



Illinois Maternal Health Strategic Plan

2020-2024
Version 1 - February 2021
(Working Draft)



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Executive Summary

The Illinois Maternal Health Strategic Plan was developed by the Illinois Maternal Health Task Force during March-October 2020. Both the Task Force and Strategic Plan were created in response to requirements of the Health Resources and Services Administration (HRSA)/Maternal and Child Health Bureau (MCHB) funded State Maternal Health Innovation Program. Nine states were awarded this five-year project including the Innovations to ImPROve Maternal QuIcomEs in Illinois (I PROMOTE-IL) led by the University of Illinois at Chicago.

I PROMOTE-IL assembled a diverse group of stakeholders and formed the Illinois Maternal Health Task Force, which met for the first time in March 2020 to create a shared vision, mission and values to guide the strategic planning process.

VISION

Health equity for women, pregnant persons, and families in Illinois, across race, ethnicity, class, geography, immigration status, and ability, where all have what they need to be healthy and reach their full potential.

MISSION

To provide leadership in developing statewide strategies to reduce maternal morbidity and mortality and to achieve maternal health equity by eliminating disparities and improving the overall health of women, pregnant persons, and families in Illinois.

VALUES

The values of the Illinois Maternal Health Task Force describe how we strive to work both as a group and in collaboration with stakeholders, communities and other partners, as the Strategic Plan is designed and implemented.



