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**The Illinois Public  
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ILLINOIS ALLIANCE TO  
**PROMOTE  
OPPORTUNITIES  
FOR HEALTH**



# WHAT IS IAPOH?

The IAPOH is a multi-sector coalition. We know that chronic health conditions, such as type 2 diabetes, heart disease and some cancers are a major public health concern in Illinois and disproportionately affect Black, Indigenous and Communities of Color, the communities with disabilities, LGBTQ+ communities, rural communities, and other communities that have been historically disinvested and oppressed.

As we move forward into the future,

Foster communities and institutions to integrate nourishing food and physical activity for all.

Bridge partners and sectors across the state to coordinate approaches to chronic disease prevention and the social and structural barriers to nutrition and physical activity.

Develop, change, and implement policies and systems to support access to nourishing foods, safe and accessible physical activity, and eliminate social and institutional barriers to achieving optimal health.

**we're on a mission to:**

# IAPOH

## works to...

## Our vision

**An Illinois in which our collective efforts, representative of our diversity and all cultures, lead to policies, systems and practices that enable all residents and communities equitable access to nourishing food, opportunities to engage in safe and enjoyable physical activity, and are supported to maintain their health and well-being.**





## UPDATED STRATEGIC FRAMEWORK

### *Illinois Alliance to Promote Opportunities for Health (IAPOH)*

Updated Strategic Framework (2023-2026)

**The Illinois Alliance to Promote Opportunities for Health (IAPOH) began our strategic planning process in July 2022. We collected input from IAPOH partners, their networks, and community members, as well as compiled local and national data through September 2022. Partners then collaborated across eight open meetings to review, add to, and prioritize the findings to inform IAPOH's collective vision, mission, and topical goals and priorities. This final strategic framework will guide IAPOH's work through 2026.**

### *Vision Statement*

An Illinois in which our collective efforts, representative of our diversity and all cultures, lead to policies, systems and practices that enable all residents and communities' equitable access to nourishing food, opportunities to engage in safe and enjoyable physical activity, and are supported to maintain their optimal health and well-being.

### *Purpose (Mission) Statement*

The Illinois Alliance to Promote Opportunities for Health (IAPOH) is a multi-sector coalition that integrates community voice to:

- Develop, change, and implement policies and systems to support access to nourishing foods, safe and accessible physical activity, and eliminate social and institutional barriers to achieving optimal health
- Foster communities and institutions to integrate nourishing food and physical activity for all
- Bridge partners and sectors across the state to coordinate approaches to chronic disease prevention and the social and structural barriers to nutrition and physical activity





## ***IAPOH Strategic Framework Summary***

***IAPOH understands that in order to reach optimal health we must impact local and state-level policy, increase capacity of community-based organizations and bridge communities working together to address nutrition and physical activity in Illinois. IAPOH has identified 8 topic areas to address within its 5 working groups and leadership and equity committee, including:***

- ***Food Systems and Nutrition Policy***
- ***Chest/Breastfeeding Support and Equity***
- ***Physical Activity and the Built Environment***
- ***Early Care and Education***
- ***School Health***
- ***Diabetes Prevention***
- ***Social Connectedness***
- ***Social Determinants of Health and Bridging Sectors***



### **Examples of IAPOH's goals include:**

- Improve policies that support Illinoisans to access affordable, nourishing, culturally responsive and delicious food.
- Build local food systems to support Illinois farmers, food producers, and businesses to meet our nourishing food needs.
- Improve the continuity of care and support for chest/breastfeeding in Illinois communities.
- Increase the capacity of communities to integrate safe, accessible, affordable, and culturally appropriate physical activity into community plans, policies and environments
- Improve the ability of the early care and education workforce to integrate nutrition and physical activity personally and professionally.
- Enhance partnerships with education leaders to promote whole child school health and wellness approaches.
- Ensure federal and state infrastructure and transportation funds are allocated in ways that promote health.
- Increase awareness and implementation of the Preventive Services Task Force recommendations for screening and referral for diabetes prevention and management.
- Increase opportunities for promoting social interaction through public health and aging partnerships.
- Increase cross-sector sharing of information, data, best practices, policies and resources that bridge chronic disease prevention and social and structural determinants of health.



## *IAPOH's Goals and Strategies*

\*Each strategy is marked with a P (Policy), C (Capacity), or a B (Bridging) to identify which part of the mission statement it relates to most.

