl](https://ilgov.sharepoint.com/:w:/t/DPH.OfficeofPreparednessandResponse/EZRBMPGkGyZPtN5HLLIntxUBfD08H5_i_qNgo0jZfw7PIA?e=C41xtl)

## Indicator Charts on the Overall Health of Illinois

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

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

### Infant Mortality Rates per 1000 Live Birth for All Causes of Death in Illinois, 2014-2018

| Year | Infant Mortality Rate per 1000 Live Births |
|------|--|
| 2014 | 6.6  |
| 2015 | 6  |
| 2016 | 6.4  |
| 2017 | 6.1  |
| 2018 | 6.5  |

Figure 1.1

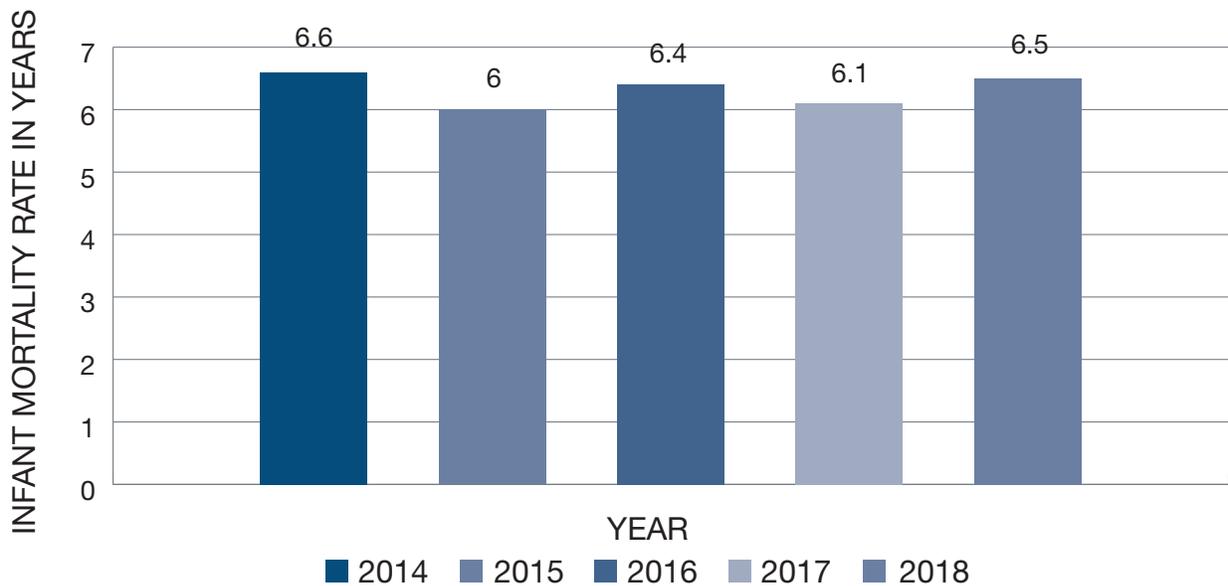


Figure 1.2

**Source:** IDPH, Illinois Annual Vital Statistics Reports, 2014-2018

**Inference:** There was yearly fluctuation of infant mortality rates for Illinois from 2014 to 2018. It varied from 6.0 and 6.6 per 1,000 live births.

**Life Expectancy Rates per 1000 Live Birth for All Causes of Death in Illinois, 2009-2017**

| Year    | Both Sexes | Male  | Female |
|---------|------------|-------|--------|
| 2009-11 | 79.19      | 76.64 | 81.59  |
| 2012-14 | 79.49      | 77.03 | 81.85  |
| 2015-17 | 79.21      | 76.61 | 81.75  |

