

May 2024

State of Illinois

Covid-19 response overview



Executive Summary

Introduction and methodology

The COVID-19 pandemic brought forward significant challenges to the people of Illinois and all levels of government. Considering the tremendous impact of the pandemic on the State of Illinois, the Governor's Office and Illinois Department of Public Health (IDPH) recognized the need for an assessment of the State's health emergency preparedness.

The State conducted a review over the course of January to May of 2023 as a forward-looking effort to:

- **Understand the impact of COVID-19** on Illinois residents, with focus on health and human services outcomes;
- **Gather learnings on the State's health and human services response to COVID-19** from relevant stakeholders (State Government and external partners);
- **Develop recommendations** to improve holistic preparedness for future public health emergencies and non-emergency state operations.

The assessment used three primary sources of data to inform its findings:

- **Data of Illinois outcomes vs. other states** based on publicly available data;
- **110+ interviews with leaders across Illinois state government and external partners**, including Local Health Departments, healthcare providers, higher education partners, and business leaders;
- **Additional secondary research** using state and 3rd party sources

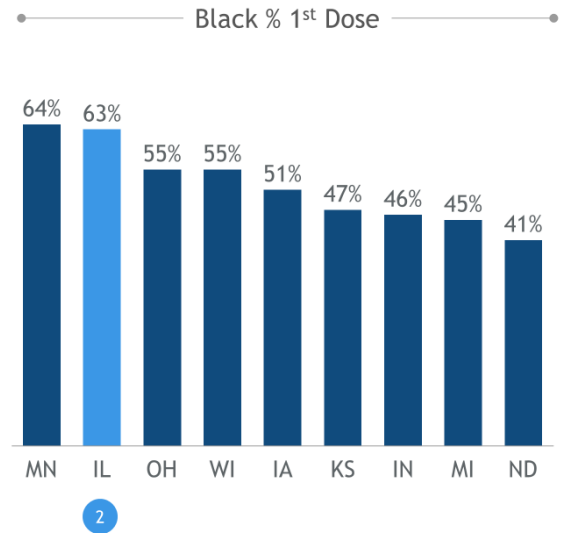
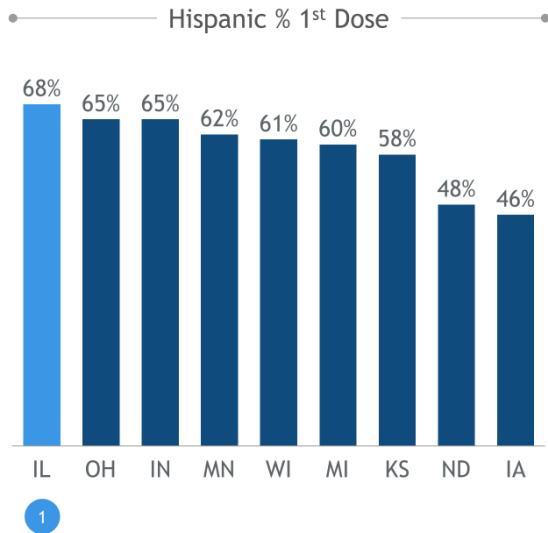
Strengths of response

Based on these inputs, Illinois demonstrated many clear strengths in its response to COVID-19:

- **Strong central leadership at the top:** Illinois set a clear vision and priorities at the top at the outset of the COVID-19 crisis, with clear and credible top-level statewide messaging. From there, leaders fostered tight peer-to-peer relationships among health agency leaders to facilitate the crisis response.
- **Data-driven approach:** While data was a challenge in the early days of the pandemic, over time, Illinois assembled comprehensive data collection efforts with detailed dashboards able to inform a data-driven approach for decision-makers at different levels across the Governor's Office, IDPH, Illinois Emergency Management Agency (IEMA), and other state agencies. This data was used regularly in communications with the public and partners.
- **Equity focus:** State leaders drove a conscious prioritization on underserved populations in resource allocation decisions. For example, vaccine efforts were intentional in targeting support toward vulnerable communities, leading to better rates of vaccine uptake for non-white Illinoisans than non-white residents in peer states (see [Exhibit on next page](#)).



