

Forces of Change
Assessment Report

HEALTHY ILLINOIS 2028

State Health Assessment



**Policy, Practice and
Prevention Research Center**



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Executive Summary

Executive Summary

Pursuant to Illinois Public Act 102-0004, Illinois develops a State Health Assessment (SHA) and State Health Improvement Plan (SHIP) every five years. A collaborative public/private, cross-agency effort, the SHA and SHIP assesses and recommends priorities and strategies to improve the public health system and the health status of Illinois residents, reduce health disparities and inequities, and promote health equity. This report is a component of the SHA, designed to capture perspectives from public health practitioners and community residents across the state.

IDPH is leading the SHA/SHIP process in collaboration with the Office of the Governor’s appointed SHA/SHIP Partnership, which includes representatives from state agencies with public health responsibilities and a range of public, private, and voluntary sector stakeholders and participants in the public health system. IDPH is working with the UIC School of Public Health Policy, Practice, and Prevention Research Center and the Illinois Public Health Institute, known as the SHA/SHIP Planning Team, to facilitate the partnership and to complete the SHA/SHIP process. The SHA/SHIP uses the four assessments of the Mobilizing for Action through Planning and Partnerships (MAPP) process to gain a comprehensive picture of community health. This report describes the process and results of one of these: the Forces of Change Assessment.

The Forces of Change Assessment (FOCA) provides an analysis of the current and potential forces of change and their associated opportunities and threats that can affect, either now or in the future, the health of the state or the public health system. The SHA/SHIP Partnership engaged in the FOCA assessment over three monthly partnership meetings in October and November 2021, and January 2022, which consisted of guest speaker presentations on current or likely forces of change and group discussions identifying opportunities and threats associated with those and other potential forces of change. Cross-cutting themes from the FOCAs were determined by data gathered on the forces of change from regional social service provider/local health department (LHD) focus groups and discussions with the partnership, both individually and as a collaborative.

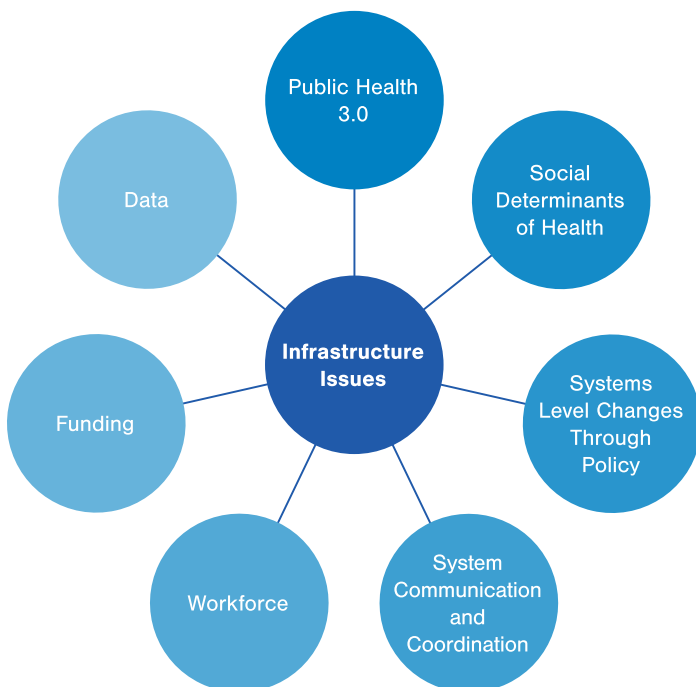


Figure 1. Infrastructure Themes

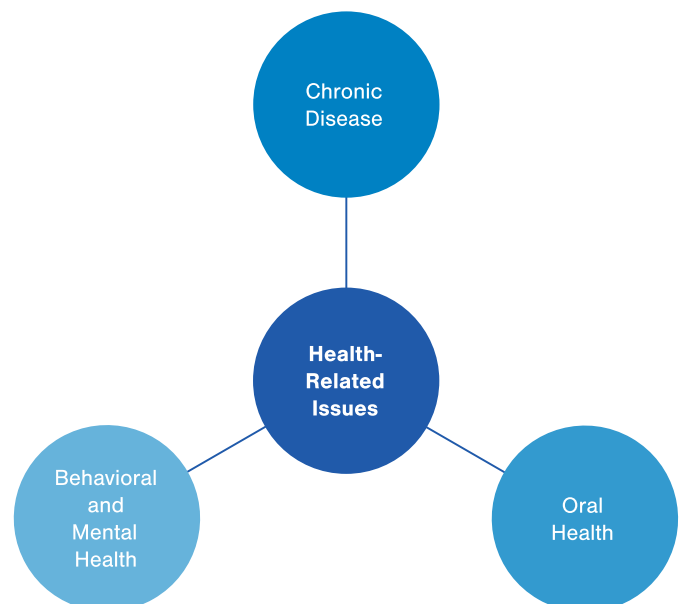


Figure 2. Health-Related Issues

The FOCA cross-cutting themes, infrastructure and health-related themes are listed below and described in the body of the report.

Infrastructure Themes

- **Incorporating a Public Health 3.0 approach** was frequently mentioned as a need at both the **state and local levels** of the public health system.
- **Social determinants of health (SDOH)** were frequently noted as something to focus on due to their **impacts on the health and well-being** of Illinois community members, which were starkly revealed by the COVID-19 pandemic.
- The partnership recognized the importance that existing **policies** play in maintaining and perpetuating inequities and identified the need to **target health equity** through **systems-level changes**.
- The partnership frequently noted the need to **increase communication and coordination** across sectors and state agencies to **encourage collaboration** and **coordination of existing work**.
- The partnership recognized the current state of the public health system **workforce** as a major opportunity (recognizing existing **expertise, increasing representation, and providing professional development**) to address challenges revealed and intensified by COVID-19, including general **burnout**, workforce **shortages**, and **hiring difficulties**.
- The partnership identified threats and opportunities for **funding**, specifically emphasizing the need to **de-silo** funding and **eliminate inequitable funding**.
- The partnership recognized the opportunity and need for **data modernization**, as the system is behind in **data technology**, lacks data **standards**, and needs **user-friendly governance**.

Health-Related Themes

- Increased need for chronic **disease management and prevention** was cited across the presented data as well as identified through discussions with FOCA participants as an emerging trend throughout the state, specifically with increases in need for **renal dialysis caused by diabetes**.
- **Oral health** was noted as a **statewide** issue that is specifically persistent in rural areas, with **access to treatment and resources** remaining as significant barriers to care.
- The partnership identified **youth mental health support**, an improved behavioral and mental health **workforce**, and more **culturally inclusive practices** in these programs and initiatives as needs to address emerging trends in behavioral and mental health

Abbreviations

ARPA	American Rescue Plan Act	MAPP	Mobilizing for Action through Planning and Partnerships
CHNA	Community Health Needs Assessment	SDOH	Social Determinants of Health
CHSA	Community Health Status Assessment	SHA	State Health Assessment
FOCA	Forces of Change Assessment	SHIP	State Health Improvement Plan
HEiaP	Health Equity in all Policies	SPHSA	State Public Health System Assessment
HiaP	Health in all Policies	UIC P3RC	University of Illinois at Chicago School of Public Health Policy, Practice and Prevention Research Center
IDPH	Illinois Department of Public Health		
IPHI	Illinois Public Health Institute		
LHD	Local Health Department		

2 Introduction

Assessment Framework

Pursuant to Illinois Public Act 102-0004, Illinois develops a State Health Assessment (SHA) and State Health Improvement Plan (SHIP) every five years. A collaborative public/private cross-agency effort, the SHA and SHIP assesses and recommends priorities and strategies to improve the public health system, the health status of Illinoisians, reduce health disparities and inequities, and promote

health equity. In 2021–2022, the Illinois Department of Public Health (IDPH) completed a comprehensive State Health Assessment (SHA) using the Mobilizing for Action through Planning and Partnerships (MAPP) process (Figure 3). MAPP utilizes four assessments to gain a comprehensive picture of community health.

The **Community Health Status Assessment (CHSA)** provides quantitative information on community health conditions.

The **Community Themes and Strengths Assessment (CTSA)** identifies assets in the community and issues that are important to community members.

The **State Public Health System Assessment (SPHSA)** measures how well different state public health system partners work together to deliver the Essential Public Health Services. The SPHSA is currently under revisions from the National Association of County and City Health Officials (NACCHO).

The **Forces of Change Assessment (FOCA)** identifies forces that may affect a community and the opportunities and threats associated with those forces.



Figure 3. The MAPP Process (NACCHO, 2013)

FOCA Overview

The FOCA identifies forces—such as trends, factors, or events—that may influence the health and quality of life of the community and the effectiveness of the local public health system. Forces are identified across a diverse set of categories and may be current or anticipated for the future.

- **Trends** are patterns over time, such as migration in and out of a community or a growing disillusionment with government.
- **Factors** are discrete elements, such as a community’s large ethnic population, an urban setting, or the jurisdiction’s proximity to a particular community resource.
- **Events** are one-time occurrences, such as a hospital closure, a natural disaster, or the passage of new legislation.

During the FOCA, participants answered the following questions:

- What is occurring or might occur that affects the health of our community or the local public health system?
- What specific threats or opportunities are generated by these occurrences?

Assessment Methodology

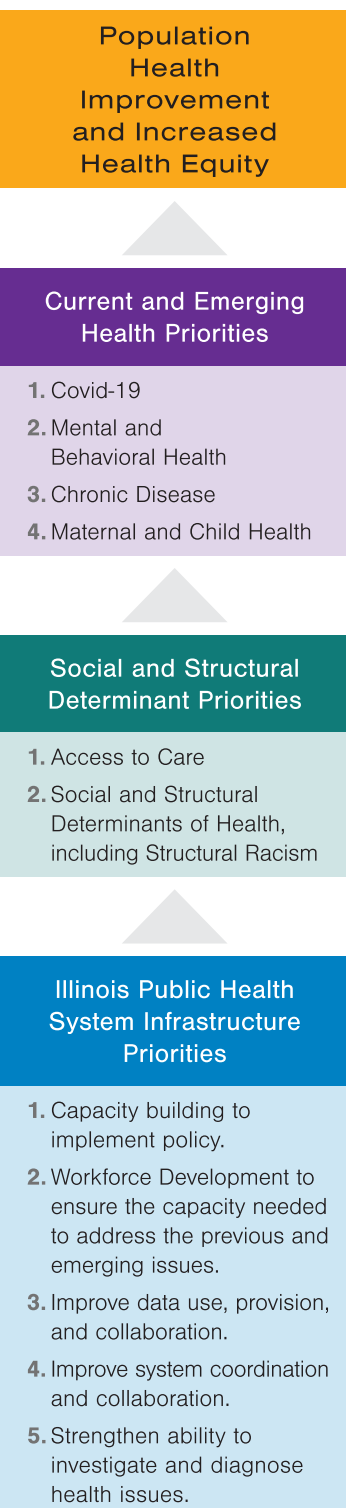


Figure 4. Priorities Update to Healthy Illinois 2021

To ensure a comprehensive assessment in a virtual environment, the SHA/SHIP Planning Team solicited volunteers from the SHA/SHIP Partnership to plan the FOCA and created a FOCA planning work group. The work group, with facilitation by the SHA/SHIP Planning Team, proposed and discussed strategies to conduct the assessment and decided on three approaches: focus groups, interviews with partnership members, and guest speaker presentations to the partnership on potential forces of change.