Figure 2.1

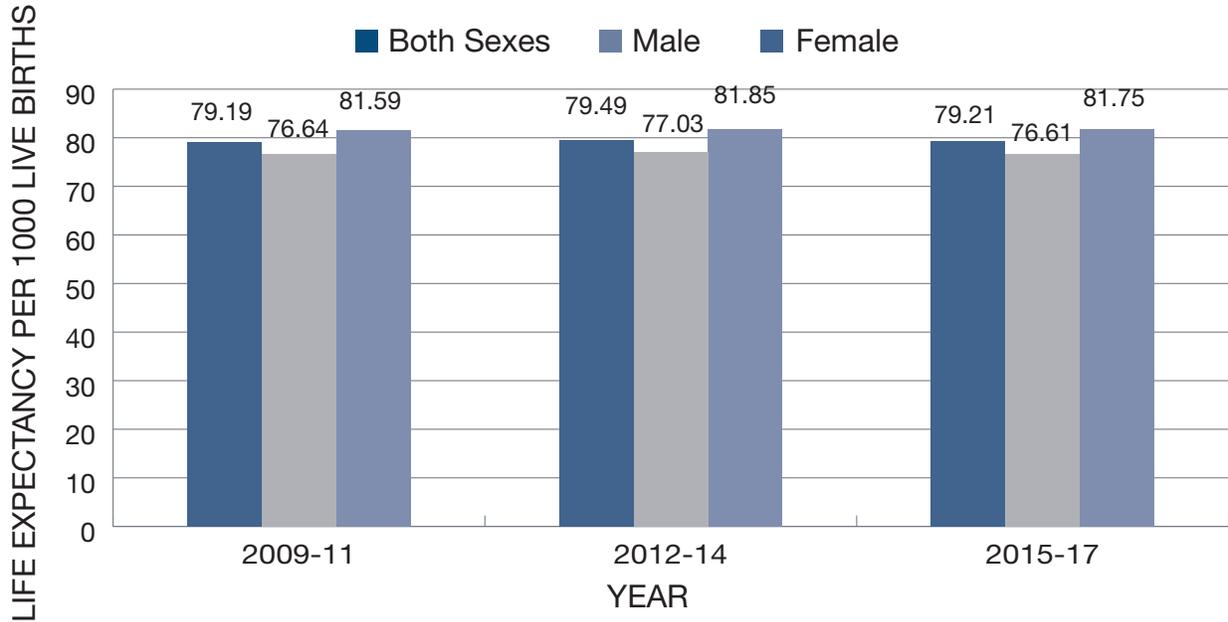


Figure 2.2

**Source:** U.S. Census Bureau, 5-Year American Community Survey 2009-17

**Inference:** Life expectancies increased for both males and females from 2009-2011 to 2015-2017.

Disability-free Life Expectancies per 1000 Live Birth, Illinois 2011- 2015, 2014-2018

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

Figure 3.1

Disability-free Life Expectancy per 1000 Live Birth at Ages 0, 35, 65, and 75 for Both Sexes, Male & Female in Illinois: 2011-2015