Illinois was 1st in Midwest for Hispanic vaccination rate and 2nd in Black rate



Note: Data not available for Nebraska, Missouri, and South Dakota
Source: Kaiser Family Foundation analysis of state websites, 7/22, 1st dose uptake rate

Exhibit

- Use of community relationships and public-private partnerships:** Illinois worked closely with external partners, leveraging their reach and expertise to support the response. For instance, nonprofits and faith-based institutions were leveraged to encourage vaccine uptake, universities supported state testing efforts and provided leaders with technical expertise.
- Effective executive orders:** Illinois acted early and effectively in using its legal authorities to support the response. The Governor's Emergency Declaration materially sped up procurement to acquire needed Personal Protective Equipment (PPE) in early days, with limited reports of increased serious fraud or abuse.



Governor JB Pritzker signed a proclamation on May 11, 2023 declaring that it was "Illinois Public Health & Health Care Hero Day" on the day the COVID-related Public Health Emergency declarations expired.

Lessons learned

While Illinois demonstrated clear strengths in the COVID-19 response, as documented above, this review also identified a number of lessons learned to improve future responses to infectious disease public health emergencies. In some cases, the strengths demonstrated above were the result of herculean efforts by staff to overcome the challenges described below – for example, building effective management data dashboard off of antiquated public health systems.

The key challenges that Illinois state agencies experienced in responding to the COVID-19 pandemic were:

- **Limited planning for a major infectious disease emergency that required a whole-of-government response:** State agencies were not prepared for the magnitude of the COVID-19 pandemic and corresponding complexity of response. An established response playbook and clear command structure of agency roles and responsibilities for response would have enabled a more rapid, streamlined response.
- **Limited health and operational data infrastructure and capabilities:** Illinois' health and infectious disease data are siloed and often held within outdated technology platforms that struggled to accommodate the surge in volume during the pandemic. Response leaders were hampered in data-driven decision making due to these constraints, and significant manual processes were required to fill the gap.
- **Difficulty measuring and responding to health equity needs and broader health impacts:** While Illinois was a clear leader in the core COVID-19 disease response and in targeting testing, vaccines, and therapeutics with an equity-first approach, leaders were hampered by the lack of real time data on the health equity impacts of other conditions, such as behavioral health. While behavioral health indicators declined overall, the impact was much greater on
- Black Illinoisans in particular, who faced significant increases in suicide and drug overdose rates. Because timely data on broader health status and health equity indicators was not available, the State was not effectively able to direct resources to mitigate these harms.
- **Limited effectiveness and consistency of community engagement:** Given the variation in Local Health Department (LHD) size and capabilities, it was difficult to ensure consistency of response across the state. Further, limited digital media capabilities hampered the state's ability to reach residents with trusted, tailored messages and combat misinformation.
- **Public health workforce depletion, with slow hiring and high attrition:** Bureaucratic hiring processes and high attrition led to persistent staffing challenges across the state response, including for high-need roles. Attrition by long-tenured employees compounded the challenge, as institutional knowledge was lost.



Recommendations for action

Moving forward, building on the State of Illinois's strengths and drawing lessons from its challenges in the COVID-19 pandemic, IDPH seeks to reimagine the public health of Illinois by building a unified vision for health. This vision includes an accessible, coordinated, equitable statewide system that mitigates the effects of future pandemics by reviving a working public health infrastructure and enabling the emergence of the physical, mental, social, and behavioral conditions in which Illinoisians can be and remain healthy.

To improve future pandemic response, three categories of recommendations were developed:

1. **Improve preparedness:** Refine pandemic response plans, establish a coordinated response command structure, and establish a whole-of-government training cadence to improve readiness for the next infectious disease emergency.
2. **Modernize systems:** Invest in the technology and data systems, cross-agency capabilities and infrastructure, and hiring processes and talent development systems required to improve public health effectiveness and build health resilience & equity before the next emergency.
3. **Invest in communities and continue building public trust:** Enhance investment in Local Health Departments and community-based organizations that provide public health services, supported by clear accountability mechanisms and close engagement with IDPH, to improve community emergency response capabilities and enhance equity, and build the community and digital channels of communication required to reach diverse communities and fight misinformation.