- As part of the community engagement work of the State Health Assessment (SHA), the SHA/SHIP Planning Team conducted **focus groups with regional social service providers and local health department (LHD) staff as well as people with lived experience throughout the state.**
- At the same time, Jenny Epstein, assistant deputy director, IDPH Office of Policy, Planning, and Statistics, conducted **one-on-one interviews with each of the partnership members** to build relationships, develop an understanding of their role, and to seek their input on the FOCA.
- Additionally, the FOCA planning work group identified key issues that represent current or probable forces of change and **invited collaborators familiar with these key issues to present at the October and November 2021 and January 2022 SHA/SHIP Partnership meetings.**

The FOCA planning work group suggested questions to include in the provider and LHD focus groups as well as the interviews to inform the FOCA.

For the formal assessment, IDPH planned to facilitate discussions with the partnership on the forces of change and their potential opportunities and threats. The 2020 SHA/SHIP Planning Team had agreed to focus on the public health system infrastructure priorities through January 2022 (see Figure 4)¹. In addition, the 2021 FOCA planning work group identified the need to share information with the partnership related to social and structural determinants of health as well as infrastructure priorities and American Rescue Plan Act (ARPA) funding to inform the FOCA process.

During the October and November 2021 and January 2022 SHA/SHIP Partnership meetings, collaborators focusing on issues identified by the FOCA planning work group shared 10- to 15-minute presentations on current or probable forces of change (see Appendix 1 for agenda and Appendix 2 for slides). The presentations included:

- a high-level state of the state,
- information on how the topic/issue is or will be impacting individuals living in Illinois and/or the public health system, and
- any potential forces of change and opportunities and threats associated with those forces of change.

These presentations were intended to be thought-provoking for the partnership to help them understand the forces of change and the current and potential opportunities, threats, and overall impacts.

For the October 2021 meeting, the partnership heard presentations on key issues from the following stakeholders:

- **ARPA funding** – Jeffrey Levi, PhD, professor of Health Management & Policy at the Milken Institute School of Public Health at the George Washington University (recorded presentation shared prior to the meeting)
- **Policy** – Molly Jo Lamb, executive director, Center for State Policy and Leadership, University of Illinois Springfield
- **Data** – Fred Rachman, CEO, AllianceChicago

- **Public Health Workforce** – Guddi Kapadia, assistant director, Policy, Practice and Prevention Research Center (P3RC), University of Illinois Chicago; and Tracey Smith, director of Community Health and Programs, Illinois Public Health Association
- **Housing and Homelessness** – David Esposito, executive director, Supportive Housing Providers Association
- **Economic Justice/Poverty** – Dana Kelly, senior public service administrator, Illinois Department of Human Services

During these presentations, the partnership was encouraged to take notes in a shared online document (see Appendix 3) on current or likely forces of change they heard in the presentations and the opportunities and threats associated with those forces of change. From there, the partnership broke into small groups to review the initial notes taken during the presentations, to add any additional forces as well as their opportunities and threats, and to discuss responses to questions on themes, impacts on current SHIP priorities, and potential shifting of priorities, if at all. The partnership drew out and discussed key **infrastructure themes**, depicted in Figure 5 and described below, based on the presentations at the October meeting.



At the November 2021 meeting, the partnership heard highlights from the October FOCA meeting and the following additional presentations:

- **Health Issues Throughout the State** – Dr. Amaal Tokars, assistant director, Illinois Department of Public Health
- **Summary of Findings from the LHD/Social Service Provider Focus Groups**

Following the presentations, participants identified top issues from each and recorded them in the meeting slides (see slides in Appendix 2). They also collaboratively reviewed and added to the notes from the October meeting. Key **health-related themes** from Dr. Tokars' presentation were identified by the partnership and are depicted in Figure 2 and described below.

At the January 2022 meeting, the partnership heard highlights from the November FOCA meeting and the last round of presentations:

- **Equity** – Dr. Sekile Nzinga, chief equity officer, Office of the Governor
- **Summary of Findings from the One-on-One Partnership Member Interviews**

Again, participants discussed top forces of change and implications related to priorities based on the information shared in all the presentations. The partnership reviewed how the new information added to or reinforced the cross-cutting themes already identified to finalize the forces of change assessment. The partnership's final cross-cutting themes are described below.

3 Forces of Change Overview

Cross-Cutting Themes

The forces of change described in the partnership meetings—in response to the presentations and the focus group and partner interview findings—yielded cross-cutting themes as described below and throughout the body of this report. For details on the partnership meeting discussions in which these themes were identified, as well as direct quotes from the focus group participants, see the slides in Appendix 2.

Infrastructure Themes

The infrastructure themes (Figure 5) were determined by the SHA/SHIP Partnership based on the data from presentations on key issues and summary findings of the partner discussions during the FOCA assessment and the priorities from the Healthy Illinois 2021: State Health Improvement Plan Update.

Public Health 3.0

Partnership members noted the need to incorporate a Public Health 3.0 approach at both the state and local levels of the public health system. According to the U.S. Department of Health and Human Services Office of the Assistant Secretary for Health, Public Health 3.0 is described as “a major upgrade in public health practice to emphasize cross-sectoral environmental, policy, and systems-level actions that directly affect the social determinants of health and advance health equity. It represents a challenge to business leaders, community leaders, state lawmakers, and federal policy makers to



Figure 5. Infrastructure Themes

incorporate health into all areas of governance.²⁹ The partnership described the need to shift toward a multisectoral, coordinated approach with governmental public health serving as the coordinating entity. Public Health 3.0 would involve a shift toward a more systems-level, holistic approach focused on regional issues and de-emphasize individual service provision and programs in local areas, which was identified as a threat in the forces of change analysis. This approach would be intentional about addressing social determinants of health (SDOH), as described further below. Through Public Health 3.0, the system would dismantle silos to encourage comprehensive sharing of data that would facilitate increased access and use of data to inform policy and practice. Such integration would serve as protection against system failure due to overreliance on one group—another threat identified in the forces of change analysis.

Social Determinants of Health

The partnership recognized SDOH as a force of change due to the impact of SDOH on the health and well-being of Illinois community members, which was starkly revealed during the COVID-19 pandemic. In keeping with the key principles of Public Health 3.0, the partnership noted the need for the public health lens to be expanded to encapsulate SDOH. This included the need for culturally inclusive interventions and communication as key to reduce disparate health outcomes. They identified a few opportunities to address this force through a coordinated state system. The state must build and engage coalitions and constituencies to work together as a public health system. They specifically noted the need to address housing and homelessness as more than just a health care issue and that this work should be driven by collaboratives. Policy was discussed as a potential opportunity as well as data collection and modernization initiatives. They also recognized that some policies (specifically tax) are inequitable and contribute to income, wealth, and health disparities.

Systems-Level Changes Through Policy

The partnership identified a need to address inequities in existing policies, emphasizing the importance of a Health in all Policies (HiAP)³ approach and the opportunity for a Health Equity in all Policies (HEiAP)⁴ approach. There is an opportunity to better align policy and practice and recognize the policy is related to funding. The partnership noted a lack of public health expertise with county boards and boards of health as a threat to system-level changes through policy. Education and civil literacy are needed for both community collaborators and the public. The partnership also described the need to strengthen policies related to protecting local public health authority and clarify the vagueness of others, such as those related to quarantine. More attention to policies that protect the public's health, through SDOH, for example, was also identified as an opportunity. These include things like increasing the minimum wage to a living wage, ensuring paid sick leave and access to affordable child care, and making tax policy more equitable.

System Communication and Coordination

System communication and coordination were mentioned as themes across many practices and approaches. The partnership frequently noted the need to increase communication and coordination

across sectors and state agencies to encourage collaboration, stating that it must be at the forefront of all of the work the system does. They identified governmental public health as a possible coordinating entity, including a fiscal entity for communities. This increased coordination would include redefining and/or clarifying the relationship between state and local public health roles in emergency and day-to-day work. There is also a need to improve external communications to build trust with the populations public health serves in order to combat misinformation and increase health literacy and trust in public health. One way to do this is to bring in partners that represent diverse communities to understand and address community needs, specifically identifying the best and most-trusted voice for each community. The partnership recognized the threat of overreliance on web-based systems to reach the public, as many community members are unable to access events and information, which was revealed through barriers to COVID-19 vaccination and testing.



Workforce

The partnership recognized the current state of the public health system workforce as a major theme that serves as an opportunity and barrier to the forces of change. COVID-19 highlighted and exacerbated threats existing within the public health workforce, such as burnout, workforce shortages, and hiring difficulties (recruitment and retention), and limited available time due to staff being pulled in many different directions. The partnership identified several opportunities through building pipeline programs, increasing workforce capacity for informatics data for population health, increasing the diversity of the workforce to be more representative of the communities served, and leveraging smaller partners for assessment, planning, and implementation. There is a need to better prepare and train the workforce, specifically to build skills in community engagement and coalition building and to leverage trusted voices in each community. Improving external communications, as described above, will support workforce development by building health literacy and trust in public health to inspire recruitment from diverse communities served by public health. The partnership also noted that finding ways to retain the COVID-19 workforce and help them transition to new roles will be important. Overall, the partnership identified that workforce stability is needed to tackle major system transformation.



Funding

Funding is a major theme across the public health system in Illinois—particularly limitations in funding to support an adequate public health workforce, as described above. Funding to support tuition/loan reimbursement and increase wages/salaries were identified as needs by focus group participants. There is also a need to de-silo funding and eliminate inequitable funding. The partnership recognized specific threats with funding, including inequitable funding by locality and a lack of county boards funding public health in the way that collaborators think is needed. The partnership noted the need to develop an equitable funding model. Overall, they recognize that ARPA funding is a major opportunity to the public health system to make transformative, systems-level change. Greater emphasis on tax equity, as described above as a part of systems-level change through policy, would also improve funding resources at the state level.

Data

The partnership recognized the opportunity and need for data modernization. They noted the system is behind in data technology, lacks data standards, and needs user-friendly governance. Current data systems lack access to health data, specifically from health insurers, Medicaid, managed care, and other system partners. Health data systems lack a statewide approach to data collection and overall data strategy as do public health informatics data for population health. Data collection standards are needed for greater specificity, particularly with respect to race/ethnicity. This lack of specificity precludes disaggregation of race/ethnicity data required to understand and address the needs of specific marginalized populations. Public health also needs more intentional partnerships for data collection, sharing, and analysis around nonmedical issues including social determinants of health.

Health-Related Themes

The partnership discussed health-related themes (Figure 6) in discussion following Dr. Tokars' presentation on health priorities from the 2021 SHIP Update and initiatives IDPH hopes to focus on in the future. Health-related themes were determined from data collected for the FOCA and discussions within the partnership.

Chronic Disease

Chronic disease management and prevention was most frequently cited by SHA/SHIP Partnership member FOCA participants. Participants specifically mentioned several chronic diseases, such as hypertension and diabetes. A few participants in the northeast and southwest areas of the state, identified issues with high use of renal dialysis in their communities caused by diabetes and high blood pressure often related to physical conditions and SDOH. Chronic disease prevention, along with SDOH and behavioral and mental health, were specifically noted as priorities by the Southern Illinois Healthy Delta Network Community Health Needs Assessment (CHNA).

