



# Promoting Cross-Sector Partnership and Systems Change to Ensure Health and Health Equity in Illinois

2019 – 2023 Policy  
Recommendations

Illinois Public Health Institute

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# ABOUT THE ILLINOIS PUBLIC HEALTH INSTITUTE

The Illinois Public Health Institute (IPHI) mobilizes stakeholders, catalyzes partnerships, and leads action to promote prevention and improve public health systems to maximize health, health equity and quality of life for the people of Illinois. IPHI leads strategic, data-driven policy analysis and advocacy, collaborative action planning, and system improvement collaborations. For nearly twenty years, IPHI has focused on aligning action across sectors like education, economic development, public health, health care, transportation, housing, and the food system to address social determinants of health and promote health equity. IPHI believes a fair, just distribution of social resources and opportunities must be available to all Illinoisans to achieve well-being. Underlying social oppressions—racism, sexism, and classism—have created unfair distribution of resources and IPHI believes any new policies and systems put in place must systematically undo the harm of those historic oppressions.

IPHI works through three centers. The Center for Policy and Partnership Initiatives (CPPI) incubates multi-sectoral policy and practice initiatives, convening the Illinois Alliance to Prevent Obesity, promoting chronic disease prevention, conducting policy research, and developing and disseminating resources for state and local policy change. The Center for Health and Information Technology (CHIT) works for improved health data collection, integration and dissemination for data-driven policies and programs. Through CHIT, IPHI is the Robert Wood Johnson Foundation's National Program Office for Data Across Sectors for Health (DASH), investigating how sharing data can enhance the health system's ability to address social determinants. The Center for Community Capacity Development (CCCD) assists local health departments, hospitals and community coalitions to assess health needs, identify priorities, and implement evidence-based interventions. Through CCCD, IPHI is the backbone organization for the Alliance for Health Equity, which engages more than 30 hospitals, 6 health departments and nearly 100 community groups in Cook County, Illinois, to implement a collective impact community health improvement initiative.

These areas of expertise and our experiences underlie the policy recommendations for the state of Illinois for 2019 through 2023.

# POLICY RECOMMENDATIONS FOR THE STATE OF ILLINOIS, 2019-2023

## Support Cross-Sector Collaboration to Improve Health

Across all of IPHI's initiatives, cross-sector collaboration is key. The state can do more to support cross-sector collaboration, from promoting cross-sector data sharing, to ensuring health care spending supports healthcare integration with social, human, and community services. The following recommendations relate to supporting these critical partnerships to promote health and equity:

- 1. Adopt a “Health in All Policies” approach with health equity as the goal across state agencies.**

Health in All Policies (HiAP) is an approach and process that promotes collaboration across sectors to integrate health considerations into policy making and programs. IPHI encourages the adoption of a HiAP approach across state agencies. In particular, IPHI urges the Office of the Governor to create a HiAP Coordinator position to work across agencies to implement the approach. As educational outcomes, transportation opportunities, economic development, agriculture and access to healthy food systems and other social determinants have an impact on health, the state must support state agencies in identifying how their programs and policies play a role in healthy communities and modify their programs and policies to maximize health and ensure equity for all populations in Illinois. A Health in All Policies approach should use a healthy equity lens, examining current policies and programs to identify opportunities to dismantle historic oppression, and ensure new policies and programs are implemented in health enhancing ways.

A state HiAP coordinator would work to regularly convene state agency staff to develop action plans on improving social and structural determinants of health across agencies. The HiAP coordinator and agency staff team should regularly consult with external stakeholders with expertise in the action planning topic/goal and should develop common agency accountability metrics for health and equity. In the first year, the HiAP coordinator and agency staff team should develop a set of recommendations that agencies can implement to improve health and equity across their programs/policies. The HiAP approach should be coordinated by staff in the Governor's office but with significant input and support from the Illinois Department of Public Health. All state agencies should participate in the HiAP approach. As an ongoing part of the HiAP approach, the HiAP coordinator and agency staff team should integrate processes to actively seek input from communities most impacted by health disparities and with the potential to be impacted by policy decisions.

2. **Support the integration of health care with social, human, and community-based services\* that improve health and address social and structural determinants of health for individuals across the state.** As healthcare transformation in Illinois continues, there is a need to incentivize and support collaboration between health care systems and social, human and community-based health services.

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**\*“Social, human, and community-based services”** represent a wide range of services including but not limited to housing, job training and workforce development, mental health services, substance use prevention and treatment, emergency food resources, utility assistance, early childhood services, after school and youth development programs, domestic violence services and resources, violence prevention programs, reentry programs, services for people with disabilities, community-based disease prevention and management programs, etc.