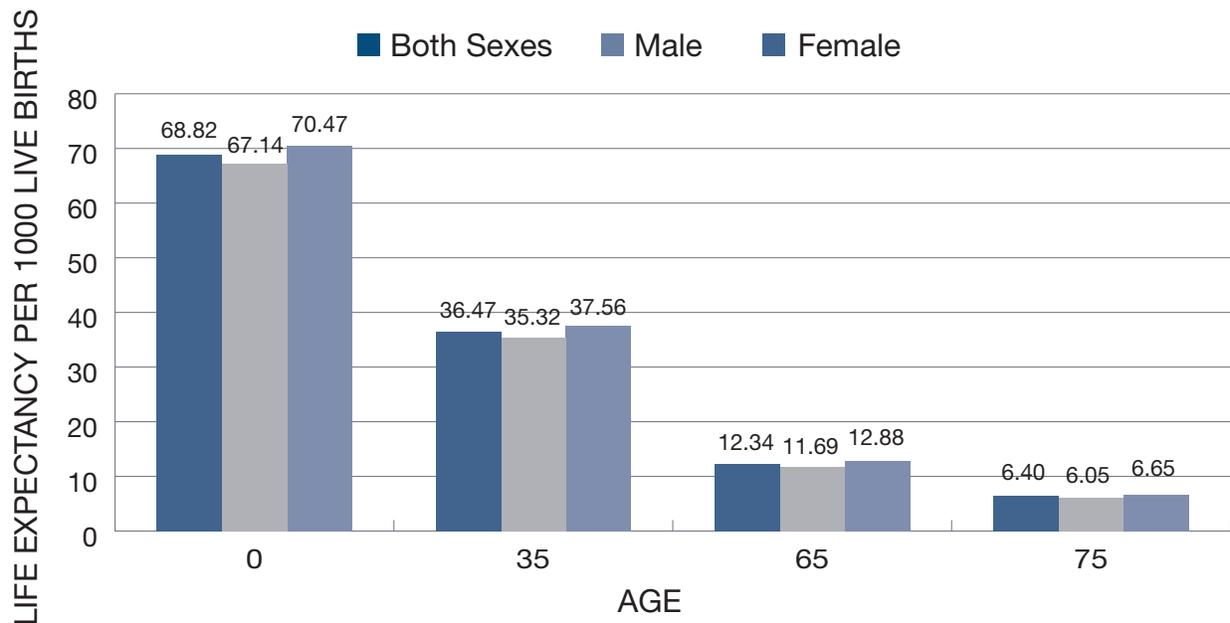


Figure 3.2

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

Figure 3.3

Disability-free Life Expectancy per 1000 Live Birth  
at Ages 0, 35, 65, and 75 for Both Sexes, Male & Female in Illinois: 2014-2018

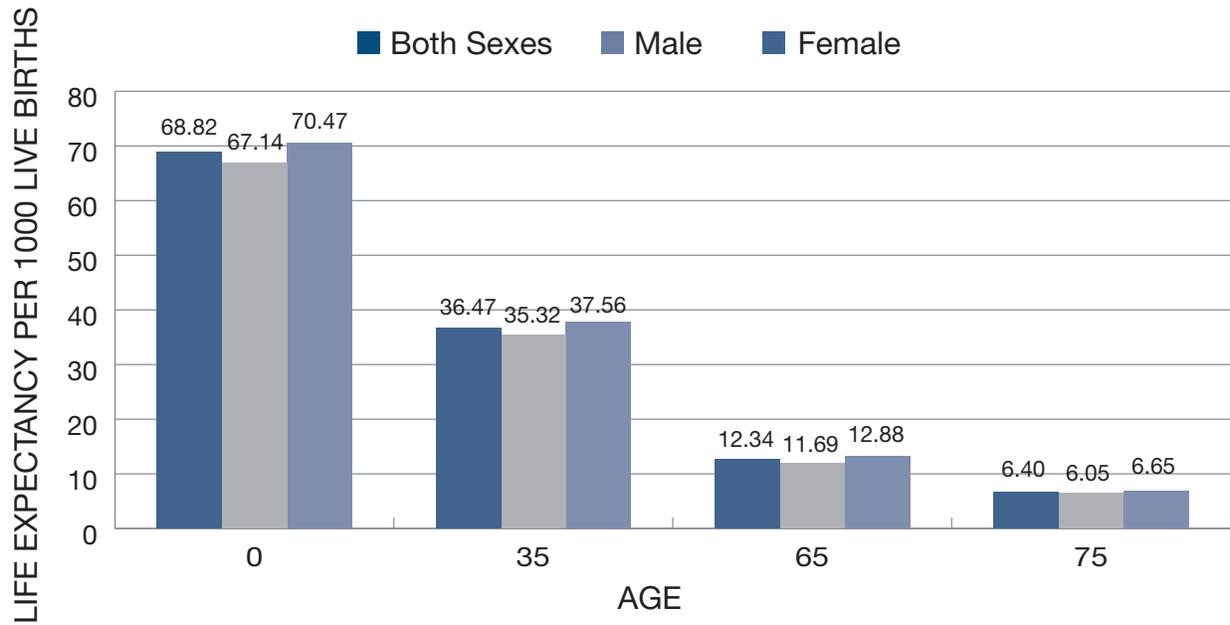


Figure 3.4

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

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



**Percent of Children (6 years or less) Blood Lead poisoning Level  $\geq$  5 Microgram/dL of Illinois Children, 2014-2017**

