

HEALTHY ILLINOIS 2028

Aligning Illinois to Advance Health Equity

Illinois is working to improve the health and well-being of **all** individuals to provide everyone with a **fair and equal opportunity to obtain their highest level of health**. This fundamental principle is at the core of health equity. Still, many Illinoisans face higher barriers to achieving optimal health.

Healthy Illinois 2028 is a statewide initiative to coordinate and align plans, processes, and resources to facilitate health improvement and advance health equity throughout the state.

The initiative has two main outputs: the State Health Assessment (SHA) and the State Health Improvement Plan (SHIP), each created every five years to help build a healthier Illinois.

This document is a high-level overview of the SHA and SHIP.



ADVANCING HEALTH EQUITY

State law requires the SHIP to advance health equity. **Health equity is the fundamental principle that all people have a fair and equal opportunity to be as healthy as possible—to experience optimal health—regardless of their circumstances.** This basic understanding of health equity is the lens through which the SHA/SHIP process was developed and serves as a guiding principle for intended and effective outcomes.

Illinois State Health Assessment (SHA)

The SHA—composed of four assessments—collects, analyzes, and uses data to educate and mobilize communities, gather resources, and plan actions to improve public health. The data assessments composed by the SHA are community-driven and include public engagement to determine the priorities. These assessments include:

- Community Engagement
- Community Health Status Assessment
- Forces of Change Assessment
- Health Equity Capacity Assessment

Illinois State Health Improvement Plan (SHIP)

Building on the foundation of the SHA, the SHIP is a shared statewide plan outlining the goals, objectives, and recommended strategies to improve the health of Illinoisans and advance health equity, specifically in the priority areas identified in the SHA. This five-year plan is monitored and evolves throughout implementation.

Healthy Illinois 2028 is a **union of the SHA and SHIP**, underscoring a coordinated, aligned partnership **to improve social and structural determinants of health, the public health system infrastructure, and specific health priorities** that benefit all Illinoisans. It details measurable objectives, identifies gaps, and offers strategies and actionable plans **to advance health equity** throughout the state.



State Health Assessment



State Health Improvement Plan



SHA/SHIP PARTNERSHIP

Along with the SHA, the SHIP underscores partnerships at every level—between the entire state public health system and the communities it serves—by working together in a common direction.

The Illinois Department of Public Health director appointed the SHA/SHIP Partnership in consultation with Gov. JB Pritzker. Public and private organizations across various expertise areas are appointed in staggered 3-5-year terms. Partnership members from numerous sectors and agencies include:

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



IDENTIFICATION OF PRIORITIES

Priorities are complex issues that require a strategic, multi-faceted approach that includes policy, systems, and environmental change.

The SHA/SHIP partnership applied prioritization criteria to select five priorities based on analyzing assessment data. The SHA/SHIP partnership met monthly and identified the following priorities, all bearing equal importance:

- **Chronic Disease**
- **Emerging Diseases**
- **Maternal and Infant Health**
- **Mental Health and Substance Use Disorder**
- **Racism as a Public Health Crisis**