### *Food Systems and Nutrition Policy*

#### **Goals and related strategies:**

***Goal: Establish and strengthen policies and systems to support every Illinoisan's access to sufficient affordable, nourishing, culturally responsive, and delicious food, including by maximizing access to and utilization of nutrition assistance programs.***

- Expand school food access, including through increased uptake of the Community Eligibility Provision and breakfast after the bell. (P)
- Support nutrition and cooking education and promotion, including by strengthening requirements in schools and health professional programs, and ensuring advice aligns with learners' lives, conditions and cultural needs and preferences. (P)
- Increase support for healthcare-based nutrition interventions (e.g., medically tailored meals, medically supportive groceries, produce prescriptions) to address health related social needs, in collaboration with community-based organizations. (P, C)
- Expand, guide and support the implementation of values-based procurement. (C)
- Support local collaboratives linking farmers markets, grocery stores, food pantries, and other food access sites, including the infrastructure needed for local producers to connect to these access points. (C)
- Increase access to, uptake of and/or allotments for federal nutrition assistance programs (e.g., CACFP, SNAP, WIC, summer meals). (C, B)

***Goal: Build local food system supports to enable Illinois farmers, food producers and businesses to meet our communities' nourishing food needs.***

- Reduce barriers to and infuse financial support into local food production and procurement, particularly for BIPOC food producers and entrepreneurs. (P)
- Engage well-resourced sectors (e.g., healthcare, private business) to invest in strategies to support nutrition and an equitable food system. (C)



## Chest/Breastfeeding Support and Equity

### Goals and related strategies:

**Goal: Improve the continuity of care and support for chest/breastfeeding in communities, including improving the knowledge of, connection, and referrals between hospitals, primary care providers, WIC clinics/services, early childhood education centers, worksites, academic centers, home visiting, and social and community programs and services to support low-income, rural, African-American and/or Latine parents to meet their chest/breastfeeding goals.**

- Implement paid family and medical leave that enables all types of workers to have paid time off for care of themselves and their new child. (P)
- Support implementation and enforcement of organizational/workplace policies that promote and normalize chest/breastfeeding (P)
- Expand obstetric and pediatric visits to include chest/breastfeeding education (P)
- Decrease barriers to integrating community-based partners into health systems (P)
- Create a state-wide resource directory/referral network to increase continuity of care and referrals to lactation support services/ and/or integrate into existing regional referral networks (C, B)
- Create relationships between hospital pediatric/obstetric offices, Federally Qualified Health Centers, and community-based lactation services/professionals (B)
- Ensure consistent chest/breastfeeding messaging across lactation education providers, including in hospitals, community centers, and schools/childcare (B)

**Goal: Improve the lactation support knowledge and education of all providers (pediatricians, OB/GYNs, family medicine, nurses, etc.)**

- *Objective: Improve education and awareness of chest/breastfeeding support opportunities in the prenatal period across all prenatal healthcare and support providers so that more pregnant parents include breastfeeding in their birth and postpartum plans.*
- *Objective: Increase access to lactation education and support immediately after labor and delivery and in the first week after birth.*

### Strategies:

- Increase and require education in all health professional training programs on chest/breastfeeding, including culturally relevant information. (P)
- Increase diversity of the lactation support workforce by offering training for healthcare and family support professionals that identify as having a similar lived experience as the priority populations they serve. (C)
- Increase access to culturally responsive lactation professionals prenatally, in the hospital/birthing center, and in the early weeks postpartum (C)



## *Early Care and Education*

### **Goals and related strategies:**

***Goal: Support and increase the development of a workforce to integrate nutrition and physical activity personally and professionally across the continuum from initial training through ongoing profession development***

- Advocate for improved compensation for ECE workforce with a health framework (i.e. more staff/funding provides time for nutrition/PA best practices) (P)
- Identify ways to support ECE staff wellness, including participation in physical activity and nutrition security (C)
- Ensure access to high-quality professional development opportunities and trainings (C)

***Goal: Increase CACFP utilization and other food benefit programs across the state with a focus on rural communities***

- Improve coordination between DCFS, ISBE, and DHS on promotion and access to CACFP (P)
- Streamline and reduce CACFP enrollment paperwork (P)
- Fund TA and nutrition coaching through CACFP sponsors, Child Care Resource and Referral Agencies (CCR&Rs), or other community partners to help childcare programs enroll in the CACFP and build healthier nutrition practices (P)
- Improve TA and training via existing infrastructure (e.g., Gateways to Opportunity professional development and credentialing system) to include more nutrition- and CACFP-specific trainings (C)
- Improve TA and training via existing infrastructure (e.g., Gateways to Opportunity professional development and credentialing system) to include more nutrition- and CACFP-specific trainings (C)
- Improve connection between childcare systems and home visiting and promotion of WIC, SNAP, summer meals, and other food assistance programs (B)
- Leverage ECE setting to connect families to nutrition assistance (B)