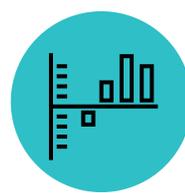
Equity



Collaboration



Quality



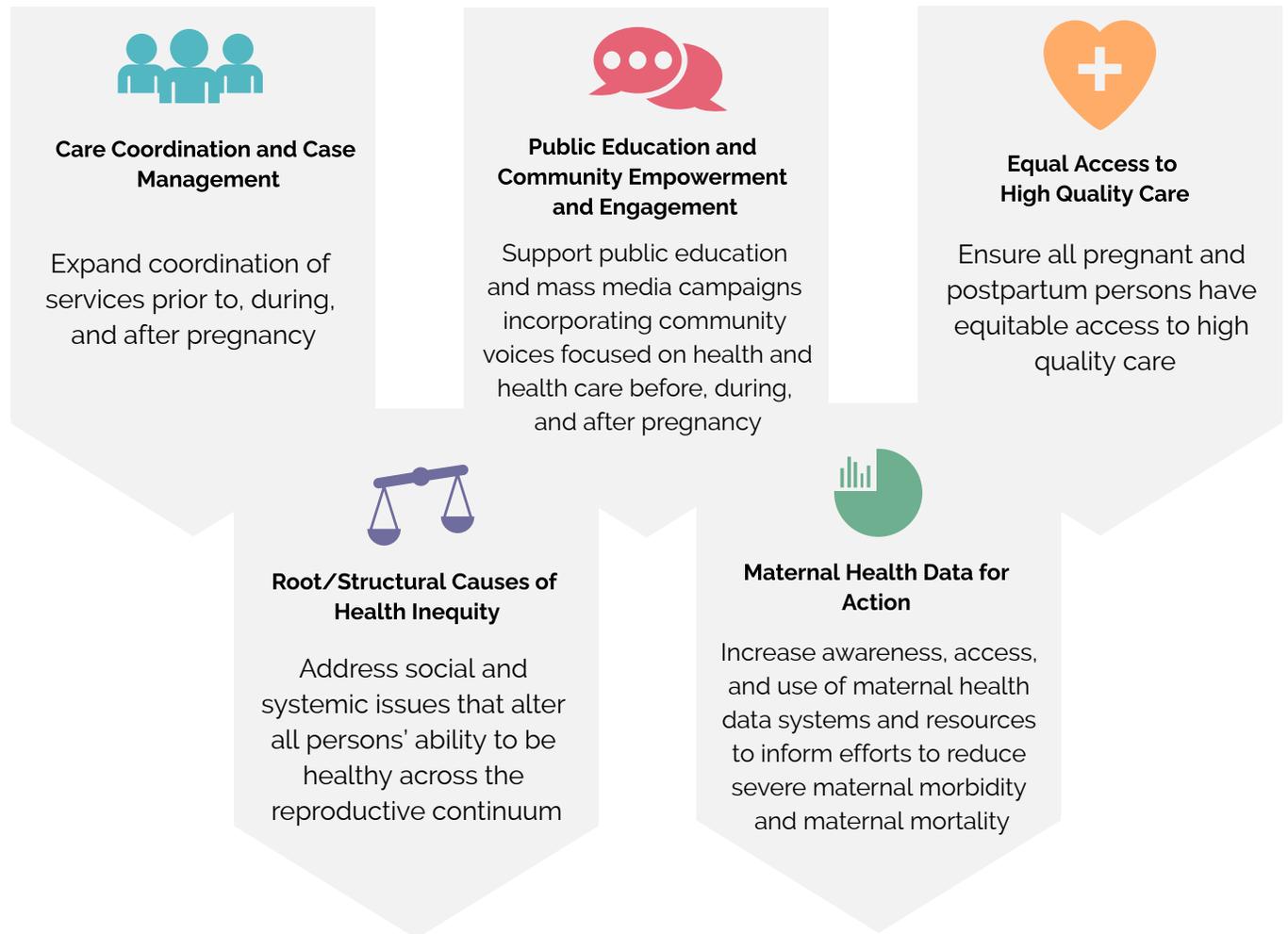
**Science/
Evidence**



**Community
Empowerment**

Executive Summary

The Illinois Maternal Health Task Force reviewed Illinois maternal health data and recommendations from Illinois Maternal Mortality Review Committees to establish a statewide strategic agenda, with the five following strategic priority areas:



From June-September 2020, small working groups utilized a data-informed, collaborative process to identify specific, feasible strategies and preliminary action steps to pursue over the next four years. The Illinois Maternal Health Strategic Plan is a living document and will be updated on an annual basis throughout the federal project period, 2020-2024. The Illinois Maternal Health Task Force looks forward to collaborating with organizations and stakeholders across the state to improve maternal health in Illinois for all pregnant and postpartum persons and their families.



Introduction

The Illinois Maternal Health Strategic Plan, developed by the statewide Illinois Maternal Health Task Force, is a call to action to address the stark inequities in maternal, infant, and family health outcomes in Illinois. This Strategic Plan builds on multiple prior efforts to understand and explicate the causes of these inequities. It is the work of diverse entities, from the members of the state's Maternal Mortality Review Committees to the many Maternal and Child Health (MCH) stakeholders working in coalitions and advocacy and professional organizations, or participating as individuals to address the multi-factorial structural and systems issues that are the reasons Black women in Illinois are six times as likely to die due to a pregnancy-related condition [1] and Black infants in Illinois are 2.9 times as likely to die in the first year of life than White women and infants [2].

Going forward, the Illinois Maternal Health Strategic Plan is intended to guide, support, and/or strengthen the efforts of multiple organizations, groups, and individuals to reverse these inequities. The Strategic Plan is not intended to be static but rather a living document that will transform as strategies are adopted, enacted, tested, and evaluated. It is hoped that the multiple strategies and action steps outlined below will eliminate inequities and improve the health and well-being of all pregnant persons and their families as Illinois forges a better way forward together.



Overview of Maternal Health

Maternal Health in Illinois

Illinois is a large, diverse state, and is the sixth most populous state in the nation. In 2019, it was home to 12.7 million residents, including over 2.5 million women of reproductive age (WRA) between 15-44 years [3]. Illinois carries a large proportion of the burden of adverse maternal health outcomes in the United States (U.S.) because with 149,390 births in 2017, it is fifth in the nation for total number of births each year. Approximately 63% of WRA in Illinois are White, 16% are Black, 7% are Asian, and 14% are of another racial group; 85% of WRA are non-Hispanic and 15% are Hispanic. Illinois also has a significant population born outside the U.S, with 14% of Illinois residents identified as foreign born in 2019 [3]. Cook County, including Chicago, has a higher percentage of foreign-born residents and non-English speakers than the rest of the state. The demographic composition of Illinois reinforces the importance of linguistic access and cultural sensitivity in the delivery of health and social services in the state.

During 2019, 11.5% of all Illinoisans lived below the federal poverty line (FPL) [3]. Poverty is more common in Cook County, and specifically in the city of Chicago, than the rest of the state. In 2019, while 7.9% of all families were below the FPL, 22.7% of female-headed households had incomes below the FPL. The percentage of families in poverty varies by race/ethnicity in Illinois, with 5.7% of families with a non-Hispanic White householder below the FPL, compared to 19.7% of families with a non-Hispanic Black householder, 12.7% of families with a Hispanic householder, and 6.3% of families with an Asian householder [3]. Women, and especially unmarried women who are mothers, are at higher risk of living in poverty than other population groups. Racism and poverty, and their intersection, are at the core of glaring health inequities in Illinois for pregnant persons, infants, and families.