| Year | Percent lead $\geq$ 5 Microgram/dL |
|------|------------------------------------|
| 2014 | 6.8                                |
| 2015 | 4.1                                |
| 2016 | 3.6                                |
| 2017 | 3.1                                |

Figure 4.1

**Childhood Lead Poisoning Surveillance: 2014-2017**

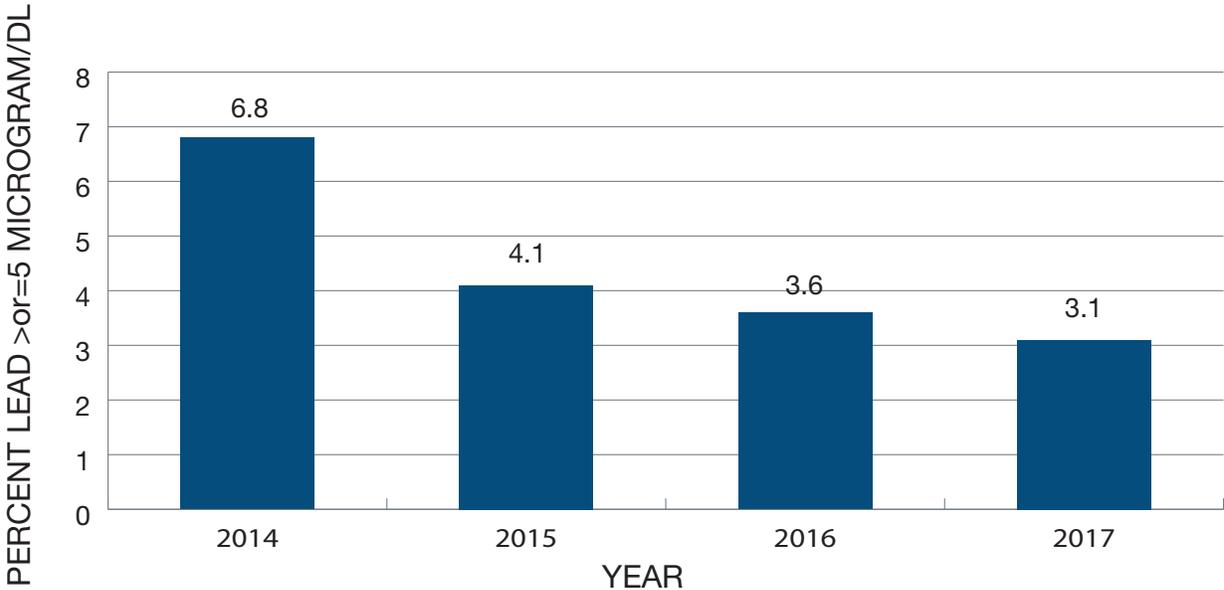


Figure 4.2

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

**Inference:** Childhood blood lead level poisoning decreased from 2014 to 2017 from 6.8 microgram/dL in 2014 to 3.1 microgram per decilitre in 2017

Annual Death Rates per 100,000 Population for All Causes for Illinois, 2014-2019

| Year | Crude Death Rate Per 100,000 Population |
|------|---|
| 2014 | 817.5                                   |
| 2015 | 831.1                                   |
| 2016 | 836.2                                   |
| 2017 | 857.1                                   |
| 2018 | 863.4                                   |
| 2019 | 859.7                                   |

