



Healthy **ILLINOIS** *2021*

Maternal and Child Health
Action Team Meeting

Friday January 15, 2016

Agenda

Agenda Topic

Time Allotted

1. Welcome / Logistics

- Attendance
- Minutes
- Reminders

9:30 – 9:40 AM

2. Survey Discussion

9:40 – 9:50 AM

3. Goal Discussion

9:50 – 10:20 AM

6. Next Steps

10:20 – 10:25 AM

7. Public Comment

10:25 – 10:30 AM

8. Adjourn

10:30 AM

Meeting Purpose

- Quick review of process thus far and our role
- Summarize action team outcome needed and proposed process
- Select goals for MCH Action Plan

Healthy Illinois 2021 Activities to Date

- Interviewed previous and current Planning Council members on the process
- Reviewed secondary data on the current state of health and well-being
- Reviewed over 200 hospital and local health department needs assessments
- Reviewed analysis of over 30 Illinois state agency reports and strategic plans
- Planning Council provided feedback on early health priorities and strengths, opportunities and barriers to health improvement in Illinois
- Reviewed feedback from Planning Council on health issues and statewide assets, opportunities and barriers
- Conducted focus groups for specific, detailed input from organizations across the state
- Offered informational sessions (via webinar and in-person presentations) and established survey tool to gather input

2016 Health Issue Priorities

- Health issue priorities:
 - Behavioral Health
 - Chronic Disease
 - Maternal and Child Health
- Reached consensus around social determinants of health and access to quality as implementation requirements for addressing health priorities
- Selected key strategies based on opportunities and needs (e.g. data, clinical/community interventions, health literacy, and partnerships)

Public Health System
Healthy Illinois 2021 Planning Council

Implementation Principles

Social Determinants of Health
Access to Quality Care

Strategies

Data
Partnerships
Interventions
Health Communication

Data
Partnerships
Interventions
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Data
Partnerships
Interventions
Health Communication

Health Priorities

Mental Health

Chronic Disease

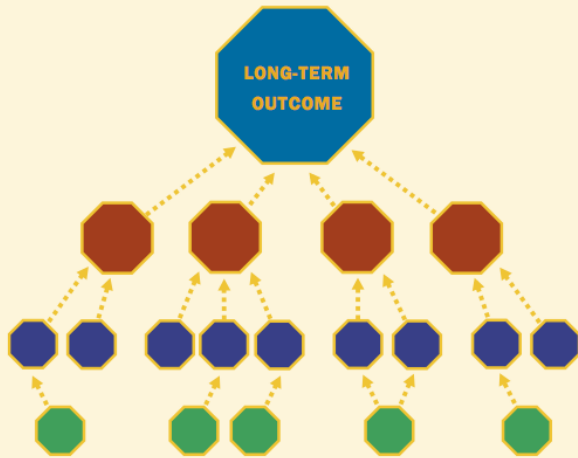
Maternal and Child Health

Outcomes

Where We Were – MCH Action Team

- Discussed Action Team Process
 - Objective: produce an action plan for improving maternal and child health for the State Health Improvement Plan by end of February, 2016

Creating an Action Plan



Select Outcomes



Scalable
Strategies



Action
Plan

Selection Criteria:

SCOH

Access to Quality Care

Impact

Urgency

Champions

Action Planning Template

Action Team:

Goal:							
Objective 1:							
Justification:							
	Activity	Launch Steps	Target Date	Champion Organization	Outcome / Deliverable	Indicator	Progress
1							
2							
3							
Objective 2:							
Justification:							
	Activity	Launch Steps	Target Date	Champion Organization	Outcome / Deliverable	Indicator	Progress
1							
2							
3							
Objective 3:							
Justification:							
	Activity	Launch Steps	Target Date	Champion Organization	Outcome / Deliverable	Indicator	Progress
1							
2							
3							

Where We Were – MCH Action Team

- Assets
 - Discussed assets around MCH during first call
 - Released survey connecting statewide MCH priorities with strategic activities for the SHIP

Where We're Going

- Today: Select goals for this action planning process & review resources
 - Discussion for today
- Next Meeting: Mini-strategy selection training
- Future Meetings: Break into teams around each goal to select objectives and activities (strategies) to achieve goals

How is this process helpful?

- Increasing statewide awareness around MCH priorities
- Opportunity to leverage this process to build on existing works
- Promote MCH as equivalently important as SDOH and access for other action teams
- MCH can be more strongly integrated in other priority areas
 - Promotion of breastfeeding and baby-friendly hospitals is also a chronic disease strategy
 - High smoking rate among pregnant women

SURVEY RESULTS

Do You Integrate MCH in Your Work?

- Almost everyone said they do integrate maternal and child health needs into work in their organization
 - 5/7 for Chronic Disease
 - 10/11 for Behavioral Health
- Examples:
 - Wise Woman program for individuals with hypertension
 - Ensuring families can obtain insurance and medical home
 - Promoting healthy sexual activity and service surrounding pregnancy and HIV for sexual violence victims
 - Reducing mental illness stigma in adolescents
 - Fish Containment Monitoring Program

Activities around Statewide Priorities

- Promotion of utilization of rape crisis centers
- Monitoring mercury consumption of children and women of childbearing age
- Chronic disease and school health programs that promote nutrition and physical activity guidelines
- Family life planning
- Providing prenatal care for at-risk mothers
- Providing mental illness support groups in schools
- Providing assistance to disadvantaged single mothers
- Providing perinatal and postpartum support groups