Looking forward

Over the past year, IDPH, along with its state partners have already begun implementing measures to address these important COVID-19 lessons:

Improve preparedness

- Updated emergency response plans to better address infectious disease outbreaks.
- Enhanced planning drills to improve state, local, and healthcare partners preparedness.
- Created a new Medical Services section with an Infectious Disease Medical Advisor and regional infection preventionists to rapidly deploy healthcare personnel to address outbreaks.

Modernize systems

- Invested federal public health infrastructure to enhance and grow IDPH and local health department workforce initiatives.
- Invested federal and state funding to modernize data systems, with specific emphasis on building a new Illinois Disease Surveillance System and Long-Term Care System
- Created a Health Informatics Section to better use predictive analytics and rapidly evolving artificial intelligence to improve data analysis.

Invest in communities and build trust

- First ever IDPH Communications line was created in FY24 budget to expand public health messaging to be culturally inclusive, evidence-based, and engaging.
- Developing a strategy to create health equity zones throughout Illinois that will empower communities to create community-led and community-built solutions.
- Shifting IDPH's efforts from COVID to community – enhancing community engagement efforts and growing partnerships to address and uplift the full spectrum of health challenges necessary to build a healthier Illinois.

Looking ahead, there is significant commitment across the Illinois government to keep advancing these priorities to ensure the State of Illinois will be ready not only to respond effectively to public health emergencies but also to keep improving the health of Illinoisians on an ongoing basis.

Detailed findings and recommendations





Introduction & methodology

The COVID-19 pandemic brought forward significant challenges to the people of Illinois and all levels of government. It claimed the lives of thousands of Illinoisians and upended the lives of millions. It challenged the healthcare foundation of the state, putting pressure on the state's frontline healthcare workers and the public health workforce at the state, local, and community levels. And it disproportionately impacted the state's most vulnerable residents in terms of their health and broader social and economic outcomes.

Considering the tremendous impact of the pandemic on the State of Illinois, the Governor's Office and IDPH recognized the need for an assessment of the State's health preparedness. The State conducted a review over the course of January to May of 2023 as a forward-looking effort to:

- **Understand the impact of COVID-19** on Illinois residents;
- **Gather learnings on the State's response to COVID-19** from relevant stakeholders;
- **Develop recommendations** to improve holistic preparedness for future public health emergencies and non-emergency state operations.

The purpose of the report is not to document a fully exhaustive recounting of all events and decisions during the COVID-19 pandemic nor is it intended to be a substitute for agency policy making processes. Instead, the goal of this assessment is to take a forward-looking perspective at what the state can do to prepare for the next public health emergency and improve non-emergency state public health operations.

Reflecting the breadth of impact COVID-19 had on the State of Illinois and its citizens, the assessment relied on a robust set of inputs. Three primary sources of data inform this report's findings:

- **110+ interviews with leaders across Illinois state government and external partners**, including:
 - Governor's Office leaders and staff
 - State Agency leaders, including from IDPH, DHS, HFS, DCFS, IDOA, IDVA, IHDA, IEMA, ISBE, DCEO, IDFP, CMS, IDES
 - Local Health Departments (LHDs)
 - External partners, including community organizations, healthcare providers and associations, higher education partners, and business leaders
- **Data of IL outcomes vs. other states** based on publicly available data from state, federal, and non-profit research organization sources
- **Additional secondary research** using state and 3rd party sources

This assessment reviewed 15 overall capabilities of the state in evaluating the strengths and lessons learned of the response and recommending a potential path forward:

1. **Shared vision and decision-making:** Clear 'north star' and strong ability to act quickly, informed by the right people and data
2. **Internal coordination:** Effective internal coordination enabled by control structure, internal communications, cross-agency relationships, and teaming
3. **Agency workforce:** Qualified, capable staff supported by effective retention, hiring, and knowledge management practices
4. **Data management and technology:** Right data sources collected, analyzed, and synthesized for leadership via robust technology systems
5. **Procurement:** Timely and effective procurement process
6. **Supply chain and distribution:** Strong storage, transit, tracking, and distribution processes
7. **Budget and finance:** Strong grant acquisition, deployment, and tracking processes
8. **Legal tools:** Proactive engagement of legal and use of legal tools

9. **Coordination with partners:** Leveraging partners well to inform policy, deliver services
10. **Communications with partners:** Clarity and frequency of communications
11. **Data collection and sharing:** Clear, easy process to share data between the state and partners (e.g., healthcare providers)
12. **Healthcare workforce:** State support for healthcare capacity and staff retention
13. **Relief funding:** Access of relief dollars for partners
14. **Statewide media communications:** Clarity, frequency, and reach of communications
15. **Grassroots engagement:** Outreach through tailored messaging and deep, trusted relationships with community organizations



Strengths of response

The strength of Illinois' response started from the top-down. From the early days of the response, the Governor set a clear vision and priorities for addressing COVID-19. Despite early challenges in determining how to address COVID-19 – common across many states – Illinois leadership brought strong and data-driven leadership to guide the response. This included the clear tactical priorities pursued by IDPH and Dr. Ngozi Ezike, the agency's director who led IDPH through much of the response. Crucially, state leaders chose to focus on equity through many key actions, including vaccine and testing allocations, leading to differentiated outcomes for vulnerable communities. Use of community relationships and public-private partnerships and the Governor's executive orders helped to support the response. These strengths are further detailed below.

Strength #1: Strong central leadership at the top.

When the COVID-19 crisis struck, the Governor set a clear vision and priorities from the outset: “save lives.” This early action allowed the state to mobilize and communicate clearly around a common vision. To mobilize around this vision,

the Governor brought together the right people to advise, with proactive engagement of internal leaders (across public health, economy, and education) and external perspectives (epidemiologists, providers, etc.)

From there, the Governor and Dr. Ezike delivered clear and credible top-level statewide messaging, integrating the deep expertise from IDPH and other health agencies, while also sharing the science in ways the public could understand. The state also built credibility through a strong emphasis on transparency, sharing data and facts as they emerged regarding the novel coronavirus. For instance, leaders facilitated regular question and answer sessions at press conferences and shared publicly what they knew, even if incomplete.

Tight peer-to-peer relationships among health agency leaders also helped to facilitate the crisis response. The state successfully encouraged connectivity among agency leaders pre-pandemic – for example, through regular health portfolio strategy retreats and weekly calls with all health Chiefs of Staff. This pre-existing camaraderie made it easier for agency leaders to reach out to each other for resources and information during the response.

Strength #2: Data-driven approach.

In the early days of the pandemic, access to the right data to make decisions was a significant challenge. This was also a common issue across many other U.S. states. However, over time, Illinois overcame early challenges in data collection and analysis to assemble comprehensive data collection efforts, collecting and integrating data from healthcare providers, state agencies, vaccination and testing efforts, and broader partners.

The state built detailed dashboards to inform a data-driven approach for decision-makers at different levels across the Governor's Office, IDPH, IEMA, and other state agencies. Leaders had a relentless focus on data, leveraging many data cuts by population to inform highly tactical decision-making in areas such as vaccine distribution and communications efforts. This enabled the state to prioritize equity by better understanding the reality marginalized communities faced. The data also was used regularly in communications with the public and partners.

Strength #3: Equity focus.

COVID-19 disproportionately impacted underserved populations, particularly Black and Hispanic communities, Seniors, and Rural residents. Recognizing this quickly, state leaders made equity a priority consistently through the response in their decision-making. A significant way this impacted decision making was through resource allocation decisions. The examples of this are numerous across the state response. For example, mobile vaccine clinics were deployed based on a detailed analysis of equity data, supporting vaccine uptake. In addition, testing resources were provided to needier schools first in recognition of the impact of these inequities.

IEMA and the National Guard were strong supports to ensuring an equitable distribution of resources, navigating complex logistical hurdles, including building a warehousing function mid-pandemic to quickly stand-up sizable testing and vaccination sites, especially in underserved communities.