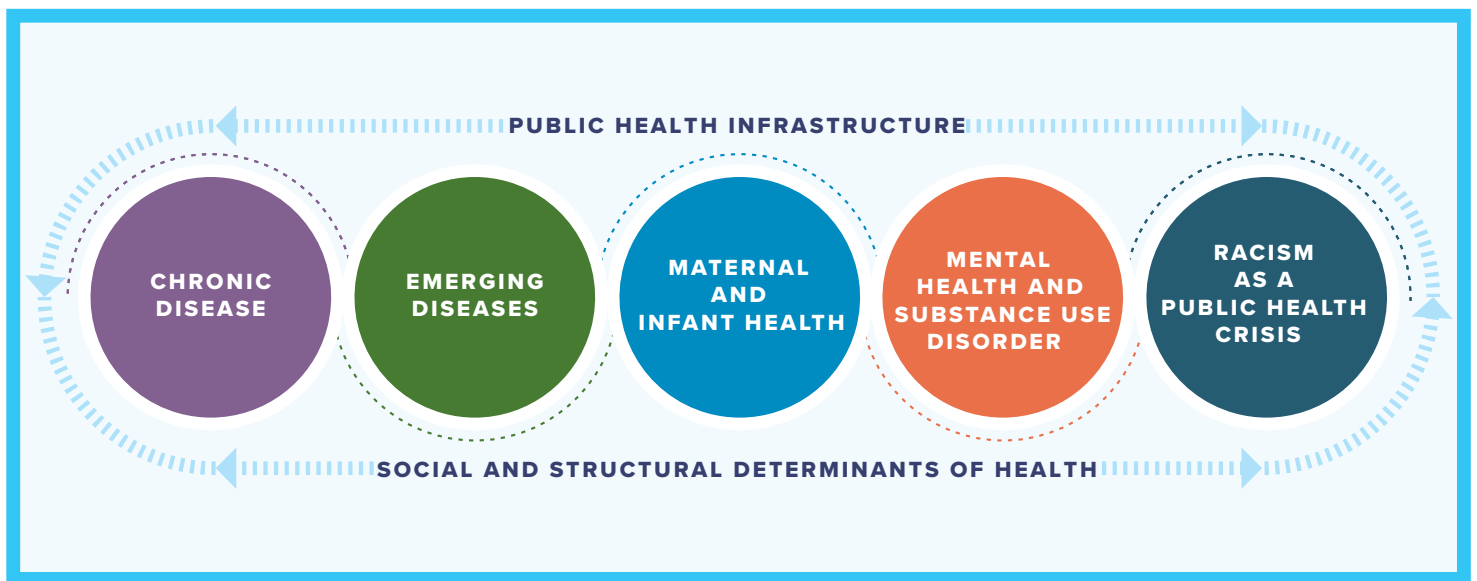


CROSS-CUTTING ISSUES

Cross-cutting issues are systemic problems that must be addressed to make meaningful progress within the five priority areas.

The cross-cutting issues that were identified fall into two categories:

- **Public Health Infrastructure**
- **Social and Structural Determinants of Health**





PUBLIC HEALTH SYSTEM INFRASTRUCTURE AND SOCIAL DETERMINANTS OF HEALTH

Public health infrastructure is made up of the people, services, and systems needed to promote and protect health in communities.

—CDC, 2024

Social [and structural] determinants of health are non-medical factors that influence health outcomes and well-being. —WHO, 2024

Public Health System Infrastructure

The public health system infrastructure was widely spotlighted across all the priority health areas. The most common themes and goals of public health system infrastructure include:

- **Collaboration and Community Partnerships**
- **Data Collection and Sharing**
- **Funding**
- **Technology Use and Coordination**
- **Workforce Development**

Social and Structural Determinants of Health

Health is not just about doctor visits or hospital stays—it's also about where people live, work, and play. These non-medical factors, known as social and structural determinants of health, are foundational to well-being.

Social Determinants include:

- **Education**
- **Economic / Work Stability**
- **Environment / Climate**
- **Food Security**
- **Housing**
- **Physical-Built Environment (Neighborhood) and Safety**
- **Social and Community Context**
- **Transportation**

Structural Determinants include:

- **Access to Health Care and Wrap-Around Services**
- **Health and Racial Equity**
- **Policy and Legislation**



NEXT STEPS

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

For more information and updates from IDPH regarding the SHA/SHIP partnership, go to: **Healthy Illinois 2028**

or email:

DPH.SHASHIP@illinois.gov



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- *Policy, Practice, and Prevention Research Center at the University of Illinois Chicago*

PRIORITIES

The SHA/SHIP partnership identified **Five Health Priorities**.

Chronic Disease

Emerging Diseases

Maternal and Infant Health

Mental Health and Substance Use Disorder

Racism as a Public Health Crisis

A SNAPSHOT OF FINDINGS AND GOALS OF EACH PRIORITY INCLUDE:

Chronic Disease

The partnership identified some of the most important chronic diseases and factors impacting Illinoisans including asthma, diabetes, cardiovascular disease, hypertension, nutrition, and oral health.

SNAPSHOT

- The two leading causes of death in Illinois are chronic diseases: heart disease and cancer.
- Slightly more than half of Illinois residents have chronic conditions.
- Nearly 1 in 3 Illinoisans are living with obesity.
- Nearly 1 in 3 Illinoisans have high blood pressure and high cholesterol.

GOALS FOR HEALTHY ILLINOIS 2028

- 1 Increase opportunities for tobacco-free living.
- 2 Decrease preventable chronic diseases through nutrition.
- 3 Increase opportunities for active living.
- 4 Increase community-clinical linkages to reduce the incidence and burden of chronic diseases.

