



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

ILLINOIS

State Snapshot

FY 2016 Application / FY 2014 Annual Report

April 2016

Title V Federal-State Partnership - Illinois

The Title V Maternal and Child Health Block Grant Program is a federal-state partnership with 59 states and jurisdictions to improve maternal and child health throughout the nation. This Title V Snapshot presents high-level data and the executive summary contained in the FY 2016 Application / FY 2014 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

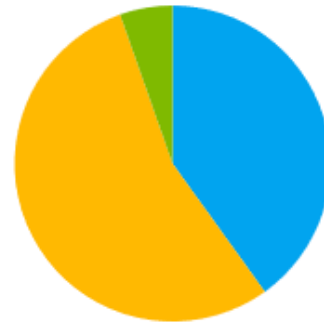
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Andrea Palmer, MPA, MBA, CHSM	Thomas F. Jerkovitz	No Contact Information Provided
Title V Director	Director, Division of Specialized Care for Childre	
andrea.palmer@illinois.gov	tfjerkov@uic.edu	
(312) 814-1815	(217) 558-2004	

Funding by Source

Source	FY 2014 Expenditures
Federal Allocation	\$21,086,346
State MCH Funds	\$28,702,696
Local MCH Funds	\$2,834,100
Other Funds	\$0
Program Income	\$0

FY 2014 Expenditures



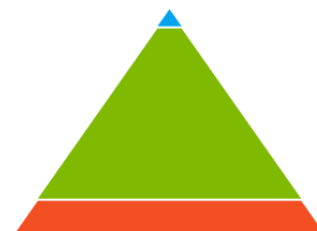
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$4,550,644	\$2,395,400
Enabling Services	\$11,756,237	\$24,186,987
Public Health Services and Systems	\$4,779,465	\$4,954,409

FY 2014 Expenditures
Federal



FY 2014 Expenditures
Non-Federal



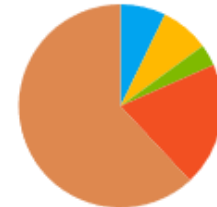
Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2014 Expenditures	%
Pregnant Women	5,745	\$11,599,246	22.6%
Infants < 1 Year	6,193	\$4,405,399	8.6%
Children 1-22 Years	2,742	\$19,803,065	38.6%
CSHCN	15,739	\$15,102,304	29.4%
Others *	49,522	\$450,872	0.9%
Total	79,941	\$51,360,886	100%

FY 2014 Expenditures



FY 2014 Individuals Served



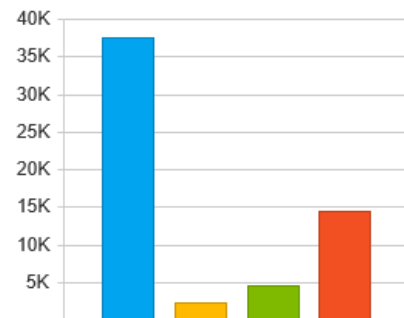
*Others– Women of childbearing age, over age 21, and any others defined by the State who are not otherwise included in any of the other listed classes of individuals.

Selected National Performance Measures

Measure #	Measure Short Name	Population Domain
NPM 1	Well-Woman Visit	Women/Maternal Health
NPM 3	Risk-Appropriate Perinatal Care	Perinatal/Infant Health
NPM 6	Developmental Screening	Child Health
NPM 10	Adolescent Well-Visit	Adolescent Health
NPM 11	Medical Home	Children with Special Health Care Needs
NPM 12	Transition	Children with Special Health Care Needs
NPM 13	Preventive Dental Visit	Cross-Cutting/Life Course
NPM 14	Smoking	Cross-Cutting/Life Course

Communication Reach

Communication Method	Amount
State Title V Website Hits:	37,624
State Title V Social Media Hits:	2,367
State MCH Toll-Free Calls:	4,572
Other Toll-Free Calls:	14,481



Executive Summary

The Office of Women's Health and Family Services (OWHFS) is one of the six programmatic offices within the Illinois Department of Public Health (IDPH). Formerly the Office of Women's Health, OWHFS' responsibilities were expanded in July 2013 to include Title V and other maternal and child health (MCH) programs. Illinois' goal of reorganizing the MCH system was to create an integrated set of services to promote the health of women, infants, children, adolescents, as well as children with special health care needs. Such a system is in a better position to reduce duplication, promote collaboration, and improve efficiency.

The realignment of our Title V MCH Block Grant led to a significant paradigm shift for Illinois. It has afforded us the opportunity, responsibility and capacity to measure performance, evaluate program effectiveness, and translate data into programs and policies. This reorganization has also attracted more qualified MCH leaders, epidemiologists and program managers, which will further strengthen the state's capacity.

I am proud to share our hard work following this expansion of OWHFS and the reorganization of Illinois Title V. Administratively, OWHFS needed a complete reorganization of the departmental structure, as well as revision of our vision, mission, and core values. Through all these endeavors, the staff was fully engaged and drove these processes.

Vision:

The Illinois Department of Public Health's Office of Women's Health and Family Services envisions a future free of health disparities, where all Illinoisans have access to continuous high quality health care.