As a result of these efforts, vaccine uptake in Illinois among Black and Hispanic individuals was higher than in peer states.

Strength #4: Use of community relationships and public-private partnerships.

The severity, breadth, and duration of the COVID-19 crisis meant that state leaders could not drive the response all on their own. Illinois leaders worked closely with external partners from the start, leveraging their reach and expertise to support the response. For instance, nonprofits and faith-based institutions were leveraged to encourage vaccine uptake. Universities supported state testing efforts and provided leaders with technical expertise.

Public-private partnerships helped the state respond quickly to COVID-19 as well, providing new capabilities to extend the response execution. The State also facilitated vaccine distribution via pharmacies. Other government service providers were engaged to fill in gaps in state's pre-existing capabilities.

Strength #5: Effective executive orders.

Illinois acted early and effectively in using its legal authorities to support the response. The Governor's Emergency Declaration materially sped up procurement to acquire needed PPE and other

resources in the early days, with limited reports of increased serious fraud or abuse. The ability to speed procurement was meaningful, with reduction from a typical procurement timeline of months to procure new goods and services down to several days, which was required to respond to the emergency. Emergency procurement was repeatedly cited as a crucial enabler of the response, indispensable in efforts to acquire PPE, ramp up laboratory capacity, and deploy relief funds.



Lessons learned

The COVID-19 pandemic response strained state public health and emergency response resources, which in turn impacted the state's ability to respond in the most effective and equity-focused manner as possible. Based on dozens of interviews with state staff and community and provider partners, along with analysis of the state response and corresponding outcomes, five primary challenges were identified, which are detailed below. Documenting these challenges is critical to ensure that lessons learned from the COVID-19 response are captured and can be addressed through investments in the public health preparedness and response infrastructure. Recommendations to do so are included in the next section.

Challenge #1: Limited planning for a major infectious disease emergency that required a whole-of-government response.

State agencies were not prepared for the magnitude of the COVID-19 pandemic and corresponding complexity of the response. While extensive planning was conducted at IDPH for infectious disease emergencies, the COVID-19 pandemic required a broader cross-agency response, ranging from core public health guidance and response by IDPH, mobilization of resources by IEMA, and broad economic, health, education, and social supports that required involvement from nearly every Illinois state agency. Further, guidance, funding, and local actions were required by LHDs

and other local government entities, the healthcare system, and community-based organizations.

While the Governor's Office and IDPH showed strong leadership and the ability to make decisions and communicate them clearly from the outset, the state's initial response was complicated by the lack of a clear whole-of-government command structure for the response, which slowed decision-making overall. For example, the roles and responsibilities between IDPH's Public Health Emergency Operations Center and IEMA's Emergency Operations Center were not clear. Over time, a clearer decision-making structure was developed across the Governors' Office, IDPH, IEMA, and other relevant agencies.

A clear lesson learned is that having a pre-established whole-of-government emergency response playbook for infectious disease emergencies, and clear command structure of agency roles and responsibilities would have enabled a more rapid, streamlined response. Such cross-agency response protocols are typically understood in the case of other types of emergencies – such as tornado response, in which agencies have clear responsibilities, which are regularly reinforced through tabletop planning exercises.

Challenge #2: Limited health and operational data infrastructure and capabilities.

Like many states, Illinois' health and infectious disease data are siloed and often held within outdated technology platforms. Critical public health data systems were not prepared for the surge in COVID-19 case reporting or flexible enough to provide intelligence to decision-makers without significant manual work. For example, the I-NEDSS surveillance database required manual entry early in the pandemic and would sometimes crash when running reports.

Illinois lacked critical data connections and reporting between the health care system and IDPH. Hospitals and long-term care facilities (LTCFs) were required to report on COVID-19 infection, hospitalizations, and deaths to IDPH, which early in the pandemic required manual data entry and reporting. Illinois also lacks a central health information exchange (HIE), which allows sharing of medical records across health care providers, and can be a useful tool in understanding overall health system trends (e.g., through analysis

of COVID-19 lab results, treatments, etc., across the state).