***Goal: Coordinate across partners and agencies to connect health-related resources to ECE providers, staff and families***

- Address barriers to physical activity in ECE such as lack of green or safe spaces; advocate for capital/equipment funding for ECE to create improved spaces and facilities for physical activity (P)
- Establish network of childcare health consultants (could include Go NAPSACC TA network, CHWs, etc) to be readily available to programs (C)
- Increase awareness of available health resources and supports for families in ECE settings, including home visitors, food assistance programs, health and wellness resources, and more. (C, B)
- Promote awareness of the impact of physical activity on health, behavior/SEL, academic outcomes, and mental health (B)





## *School Health*

### **Goals and related strategies:**

***Goal: Improve the connection between schools/districts and a broad set of health and wellness resources, including funding, healthcare and community-based resources and services***

- Connect schools/districts with funding opportunities (C)
- Identify ways to connect schools to comprehensive directories on available community resources and partnerships (C, B)
- Goal: Enhance partnerships with the Illinois State Board of Education and other school administration associations to promote whole child school health and wellness approaches and policies
- Advocate for 150 minutes per week of physical education in schools (P)
- Work towards universal school meals, including through increased uptake of the community eligibility provision (P)
- Integrate social emotional learning into IAPOH messaging about school health-helping to bridge link between nutrition/PA/PE on impact of SEL and mental health; consider ways PE can integrate mental health modules (B)
- IAPOH add support to state policies and systems that promote student mental health as appropriate (B)

***Goal: Promote a framework and approach of training and technical assistance to help schools engage students, parents, teachers and staff in wellness policy development and implementation***

- Engage more students/parents in policy development and implementation (C)
- Promote diverse, equitable, and inclusive physical activity practices outlined in the updated Active Schools Guiding Framework and the updated Whole Child Framework (C)
- Increase meal program sites (e.g. breakfast, summer meals) (C)
- Support increased breakfast participation, including via breakfast after the bell (C)







## *Physical Activity and the Built Environment*

### **Goals and related strategies:**

***Goal: Improve the integration of public health, planning, transportation, and parks and recreation to influence state, regional, and local policies and plans that impact access to and opportunities for physical activity in everyday life***

- Develop clear, effective communications and messaging about the value of parks, greenspace, and active transportation in promoting physical activity, health, and climate resiliency, and the need to ensure equitable access to these resources as part of everyday life for all Illinois residents (B)

***Goal: Increase the capacity of local communities to integrate safe, accessible, affordable and culturally appropriate physical activity and health supports into community plans, policies, and environments***

- Encourage the inclusion of healthy policies, practices, and environments within parks and recreation departments and organizations that encourage physical activity and nutrition (i.e. adopt food service guidelines, offer fitness facilities, and place facilities in areas of high need) (P)
- Identify and support learning opportunities that build capacity among high-need communities to increase opportunities for active transportation in communities, e.g. ITEP learning collaboratives (C)
- Build capacity among local community public health, planning, transportation, and parks/greenspace professionals to prioritize physical activity, health, and active transportation in their local and regional plans, policies, environments, and programs, including capacity to implement complete streets policies, secure funding for environments that promote physical activity, using health equity impact assessments in policy decision processes, program sustainability, and more. (C)
- Develop toolkits/resources for local communities to integrate physical activity best practices into local policies, plans, parks, etc. (e.g. building in obstacle course workout features that anyone could do or families do together; using solar lights to light up trails at night; walking school buses, etc.) (C)

***Goal: Ensure federal and state infrastructure and transportation funds are allocated in ways that promote health, safe, accessible and culturally appropriate physical activity, and active transportation***

- Raise awareness among influential entities (e.g. MPOs, RPCs, IDOT and other state agencies) of the connection between active transportation and health, and ways they can act as change agents to prioritize health in funding or selecting projects (C)





## *Diabetes Prevention & Management*

### **Goals and related strategies:**

***Goal: Increase awareness and implementation of the Preventive Services Task Force recommendations for screening and referral as well as knowledge of available diabetes prevention and management programs to healthcare systems, providers (including medical, nursing, and dietetic), pharmacies, school-based health centers, CHWs and more.***