Mission:

The Illinois Department of Public Health's Office of Women's Health and Family Services strives to improve health outcomes of all Illinoisans by providing preventive education and services, increasing health care access, using data to ensure evidence-based practice and policy, and empowering families.

Through a robust needs assessment process that incorporated the feedback from hundreds of professional and consumer stakeholders throughout Illinois, OWHFS developed a new list of priorities for Title V that will guide our efforts over the next five years. The ten new priorities for 2015-2020 are:

1. Assure accessibility, availability and quality of preventive and primary care for all women, particularly for women of reproductive age
2. Support healthy pregnancies and improve birth outcomes
3. Support expanded access to and integration of early childhood services and systems
4. Facilitate the integration of services within patient-centered medical homes for all children, particularly for children with special healthcare needs
5. Empower adolescents to adopt healthy behaviors
6. Assure appropriate transition planning and services for adolescents and young adults, including youth with special health care needs
7. Assure that equity is the foundation of all MCH decision-making; eliminate disparities in MCH outcomes
8. Support expanded access to and integration of mental health services and systems for the MCH
9. Partner with consumers, families and communities in decision-making across MCH programs, systems and policies
10. Strengthen the MCH capacity for data collection, linkage, analysis, and dissemination; Improve MCH data systems and infrastructure

To align with these state priorities, Illinois selected the following eight national performance measures (NPM) from the fifteen proposed by HRSA:

NPM #1: Well-woman visits

NPM #3: Very low birth weight births delivered in a Level III hospital

NPM #6: Child developmental screenings

NPM #10: Adolescent well visits

NPM #11: Medical home for children

NPM #12: Transition services for youth

NPM #13: Dental services

NPM #14: Smoking

With these priorities and performance measures in mind, I would like to share the vision for our areas of focus for the next year within the context of the population groups served by Title V:

Women's & Maternal Health

Chronic disease, smoking, and obesity remain concerns for women in Illinois. There are wide racial/ethnic and geographic disparities in these outcomes. Reproductive health is also a high need, as rates of sexually transmitted infections and unintended pregnancy are high in Illinois. Women need to be better connected to primary and preventive care services to enable them to manage their health concerns and conditions, and to receive preventive education and services.

Thanks to the ACA and IL Public Act 98-104, more women and families are eligible for Medicaid in Illinois so women may receive preventive healthcare. OWHFS is also uniquely poised to serve various health needs of women across the lifespan through the programs in the Division of Women's Health Services. The Title X Family Planning, CDC Illinois Breast and Cervical Cancer Screening and WiseWoman programs can collaborate to offer a seamless connection of services. A major goal of OWHFS is to build collective impact by connecting to other women's health partners such as domestic violence, mental health, military, department of aging and chronic disease to name a few.

Perinatal & Infant Health

Birth outcomes in Illinois have generally remained level in Illinois over the last five years and new approaches are needed to make progress in these areas. As well, troubling racial/ethnic disparities in infant health outcomes persist. Compared to infants of white mothers, infants born to African-American mothers are 2.1 times as likely to be low birth weight, 2.8 times as likely to die in the first year of life, and 4.5 times as likely to die suddenly and unexpectedly. Despite these challenges, there are some bright spots where Illinois is making progress, such as reducing non-medically-indicated early deliveries and improving breastfeeding rates.

To address infant mortality, Illinois is actively participating in HRSA's Collaborative Improvement & Innovation Network (CollIN) in four strategy areas; pre-/inter-conception health, perinatal regionalization, safe sleep, and social determinants of health. In 2014, our office hired an Infant Mortality Reduction Coordinator, who has been increasing our community partnership and coordinating statewide efforts to address infant mortality.

OWHFS is proud of the work that has come from Illinois' Perinatal Regionalization Program. Many of the accomplishments of the state Perinatal Advisory Committee and its sub-committees have been nationally recognized as best practices, such as the OB Hemorrhage Education project. OWHFS has rolled out a new strategic plan for the Perinatal Regionalization team, which includes a focus on: maternal levels of care, neonatal levels of care, ensuring neonates are delivered at the right place and at the right time, and reducing maternal morbidity and mortality.

Child Health

The needs assessment demonstrated the importance of focusing on early childhood services and better connecting Title V with the early learning community. The MCH Division Chief and I now sit on the Governor's Early Learning Council and have the opportunity to interact with early childhood service partners from other disciplines, such as education. Title V will work closely with such partners over the next year to implement strategies to improve the systems that promote the healthy development of young children.

Primary and preventive care is important for all populations, but especially for children. Children's primary care visits are important settings for preventive services, such as developmental screening, health education, and immunizations, and for referrals to other health services, such as oral and mental health. The medical home ensures that children receive comprehensive, coordinated, consistent, family-centered care, but only 56% of Illinois children received care that met all the requirements of a medical home in 2011-2012. There is an opportunity to improve the cultural sensitivity of child health providers, educating them to incorporate a family's values, customs, and language. The state priority on improving the medical home will guide Illinois towards improving the quality of care offered to children. Collaboration with partners such as the state Medicaid agency, professional medical associations, federally-qualified health centers, and the Division of Specialized Care for Children (DSCC) will be essential to assuring improvements to the child healthcare delivery system.