By landmass, Illinois is largely rural. More than two thirds of its 102 counties are considered non-metro, and approximately 2.1 million Illinoisans live in rural counties. In planning for the care and well-being of Illinois's maternal and child health population, state-level entities and their partners must balance the needs of a large and diverse urban center (Chicago), a number of mid-sized cities with unique populations and care delivery systems, and a large rural area with limited geographic access to services.

State-Level Measures of Maternal Health

In efforts to improve maternal health outcomes and reduce disparities, it is important to consider a woman's/pregnant person's general and mental health and access to care across the life course, as these factors can influence later reproductive and perinatal experiences and outcomes. In 2018, among Illinois WRA, 2% had chronic diabetes, 10% had chronic hypertension, and 11% had asthma [4]. Half of WRA were overweight or obese (54%), with Black women (76%) and women in rural counties (65%) experiencing particularly high rates. In 2017, about 14% of women ages 18-44 smoked, but the prevalence reached over 30% among women in rural counties [5]. Sexually transmitted infections are of particular concern for young women in Illinois and stark disparities exist; in 2018, the rate of chlamydia infection was more than five times higher among Black women compared with White women [6]. In 2018, one in six women ages 18-44 reported poor mental health during the last month. Mental health conditions were also the leading cause of hospitalization for women ages 15-44 after hospitalizations for delivery [4]. While receipt of an annual check-up has improved over time, in 2018, 25% of women ages 18-44 reported no visit in the past year, and only 80% reported having a personal health care provider [5].

Illinois has a similar birth rate to the nation (59 births per 1,000 women ages 15-44 years) with Medicaid paying for almost 50% of the state's deliveries [7]. In 2018, 24% of Illinois women received less than adequate prenatal care; this was most common among women residing in Chicago (33%), among Black (39%) and Hispanic (29%) women, and among teen mothers (38%). The median age at time of first birth in Illinois is 27 years; approximately 31% of all live births are delivered by cesarean section [4]. The majority of new mothers in Illinois report receiving a postpartum visit (93%) and being screened for postpartum depression at that visit (89%), although these rates are lower in the Medicaid population [8].

State-Level Measures of Maternal Health

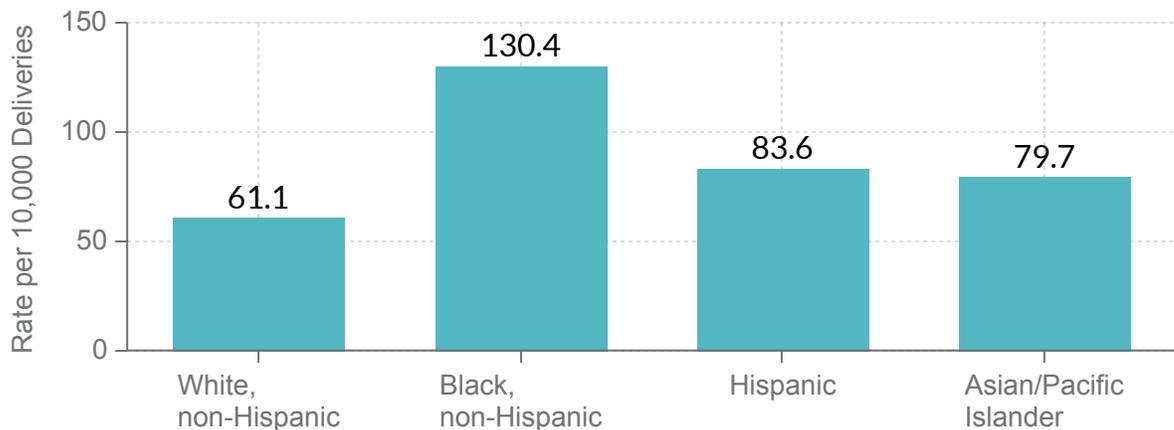
Many compounding factors, including the health disparities described above as well as the direct impact of racism, lead to striking inequities by race/ethnicity in two important maternal health outcomes: severe maternal morbidity (SMM) and maternal mortality (MM). Most notably:



Severe Maternal Morbidity

During 2018, the SMM rate in Illinois was 79.2 per 10,000 deliveries [4]. Women ages 40 and older had the highest rate of SMM (169.4 per 10,000 deliveries) compared to other age groups, and women residing in Chicago had the highest rate of SMM (113.2 per 10,000) compared to other areas of the state. During 2018, Black women experienced disproportionately higher rates of SMM compared to other race/ethnicity groups [4] (Figure 1).