Oral Health

Oral health was noted by partnership members as a statewide issue that has shown significant disparities, according to the Oral Health Surveillance Plan. These disparities include populations considered low-income, rural communities, communities of color, people who are pregnant, and people living with disabilities.⁵ Oral health concerns were noted as a risk factor for maternal mortality and there is a need throughout the state to monitor and to address that issue. They most frequently identified lack of access to care for treatment and resources related to oral health as barriers for those communities.

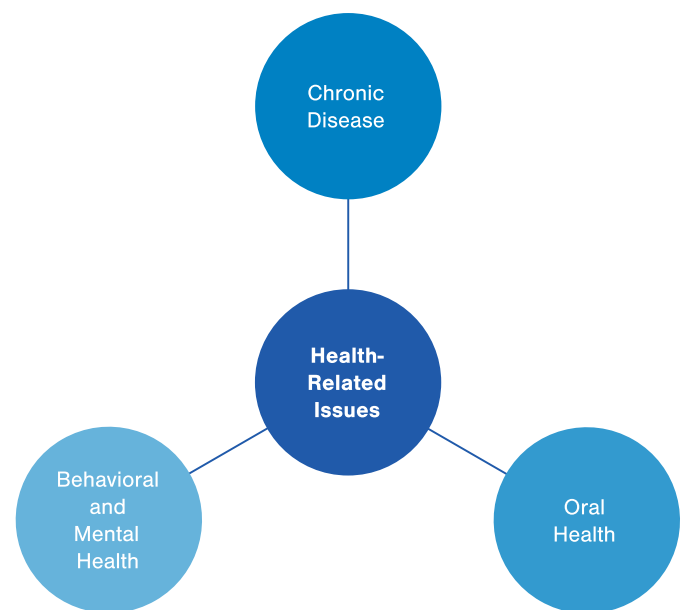


Figure 6. Health-Related Issues

Behavioral and Mental Health

Behavioral and mental health was described as a cross-cutting theme across communities in the state that was greatly exacerbated by COVID-19. Pediatric and youth mental health support was noted as an opportunity for the growing concern over mental health issues experienced by youth. The partnership cited a trained and prepared workforce that is representative of the communities for public health as an opportunity for the state. Partnership members identified a continuous and growing need to provide culturally and linguistically inclusive mental health resources, programs, and initiatives across the state and in rural areas. Overall, the partnership identified youth mental health support, an improved behavioral and mental health workforce, and more culturally inclusive practices in these programs and initiatives as emerging trends in behavioral and mental health.

4 Conclusion

The forces of change identified by the SHA/SHIP Partnership FOCA participants and primary data collected from regional social service providers and LHD staff represent key issues that will have important implications for the state public health system. The FOCA themes are depicted in Figures 7 and 8 and described below.

Infrastructure Themes

- Partnership members noted the need to **incorporate a Public Health 3.0 approach** at both the **state and local levels** of the public health system.
- **SDOH** was frequently noted as something to focus on due to their **impacts on the health and well-being** of community members, as starkly revealed by the COVID-19 pandemic.
- The partnership recognized the importance that existing **policies** play in maintaining inequities to **target health equity** through **systems-level changes**.
- The partnership frequently noted the need to **increase communication and coordination** across sectors and state agencies to **encourage collaboration** and **improvement of existing work**.
- The partnership recognized the current state of the public health system **workforce** as a major theme that serves as an opportunity (recognizing existing **expertise, increasing community representation, and providing professional development**) to address barriers due to COVID-19 and general **burnout, workforce shortages, and hiring difficulties**.
- The partnership identified threats and opportunities of **funding**, specifically as a need to **de-silo** funding and **eliminate inequitable funding**.
- The partnership recognized the opportunity and need for **data modernization**, as the system is behind in **data technology**, lacks data **standards**, and needs **user-friendly governance**.



Figure 7. Infrastructure Themes

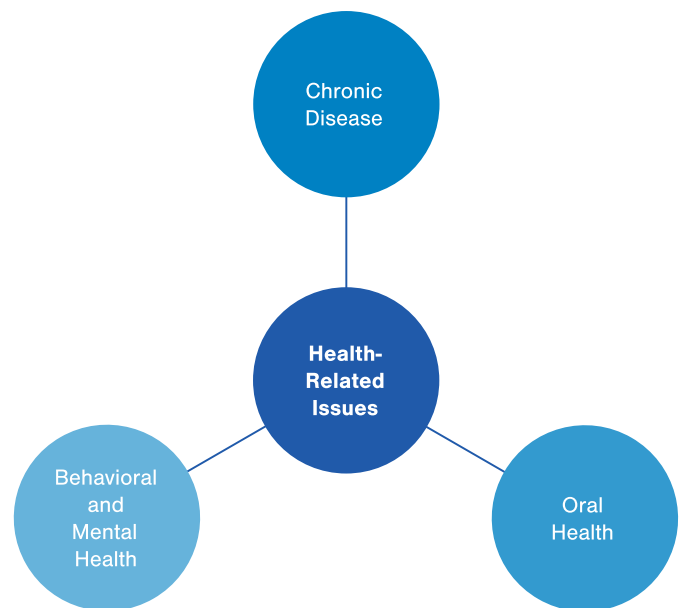


Figure 8. Health-Related Issues

Health-Related Themes

- Increased need for **chronic disease management and prevention** were cited across presented data as well as through discussions with FOCA participants as an emerging trend throughout the state, specifically with increases in need for **renal dialysis caused by diabetes**.
- **Oral health** was noted as a **statewide** issue that is particularly persistent in rural areas, with **access to treatment and resources** remaining as barriers to care.
- The partnership identified **youth mental health support**, an improved behavioral and mental health **workforce**, and more **culturally inclusive practices** in these programs and initiatives as emerging trends in behavioral and mental health.

The cross-cutting themes identified in the FOCA will be considered during the comprehensive SHA process. The SHA will inform a comprehensive SHIP to address current health and infrastructure priorities. The report will be utilized as a supplement toward the accreditation process.

Endnotes

- 1 Healthy Illinois 2021: State Health Improvement Plan Update. <http://www.idph.state.il.us/SHIP/icc/documents/Updated%20SHSHIP%20Summary%20Report.pdf>
- 2 Public Health 3.0, Office of Disease Prevention and Health Promotion. <https://www.healthypeople.gov/2020/tools-resources/public-health-3>
- 3 American Public Health Association (APHA): Health in all Policies. <https://www.apha.org/topics-and-issues/health-in-all-policies>
- 4 Boston Public Health Commission (BPHC): Health Equity in all Policies. <https://bphc.org/whatwedo/racialjusticeandhealthequity/Pages/Health-Equity-In-All-Policies.aspx>
- 5 Van Kanegan M. and Price J. (2021). Oral Health Surveillance Plan 2021-2025. Springfield, Illinois: Division of Oral Health, Illinois Department of Public Health. https://dph.illinois.gov/content/dam/soi/en/web/idph/publications/idph/topics-and-services/prevention-wellness/oral-health/oral-health-plans/Illinois-Oral-Health-Surveillance-Plan_10.25.2021.pdf

5 Appendices

Appendix 1:

SHA/SHIP Partnership Agendas

State Health Assessment and Improvement Plan Partnership Virtual Meeting

October 19, 2021 | 12:00 pm to 2:00 pm

Meeting Objectives

- Explore forces of change that are or will likely have an impact on the health of Illinoisans and/or the Illinois public health system.
- Describe how the forces of change may impact current and future SHIP priorities.

Agenda

1. Welcome

2. Meeting Overview

- a. Meeting Objectives
- b. SHA Process and Forces of Change Assessment (FOCA) Purpose
- c. Introduction to Observation Worksheet

3. Forces of Change Presentations

- a. Data – *Fred Rachman, CEO, AllianceChicago*
- b. Public Health Workforce – *Guddi Kapadia, MidAmerica Center for Public Health Practice, University of Illinois Chicago; and Tracey Smith, Director of Community Health and Programs, Illinois Public Health Association*
- c. Housing and Homelessness – *David Esposito, Executive Director, Supportive Housing Providers Association*
- d. Policy – *Molly Jo Lamb, Executive Director, Center for State Policy and Leadership, University of Illinois Springfield*
- e. Economic Justice/Poverty – *Dana Kelly, Senior Public Service Administrator, Illinois Department of Human Services*
- f. Rescue and Recovery Funding Recording – *Jeff Levi, Professor, Health Policy and Management, Milken Institute School of Public Health, George Washington University*

4. Forces of Change Discussion (breakout groups)

- a. What are the cross-cutting themes from the forces of change?
- b. How could these forces potentially impact the current SHIP priorities?
- c. How do the forces shift the priorities, if at all? Are there other priorities?

5. Next Steps

- a. FOCA Notes – Please add any additional information.
- b. Community Engagement Focus Groups
- c. Next Partnership Meeting: November 16, 2021 – 12 pm to 2 pm

6. Public Comment

State Health Assessment and Improvement Plan Partnership Virtual Meeting

November 16, 2021 | 12:00 pm to 2:00 pm

Meeting Objectives

- Define the top forces of change impacting the health of Illinoisans and the public health system and their impacts on SHIP priorities.
- Respond to high-level themes surfacing from the LHD/Social Service Provider focus groups.

Agenda

1. **Welcome** *12:00 pm*
2. **Meeting Overview** *12:05 pm*
 - a. Meeting Objectives, Agenda, and Group Norms
3. **Forces of Change Assessment (FOCA) Presentations and Discussion** *12:10 pm*
 - a. Highlights from the October FOCA Meeting
 - b. Dr. Sekile Nzinga – Chief Equity Officer, Office of the Governor (postponed)
 - c. Dr. Amaal Tokars – Assistant Director, Illinois Department of Public Health
 - d. Q & A for presenters and reactions to presentation (10 min)
 - e. Forces of Change from 1:1 Partnership Member Interviews
 - f. Discussion top Forces of Change and Implications Related to Priorities
4. **Update on Community Engagement** *1:15 pm*
 - a. Overview of community engagement strategies/plan and status
 - b. High-level summary of findings from the LHD/social service provider focus groups
 - c. Discuss Implications on Priorities
5. **Next Steps** *1:50 pm*
 - a. Next meeting - January 21 @ 12 p.m.
6. **Public Comment**

State Health Assessment and Improvement Plan Partnership Virtual Meeting

January 18, 2022 | 12:00 pm to 2:00 pm

Meeting Objectives

- Understand the equity priorities from the Governor’s Office.
- Provide an update on the 2021–2022 SHIP implementation plan.
- Discuss mechanisms for advancing the implementation plan.
- Solicit input on community engagement and public health system assessment.

