



HRSA

Health Resources & Services Administration



Title V MCH Block Grant Program

ILLINOIS

State Snapshot

FY 2017 Application / FY 2015 Annual Report

November 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 2017 Application / FY 2015 Annual Report. For more information on MCH data, please visit the Title V Federal-State Partnership website (<https://mchb.tvisdata.hrsa.gov>)

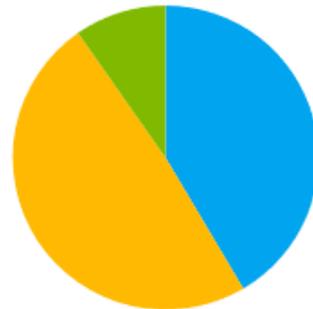
State Contacts

MCH Director	CSHCN Director	State Family or Youth Leader
Andrea Palmer Division Chief/Title V Director andrea.palmer@illinois.gov (312) 814-1815	Thomas F. Jerkovitz Executive Director, DSCC tfjerkov@uic.edu (217) 558-2004	No Contact Information Provided

Funding by Source

Source	FY 2015 Expenditures
Federal Allocation	\$21,117,959
State MCH Funds	\$24,814,767
Local MCH Funds	\$4,936,000
Other Funds	\$0
Program Income	\$0

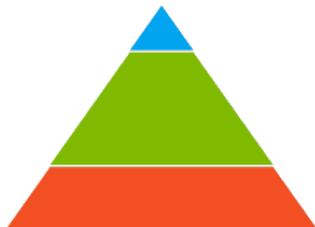
FY 2015 Expenditures



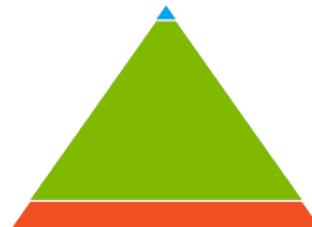
Funding by Service Level

Service Level	Federal	Non-Federal
Direct Services	\$4,273,280	\$1,823,803
Enabling Services	\$10,821,370	\$24,145,994
Public Health Services and Systems	\$6,023,309	\$3,780,970

FY 2015 Expenditures Federal



FY 2015 Expenditures Non-Federal



Total Reach of Title V in Serving MCH Populations

Populations Served	Individuals Served	FY 2015 Expenditures	%
Pregnant Women	153,066	\$9,093,014	18.4%
Infants < 1 Year	152,143	\$4,825,024	9.8%
Children 1-22 Years	97,722	\$18,118,621	36.7%
CSHCN	105,700	\$17,035,488	34.5%
Others *	65,201	\$322,976	0.7%
Total	573,832	\$49,395,123	100%

FY 2015 Expenditures



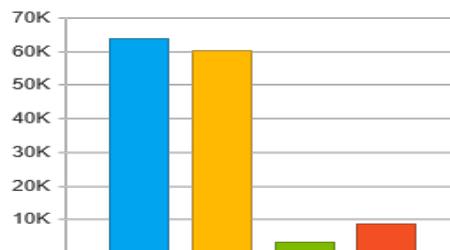
FY 2015 Individuals Served



*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.

Communication Reach

Communication Method	Amount
State Title V Website Hits:	63,829
State Title V Social Media Hits:	60,289
State MCH Toll-Free Calls:	3,232
Other Toll-Free Calls:	8,574



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

Evidence-Based or –Informed Strategy Measures

NPM #	NPM Short Name	ESM #	ESM Title
NPM 1	Well-Woman Visit	ESM 1.1	Number of providers trained on the use of the postpartum care transition checklist
NPM 3	Risk-Appropriate Perinatal Care	ESM 3.1	Implement a quality improvement initiative to increase the number of very preterm maternal transports to Level III or IV facilities prior to delivery
NPM 6	Developmental Screening	ESM 6.1	Conduct environmental scan of developmental screening in Illinois
NPM 10	Adolescent Well-Visit	ESM 10.1	Number of adolescent well visits provided by school-based health centers (SBHCs)
NPM 11	Medical Home	ESM 11.1	Number of pediatric providers trained on medical home components and functions
NPM 12	Transition	ESM 12.1	Percent of school-based health centers incorporating transition readiness assessments into adolescent well visits
NPM 13	Preventive Dental Visit	ESM 13.1	Number of programs serving pregnant women provided with information about oral health during pregnancy
NPM 14	Smoking	ESM 14.1	Number of calls to the state QuitLine by persons living in a household with children under age 5