- Develop state quality measures for diabetes prevention and management that incentivize screening and referring to intervention (P)
- Improve referrals to the National Diabetes Prevention Program (NDPP) and Diabetes Self-Management Education and Support Services (DSMES) through the development of a centralized referral system, umbrella hub relationships that support referrals, and/or through connection with existing community education/CHW-led education and referral initiatives (P, C)
- Educate health systems and providers on the importance of developing and/or implementing policies, processes, and tools that support alignment with diabetes prevention and treatment standards of care. (C)
- Improve coordination between NDPP, DSMES, and Medical Nutrition Therapy (MNT) programs and providers to ensure people are referred to the right program that best meets their needs. (C)
- Increase the number of NDPP and DSMES providers enrolled in both Illinois Medicaid and Medicare for those services (C)

***Goal: Eliminate barriers to participation in diabetes prevention and management programs by ensuring participant's social needs are met (e.g. transportation, child care, access to culturally relevant and nourishing foods)***

- Seek health plan coverage for healthy family weight programs and other evidence-based diabetes prevention and management services beyond National Diabetes Prevention Program and DSMES (P)
- Support healthy food prescription/food as medicine programs as a Medicaid covered benefit (P)
- Increase access to NDPP and DSMES providers who offer programming in-person, virtually, via telehealth. (C)





## ***Social determinants of health and bridging sectors:***

### **Goals and related strategies:**

***Goal: Support policies and systems that improve social and structural determinants of health related to IAPOH's primary work of addressing modifiable risk factors of obesity, access to nourishing foods, and improved physical activity.***

- Endorse/support state policies that improve the social and structural determinants of health related to IAPOH's work in legislative process (i.e. sign IAPOH's name on witness slips, have IAPOH lobbying partners note support to legislators, etc.) (P)
- Identify populations most impacted by inequities in nutrition and physical activity. (The REGGI framework is helpful: REGGI = race, ethnicity, gender, geographic location, income.) Then prioritize which existing policy campaigns to support to address structural barriers affecting those populations. (P)

***Goal: Connect with diverse sectors to increase awareness of the impact of their sector on chronic disease outcomes and champion the promotion of nourishing foods and physical activity in campaigns that address social and structural determinants of health led by those other sectors.***

- Offer cross-sector learning opportunities that link to shared values/common interests across partners (i.e. health and planning learning community to leverage federal infrastructure dollars to promote active and healthy transportation/planning efforts) (C)
- Center the voices and experiences of BIPOC individuals and communities and ensure they have active roles in leadership in IAPOH (B)

***Goal: Increase cross-sector sharing of information, data, best practices, policies and resources that bridge chronic disease prevention and social and structural determinants of health.***

- Develop and implement an improved communications platform/plan to enable shared information, data, best practices, policies, and connection across sectors and partners (B)
- Develop messaging frameworks/materials that link the SDOH topic to health outcomes and/or access to nourishing foods/physical activity (B)
- Offer wider variety of communications tools to engage broader set of partners/community members in our work in ways that related to their values/interests (B)
- Other potential strategies [Continued discussion needed]:



## *Social Connectedness*

### **Goals and related strategies:**

***Goal: Increase opportunities for promoting social interaction through public health partnerships with aging and other sectors that promote social connectedness***

- Continue to advocate for active (and public) transportation options that help isolated communities connect to services and connect with “age-friendly” community planning initiatives (P)
- Identify underserved, socially isolated populations who don’t receive health promotion and disease prevention services and utilize targeted outreach to increase their participation (C)
- Educate and encourage older adults to participate in preventive service options and continue to counsel older adults on the availability of group-based preventive services, including the use of evidence-based programs like the National Diabetes Prevention Program (C)





## ***Promote opportunities for health across Illinois with IAPOH***

Get involved with the Illinois Alliance to Promote Opportunities for Health by becoming a leader (two ways outlined below) or becoming a general member.

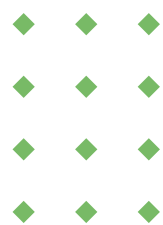
### **1. Become a Leader: Join IAPOH's Leadership and Equity Committee**

Join the Leadership and Equity Committee by becoming a workgroup co-chair (see next page) or volunteering as an “at-large” member of the Committee to provide quarterly guidance on IAPOH’s strategic direction to accomplish our mission. The Leadership and Equity Committee provides input on policy priorities, strategies, and funding or engagement opportunities, and provides guidance to the Illinois Public Health Institute (IPHI) staff to keep equity at the core of IAPOH operations and coordination. *(The Leadership and Equity Committee operates by consensus. Should the need for a vote arise on an issue, a majority of those present at a meeting are required for a decision. If more than one volunteer signs up for available workgroup co-chair positions and/or “at-large” membership, a vote will take place by the workgroup or via an online survey at the beginning of each term to select the Leadership and Equity Committee members).*

#### **Leadership and Equity Committee Commitment:**

- **Participate in quarterly virtual meetings and biannual coalition convenings. There will be follow-up communication between the meetings and at times there may be the need for work within sub-committees.**

Workgroups and committees are made up of staff and volunteers from IAPOH Member Organizations or public agencies with a role or stake in developing, changing, and implementing policies and systems to support access to nourishing foods, safe and accessible physical activity, and eliminate social and institutional barriers to achieving optimal health.