These public health data constraints hampered the ability of the COVID-19 response leadership to make data-driven decisions, particularly early in the pandemic, and valuable health care worker and state staff time was spent on manual processes to fill the gaps in automated data collection and reporting. While Illinois was able to build high quality data dashboards and operate in a highly data-driven manner (as referenced in Strength #2, above), it took significant effort to develop and maintain these tools during the emergency.

Beyond core public health data systems, many of Illinois' operational systems were insufficient to support the response. For example, the state did not have a central supply chain management system to track PPE, and certain critical administrative functions such as professional licensing are largely paper-based.

Challenge #3: Difficulty measuring and responding to health equity needs and broader health impacts.

While Illinois was a clear leader in core COVID-19 disease response, leaders lacked real time data on the impacts on health equity and broader health status, such as behavioral health. As described above, there were significant challenges in collecting, processing, and analyzing COVID-19 and other health surveillance data due inadequate public health data systems. While Illinois was able to build data systems over the course of the pandemic that allowed for analysis of COVID-19 impacts by race, gender, geography, and other demographic factors, making data-driven decisions that supported health equity was difficult early in the response due to these limitations.

Similarly, while there was robust anecdotal evidence, and fragmented quantitative data, early in the pandemic that behavioral health conditions and untreated chronic diseases were increasing in prevalence, and routine preventative services like cancer screenings were decreasing, state leaders lacked comprehensive, actionable data to effectively target resources to mitigate these harmful trends.

Challenge #4: Limited effectiveness and consistency of community engagement.

While the state led the COVID-19 response, local delivery through LHDs and community healthcare and social services organizations was critical to reach all Illinoisans and adapt messaging and interventions effectively. However, given the variation in LHD size and capabilities, it was difficult to ensure consistency of response across the state.

Further, the state's limited digital media and grassroots communication capabilities hampered the ability to reach residents with trusted, tailored messages. The difficulty of reaching individuals online and on social media, either directly or through trusted community voices, led to challenges combatting misinformation and communicating important health information.

Challenge #5: Public health workforce depletion, with slow hiring and high attrition.

Responding to the COVID-19 emergency was a dynamic and often all-consuming effort by IDPH and the broader health and human services agency portfolio (the Department of Human Services, the Department of Healthcare and Family Services, and the Department of Children and Family Services, in particular). Agencies surged internal resources to the COVID-19 response – however, the long duration (two-plus years) of the emergency led to employees working “surge” hours for months or longer.

Further, complex and bureaucratic state hiring and procurement rules made it difficult to bring on temporary or contract labor, exacerbating burnout by experienced, committed public health employees. The inability to hire or contract for additional employees also created challenges for continuity of activities not directly related to the COVID-19 response, as employees who previously focused on prevention and response for important conditions such as HIV/AIDS and chronic disease were pulled indefinitely into the COVID-19 response.

The combination of bureaucratic hiring processes and high attrition caused by burnout led to persistent staffing challenges across the state response, including for high-need roles. Attrition by long-tenured employees compounded the

challenge, as institutional knowledge was lost. In future emergencies, a more flexible and responsive hiring and contracting system will be critical to ensure both efficacy of response and resilience of the public health workforce long-term.



Recommendations for action

Moving forward, building on Illinois's strengths and drawing lessons from its challenges in the COVID-19 pandemic, IDPH seeks to reimagine the public health of Illinois by building a unified vision for health. This vision includes an accessible, coordinated, equitable statewide system that mitigates the effects of future pandemics by reviving a working public health infrastructure and enabling the emergence of the physical, mental, social, and behavioral conditions in which Illinoisians can be and remain healthy.

Based on the extensive review of Illinois's COVID-19 response, and the synthesis of both strengths and lessons learned from the response, ten recommendations across three categories were developed to improve readiness for future infectious disease public health emergencies, and to build a more resilient and equitable public health system. Many of these recommendations will require concerted effort over multiple years and continued federal support for investment in public health infrastructure. Others are already being pursued by IDPH as it seeks both rebuild from the pandemic and prepare for future ones.