Emerging Diseases

The COVID-19 response identified a growing need to prepare for addressing new and emerging threats to public health (including climate change) as a new priority for the public health system.

SNAPSHOT

- 4,139,537 cases of COVID-19 were diagnosed in Illinois.
- 36,870 deaths (plus 5,163 probable deaths) were attributed to COVID-19
- In 2024, Illinois had 64 cases of measles, the largest outbreak since 1990, resulting in more than 47,000 vaccinations given.
- Mpox outbreak in 2022 resulted in almost 1,500 cases throughout Illinois.

GOALS FOR HEALTHY ILLINOIS 2028

- 1 Decrease disparate health outcomes related to COVID-19 and other emerging diseases.
- 2 Increase community resilience to public health threats.
- 3 Strengthen and improve public health system infrastructure and coordination to prepare for and respond to public health threats.

Maternal and Infant Health

The partnership identified reproductive, maternal, and infant health as critical areas to focus on through improving access to health care and public health services for pregnant/postpartum persons and infants.

SNAPSHOT

- Illinois falls short of national benchmarks, equating to higher rates of negative outcomes than the national average.
- One-third of non-Hispanic Black women in Illinois reported not receiving adequate prenatal care in 2022.
- Stark disparities of adverse outcomes observed by race/ethnicity. In 2021, there were twice as many non-Hispanic Black babies with low birth weight as non-Hispanic White babies.

GOALS FOR HEALTHY ILLINOIS 2028

- 1 Improve accessibility, availability, and quality of equitable reproductive health and well-woman/person preventative health care services across the reproductive lifespan.
- 2 Promote a comprehensive, cohesive, and equitable system of care and support services for all birthing persons so that they can have a healthy pregnancy, labor, delivery, and the first-year postpartum.
- 3 Promote a comprehensive, cohesive, and equitable system of care and services to improve birth outcomes and to support infants' healthy development in their first year.
- 4 Strengthen workforce capacity and infrastructure to screen for, assess, and treat mental health conditions and substance use disorders among pregnant/postpartum persons.

Mental Health and Substance Use Disorder

The partnership highlighted adult and youth depression and anxiety, other mental health disorders, substance use disorder, overdose, and dual diagnosis as key issues in terms of mental health and substance use disorder.

SNAPSHOT

- Slightly more than 1 in 10 residents reported having 14 or more days of poor mental health in the past month.
- Mortality due to drug overdose and opioid overdose increased over the period from 2016 to 2020, with the highest rates seen in 2020 across all groups.
- The rate of emergency department visits for nonfatal opioid events is highest among Black or African American residents, while the rate of hospitalization for nonfatal opioid events is highest among White residents.

GOALS FOR HEALTHY ILLINOIS 2028

- 1 Improve the mental health and substance use disorder (SUD) system's infrastructure to support and strengthen prevention and treatment.
- 2 Reduce mortality due to mental health conditions and SUD through harm reduction and preventative care strategies.
- 3 Increase access to age-appropriate community-based care to reduce institutionalized treatment and incarceration.
- 4 Improve the resilience and recovery capital of communities experiencing violence.

Racism as a Public Health Crisis

The partnership identified racism as a public health crisis with four areas of focus: 1) racialized health disparities, 2) discrimination and prejudice/implicit bias, 3) lack of diversity in the workforce, and 4) institutional and systemic racism. Disparities in health outcomes according to race/ethnicity are caused by the inequitable distribution of money, power, and other resources and have nothing to do with biology.

SNAPSHOT

- Black or African Americans had the lowest median household income both in Illinois and the U.S., compared to White and Hispanic populations.
- Approximately 17.5% of all Black or African American children in Illinois lived in poverty compared to 16.5% of their White counterparts.
- 23% Illinoisans speak a language other than English and, of those, one-third don't speak English "very well."
- Hispanic people make up 30% of people experiencing homelessness in 2023.

GOALS FOR HEALTHY ILLINOIS 2028

- 1 Build the public health system's capacity to advance health and racial equity and dismantle oppressive systems.
- 2 Develop and maintain a diverse and skilled public health workforce for anti-racist public health to dismantle systems of oppression..
- 3 Address historical and ongoing practices perpetuating environmental racism to advance environmental justice.