Figure 5.1

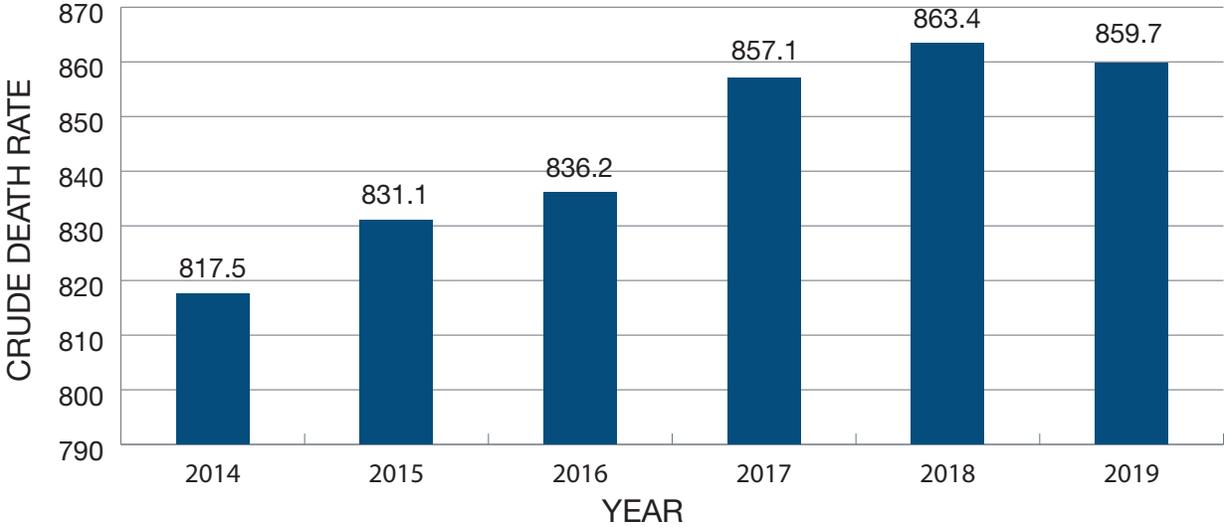


Figure 5.2

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

**Inference:** Annual crude death rates for all causes per 100,000 population increased from 817.5 in 2014 to 859.7 in 2017. It was influenced by an aging population.

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## Percent Below Poverty Level in Illinois, 2014-2019

| Year | Percent Below Poverty Level |
|------|-----------------------------|
| 2014 | 14.4                        |
| 2015 | 13.6                        |
| 2016 | 13                          |
| 2017 | 12.6                        |
| 2018 | 12.1                        |
| 2019 | 11.5                        |