Gaps in Priorities

- Program evaluation
- Proper healthcare
- Access to information related to healthy relationships and preventative services for adolescents
- Mental health screening in schools
- Child protective services
- Funding for child care services
- Educating the community on available resources
- Educating providers of social and educational issues
- Improving access for maternal-child home visit programs

Data Sharing

- **Existing opportunities for improving data sharing use:**
 - Data on children
 - YRBS
 - ISBE special education data for health impairments and chronic conditions
 - Children enrolled in DSCC
 - Healthy Chicago 2.0
 - Data Systems
 - HFS data warehouse has HFS, IDPH, and DSCC data
 - MCH Data Book
 - Longitudinal data system (LDS)

Data Sharing

- **Missing opportunities for improving data sharing use**
 - General Improvements
 - Connecting all health data systems
 - Incorporating real time data
 - Identifying comparison data
 - Better aligning data across various MIS systems
 - Women's health
 - Women of reproductive age in HFS
 - Ongoing population survey of women's health
 - Prenatal care providers to school nurses
 - PRAMS access

Data Sharing

- **Missing opportunities for improving data sharing use**
 - Healthcare
 - Data sharing between healthcare providers
 - Mental health services
 - Metrics/short-term indicators to measure healthy equity progress
 - Routine Medicaid vital state link
 - Sharing between case management and home visiting programs
 - Routine linked birth-death data
 - Children's Health Data
 - Public aid and child welfare data by zip code
 - Improved data collection of developmental and social emotional screenings in children
 - Follow up from medical providers on children with special needs
 - School health center data more quickly submitted to IDPH and with better quality

Health Literacy

- Children Health
 - Sex education in schools
 - Mental health and suicide prevention information in schools
 - Early childhood home visiting programs
- Family Health
 - Family case management
 - Home visit health sharing with clients
 - Training for families on how to develop partnerships with health care professionals is lacking
 - Need subsidized childcare providers with low literacy health and development info
 - Mental health services for mothers
- Infant Health
 - Better birth outcomes
 - Text4baby

Existing Partnerships

- Childhood health
 - Increase screening rates in early childhood education initiatives
 - IL Children’s Mental Health Partnership
 - National network for transition needs for students with SHCN
 - The Early Learning Council’s Systems Integration and Alignment Committee
- Infant Health
 - The Home Visiting Task Force
 - COIIN to reduce infant mortality
 - Family engagement toolkit
 - Illinois Perinatal Quality Collaborative works to improve perinatal quality initiatives implemented by participating birthing hospitals

Missing Partnerships

- School Systems
 - Administration partnerships
 - Education and support clubs for pregnant and parenting teens
- Governmental
 - IDHS and IDPH
 - Title X, IBCCP, Medicaid and Private health insurers
- Healthcare
 - Early access for prenatal care

Existing community, clinical, or integrated interventions

- School Systems
 - Transition plans for students in special education
 - School health centers
 - Sexual Health Services
- Pregnant women and new mothers
 - Medicaid Preconception and postpartum initiatives of CHIPRA
 - Home visitors and doulas to provide information to pregnant women
 - RaisingWomen'sVoices.net
 - Well-Woman Project
- Healthcare
 - Community health workers
 - Mental health consultation programs
 - A working definition for PCMHs
 - Requirements of medical homes
 - Healthcare systems having NCQA recognition
 - Missing care coordination between all care organizations
 - Increased awareness of what is available in patients' areas

GOALS

Statewide MCH Priorities

- Priority #1: Assure accessibility, availability and quality of preventive and primary care for all women, particularly for women of reproductive age.
- Priority #2: Support healthy pregnancies and improve birth outcomes.
- Priority #3: Support expanded access to and integration of early childhood.
- Priority #4: Facilitate the integration of services within patient-centered medical homes for all children, particularly for children with special healthcare needs.
- Priority #5: Empower adolescents to adopt healthy behaviors.

Statewide MCH Priorities

- Priority #6: Assure appropriate transition planning and services for adolescents and young adults, including youth with special health care needs.
- Priority #7: Assure that equity is the foundation of all MCH decision-making; eliminate disparities in MCH outcomes.
- Priority #8: Support expanded access to and integration of mental health services and systems for the MCH population.
- Priority #9: Partner with consumers, families and communities in decision-making across MCH programs, systems and policies.
- Priority #10: Strengthen the MCH capacity for data collection, linkage, analysis, and dissemination; Improve MCH data systems and infrastructure.

First, what's missing?

- Is there anything that's not on this list that you think is a gap?
- What other statements might you include?

Current Activities

- Thinking about the list of priority statements, which areas currently have activities in process?
- What are these activities?

Gaps in Activities

- Which priority statements have less current work underway?
- How important is it to start work around these areas?

Thinking About an Approach

- What is the most urgent?
- What has the biggest reach (e.g. scope)?
- Does this address the social determinants of health?
- Does it address access to quality care?
- Are there linkages with chronic disease and/or behavioral health?

Approach to Selecting Goals

Areas where work is in place:

For example...

Priority 1  Goal 1

Areas where work is not currently underway:

For example...

Priority 6  Goal 2

Goal statements to add:

Given that we'd like to select 3-4 goals to work on, would you focus on just one of the buckets above? More than one?

MCH Goals for SHIP

- Finalize list of 3-4 goals
- What additional resources would help you select objectives and activities to meet these goals?

Next Steps

- Send resources
- Mini-training proposed for January 29
- First smaller group meeting/call: Feb. 5

Public Comment

- State your name and organization
- 1-2 minutes for comment

Adjourn

- Slides available at www.healthycommunities.illinois.gov
- Questions can be sent to HealthyCommunitiesIL@uic.edu