Figure 1. SMM by Race/Ethnicity, Illinois 2018



Pregnancy-Related Mortality

During 2015-2016, the 61 pregnancy-related deaths in Illinois resulted in a pregnancy-related mortality ratio of 20 per 100,000 live births¹



Similar to SMM, women ages 40 and older had higher pregnancy-related mortality ratios than other age groups; in addition, those residing in Chicago had higher pregnancy-related mortality ratios than pregnant persons in other areas of the state. Black women are extremely disproportionately affected by pregnancy-related death, compared to White and Hispanic women in Illinois: the pregnancy-related mortality ratio was 66 per 100,000 live births for Black women compared to 10 per 100,000 live births for White women and 14 per 100,000 live births for Hispanic women [1]. The top five causes of pregnancy-related death in this time included: mental health conditions, non-cardiovascular pre-existing health conditions, hemorrhage, cardiomyopathy, and thrombotic pulmonary embolism. Approximately, one-third of pregnancy-related deaths in 2015-2016 occurred during pregnancy, one-third during the first 60 days postpartum, and one-third between 61-364 days postpartum [1].

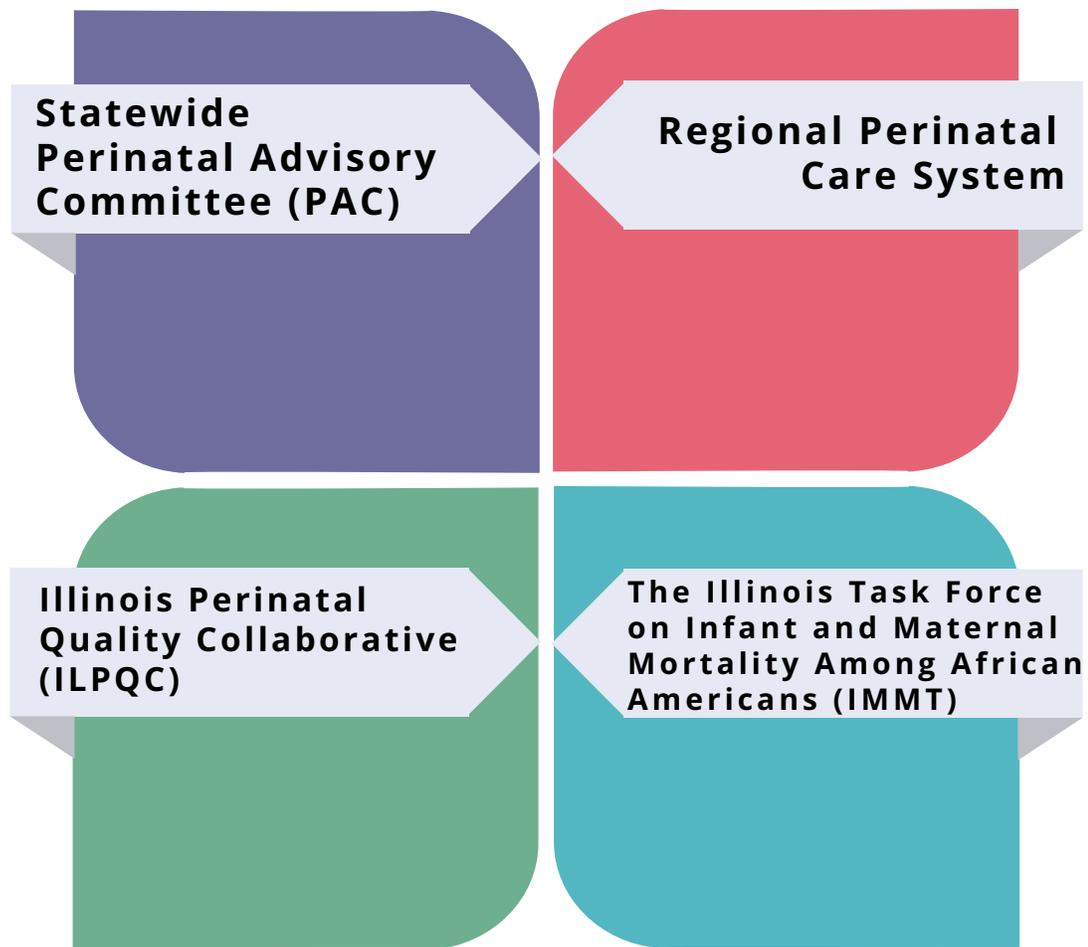


Existing Maternal Health Initiatives in Illinois

Existing Maternal Health Initiatives in Illinois

Illinois has a long-standing commitment to reducing adverse birth and maternal health outcomes, including SMM and MM, and has several established data-driven mechanisms aimed at improving quality of care, reducing disparities in health outcomes, and identifying opportunities for prevention, providing the infrastructure for the state to improve.

The state's Title V Maternal and Child Health Services Block Grant Program, administered by the Illinois Department of Public Health's Office of Women's Health and Family Services (IDPH OWHFS), serves as the hub for the majority of these activities, providing leadership, funding, collaboration, technical assistance, and promoting alignment. These efforts are:



Statewide Perinatal Advisory Committee (PAC)

The purpose of PAC is to advise IDPH on the establishment and implementation of policy related to perinatal and maternal care. Its duties and responsibilities are set forth by the Developmental Disability Prevention Act (410 ILCS 250) and the Regionalized Perinatal Health Care Code (77 Ill. Admin. Code 640). PAC advises IDPH on a multitude of issues and gives IDPH technical insight from the hospital, provider, and community perspectives. PAC meetings occur quarterly and are open to the public for attendance and comment. PAC also oversees several subcommittees including: (1) Statewide Quality Council (SQC); (2) Hospital Facilities Designation Committee; (3) Maternal Mortality Review Committee (MMRC); and (4) Maternal Mortality Review Committee on Violent Deaths (MMRC-V). PAC subcommittees meet at least quarterly and may include a portion that is closed to the public due to discussion of sensitive material.