Figure 6.1

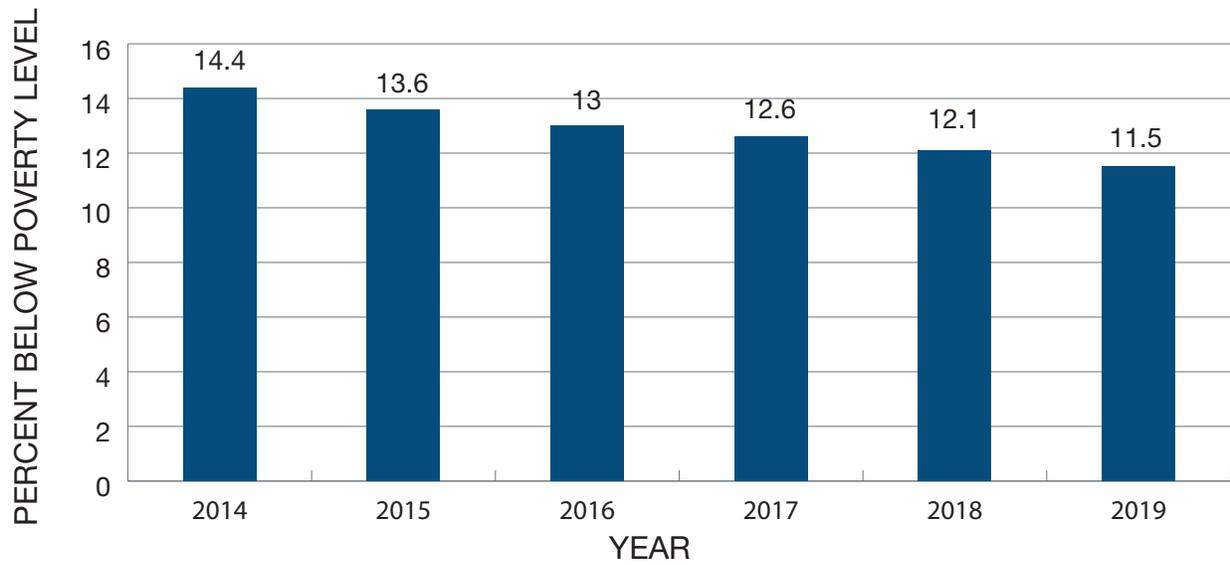


Figure 6.2

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

**Inference:** Percent of population below poverty level decreased from 14.4 percent (in 2014) to 11.5 percent (in 2019).