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- a. **Support payment models and approaches that cover social, human and community-based health services in Medicaid and private health insurance plans.** As the healthcare system looks to reduce costs and improve health outcomes, the system is recognizing that the social determinants of health, such as housing, access to healthy food, economic opportunities and jobs, and education, have a greater impact on health than health care itself. The healthcare system must partner with social, human and community-based health service providers that address these social determinants of health. The state should ensure that payments and incentives to healthcare allow for and incentivize this interdisciplinary approach to improving health.

Many community-based organizations are primarily grant-funded with limited to no health insurance coverage for their services. Unsustainable funding leads to the lack of certainty and infrastructure needed to provide robust services and programs to people in need and to partner with healthcare systems.

When negotiating Medicaid rates with the federal Centers for Medicare and Medicaid Services (CMS), Illinois should agree to use the highest rate available in the range provided by CMS to allow for innovation by Medicaid managed care organizations (MCOs) and healthcare providers throughout the state. Taking the highest rate allowable will help to maximize Federal matching funds for Illinois and could inspire health plans to cover social, human, and community-based health services and prompt provider innovation at the local level. Additionally, the state should maximize what is allowable in the medical loss ratio to ensure as many services as possible are

reimbursable as medical costs. When programs like the CDC-recognized healthy lifestyle programs to prevent diabetes, certain housing supports, transportation, etc. are part of the medical loss ratio, those services are valued and integrated into coordinated care plans for patients in need.

- b. **Establish cross-sector stakeholder groups to work with the State on implementation of the Medicaid 1115 Waiver and Integrated Health Homes (IHH), particularly to create an implementation plan for integration of healthcare with social, human, and community-based services in the Integrated Health Homes (IHH) pilots.**
- c. **For the State’s implementation of housing tenancy supports in Medicaid, establish a cross-sector stakeholder group—comprised of supportive housing stakeholders, MCOs, Integrated Health Homes (IHH), and representatives from HFS and DHS—that is charged with creating an implementation plan for the 1115 Assistance in Community Integration Services (ACIS) housing tenancy supports. Utilize the IHH pilot/demonstration as discussed in the 1115 Waiver to test benefit implementation processes and mechanisms that are connected to local housing continuums of care (CoCs) and include qualified supportive housing providers (including those that are not currently Medicaid billers).**
- d. **Support the infrastructure needed to integrate community-based social, human and health services with healthcare systems and payers, including the expertise in contracting, law, health IT, coordination and network building necessary to these health care-community organization partnerships. Community-based organizations (CBOs) are expert at providing accessible (culturally, geographically, etc.) services to communities, but are generally not experts at navigating healthcare system and payor requirements. For example, CBOs are not typically enrolled as Medicaid providers, nor do they usually offer services that are reimbursed by state Medicaid agencies, and they encounter many challenges when providing services to program participants who are covered by Medicaid managed care organizations (MCOs). CBOs may face challenges related to contracting with MCOs, following physician referral protocols, billing and reimbursement, and complying with patient privacy laws.**

In response to these and other barriers, the state should explore developing a “third-party organization” that can assist state agencies, healthcare systems and payors, and MCOs with the administration of the services and programs offered by CBOs. These **“third-party organizations” could manage networks of CBO providers or programs and provide functions such as claims processing and billing, legal expertise, contracting, and reporting.** The state should help to support the creation of these third-party organizations and support the infrastructure building needed to integrate CBOs within the healthcare system. Read IPHI’s paper, [“Advancing Chronic Disease Prevention and Management Programs: Building a Third-Party Organization to Support Managed Care Coverage of Services in Community-Based Organizations in Illinois.”](#)

- e. **Invest in data and information technology (IT) systems that enable coordination between health and social, human, and community development systems to ensure individual and social needs are addressed.** Many of the sectors that provide valuable social, human, and community services don’t have the data and IT systems in place that are needed to contract and share data with health care systems and payers. The state should revise MCO and other provider contracts to incentivize transfer of technical and information capacity to community-based subcontractors and investigate the use of state resources to provide resources to organizations in these sectors to establish data and IT systems that promote partnership with health care. The state should add a requirement to make aggregate data available for public use as a condition of funding.
- f. **Fill and strengthen the position of Chief Data Officer.** As a complement to the overall information system responsibility typically covered by a Chief Information Officer, the CDO’s role is to manage open data initiatives and set standards for data collection and sharing. The CDO has the opportunity to broaden access to vital state data sources, to act as an advocate for broad use of public data, and to increase the amount and utility of multi-sector data integration for local whole person and population health initiatives.

## Help Rebuild the Governmental Public Health Infrastructure

The Illinois Department of Public Health and the 97 certified local health departments in Illinois are the front-line of defense for the public's health. They are critical to preventing the spread of communicable diseases and supporting the prevention and management of chronic diseases in communities across Illinois. Ensuring a strong governmental public health sector in Illinois requires financial investments, workforce development and leadership support.