State Performance Measures

SPM #	SPM Title	Population Domain(s)
SPM 1	Percent of Medicaid women ages 21-44 using most or moderately effective contraception methods	Women/Maternal Health
SPM 2	Percent of infants put to sleep on back	Perinatal/Infant Health
SPM 3	Percent of children ages 0-17 who experienced family-centered care	Child Health, Children with Special Health Care Needs, Cross-Cutting/Life Course
SPM 4	Percent of high school students reporting they attempted suicide in the 12 months	Adolescent Health, Cross-Cutting/Life Course
SPM 5	MCH data capacity score, as determined by breadth of MCH data sources available to, utilized by, and reported on by Title V data staff and partners	Cross-Cutting/Life Course

State Outcome Measures

SOM #	SOM Title	Population Domain(s)
SOM 1	Rate of chlamydia infections in women ages 15-24	Women/Maternal Health, Adolescent Health
SOM 2	Mental health and substance use (MHSU)-related inpatient hospitalizations for women ages 15-44	Women/Maternal Health, Adolescent Health
SOM 3	Black-white rate ratio for infant mortality	Perinatal/Infant Health
SOM 4	Asthma inpatient hospitalizations for children ages 0-5	Child Health

Executive Summary

Illinois is a large, well-populated state situated in the center of the United States. It is currently the fifth most populous state in the nation and was home to nearly 13 million residents in 2014. Chicago, the largest city in Illinois is home to 2.7 million people, making it the third largest city in the US. The total population of Illinois increased 3.3% between 2000 and 2010. Nearly one in four (23.5%) Illinois residents are under age 18 — a total of over 3,000,000 children. Approximately 6% of the total population is under age 5 (nearly 800,000 children). Additionally, there are about 2.6 million women of reproductive age (18-44) in Illinois.

Two-thirds of the total Illinois population resides in Cook County and the “collar counties” — the five counties flanking Cook County. Between 2000 and 2010, the population of Cook County decreased by 3.4% and the population in the city of Chicago decreased by 6.9%. In contrast, the five collar counties increased in population size by 15% during 2000-2010. The remaining Illinois population is more sparsely spread throughout 96 other counties in Illinois. Several of these counties contain medium or small metropolitan areas (like Peoria, Rockford, and Springfield), but many of them are rural counties. The Illinois maternal and child health system thus has the unique challenge of serving a broad array of communities and needs, from the highly urban and diverse Cook county, to the agricultural counties bordering Iowa, Kentucky and Missouri.

Title V in Illinois

Illinois' Maternal and Child Health Services Title V Block grant is administered by the Division of Maternal, Child and Family Health Services, one of three Divisions embedded within the Office of Women's Health and Family Services. 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). In addition to the Title V program, the Office of Women's Health and Family Services provides oversight to the State's Family Planning (Title X) grant and the Breast and Cervical Cancer and Wise Women programs.

For many years, Title V in Illinois sat in the Illinois Department of Public Health. In 1997, there were major reorganization for state agencies and Title V was shifted to the newly created Illinois Department of Human Services (IDHS). While the connection to IDHS fostered direct service provision for Title V programs, the shift to IDHS resulted in many difficulties related to data access and analysis capacity. After years of consideration, Illinois Title V was moved back to IDPH in July 2013. Title V was placed within the newly created OWHFS at IDPH, which was formerly the Office of Women's Health. There were three major benefits building this decision: 1) a shift away from direct service provision towards population-based and infrastructure building activities, 2) an expanded focus on all women and children, rather than only on vulnerable populations receiving state assistance, and 3) improved data capacity of Title V through epidemiologic expertise and enabling access to public health and vital records data systems.

