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Register: IHA Small and Rural Webinar Series Starts March 26

Empower your leaders, staff and board members to achieve hospital priorities. A four-part [IHA webinar series](#) will provide a mix of leadership development, strategies for growth and discussion of top healthcare issues.

Each webinar will be from noon-1 p.m. on the following dates:

- March 26: ["Top Issues and Big Decisions: Act Today to Create Tomorrow,"](#) sponsored by Medical Solutions;
- May 14: ["Empowering Your Middle Managers to Make Miracles Happen,"](#) sponsored by HealthCare Association Credit Union;
- Aug. 20: ["How to Build a Business Plan for Hospital Growth,"](#) sponsored by Montrose Behavioral Health; and
- Nov. 19: ["Do Well While You Do Good: Strengthening Rural Hospital Boards,"](#) sponsored by Optum.

The series is an extension of the 2024 IHA Small & Rural Hospitals Annual Meeting, which has been redesigned to a one-day conference to reduce time away from the office and travel expenses. An affordable opportunity to train many hospital leaders, the webinar series replaces the second half-day of the annual meeting, which will be on June 27 in Springfield.

The series—sponsored by IHA's Gold Corporate Sponsors—will benefit small and rural hospital/health system CEOs; C-Suite leaders; clinical, operational and department leaders; hospital trustees; and aspiring leaders.

The per-webinar fee is \$195 per IHA-member organization, which includes an unlimited number of connections within the same hospital or health system corporate office. Save 25% when registering for all four webinars. The webinar recording will be shared with all registrants following the program. [Register today.](#)

[Contact us](#) with questions.

IHA's Hospital Advocacy Day May 8 – RSVP Now

Over the next several weeks and months, the Illinois General Assembly will focus on issues of critical concern to the hospital community, including Medicaid managed care, mandatory nurse staffing ratios and the state budget/Medicaid funding. How these issues will be resolved hinges on our collective effectiveness in reaching legislators with our key messages and our strong, unified voice.

As part of our ongoing advocacy efforts, IHA will hold a special Hospital Advocacy Day in Springfield on May 8. Hospital Advocacy Day is a great opportunity for you to meet face-to-face with your legislators.

If you can attend, RSVP by April 19 by [clicking here](#) so IHA can arrange meetings with your legislators. For scheduling purposes, please indicate on the RSVP form which state legislators you would like to meet with and the order of your preference.

IHA will hold a briefing for hospital CEOs and other hospital leaders at 7:30 a.m. on May 8 at The President Abraham Lincoln Springfield – a DoubleTree by Hilton Hotel (701 E. Adams Street, Springfield). A block of rooms has been held at the DoubleTree and you can book a room at this [link](#). Guests have until April 16 to confirm guest rooms.

[Contact us](#) with questions.

Study: 32% of the Public View Racism as a Major Problem in Healthcare

A new [KFF study](#) on racism, discrimination and health in key U.S. institutions found that about a third (32%) of the public views racism as a major problem in healthcare. In addition to healthcare, the study examined U.S. adults' views on racism in politics, the criminal justice system, policing, education, housing and employment, taking a close look on how responses vary by race and ethnicity, other demographics, experiences with discrimination, and political identity.

The study found that people who report experiencing racism or discrimination in their daily lives are much more likely to say racism is a major problem across different aspects of society, including in healthcare. Overall, Black adults were much more likely than white adults to say racism is a major problem in healthcare, while Hispanic, Asian, and American Indian and Alaska Native adults were generally somewhat more likely than white adults to say so. Fifty-two percent of Black adults said that they view racism to be a major problem in healthcare.

Black adults, those with darker skin color, and adults who report experiencing unfair treatment in a healthcare setting are less likely than their counterparts to trust healthcare providers. Among Black and Asian adults, those who mostly visit healthcare providers who share their racial identity are more likely to say they trust providers than those who don't share their racial identity.

However, about seven in 10 adults across racial and ethnic groups say they trust doctors and healthcare providers to do what is right for them and their community all or most of the time. The study also found lower levels of perceived racism in healthcare as compared to politics (56%), the criminal justice system (54%) and policing (51%). Study authors said, "this may reflect higher levels of trust in healthcare providers, particularly compared to the police and the courts."

CMS Report: Healthcare Quality Worsened During COVID-19

Progress on a many key healthcare quality measures took a hit during the pandemic, according to a recently released [report](#) issued by the Centers for Medicare & Medicaid Services (CMS). The report underscored a "significant worsening" of patient safety metrics, and identified "persistent health equity gaps for historically disadvantaged groups," as COVID-19 created significant challenges for the healthcare system. CMS noted that between 2016 and 2019, providers' performance on more than half of quality metrics improved, but in 2020 performance on 38% of measures was worse than anticipated, increasing to 47% worse than expected in 2021.

IHA is committed to supporting hospitals with quality, patient safety and health equity initiatives. IHA's Institute for Innovations in Care and Quality is advancing person-centered healthcare in Illinois through [evidence-based strategies](#) that can measurably improve patient safety, strengthen quality healthcare and reduce health disparities. For questions about our programs and resources please [contact IHA](#).

CDC Recommends Dose of Updated COVID-19 Vaccine for Older Adults

Yesterday, Centers for Disease Control and Prevention (CDC) Director Mandy Cohen [endorsed](#) the CDC Advisory Committee on Immunization Practices' recommendation for adults ages 65 years and older to receive an additional updated 2023-2024 COVID-19 vaccine dose. The recommendation acknowledges the increased risk of severe disease from COVID-19 in older adults, along with the currently available data on vaccine effectiveness.

"Today's recommendation allows older adults to receive an additional dose of this season's COVID-19 vaccine to provide added protection," said Mandy Cohen, M.D., M.P.H. "Most COVID-19 deaths and hospitalizations last year were among people 65 years and older. An additional vaccine dose can provide added protection that may have decreased over time for those at

highest risk.”

Previous [CDC recommendations](#) ensured that people who are immunocompromised are already eligible for additional doses of the COVID-19 vaccine.

COVID-19 Information

The Illinois Dept. of Public Health (IDPH) has launched a weekly [Infectious Respiratory Disease Surveillance Dashboard](#) that will be updated weekly on Friday. This report provides the public with the latest data on hospital visits, seasonal trends, lab test positivity and demographic data.

[Click here](#) to visit the IDPH COVID-19 resources webpage. IDPH will continue to report the weekly number of people with COVID-19 admitted to hospitals from emergency departments, deaths and vaccinations, with COVID-19, influenza and respiratory syncytial virus information also reported through the dashboard of the [Illinois Wastewater Surveillance System](#).

Briefly Noted

Yesterday, the Food and Drug Administration (FDA) [announced](#) that grease-proofing substances containing [Per- and Polyfluoroalkyl Substances \(PFAS\)](#) are no longer being sold by manufacturers for food contact use in the U.S. market. The FDA said the voluntary phase-out has been completed of these substances used on food packaging paper and paperboard, eliminating the primary source of dietary exposure to PFAS from authorized food contact uses.

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