## Median Household Income in Illinois, 2014-2019

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

Figure 7.1

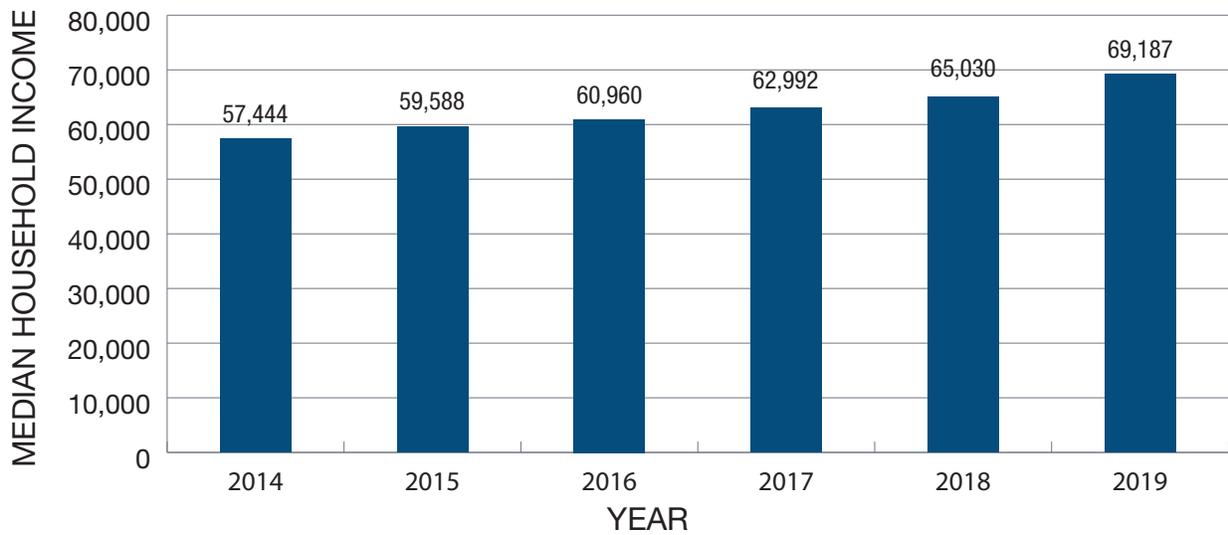


Figure 7.2

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

**Inference:** Inflation adjusted annual median household income increased from \$57,444 in 2014 to \$69,187 in 2019.

## Percent Health Uninsured Population in Illinois, 2014-2019

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

Figure 8.1

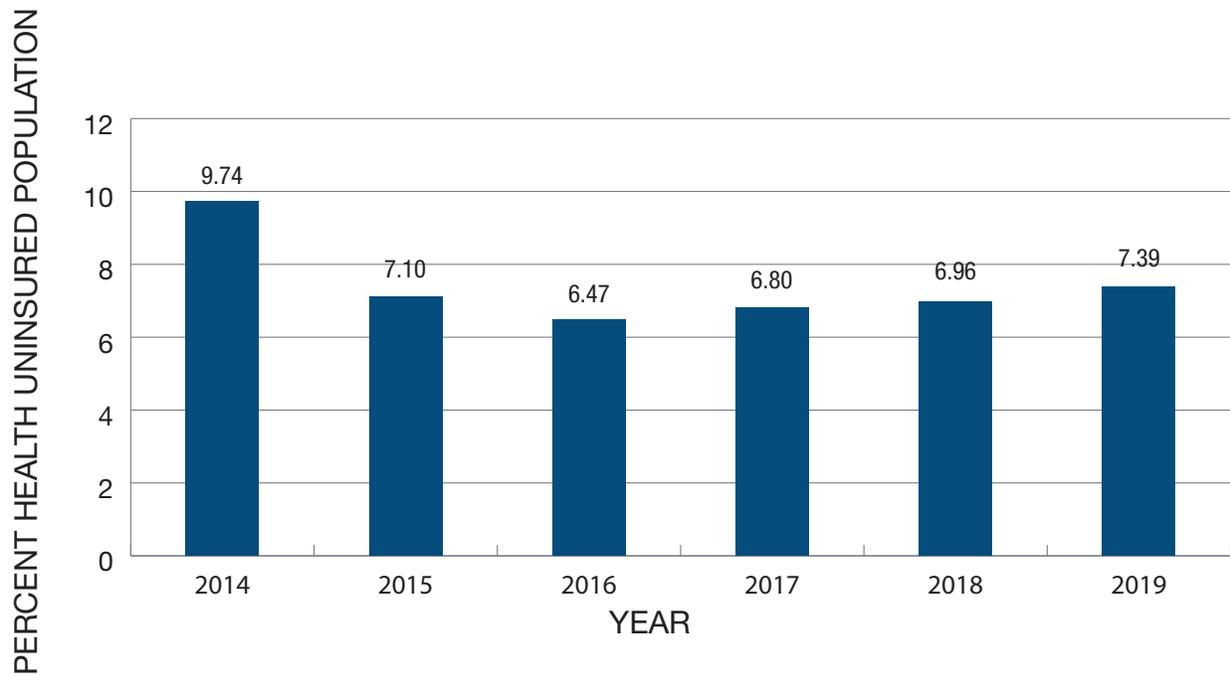


Figure 8.2

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

**Inference:** Percent health uninsured population in Illinois declined from 9.7 percent (in 2014) to 7.0 percent (2018) and it increased to 7.4 percent in 2019.

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## **IDPH Grant Programs**

### **HIV Grants**

- Minority AIDS Initiative/ADAP Program
- African American AIDS Response Act Grant
- Direct HIV/HCV Testing
- Enhanced Perinatal HIV Case Management Services
- HIV Prevention Regional Implementation Grant
- HOPWA HIV Housing Facility
- Ryan White Part B Community Re-entry Support
- Ryan White Part B Education and Training
- Ryan White Part B HIV Care Connect
- Ryan White Part B Lead Agents
- Ryan White Part B Psychosocial Support Project

### **Coronavirus Grants**

- COVID-19 Contact Tracing
- COVID-19 Crisis Grant

### **Substance Abuse Grants**

- Local Health Department Overdoses Surveillance and Response
- Opioid Overdose Prevention Project-Corrections
- Rural Illinois Opioid Overdose Prevention Initiative - Care Coordination
- Rural Illinois Opioid Overdose Prevention Initiative - Naloxone Distribution
- Chicago Alliance for Collaborative Drug Checking
- Enhanced State Surveillance of Opioid-Involved Mortality
- State Unintentional Drug Overdose Reporting