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 the Title V MCH Block Grant led to a significant paradigm shift for Illinois. It has afforded the state the opportunity, responsibility and capacity to measure and improve performance, evaluate program effectiveness, and translate data into programs and policies. Illinois' MCH programs can now benefit from comprehensive data analyses to better identify needs, set priorities, target resources and measure impact – in short, to be evidence-based and data-driven. This reorganization has also attracted more qualified MCH leaders, epidemiologists and program managers, which can further strengthen the state's capacity.

State MCH Priorities, Strategies, and Measures

During 2013-2015, Illinois conducted an extensive assessment of the MCH service, program, and infrastructure needs. The main framework that guided the 2015 Needs Assessment process in Illinois was the life-course perspective, which links the impact of social, economic, environmental, and medical factors across time and generations. To make an impact in women's and children's health, the OWHFS believes that a life-course approach is necessary, as well as one that addresses the social determinants of health.

The main goal of the needs assessment was to gather a wide array of data that would inform priority-setting for the work of the Title V program over the next five years. To achieve this end, the OWHFS engaged a wide variety of stakeholders in data collection, data interpretation, and prioritization. The complexity and magnitude of current MCH challenges require innovative and collaborative approaches to solve these issues. Stakeholder engagement is critical to examining the strengths and capacity of the state's existing health service programs. There were four main mechanisms for gathering input from professional and consumer stakeholders: 1) a series of provider/organization surveys, 2) consumer focus groups, 3) key informant interviews, and 4) an invited expert panel that advised the office on recommended priorities. When these four mechanisms were combined, hundreds of individuals and organizations were able to provide input into identifying MCH needs in Illinois and providing feedback about potential priority areas, strategies, and action steps.

As a result of the qualitative and quantitative analysis conducted through the 2015 MCH Needs Assessment, ten state MCH priorities were selected to carry through the 2016-2020 block grant cycle. For each priority, an extensive state action plan was developed that outlined current and future strategies to impact each priority. After considering the key strategies for each priorities, eight of fifteen national performance measures (NPM) were selected and five state performance measures (SPM) were created to monitor progress towards improvements in the priority areas. These performance measures may not be inclusive of all the strategies within a given priority, but they are strategic indicators that highlight some of the major issues inherent in each priority area.

The following priorities, key strategies, and performance measures were established for the 2016-2020 cycle of the MCH Block Grant.

Priority	Summary of Key Strategies	Performance Measure(s)
1. Assure access, availability and quality of preventive and primary care for all women, particularly women of reproductive age.	<p>Collaborate with key stakeholders to increase the availability of patient-centered medical homes, effective contraceptives, reproductive planning and health literacy.</p> <p>Promote navigation from prenatal to postpartum to inter-conception care and implement woman-centered postpartum care.</p>	<p>NPM 1: Percent of women with a preventive health care visit in the past year.</p> <p>SPM 1: Percent of Medicaid – enrolled women ages 21 to 44, using a most, or moderately effective method of contraception.</p>
2. Support healthy pregnancies and improve birth and infant outcomes.	<p>Support policies and activities that empower women to access pre and inter-conceptual healthcare.</p> <p>Reduce infant mortality by strengthening and leveraging the regionalized perinatal system, and improving risk-appropriate care for high-risk infants</p> <p>Support mothers to breastfeed and place their infants to sleep on their backs.</p>	<p>NPM 3: Percent of Very Low Birth Weight Babies (VLBW) born in a hospital with a Level III Neonatal Intensive Care Unit (NICU)</p> <p>NPM 13A: Percent of pregnant women who had their teeth cleaned.</p> <p>NPM 14A: Percent of women who smoked during their pregnancy.</p> <p>SPM 2: Percent of infants placed to sleep on their backs.</p>
3. Support expanded access to, and integration of, early childhood services and systems	<p>Partner with Illinois’ early childhood systems to support the development and implementation of a cohesive continuum of care that enables children to enter school ready to learn.</p>	<p>NPM 6: Percent of children (10 – 71 months) screened for developmental delay, using a parent-completed tool</p>
4. Facilitate the integration of services within patient-centered medical homes for all children, particularly those with special healthcare needs.	<p>Work with key partners and stakeholders to increase the access, availability and quality of medical centered homes in Illinois.</p> <p>Educate and empower parents to access quality healthcare for their children.</p>	<p>NPM 11: Percent of children, with or without special healthcare needs, who have a medical home</p> <p>NPM 13B: Percent of children who had a preventive dental visit within the last twelve months.</p> <p>NPM 14B: Percent of children who lived in a household where someone smoked</p> <p>SPM 3: Percent of children receiving family-centered medical care.</p>
5. Empower adolescents to adopt healthy behaviors	<p>Provide evidence-based, cohesive programming to assist adolescents in achieving good health and self-sufficiency.</p> <p>Leverage school-based health centers to improve adolescent well visits, reproductive health, and risk assessment</p> <p>Promote adoption of “adolescent friendly” principles in pediatric practices and school-based health centers.</p>	<p>NPM 10: Percent of adolescents with a preventive medical visit in the past year.</p> <p>SPM 4: Percent of high school students reporting that they attempted suicide in the past year.</p>
6. Assure appropriate transition planning and services for adolescents and young adults, including those with special health care needs.	<p>Collaborate with key stakeholders to improve parent and adolescent health literacy</p> <p>Encourage and support healthcare providers to appropriate transition adolescents to adult care.</p>	<p>NPM 12: Percent of adolescents, with or without special healthcare needs, who received services necessary to transition from pediatric/adolescent to adult health care.</p>