Improve preparedness

1. **Refine and test the infectious disease public health emergency playbook:** In the same way that leaders from the Governor's Office and state agencies know how to respond to common emergency events like tornados and major snowstorms, state leaders from the Governor's Office, IDPH, IEMA, and other agencies require a clear, flexible playbook to guide them in the initial response for a public health emergency.

This playbook should document the command structure and partner requirements for an effective response (Recommendations 2 and 3 below) and be practiced regularly to ensure that all players across state government understand their roles and the unique requirements of responding to an infectious disease public health emergency (Recommendation 4 below).

2. **Build a coordinated command structure:** The roles and responsibilities for decision-making and management across the Governor’s Office, IDPH’s Public Health Emergency Operations Center (PHEOC), IEMA’s Emergency Operations Center (EOC), and supporting agencies need to be established clearly well prior to the next infectious disease emergency. As part of the command structure development, methods to share information across those responding to the emergency to ensure a common operating picture should also be developed.
3. **Continue to enhance communication channels with the Chicago Department of Public Health (CDPH) and the CDC:** IDPH has invested in building strong relationships with CDPH and the CDC. Given the challenging nature of emergency response, continuing to build these relationships and establish communications channels will improve preparedness and enable coordinated operations during the response.
4. **Train and test infectious disease emergency preparedness regularly:** A key challenge in the early COVID-19 response was the unfamiliarity of IDPH’s pandemic preparedness plans outside of the public health agency. Moving forward, IDPH and IEMA should jointly run all-of-government infectious disease emergency tabletops regularly to ensure robust training and practice with pandemic response plans.

Modernize health, technology, and hiring systems

5. **Establish accountability structures for cross-agency transformation initiatives to improve health equity:** The COVID-19 pandemic exacerbated pre-existing health disparities across racial and ethnic groups, rural and urban areas of the state, and vulnerable populations broadly. To meet the twin goals of improving emergency preparedness and improving state health system resiliency and equity, continued investments and additional structure and accountability are required to support cross-agency initiatives that seek to improve the baseline health and health equity of Illinoisans. These important initiatives include the Governors’ Behavioral Health, Youth Behavioral Health, and Homelessness initiatives,¹ along with HFS’s recently submitted 1115 waiver² that seeks to provide additional support for health-related social needs for vulnerable populations. Such accountability mechanisms can include creating a “Transformation Office” to provide project management support, visibility into progress, and support resolving roadblocks.
6. **Improve data sharing and interoperability across state agency and health system partners:** Developing a modern public health data infrastructure in Illinois will enable earlier identification of infectious disease threats, ensure timely and reliable data to guide emergency response, and provide the required visibility into impacts on health equity to develop rapid interventions to address them. To develop this modern infrastructure, IDPH should invest in core public health data systems (e.g., NEDSS), work with sister agencies to establish a cross-agency data sharing platform and holistic analytical capabilities, and explore re-kindling efforts to build a statewide Health Information Exchange. The CDC’s Data Modernization Initiative

¹ [Governor Pritzker Launches Overdose Action Plan, Names Chief Behavioral Health Officer \(illinois.gov\)](#), [Governor Pritzker Launches Initiative to Improve Behavioral Health Services for Children \(illinois.gov\)](#),

[IDHS Announces Appointment of Christine Haley as State Homelessness Chief \(illinois.gov\)](#)

² [Illinois Department of Healthcare and Family Services, "1115 Demonstration Waiver – Behavioral Health Transformation 5-Year Extension"](#)

and its Public Health Infrastructure funding can serve as a foundation for this multi-year set of initiatives.

- 7. Streamline hiring processes and invest effectively to reduce attrition:** In future infectious disease emergencies, Illinois will need faster, more effective processes to hire new employees on a temporary or contract basis, and support existing employees to avoid burnout and knowledge loss through attrition. More immediately, the health and human services agencies, particularly IDPH and DHS, require concerted effort to rebuild their workforces. The state should conduct an analysis of the barriers to streamlined hiring (legislative, regulatory, processes, systems) and develop an action plan to resolve them to ensure better flexibility and ability to support staff.