## 2. BECOME A LEADER: CO-CHAIR A WORKGROUP

**IAPOH convenes five topic-specific workgroups and one communications workgroup to help put the IAPOH Framework priorities into action!** Each workgroup is co-led by a grassroots or community-based leader and a state/regional policy or subject-matter expert and meets quarterly, with IPHI staff available to support. The workgroups may work on specific legislative and advocacy campaigns and/or generally work to implement the IAPOH Strategic Framework (Framework) priorities.

**Co-chairs are responsible for working with IPHI staff to set the meeting agenda, drive workgroup strategy related to the IAPOH Framework implementation, and support facilitation of the group.** *IPHI staff are available to support meeting logistics, make connections to partners and initiatives, and support the workgroup activities.*

**Workgroup members are responsible for providing insight and support to implementing the Framework priority strategies related to the workgroup and may contribute their own or their organizations' expertise to the group.**

The IAPOH Workgroups include:

1. Food Systems and Nutrition Policy
2. Physical Activity Policies and Environments
3. Healthy Lifestyle Programs and Systems
4. Breast/Chestfeeding Support and Equity
5. Childhood Health: Early Care and School Nutrition and Physical Activity
6. IAPOH Communications Collaboration





## 3. GENERAL MEMBER BENEFITS

Joining IAPOH as a general member gives you access to:

- **Quarterly learning and peer-networking** webinars on topics related to IAPOH's mission.
- **A monthly IAPOH newsletter** with policy updates, community engagement opportunities, resources, and more.
- The IAPOH listserv to **communicate with others working on similar initiatives across the state.** Topic-specific listservs for breast/chestfeeding support and physical activity/built environment are also available.
- Annual coalition meetings to network and **weigh in on policy and systems change priorities.**
- Access to **training opportunities such as "Policy 101," "Grassroots Advocacy," and "Meeting Facilitation Best Practices."**
- **Join one of IAPOH's 6 workgroups.**

### Ways to Engage as a Member:

#### Join an IAPOH Workgroup

01

IAPOH convenes five workgroups, each focusing on one (or more) strategies and goals outlined in the IAPOH Strategic Framework, including:

- Food Systems and Nutrition Policy
- Physical Activity Policy & Systems
- Breastfeeding Support and Equity
- Childhood Health: Early Care and School Nutrition and Physical Activity
- Healthy Lifestyle Programs and Systems
- Fresh Talks; IAPOH Communications Collaborations

Workgroups meeting quarterly with ad-hoc meetings as needed in between.

#### Information-sharing

02

When your organization becomes a member, you can sign up to join the IAPOH listserv, a communications channel for partners to engage directly with each other about new resources, tools, advocacy actions, and other items related to the purpose of IAPOH. You will also receive a quarterly IAPOH update. Topic-specific list serves are also available:

- Lactation support professionals listserv
- Active People, Healthy Illinois listserv

#### Engage in policy or legislative campaign

03

Contribute to:

- Grassroots organizing efforts
- Legislative strategy
- Lobbying
- Communications efforts, e.g., in connection with policy campaigns

#### Engage in training, capacity-building and networking activities

04

IAPOH convenes quarterly learning and networking webinars to highlight partner work across the state and to promote relationship-building among members. IAPOH also convenes biannual professional development/skill-building opportunities for partners.

### Are you all in for IAPOH?

**Endorse IAPOH's Strategic Framework to officially join the coalition here.\***

\*For organizational endorsement: By signing the endorsement form and joining IAPOH, you are noting **your organization's support for the IAPOH mission, vision and Framework Priorities and that you have the authority to sign-up on behalf of your organization.** It does **NOT** mean that you or your organization will be added as a supporter of any specific IAPOH-driven policy or legislative action.

***If multiple members of your organization want to join, everyone should sign up individually.***





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## **Contact IAPOH**

[www.iphionline.org/iapo/](http://www.iphionline.org/iapo/)

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