Illinois Review Committees

Maternal Mortality Review Committee (MMRC)

Illinois was one of the first states to implement a statewide MMRC in 2001, which identifies all pregnancy-associated deaths in the state and reviews a subset that are potentially related to pregnancy.

Maternal Mortality Review Committee- Violent Deaths (MMRC-V)

A second statewide committee was formed in 2015 to review deaths of women who die within one year of pregnancy due to homicide, suicide, or drug overdose.

SQC's Severe Maternal Morbidity (SMM) Review Initiative

Beginning in 2016, hospital-level committees were convened to review a sample of cases from their obstetric hospitals that meet a standard case definition (were admitted to an Intensive Care Unit and/or transfused four or more units of packed red blood cells anytime from conception to 42 days postpartum). In 2019, a state-level SMM Review Committee was established, as a subcommittee of SQC; this committee reviews a subset of SMM cases previously reviewed by hospitals to identify public health or clinical interventions to prevent future morbidities and give recommendations to improve hospital-level reviews. This initiative is adhoc and temporary.

Regional Perinatal Care System

Each of the approximately 100 birthing hospitals in Illinois belongs to one of ten Regionalized Perinatal Networks, supervised by an administrative perinatal center (APC). Each APC is co-directed by a maternal fetal medicine physician and a neonatologist as well as a nurse administrator and educators with extensive perinatal (obstetric or neonatal) experience. APCs monitor the care and transport of mothers and infants to facilities within their region designated to have the capacity to provide an appropriate level of care. They also provide extensive training and technical assistance to their network hospitals and are responsible for addressing emerging issues in maternal and infant health across their networks.

Illinois Perinatal Quality Collaborative (ILPQC)

ILPQC, established in 2012, is recognized by the National Network of Perinatal Quality Collaboratives and the Alliance on Innovation on Maternal Health (AIM) as a national leader in perinatal quality improvement. The majority of the 100 birthing hospitals in Illinois participate in one or more ILPQC initiatives.

The Illinois Task Force on Infant and Maternal Mortality Among African Americans (IMMT)

In the spring of 2019, the Illinois state legislature passed Public Act 101- 0038 which "created the Illinois Task Force on Infant and Maternal Mortality among African Americans" (hereafter known as the IMMT). The IMMT was created to establish best practices to decrease infant and maternal mortality among African Americans in the state.