Agenda

1. Welcome – Amaal Tokars, IDPH
2. Meeting Overview – Laurie Call, IPHI
 - a. Meeting Objectives, Agenda, and Group Norms
 - b. Introduction to Tiosha Bailey, IPHI Consultant
3. Presentation – Dr. Sekile Nzinga – Chief Equity Officer, Office of the Governor
4. Update on the 2021–2022 SHIP Implementation Plan – Jenny Epstein, IDPH
 - a. Discuss Alignment with Other Initiatives
 - b. Discuss Implementation Monitoring, Measuring, and Reporting Structure
5. Follow up on Community Engagement Process – Tiosha Bailey, IPHI
 - a. Questions from the December Focus Group Presentation
 - b. Discuss Ideas on Addressing Gaps in Community Engagement
6. Overview of the Public Health System Assessment – Laurie Call, IPHI
 - a. Share Purpose of Assessment
 - b. Discuss Challenges with Current Tool
 - c. Propose and Discuss a Modified Assessment Tool
7. Next Steps
 - a. Next meeting – February 15, 2022 @ 12 pm to 2 pm
8. Public Comment

Appendix 2:

SHA/SHIP Partnership Meeting Slides



SHA SHIP Partnership Meeting

October 19, 2021

12:00 PM – 2:00 PM

Welcome

IDPH SHIP Planning

- **Amaal Tokars**, Assistant Director
- **Jenny Epstein**, Assistant Deputy Director, Office of Policy, Planning and Statistics
- **Nelson Agbodo**, Acting Chief, Division of Health Data and Policy, Office of Policy, Planning and Statistics
- **Sylvia Riperton Lewis**, Deputy Director, Office of Performance Management
- **Patrick Harper**, CDC Epidemiology Assignee, Division of Chronic Disease, Office of Health Promotion



Christina Welter

Director, DrPH in Leadership
Associate Director, Policy, Practice and Prevention
Research Center (P3RC)
Clinical Assistant Professor, Health Policy and
Administration

Steven Seweryn

Associate Director, DrPH in Leadership Program
Clinical Assistant Professor, Epidemiology and
Biostatistics Division

Guddi Kapadia

Assistant Director, P3RC

Amber Uskali

Deputy Director, P3RC

Yadira Herrera

Project Coordinator, P3RC

Laurie Call

Director, Center for Community
Capacity Development

Samantha Lasky

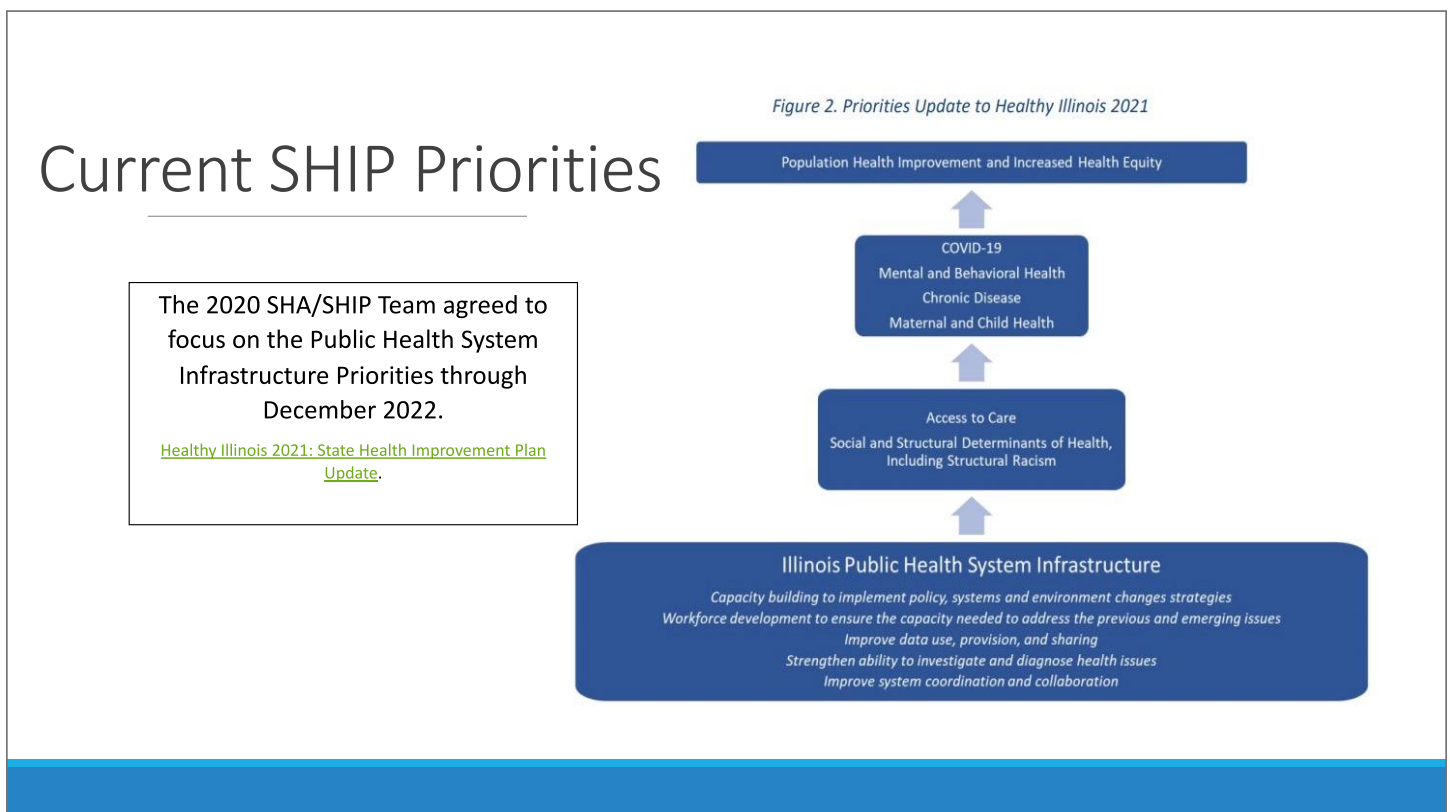
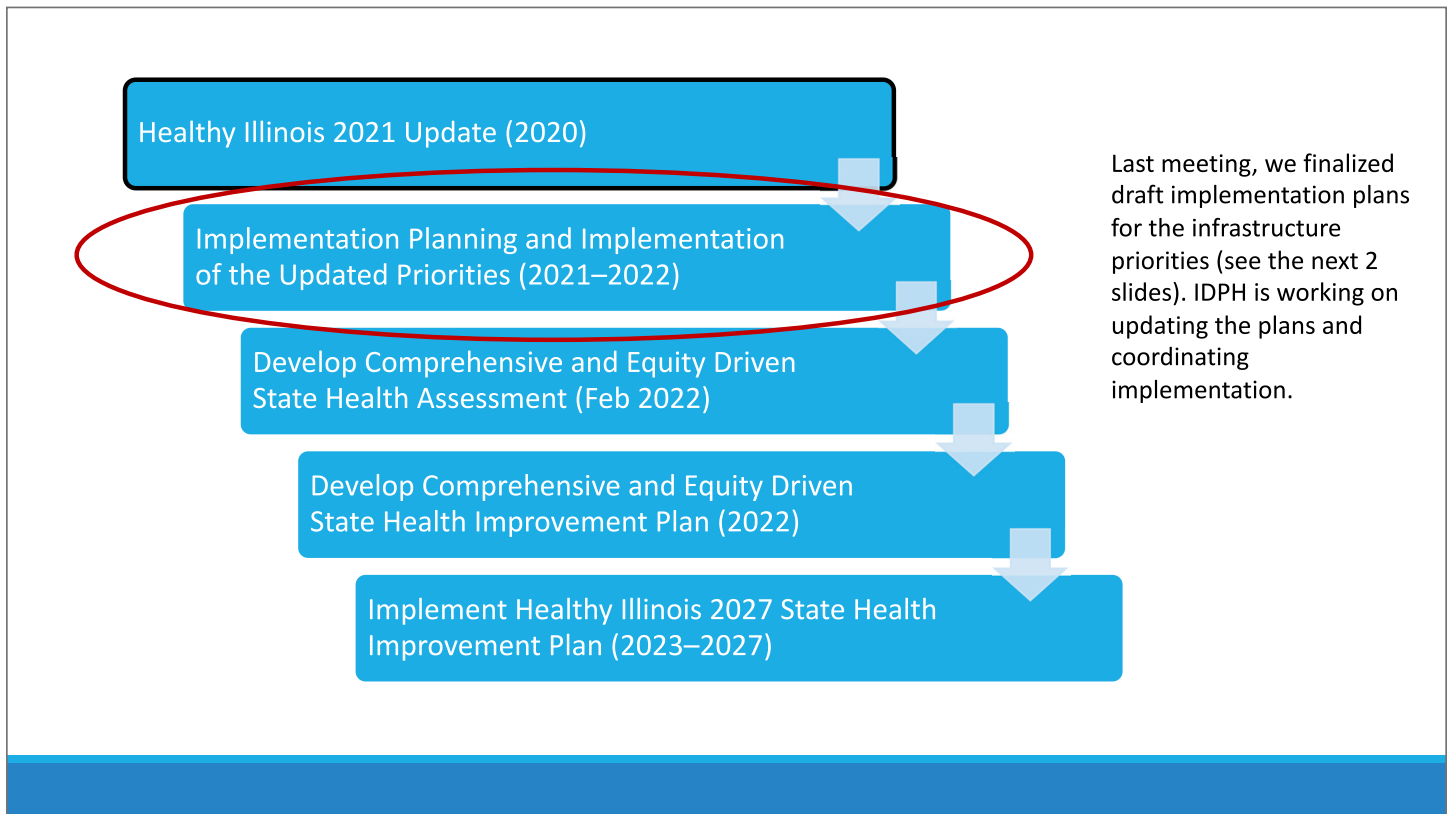
Program Associate

Partnership Team Members

- Hillary Aggertt – Woodford County Health Department
- Jeff Aranowski – Illinois State Board of Education
- Damon Arnold – Illinois Department of Public Health
- Karen Ayala – Northern Illinois Public Health Consortium/DuPage County Health Department
- Angela Bailey – Southern Illinois Healthcare
- Patricia Canessa – State of Illinois Board of Health, American Public Health Association
- James Caporusso – Aunt Martha’s Health and Wellness
- Garrett Carter – Illinois Department of Commerce & Economic Opportunity
- Sue DeBoer – Illinois Department on Aging
- Susan Gaines – Illinois Primary Health Care Association
- Joseph Harrington – CAPriCORN
- Hana Hinkle – University of Illinois College of Medicine
- Doug House – Illinois Department of Transportation
- David T. Jones – Illinois Department of Human Services

Partnership Team Members

- Sandy Leith – Illinois Department of Aging
- Hong Liu – Midwest Asian Health Association
- Laura Martinez – National Alliance on Mental Illness
- James Miles – Lodestone R3 Institute
- Ziyad Nazem – American College of Chest, Greater Chicago Area
- Elizabeth Patton-Whiteside – East Side Health District
- Karen Phelan – Illinois Board of Health
- Robert Planthold – Illinois Department of Insurance
- Naila Quraishi – Illinois Primary Health Care Association
- Anita Stewart – Blue Cross and Blue Shield of Illinois
- Sameer Vohra – Southern Illinois University School of Medicine
- Heather Whetsell – Southern Illinois University Medicine
- Teschlyn Woods – Illinois Environmental Protection Agency
- Jeffrey Workman – Clay & Effingham County Health Department
- Lauren Wright – Illinois Partners for Human Service



Infrastructure

Workforce Development

- Resource and funding limitations for an adequate public health workforce
- Sustaining COVID-19 workforce—transitioning to non-COVID roles

Capacity Building to Address New and Emergent Priorities

- IPLAN implementation (especially PSE to address SDOH)
- Addressing structural racism, racial and health equity, health disparities, and social determinants of health (SDOH)
- Addressing systemic issues related to policy, preparedness, and prevention

Improve Data Use, Provision, Sharing

- IPLAN data access and use
- Multi-sector data coordination and sharing
- Actionable data

Improve System Coordination and Collaboration

- Equitable investment in rural health and the rest of the state outside of Chicago metro
- Coordination/collaboration for effective and seamless implementation
- Addressing systemic issues related to policy, preparedness, and prevention

Strengthen Ability to Investigate and Diagnose Health Issues

Healthy Illinois 2021 Update (2020)

Implementation Planning and Implementation of the Updated Priorities (2021–2022)

Develop Comprehensive and Equity Driven State Health Assessment (Feb 2022)

Develop Comprehensive and Equity Driven State Health Improvement Plan (2022)

Implement Healthy Illinois 2027 State Health Improvement Plan (2023–2027)

We will be focusing our next few meetings on the State Health Assessment Activities to finalize a SHA by end of February 2022. The SHA will result in the strategic priorities for the 2023–2027 SHIP.