### **Immunization Grants**

- Immunization Coverage Level HPV Strategic Planning
- Immunization Coverage Levels
- Immunization Elimination of Disparities

### **Sexually Transmitted Disease Grants**

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

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## **Environmental Grants**

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

## **Alzheimer's Grants**

Alzheimer's Disease Research Fund

## **Asthma Grants**

Asthma Control and Health Plans  
Asthma Control in Federally Qualified Health Centers  
Asthma Education, Policy, and Care Coverage  
Asthma Home Visit Collaboration  
Illinois Asthma Program Large Asthma Consortium  
Illinois Asthma Program Local Asthma Champion  
Illinois Asthma Program School-Based Clinic Quality Improvement

## **Tobacco Grants**

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

## **Oral Health Grants**

Dental Sealant Grant Program  
Improved Access Through Mobile Oral Health Services  
Eliminating Barriers to Timely Oral Health Care  
Oral Health Needs Assessment and Planning  
Oral Health Workforce Grant

## **Crime Victim Grants**

Rape and Sexual Assault Prevention  
Rape Prevention and Education  
State Violence and Injury Prevention - Expand Awareness of Positive Parenting  
State Violence and Injury Prevention Program - Dating Matters  
Violent Death Reporting System

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## **Women and Children Health Grants**

Adolescent Health Program  
Carolyn Adams Ticket for the Cure - Community Grant  
Illinois Administrative Perinatal Center Grant  
Illinois Breast and Cervical Cancer Program  
Illinois Perinatal Quality Collaborative  
IDPH Grant Programs

## **Illinois Title X Family Planning Program**

Illinois Wisewoman Program  
Maternal and Child Health (MCH) Fetal Infant Mortality  
Maternal and Child Health (MCH) Perinatal Depression Hotline  
MCH Technical Assistance, Training and Education  
Mini Maternal and Child Health Services  
Planning Grant to Increase Well-Woman Visits in your Community  
School Health Center Grant  
Southern Illinois Adolescent Health Program  
Women's Health Mini-Grant

## **Sickle Cell Grants**

Comprehensive Sickle Cell Clinical Care  
Sickle Cell Follow Up

## **Minority Health Grants**

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

## **Health Protection Grants**

Comprehensive Health Protection Grant

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## Health Promotion Grants

Harm Reduction Community Linkages Project  
Survivorship Pilot Program  
1801- Healthy Schools  
1815 - Capricorn Module  
1815 - CHW Strategies  
1815 - Critical Access Hospital Strategies  
1815 - FQHC Strategies  
1815 - Hospital Strategies  
1815 - Managed Care Strategies  
1815 - Pharmacy Strategies  
1815 - Southern Illinois Healthcare Strategies  
1815 - DPP Toolkit Training  
Diabetes Research Fund  
Genetic Counseling

## Kidney Care Program

Multiple Sclerosis Research  
Pre-school Vision and Hearing  
Preventing Sleep-Related Infant Deaths  
Schaaf-Yang Syndrome Research

## Policy, Planning, and Statistics Grants

FLEX EMS Sustainability Grant  
Healthcare Associated Infection Prevention  
Medication Assisted Treatment OB Training and Technical Assistance  
State Primary Care Office Assistance  
Cities Readiness Initiative  
EMS Assistance  
Hospital Health Protection Grant Program  
Hospital Preparedness - Pediatric Preparedness  
Hospital Preparedness - Regional Hospital Coordinating Center  
Hospital Preparedness- Illinois Medical Emergency Response Team  
HPP-Community Health Centers  
Infection Prevention Liaison Program  
Public Health Emergency Preparedness  
Serve Illinois - AmeriCorps  
Serve Illinois - AmeriCorps Formula