Invest in communities and continue building trust

- 8. Enhance investment in Local Health Departments:** Local health departments played a significant role in responding to COVID-19 in local communities, but did not always have the right resources and state support to respond nimbly or did not consistently act in alignment with the state response. Moving forward, the state should consider increasing investment in LHDs to support their capabilities and drive progress against a statewide health strategy, supported by clear accountability mechanisms and close engagement with IDPH. The state can also support LHDs more robustly – for example, by strengthening the Regional Health Officer (RHO) role, a key linkage between IDPH and local health departments – to support closer coordination on strategic planning, more hands-on training and data enablement. Finally, the state can better foster regional local health department coalitions to support training and upskilling for local health department leaders, and sharing of best practices across local health departments.
- 9. Systematically map, engage, and invest in community partners:** The state must

prepare for its community engagement before the next crisis strikes. To understand the critical partners, the state should map the partner landscape and prioritize the key stakeholders to engage. The state must nurture these partner relationships during “peace time” to ensure they are ready to be activated in the event of an emergency, including engaging in continued two-way communication through regular forums (e.g., Community Ambassador program) and pre-defining any contracts required based on pre-emergency scenario planning. When crisis strikes, the state must be prepared to engage partners in a coordinated way across agencies from Day 1 to ensure partners are ready to act in alignment with the response objectives.

- 10. Build and enhance digital communications capabilities:** The pandemic revealed how critical strong digital communications are to communicating directly with local communities and fighting misinformation. Going forward, the state has an opportunity to strengthen its digital capabilities by scaling up its digital communications team and expanding its social media and web design capabilities. The state should take care to identify specialists who can enable linguistically and culturally tailored communications for target populations. Further, the state can consider building a pool of pre-qualified digital vendors to quickly onboard in an emergency for improved digital communications.



Looking forward

Emerging from the deadliest and most disruptive infectious disease pandemic in a century, now is the time to take action to invest in public health systems and people to ensure that Illinois is better prepared for the next infectious disease emergency. In doing so, the state has the opportunity to invest in core public health tools and capabilities that will also make Illinoisans healthier day to day, and set the stage for improvements in health equity across race, ethnicity, geography (rural / urban), and other socioeconomic factors.

Implementing the recommendations will take a substantial amount of focused time, effort, and resources, and will need to be staged over time. However, progress is already being made - over the past year, IDPH, along with its state partners have already begun implementing measures to address these important COVID-19 lessons:

Improve preparedness

- Updated emergency response plans to better address infectious disease outbreaks, including:
 - Setting up a unified incident command center to manage all public health aspects of the response;
 - Defining clearer triggers for activation of different mitigating actions;
 - Standing up and maintaining better communication and data sharing channels with relevant counterparts.
- Enhanced planning drills to improve state, local, and healthcare partners preparedness.
- Created a new Medical Services section with an Infectious Disease Medical Advisor and regional infection preventionists to rapidly deploy healthcare personnel to address outbreaks.

Modernize systems

- Invested federal public health infrastructure to enhance and grow IDPH and local health department workforce initiatives.
- Invested federal and state funding to modernize data systems, with specific emphasis on building a new Illinois Disease Surveillance System and Long-Term Care System
- Created a Health Informatics Section to better use predictive analytics and rapidly evolving artificial intelligence to improve data analysis.

Invest in communities and build trust

- First ever IDPH Communications line was created in FY24 budget to expand public health messaging to be culturally inclusive, evidence-based, and engaging.
- Developing a strategy to create health equity zones throughout Illinois that will empower communities to create community-led and community-built solutions.
- Shifting IDPH's efforts from COVID to community – enhancing community engagement efforts and growing partnerships to address and uplift the full spectrum of health challenges necessary to build a healthier Illinois.

Looking ahead, there is significant commitment across the Illinois government to keep advancing these priorities to ensure the State of Illinois will be ready not only to respond effectively to public health emergencies but also to keep improving the health of Illinoisians on an ongoing basis.