Meeting Overview

LAURIE CALL, ILLINOIS PUBLIC HEALTH INSTITUTE

Meeting Objectives

1

Explore forces of change that are or will likely have an impact on the health of Illinoisans and/or the Illinois public health system.

2

Describe how the forces of change may impact current and future SHIP priorities.

Agenda

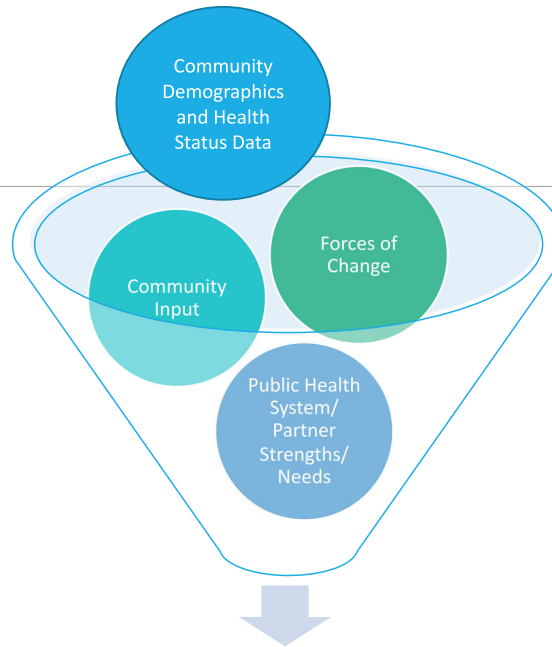
- Welcome
- Meeting Overview
- FOCA Presentations
- Small Group Discussion
- Next Steps
 - Public Comment

Group Norms

- ❖ Stay Present
- ❖ Actively Participate
- ❖ Be Bold, Brief, and Specific
- ❖ Give Space/Take Space
- ❖ Allow Facilitator to Move Conversation Along
- ❖ Be Open to New Ideas
- ❖ Ask Questions

SHA Process

4 Assessment
Components Conducted
with a Health Equity
Lens



SHIP Priorities

Based on a modified version of the Mobilizing for Action through Planning and Partnerships (MAPP) Framework. Developed by National Association of City and County Health Officials (NACCHO). For more info: <https://www.naccho.org/programs/public-health-infrastructure/performance-improvement/community-health-assessment/mapp/phase-3-the-four-assessments>

FOCA Overview

Intends to answer:

- What is occurring or might occur that affects the health of our state or the state public health system?
- What specific threats or opportunities are generated by these occurrences?

Forces of change may include:

- Trends, factors, or events—that are or will be influencing the health and quality of life of the state and the work of the Illinois public health system.

How do these forces of change influence SHIP priorities?

FOCA Presenters

As you listen, please note the forces of change you hear and the potential opportunities and threats. Link to the worksheet is in the chat.

- a. Data – **Fred Rachman**, CEO, AllianceChicago
- b. Public Health Workforce – **Tracey Smith**, Director of Community Health and Programs, Illinois Public Health Association
- c. Housing and Homelessness – **David Esposito**, Executive Director, Supportive Housing Providers Association
- d. Policy – **Molly Jo Lamb**, Executive Director, Center for State Policy and Leadership, University of Illinois Springfield
- e. Economic Justice/Poverty – **Dana Kelly**, Senior Public Service Administrator, Illinois Commission on Poverty Elimination and Economic Security, Illinois Department of Human Services
- f. Rescue and Recovery Funding (recording) – **Jeff Levi**, Professor, Health Policy and Management, Milken Institute School of Public Health, George Washington University

Data

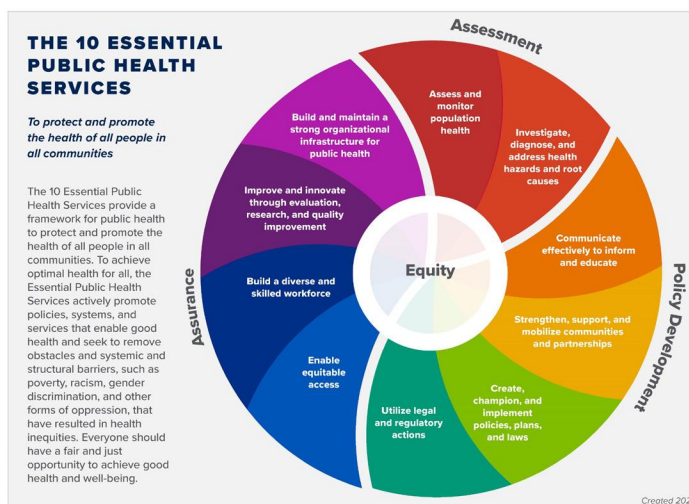
DR. FRED RACHMAN, CEO, ALLIANCECHICAGO

10 Essential Public Health Services

1. **Assess and monitor** population health status, factors that influence health, and community needs and assets
2. **Investigate, diagnose,** and address health problems and hazards affecting the population
3. Communicate effectively to **inform and educate** people about health, factors that influence it, and how to improve it
4. **Strengthen, support, and mobilize** communities and partnerships to improve health
5. Create, champion, and implement policies, plans, and laws that impact health
6. Utilize legal and regulatory actions designed to improve and protect the public's health
7. Assure an effective system that **enables equitable** access to the individual services and care needed to be healthy
8. Build and support a diverse and skilled public health workforce
9. Improve and innovate public health functions through ongoing **evaluation, research, and continuous quality improvement**
10. Build and maintain a strong organizational **infrastructure** for public health

<https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>

10 Essential Public Health Services



<https://www.cdc.gov/publichealthgateway/publichealthservices/essentialhealthservices.html>



The Current State

Data silos limit ability to share and integrate data

Lack of data standards limit ability to efficiently share data

Data collection processes are not aligned and create administrative burden and waste

Many systems and data collection processes are still manual

Social determinants data is not generally considered

Consumers are not prioritized

CDC Data Modernization Initiative

DATA SHARING ACROSS THE PUBLIC HEALTH ECOSYSTEM

Automate data collection and support multi-directional data flows among SLT partners and CDC.

ENHANCING CDC SERVICES AND SYSTEMS FOR ONGOING DATA MODERNIZATION

Adopt enterprise-wide infrastructure and services that enable data linking, sharing, analysis, and visualization.


NEW STANDARDS AND APPROACHES FOR PUBLIC HEALTH REPORTING

Conduct real-world testing of new standards for accessing data in electronic health records and assess the policy implications of these new approaches.

LONG-TERM OUTCOMES OF DMI

 CDC can rapidly identify and effectively mitigate emerging threats

 Trusted data promotes evidence-based behaviors, interventions, and solutions to protect health

 Every American has equal opportunity to attain the highest level of health possible

 All people have the right information at the right time to make sound decisions

 Our country is better prepared for, and protected from, all types of public health threats

STRENGTHENING THE CORE OF PUBLIC HEALTH

COVID-19 has underscored the need to make investments that support multi-directional and multilayered data flow and allow for more dynamic exploration and interpretation of data. DMI Initiatives within the three priority thematic areas will modernize the public health landscape and align to the U.S. Public Health Surveillance Enterprise **core data systems**:

SYNDROMIC SURVEILLANCE

→ Gives faster understanding of emerging health threats through electronic reporting of emergency department visits

ELECTRONIC CASE REPORTING

→ Offers earlier disease detection and intervention through automated reporting of certain diseases and conditions from electronic health records

NOTIFIABLE DISEASES

→ Reduces burden on states for reporting notifiable diseases to CDC through modernized electronic messages

ELECTRONIC LABORATORY REPORTING

→ Supports faster, more complete automated laboratory reporting of notifiable conditions to local and state health departments

VITAL RECORDS

→ Captures data from ~6 million births and deaths annually that can signal changes in trends, monitor urgent public health events, and provide faster notification of cause of death

Health Regions and Local Health Departments

Click on a region on the map for a list of local health departments.

- [All Health Regions](#)
- [All Local Health Departments](#)

- ★ IDPH Regional Office
- [Bellwood](#)
- [West Chicago](#)
- [Champaign](#)
- [Marion](#)
- [Edwardsville](#)
- [Peoria](#)
- [Rockford](#)
- No Local Health Department
- Local Health Department Jurisdictional Boundaries



Components of a Data Strategy

Identify

Store

Provision

Process

Govern

Wishes for the Future

Modernize systems

Reduce administrative burden on Health Care providers

Increase availability of data

Promote data standardization and interoperability

Unify approaches

Incorporate social determinants of health

Engage consumers

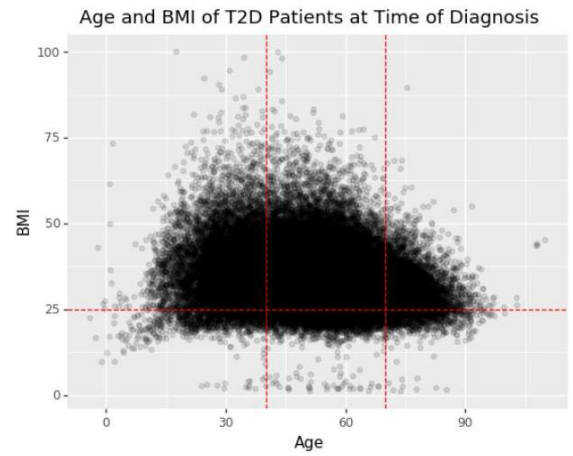
Facilitate health equity

Leverage predictive analytics

Future of Screening Guidelines



- 40-70 years old
- BMI \geq 25



Public Health Workforce

TRACEY SMITH, DIRECTOR OF COMMUNITY HEALTH AND
PROGRAMS, ILLINOIS PUBLIC HEALTH ASSOCIATION

PH Workforce Pipeline Landscape

Public health graduates can apply for positions in a variety of occupations:

- of more than 38,533 job postings for master's level public health grads found that there were 92 different occupations that sought to hire public health graduates

There is a **shortfall** of positions for approximately 19% of MPH graduates entering into governmental positions

The jobs with the fastest increases in hiring during COVID-19 focused on:

- Statistics and epidemiology
- Program management
- Computer-related positions
- Community health workers
- Management of clinical trials/research programs

Roles with increase needs included:

- Chief executives
- Health educators
- Community Health Workers
- Epidemiologists and biostatisticians

Krasna, Heather, et al. "Labour market competition for public health graduates in the United States: A comparison of workforce taxonomies with job postings before and during the COVID-19 pandemic." *The International journal of health planning and management* 36.S1 (2021): 151-167.