<p>7. Assure that equity is the foundation for all MCH decision-making; eliminate disparities in MCH outcomes.</p>	<p>Lead IDPH in the conducting an assessment of the Department's ability to address health equity.</p> <p>Implement strategies to assure that equity is the under-pinning for the work of the health department and MCH programs.</p>	<p><i>Can examine disparities in any of NPM or SPM</i></p>
<p>8. Support expanded access to and integration of mental health services and systems for the MCH population.</p>	<p>Enhance service provider's capacity to recognize and support the mental health of mothers, infants, children and adolescents.</p> <p>Identify opportunities to improve the mental health system for women and children along the spectrum of prevention, screening, treatment, and management</p>	<p>SPM 4: Percent of high school students reporting that they attempted suicide in the past year.</p>
<p>9. Partner with consumer families and communities in decision-making across MCH programs, systems and policies.</p>	<p>Leverage community and family coalitions to obtain ongoing feedback on the health needs of women, children, families and communities and to strengthen the systems serving the MCH populations.</p> <p>Include family voices and experiences in training of providers</p>	<p>SPM 3: Percent of children receiving family-centered medical care.</p>
<p>10. Strengthen the MCH capacity for data collection, linkage, analysis and dissemination; improve MCH data systems and infrastructure.</p>	<p>Increase the analysis, translation and dissemination of epidemiologic evidence that supports MCH decision-making</p> <p>Improve data infrastructure and systems, including improving accuracy, timeliness, and quality of data</p> <p>Enhance capacity for data management, analysis and translation through training, workforce development, and strategic partnerships</p>	<p>SPM 5: Score for access, analysis and reporting of various MCH data sources</p>

For each priority, key performance measures were selected to measure progress over time related to the key strategies. These performance measures include eight national performance measures (NPM) defined by HRSA, and five state performance measures (SPM) defined by Illinois Title V. These performance measures may not be inclusive of all the strategies within a given priority, but they are strategic indicators that highlight some of the major issues inherent in each priority area.

Continued collaboration with key stakeholders, including our sister state agencies, Local Health Departments, advocacy groups, community members and consumers is essential to Illinois achieving its priorities for the Maternal and Child Health Services populations. The Title V will also continue to serve as a convener, assuring that the MCH goals for the Title V program are consistent and aligned with the other projects serving this population, including, but not limited to the Governor's Children's Cabinet, Healthy Illinois 2021 (State Health Improvement Plan), Managed Care Organizations, Evidence Based Home Visiting Programs. We truly believe that working together, we can enable all women, children, and families in Illinois to live the healthiest lives possible.