- 1. Invest in the public health workforce.** In 2017, a Workforce Development Committee was formed with representatives from the Illinois Public Health Association, Illinois Department of Public Health, Illinois Public Health Institute, Illinois Association of Public Health Administrators, Northern Illinois Public Health Consortium, Southern Illinois Public Health Consortium, and the University of Illinois School of Public Health's Mid-America Center for Public Health Practice. The Committee conducted an assessment to develop and implement a plan that aligns workforce development efforts throughout the state of Illinois improving public health practice. Findings from the assessment show significant gaps in the Illinois public health workforce, barriers and a lack of a formal, coordinated and resourced system. [Read the Committee's "Illinois Public Health Workforce Plan for 2018-2021"](#).

The public health workforce in Illinois is diminishing while the demands and expectations on the public health workforce are increasing. Illinois must invest in public health workforce development to address the goals of the 2018-2021 Illinois Public Health Workforce Development Plan which include: developing a system for the effective use of workforce development resources; offering leadership development opportunities with a focus on skill building around systems thinking, and emerging issues; providing and promoting training on management and administrative skills, with a focus on the [Public Health Core Competencies](#) and skill development; and, supporting and fostering the development of the future public health workforce. The governmental public health workforce in Illinois is shrinking. Seventy percent of local health departments have 30 or fewer employees as a part of their public health workforce. There are only 2.8 local public health employees per 10,000 people in Illinois. In addition, 37% of local health departments are led by those with less than five years of experience. These trends are adding to the challenge of providing workforce development. There has been a significant turnover of leadership at local health departments in the past five years. Thirty-seven percent of LHDs are directed by administrators who have been in their positions four or fewer years (hired since January 1, 2014) and eight have been in their positions for less than two years (hired since January 1, 2017). There are a number of retirements forthcoming as well. Leadership development is critical for newer administrators and other public health staff for appropriate succession and sustainability planning.

- 2. Support accreditation and quality improvement for public health departments.** IPHI supports public health accreditation through the Public Health Accreditation Board (PHAB). Illinois has 97 local health departments and only 11 of those are accredited by PHAB along with the state health department. PHAB's public health department accreditation process seeks to advance quality and performance within public health departments. Accredited health departments focus on continuous quality improvement, demonstrating value and return on investment as well as accountability to stakeholder. Illinois was previously leading the nation in the number of health departments accredited. However, over the past three years, the number of Illinois local health departments seeking accreditation has dramatically declined. Illinois local health departments need resources to help fund staffing positions to lead performance improvement initiatives, pay accreditation fees and participate in state, regional and national workforce development opportunities.
- 3. Properly fund and staff the Illinois Department of Public Health (IDPH) to increase its capacity for leadership on critical public health issues.**

## Ensure State Investment and Planning for Disease Prevention and Health Equity

- 1. Invest in a state wellness fund for obesity and chronic disease prevention initiatives.** Illinois should create a Wellness Fund in the state budget which provides funding for obesity and chronic disease prevention initiatives. The Fund should include at least \$100 million a year, with a funding formula that promotes health equity and multi-sector partnership across the state. Funds can be used for policy, systems, and environmental change initiatives, as well as public awareness building activities related to improving nutrition, food systems, physical activity, school health, the built environment, and other social and structural determinants of health that impact a healthy weight.
- 2. Support policies that create more nutritious food environments and opportunities for physical activity in communities across the state.** IPHI coordinates the Illinois Alliance to Prevent Obesity (IAPO), a multi-sector coalition that works for equitable and just opportunities for Illinoisans to eat healthy and be physically active to optimize their health and well-being. IAPO's policy platform includes recommendations for promoting access to healthy foods in schools, workplaces and communities, and increasing access to safe opportunities to be physically active through improved built environment, better physical education policies, and community physical activity. Among other initiatives, the state should adopt and implement

strong [food service guidelines as outlined by the US Department of Health and Human Services](#) for all food and beverages bought or served on state property and in state programs.

IPHI also administers the Illinois State Physical Activity and Nutrition (ISPAN) program funded by the Centers for Disease Control and Prevention, focused on improving community support and continuity of care for breastfeeding, the adoption of food service guidelines in communities and institutions, implementation of bike, pedestrian and master plans in communities that support physical activity, and improved nutrition and physical activity in early care and education systems. ISPAN priorities are incorporated into IAPO's policy platform. The state should support implementation of [IAPO's policy priorities](#).

**3. If adult-use marijuana is legalized, ensure it is done in a safe, healthy, and equitable way.**

Because adult-use marijuana legalization has been proposed, IPHI believes Illinois should take a cautious approach to legalization. Adult-use marijuana should only be implemented with a public health and equity framework, protecting the state's most vulnerable populations from the potential health and social harms of marijuana, while realizing the health and social benefits legalization can have on communities most impacted by the War on Drugs. (White paper under development, please reach out to IPHI to request a copy when complete.)