PH Workforce Landscapes

Difficult to enumerate the public health workforce due to a lack of consistent definition of PH professionals

- Investment in public health overall has **decreased by 25%**, falling from \$900M to \$675M between 2005 and 2020
- State and local public health workforce has **lost more than 40,000 positions** since 2008
- A shortage of **10,000 public health physicians**
- **More than 50% of states cite the lack of trained personnel** as a major barrier to our nation's preparedness
- Retirement projections in 2012 were for 23%, **leaving a large void of expertise**
- Pandemic related stress and burnout has caused a significant loss of public health workers

Illinois PH Workforce Landscape

The Illinois governmental public health workforce, specifically, saw a significant decrease in employee volume in local health departments from 2016 to 2020

70% of local health departments had 30 or fewer employees as a part of their public health workforce

Illinois employed only 2.8 local PH employees per 10,000 compared to the national average of 4.1 per 10,000

37% of Illinois local health departments are led by individuals with less than five years of experience

Workforce priorities

1. Training of leadership and supervisory roles at local health departments
2. Expansion of Environmental Health Diverse Experts
3. Engagement Specialists/Coalition Builders
4. Trusted messengers/Community Health Workers

Forces of change that might impact those priorities:

1. Developing equitable funding by locality
2. A focus on building trust around public health messaging
3. Development of new and creative career pathways and ladders that are inclusive of a diverse workforce
4. Awareness development of ethical, legal, and political influences on the science of public health
5. Improved access to collect and disseminate data related to equitable access to care, employment, SDOH, etc.
6. Rural/urban continuum expansion in Illinois

How should the state mitigate or overcome the threats/barriers and/or take advantage of the opportunities?

Market local public health departments

Invest in research around equitable funding of local health departments by examining national data

Funding of organizations/associations that are developing, and supporting succession planning and career development

Funding of support programs to establish pipelines

Regional approach to supporting high level experts to assist LHDs

In closing I want to emphasize that investment in public health should not be a zero-sum game. Recognizing that public health contributes to improved health outcomes, a percentage of insurance premiums in each state could be allocated to support state and local public health. Similarly, revenues from a national sugar-sweetened beverage tax could be allocated to public health while encouraging healthier eating just as a federal tobacco tax supported the Children's Health Insurance Program.

Housing & Homelessness

DAVID ESPOSITO, EXECUTIVE DIRECTOR, SUPPORTIVE HOUSING
PROVIDERS ASSOCIATION



**SUPPORTIVE HOUSING
PROVIDERS ASSOCIATION**

Working Together, We Can Accomplish Anything





Social Service Agencies

Developers

Landlords



Residents/Persons with Lived Experience

Continua of Care

Local Businesses



Homelessness



Homelessness has many faces and definitions!

- Homelessness has many definitions, mainly derived from funding sources. The fact is there is no single face of homelessness.
- Many Illinoisans are one paycheck or health crisis away from homelessness, which is true during this pandemic too.
- Many Illinoisans have been housing instable for long time. Homelessness often intersects with other institutions, including health, criminal justice, and child welfare.
- People of color and people with disabilities are disproportionately experiencing a state of housing crisis that moves them between the institutions and homelessness—exacerbating vulnerabilities to death.

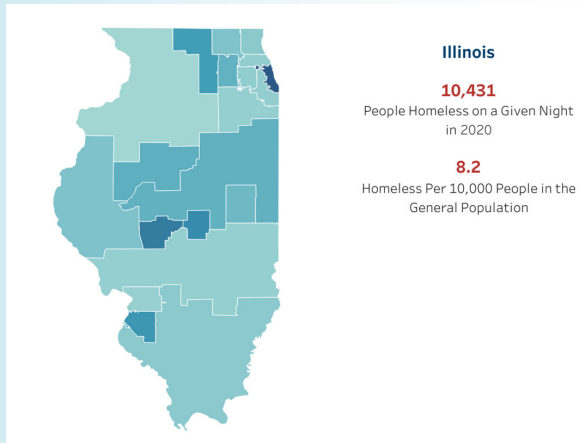


Literal Homelessness

- People who are in places not meant for human habitation—including unsheltered on the streets or in emergency shelters or other crisis housing interventions.
 - This is documented annually by the Point in Time count.
- Tonight, in Illinois, 10,431 people are experiencing literal homelessness.
 - This represents about 20% of the Illinoisans who will be homeless this year.



Homelessness in Illinois



- Overall Homelessness increased 2% (10,431–10,199)
- Chronic Homelessness increased 34% (2,058–1,533)
- Unsheltered Homelessness increased 21% (2,278–1,889)

Sources: Annual Homeless Assessment Report, 2020; State of Homelessness: 2021 Edition, National Alliance to End Homelessness



Racial Disparities

- Black/African-American Illinoisans are 8 Times More Likely to Experience Homelessness
- Black/African-American Illinoisans represent 59% of the population experiencing homelessness
 - Black/African-American Illinoisans represent 14% of the Illinois population



Housing Vulnerable Illinoisans

- Illinoisans who are housing vulnerable include those exiting or at risk of institutions/residential programs for people with mental health or intellectual/developmental disabilities, those exiting criminal justice systems, the aging population, and youth and families involved with child welfare systems.
- To serve these populations to achieve housing stability, the Corporation for Supportive Housing identifies that Illinois will need 40,749 units of supportive housing.

Housing instability is much greater
than this.



Homelessness and Health Care: What's the Connection?



- Poor health is a major cause of homelessness
- Homelessness creates new health problems and exacerbates existing ones
 - Simply being without a home is a dangerous health condition
- Recovery and healing are more difficult without housing
 - While health care providers do all they can to mitigate the effects of the streets, no amount of health care can substitute for stable housing
- The Solution: Housing is Health Care

National Health Care for the Homeless Council



People who are homeless have higher rates of illness and die on average 12 years sooner than the general U.S. population.

Health Conditions Among the Homeless Population in Comparison to the General US Population

 HOMELESS	VERSUS	HOUSED 
18%	Diabetes	9%
50%	Hypertension	29%
35%	Heart Attack	17%
20%	HIV	1%
36%	Hepatitis C	1%
49%	Depression	8%
58%	Substance Use Disorders	16%



Housing is Health Care

Supportive housing is ...

- Supportive housing provides an essential platform for the delivery of services that lead to improved health and stability.
 - First, at the most basic level, housing provides physical safety, protection, and access to basic needs.
 - Second, supportive housing improves access to quality health care both by providing a physical space for service delivery (e.g., in-home case management, nursing, ADL supports) as well as access to support staff that link tenants to community-based social, mental health, substance abuse, and primary/specialty medical care services.
 - Third, supportive housing provides a foundation for engaging tenants in managing their own care and promoting lifestyle changes that lead to good health.

Housing is the Best Medicine-Supportive Housing and the Social Determinants of Health, CSH July 2014



“The high public costs and poor health outcomes associated with homelessness and inappropriate institutionalization is an issue that health care systems can no longer afford to ignore. Two decades of research on supportive housing and practical experience have taught us that a comprehensive view of health necessarily includes housing and other social factors.”

Housing is the Best Medicine-Supportive Housing and the Social Determinants of Health, CSH July 2014



Change Factors



Change Factor: Supportive Housing

- Supportive housing is critical to ending homelessness in Illinois and achieving housing stability for many Illinoisans.
- Supportive Housing is as diverse as the people and communities it serves.
- Simply Put: Supportive housing is affordable housing with person-led supportive services.
 - *The supportive services are critical to a person's stability once they enter housing. Housing is the platform needed to ensure supportive services are effective.*
- Supportive housing is a solution that combines Housing and Healthcare services.



Change Factor: IL Interagency Task Force on Homelessness

- The goals of this Task Force are to create a state plan to end homelessness, ensure the objectives are met, and be inclusive of field experts and state agencies in the planning and implementation.
- The announcement of the Task Force shows the state has the commitment of state leadership to end homelessness.



Change Factor: Cross-Sector Collaboration

- Expanding access to supportive services through Medicaid or other insurance.
- Improving Coordinated Entry Systems to incorporate Hospital as an entry point to care for homeless households to be assessed and referred to housing.
- Utilizing Hospital partnerships to develop housing for high-need/housing vulnerable community members.
- Health systems have managed to acquire housing-related capabilities through cross-sector partnerships with community-based organizations.
- Large healthcare systems may also consider using community benefit dollars and other institutional resources to create new affordable housing units in their communities.



Looking Forward...



Challenges That Could Increase Barriers

- Loss of fidelity to evidence-based practices
- Not focusing on racial equity
- Lack of urgency, leadership, or partnerships



Opportunities for Improvement

- Leveraging THIS moment
 - Significant investment of federal relief funding in homelessness and housing
 - Building on partnerships made by the pandemic
 - Interagency Task Force on Homelessness
 - Seek out cross-sector opportunities to improve homeless responses (prevention, diversion, and crisis housing interventions) and expand supportive housing



Closing



Contact:

David Esposito, Executive Director

D.Esposito@shpa-il.org

(217) 321-2476 x2



Policy

MOLLY JO LAMB, EXECUTIVE DIRECTOR, CENTER FOR STATE POLICY
AND LEADERSHIP, UNIVERSITY OF ILLINOIS SPRINGFIELD



Forces of Change and Policy: Improving Illinois for Illinoisans



Molly Jo Lamb, DrPH, MPH, MPA
Executive Director, UIS CSPL
SHA/SHIP Partnership Meeting
October 19, 2021

Top 3 Issues Facing Illinois

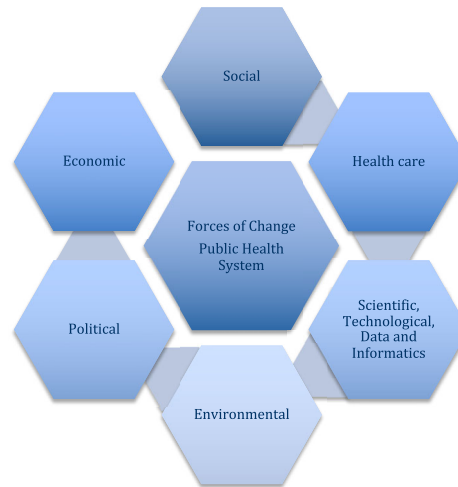
- **System: Overwhelmed and not working**
 - Political, health care, public health, social, economic
 - Capacity (workforce, resources, funding, and skills)
- **System: Sustain bolstered infrastructure and capacity (now to 5+ years)**
 - American Rescue Plan Act
 - More than funding
- **Health and well-being resiliency: COVID-19 exacerbated overall health issues and disparities (demographic and access)**
 - Mental health
 - Chronic disease
 - Race and equity
 - Maternal and Child health (whole child)
 - Emerging challenges



(Castrucci, et al. 2021)

Forces of Change

- Leadership
- Infrastructure and capacity
- Transformative policy reform *and* evaluation focused on equity and social systems
 - Illinois Legislative Black Caucus-lead reform
 - Levels of influence
 - Institutional administrative overhaul
- Divergence
 - Political polarization
 - Culture and values
 - Alignment, leveraged capacity and prioritization



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Opportunities

Systemic problems call for systemic resolutions

- Multi-sector, interdisciplinary, and systematic (LHD → Coalition)
- Partners, collaboration, and strategic thinking/planning
- Interconnectedness
- Innovation, Leadership, Partnerships, Data, and Strategy

Re-visit old-standing policies set in statute that define the public health system and create inflexibility to adapt and respond

- How can a decentralized system better adapt? What current capacity policy needs change to allow greater flexibility on the ground?
- Disruption and adaptability (Fath, et al., 2015)

Divert attention and capacity to exacerbated problems during pandemic

- Why does Illinois not have an appropriated line for chronic disease?
- Health in all policies, equity in all policies, everything is public health

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Thank you for your attention.