Children with Special Health Care Needs (CSHCN)

Increasing the support for CSHCN and their families is another priority for Illinois. The Specialized Care for Children Act designates the University of Illinois at Chicago (UIC) Division of Specialized Care for Children (DSCC) as the agency to administer federal funds for services to Illinois CSHCN and their families. Therefore, collaboration and coordination between OWHFS and DSCC is vital. The Title V MCH Division Chief and I sit on the DSCC Executive Board and met monthly with DSCC leadership to discuss how to better serve CSHCN.

The needs assessment identified some areas that require continued efforts from the CSHCN program in Illinois. Families need continued education on the benefits of care coordination, medical home, and transition planning. This is particularly important for Spanish speaking families and those with lower health care literacy. This led to the creation of two Title V priorities focusing on such service issues that are so critical for CSHCN: medical home and transition services. DSCC will need to focus efforts to provide training for care coordinators on more effective care coordination that includes identifying gaps in knowledge on these topics and strategies for addressing these gaps. DSCC will also need to increase partnerships within communities where these families live and receive services.

We have learned a great deal from DSCC about how to engage families and communities in our programs. Their expertise in this area and the consistency with which they involve and engage families is nothing short of amazing and has proved to be a great support for us. We are excited about the work of the Needs Assessment to include partnership of the action plan and expect great work from this collaboration.

Adolescent Health

One success in adolescent health in Illinois has been the recent decrease in teen births. In the last five years, births to women ages 15-17 dropped 40% and the teen birth rate for women 15-19 in 2014 (22 per 1,000 women) is the lowest seen in recent history. Despite this, disparities and challenges remain. Birth rates for Black and Hispanic teens were 3.5 and 2.8 times as high as the rate for White teens and there are wide geographic variations in teen birth.

Violence, mental health, and bullying emerged as top concerns for adolescents in Illinois during the needs assessment. The percentages of high school students who considered and attempted suicide rose by 47% and 86%, respectively. Therefore, it is paramount for us to focus on building life skills in adolescent and providing this population with support in schools and community settings to promote high-quality mental health. Healthy youth development and resilience will be the focus of new adolescent health program models going forward. Enhancing our school-based health programs and hiring a state adolescent health coordinator to lead these efforts has strengthened Illinois commitment to the health, well-being and safety of its adolescents.

OWHFS developed two state priorities related to adolescent health that focus on improving health behaviors and providing transition services to the adult medical system. In both of these priorities, OWHFS is working with internal and external stakeholders to address the unique and growing needs of Illinois adolescents. In addition, OWHFS is invested in supporting the needs of adolescents who identify as LGBTQ.

Cross-cutting Priorities

The final four priorities are cross-cutting in nature, affecting the health of all MCH populations and broadly impacting the way we develop and implement programs and services.

OWHFS remains dedicated to improving health equity, as this is part of our vision and mission. This is the first time that Illinois has explicitly created a priority to focus on increasing equity. Illinois has wide disparities in many health outcomes by race/ethnicity and geography, as well as inequities in systems of care and the social conditions in which people live. Our office is committed to partnering with organizations throughout the state to reduce these inequities.

Our eighth priority is to improve mental health services and infrastructure for women, children, and families. Mental health concerns emerged in the needs assessment for each population group and provider shortages hinder Illinois' progress in addressing mental health. We believe that we cannot truly address other health concerns without addressing mental health and OWHFS is committed to developing collaborations that will improve our reach in this area. We have already implemented trauma-informed care and motivational interviewing training for staff to better address the impact of adverse childhood experiences. We intend to implement trauma-informed education into all grants, programs and collaborative efforts.

We also recognize the critical importance of family and consumer engagement. OWHFS is currently developing a family council comprised to assist us with designing, planning, and implementing Title V programs. We have also brought on experts to enhance fatherhood involvement throughout our programs and have implemented a state-wide survey to help us understand the gaps in engaging fathers in the lives of women and children. We can look to the models of DSCC as an example of effective ways to engage consumers.

Finally, we continue to prioritize improvements to data capacity and infrastructure as the foundation for improving program effectiveness. Program and policy decisions should be based on sound science; the availability, linkage, and analysis of state data are vital for generating the necessary evidence. Data are also key for program accountability and demonstration of program impact. Illinois has made major strides in data capacity and infrastructure during the last five years including the development of a resource database which has the capacity to enable users to identify local resources for services needed by the MCH population. Keeping this priority will promote continued progress over the next five years.

As we implement the strategies outlined in our state action plan, we look forward to continuing to collaborate with key stakeholders, including community members, community-based agencies and local health departments to work together to improve the quality of life and shape the future of health in Illinois. Working together, we can enable all women, children, and families in Illinois to live the healthiest lives possible.

Respectfully,
Brenda L. Jones, DHSc, RN, MSN, CCHC, WHNP-BC
Illinois Title V Director