Molly Jo Lamb
mehle01s@uis.edu
(217) 206-8622

Economic Justice/Poverty

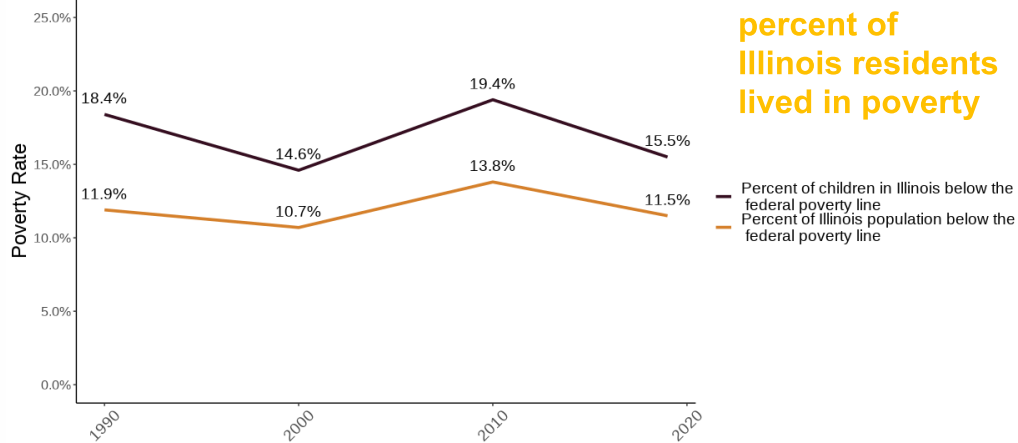
Economic Justice/Poverty SHA/SHIP Partnership Meeting

October 19, 2021



State of Poverty

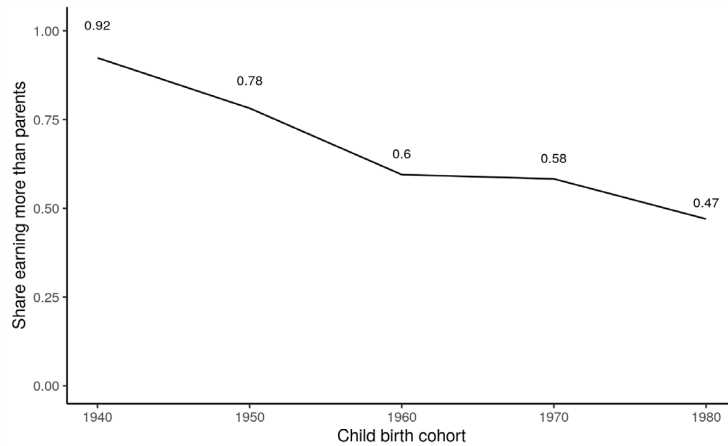
Percent of population below the federal poverty threshold



In 2019, 11.5 percent of Illinois residents lived in poverty



State of Poverty



The share of Illinois children earning more than their parents has declined by almost 50 percent

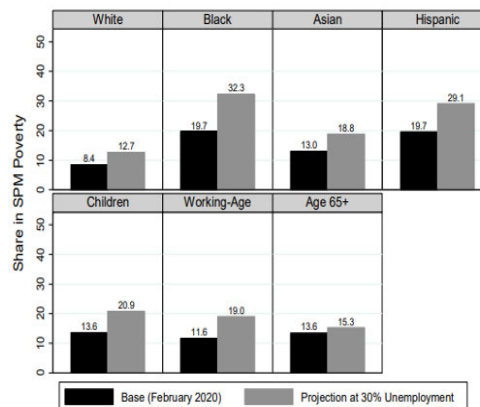


State of Poverty

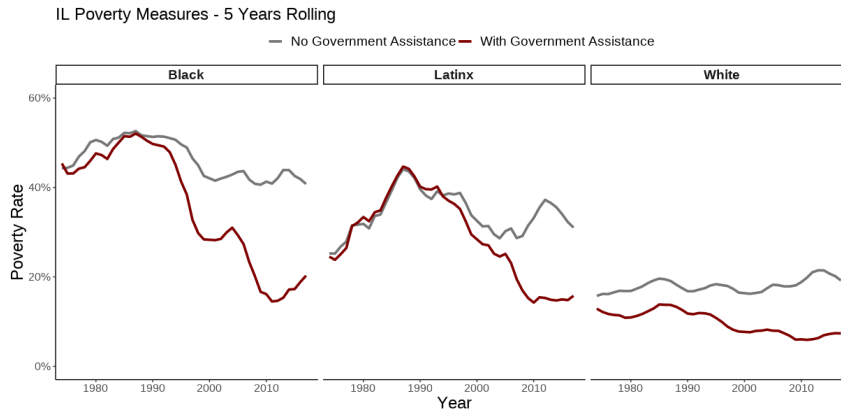
Around **1 in 3 Black and Hispanic individuals** are projected to live in poverty as a result of COVID-19

Drivers of these disparate impacts include:

- **Wealth inequality**
- **Occupational segregation**
- **Lower rates of health insurance coverage** and less access to **employer paid sick leave**



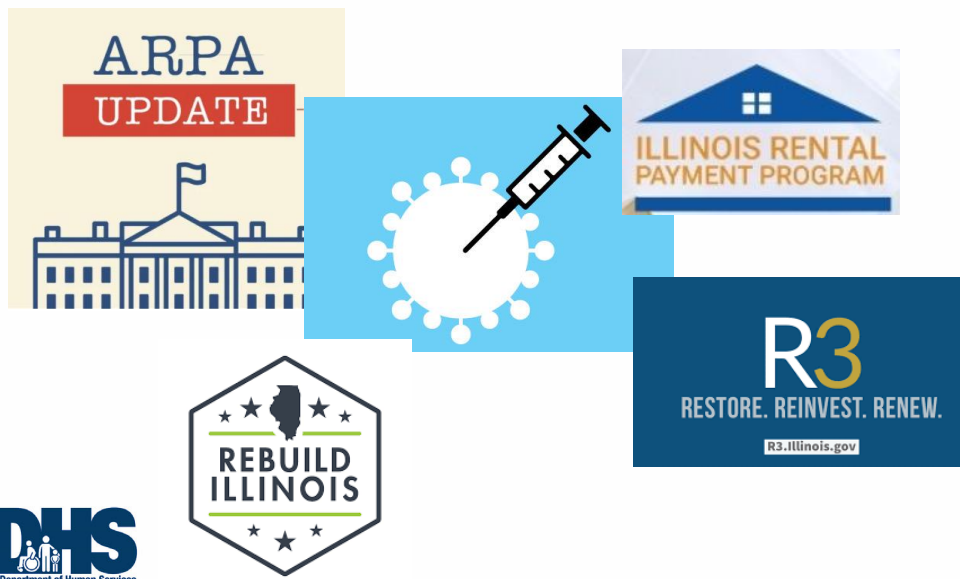
State of Poverty



Safety net programs have helped reduce poverty for Black and Latinx Illinoisans, but racial disparities in poverty rates persist



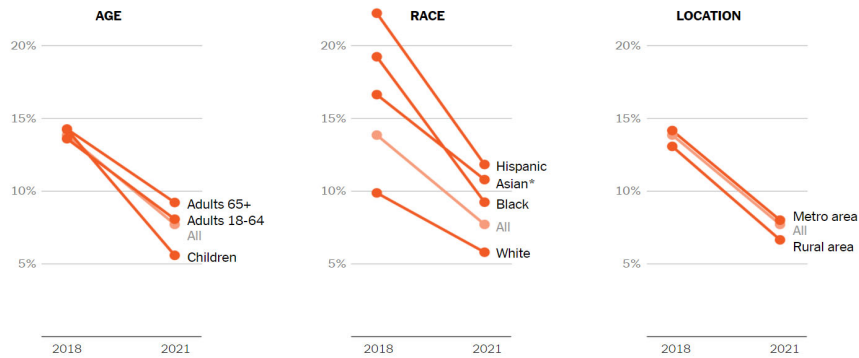
Forces of Change



Forces of Change

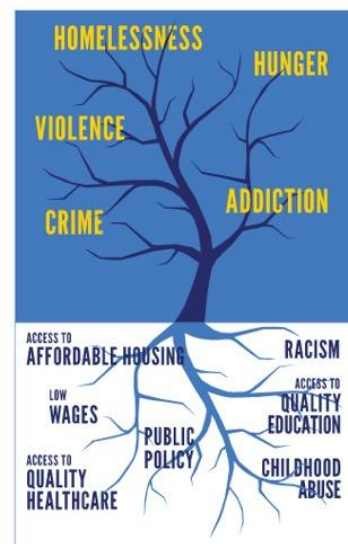
Pandemic Aid Programs Spur a Record Drop in Poverty – NY Times

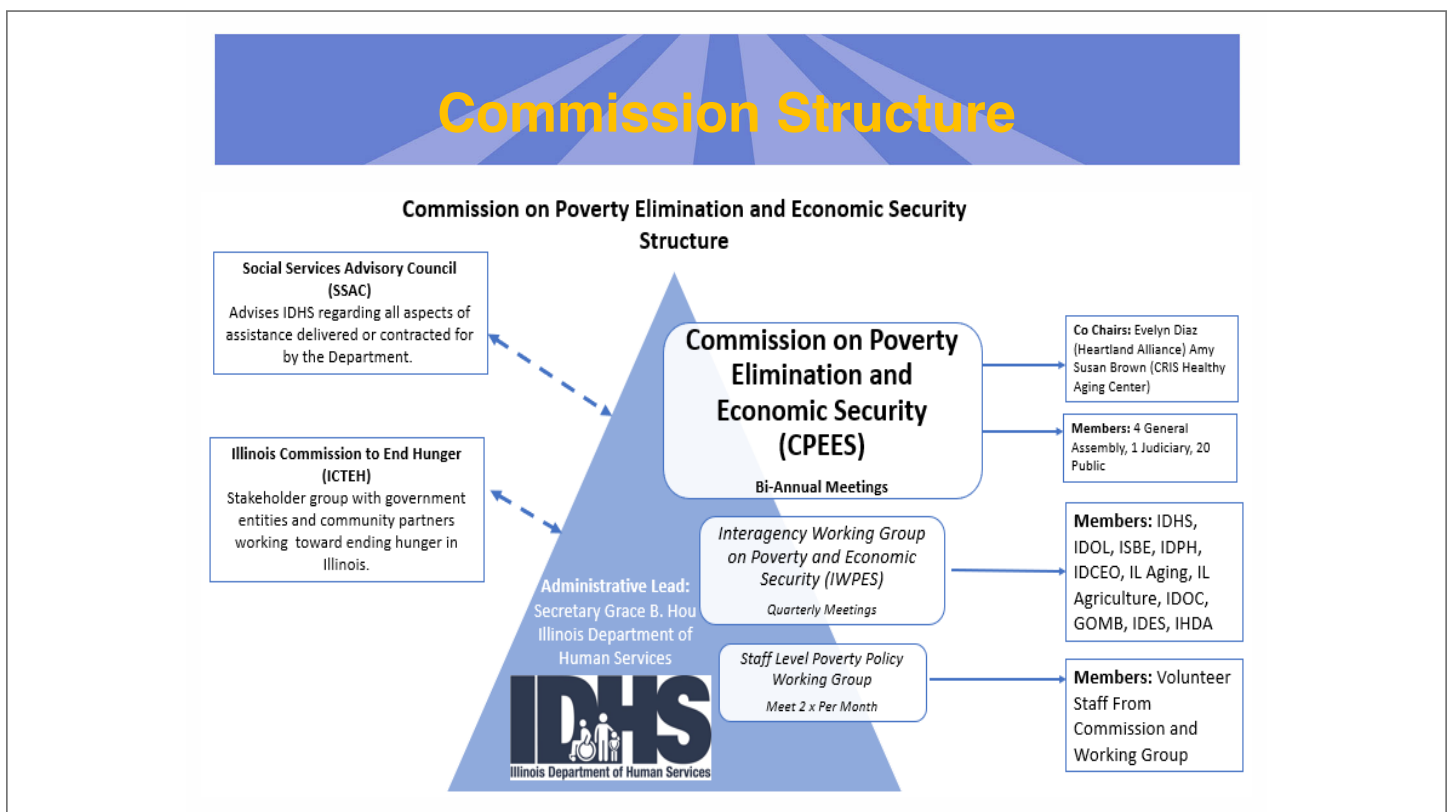
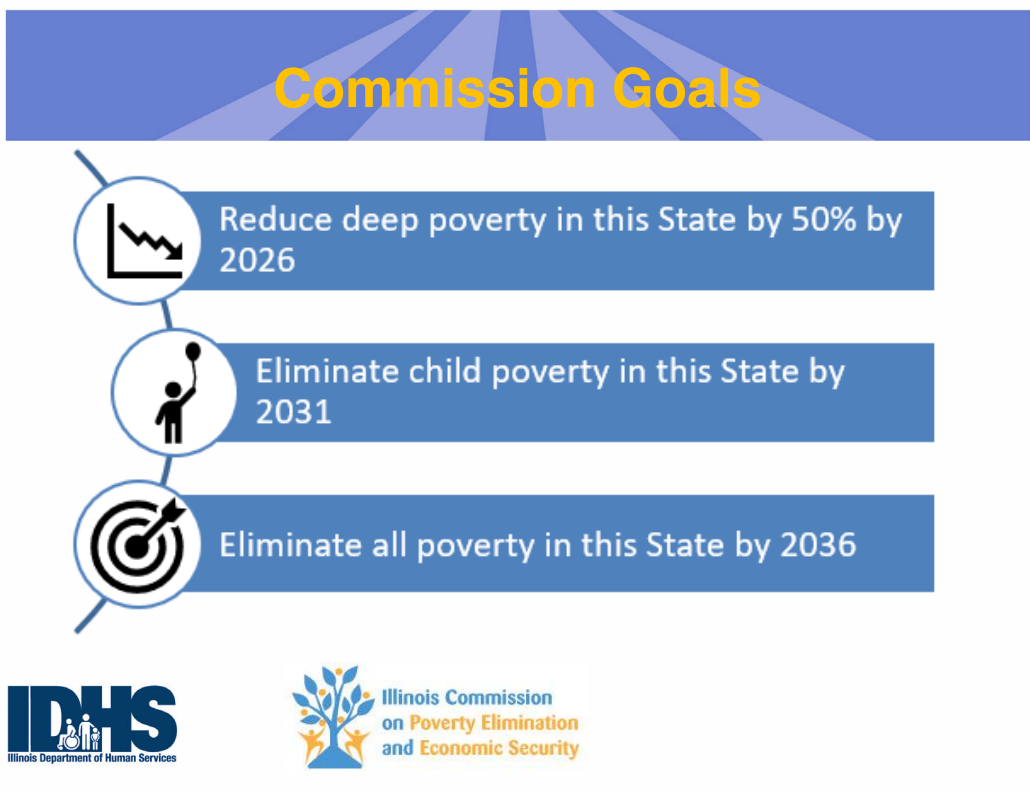
Poverty Rates Have Fallen for Every Demographic Group



Illinois Commission on Poverty Elimination and Economic Security

- Understand the **root causes** of poverty and economic insecurity.
- Ensure that residents have **equal opportunity** to achieve economic security.
- **Reduce and eliminate poverty** in Illinois.





Listening Sessions

By the Numbers:

- 6 Sessions – Chicago Westside (2 Sessions), Chicago South Side, Chicago South Suburbs, Northern IL
- Over 500 zoom participants
- Over 65 in-person participants
- Over 300 incentive applicants
- 20+ Community Co-Sponsors

Upcoming Sessions:

- 10/28 – DeKalb–Northern Illinois University
- 11/16 – Champaign



Early Conclusions

- Invest in Accessible Cash Supports for Families
- Improve Access to Capital for Low-Income Families Including for Business and Home Ownership
- Invest in Workforce Education—Trades and Career Ladders
- Invest in Transportation
- Create Opportunities for Youth—Jobs, Education, Engagement
- Advance Housing Affordability
- Need for Affordable Child Care
- Need for Trauma Informed Mental Health Resources
- Invest Locally—Community Land Trusts, Community Collectives, Neighborhood Housing Co-Ops
- Improve Food Access



Planning Framework

Childhood

Midlife

Senior

Administrative Impact

- Existing/Available Funding
- Federal Program Administration and Eligibility
- Executive Action and Regulation

Legislative Impact

- Statutory Changes
- Budget Allocation
- Taxation

Collaborative Impact (Public Private Partnership)

- Philanthropic Partnership
- Corporate Social Responsibility
- Innovation and Technology

Thank You- Questions



Illinois Commission
on Poverty Elimination
and Economic Security

Rescue and Recovery Funding

RECORDED PRESENTATION: JEFF LEVI, PROFESSOR, HEALTH POLICY AND MANAGEMENT, MILKEN INSTITUTE SCHOOL OF PUBLIC HEALTH, GEORGE WASHINGTON UNIVERSITY

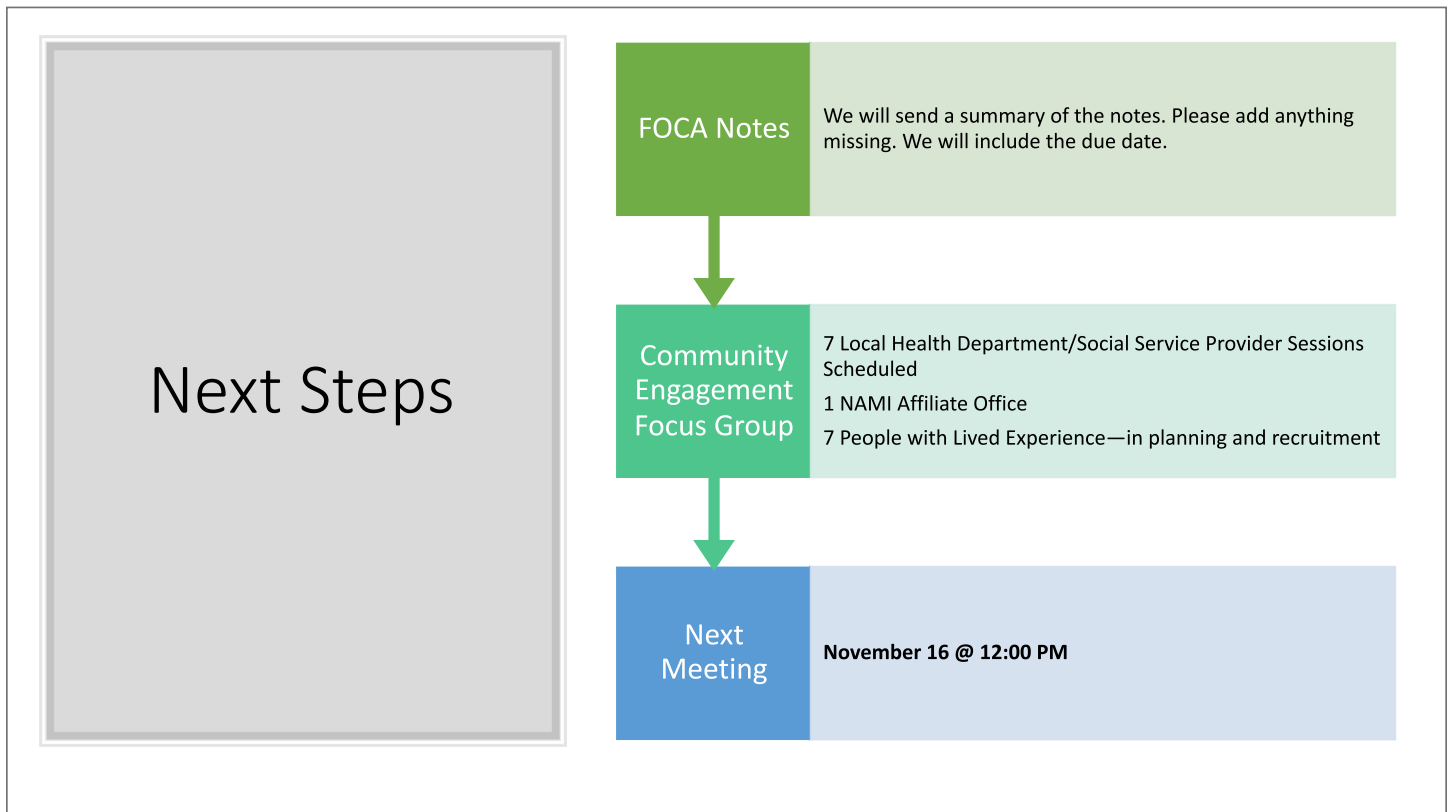
Breakout Group Instructions

Step 1: Review the collection of notes on the forces of change and the associated opportunities and threats that members heard during the presentations. (See page 1 of the worksheet.)

Step 2: Invite members to add any additional forces and their opportunities and threats that they heard on the collective notes page.

Step 3: Discuss the following questions and record responses on your breakout group page in the worksheet.

- **Question 1:** What are the cross-cutting themes from the forces of change presentations?
- **Question 2:** How could these forces potentially impact the current SHIP priorities? (see page 2 for priorities)
- **Question 3:** How do the forces potentially shift the priorities, if at all? Are there other priorities?



Public Comment

EACH PERSON MAY SPEAK BRIEFLY. PLEASE LIMIT COMMENTS TO NO MORE THAN 2 MINUTES EACH.