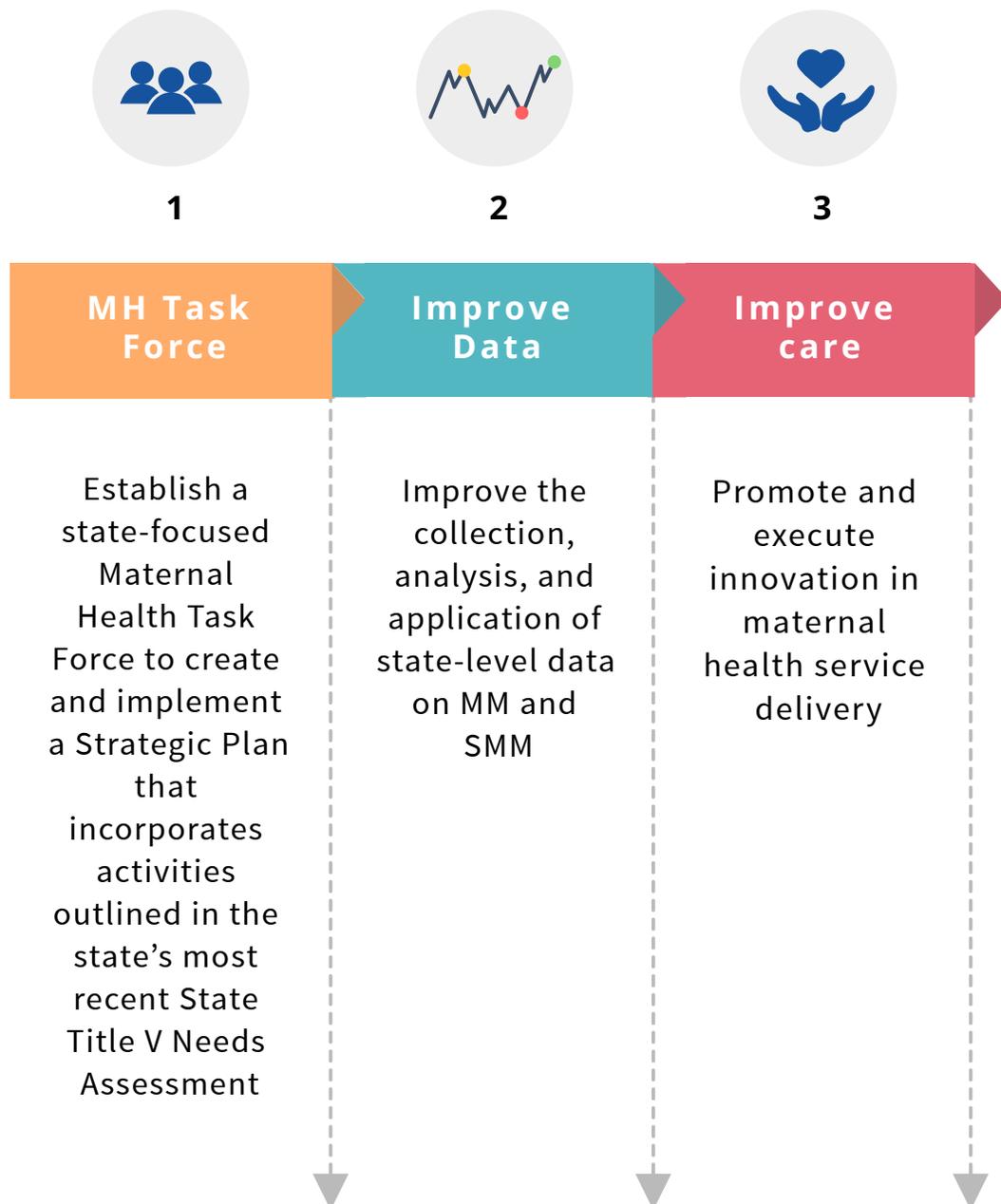


Mandate for the Illinois Maternal Health Strategic Plan

Mandate for the Illinois Maternal Health Strategic Plan

In July 2019, the Maternal and Child Health Bureau's (MCHB) Division of Healthy Start and Perinatal Services of the Health Resources and Services Administration (HRSA) released a Notice of Funding Opportunity (NOFO) for the State Maternal Health Innovation Program.

The NOFO required three major activities of responding states:



Mandate for the Illinois Maternal Health Strategic Plan

A partnership between the University of Illinois at Chicago (UIC) and the IDPH OWHFS Title V MCH Block Grant Program was developed in response to the NOFO, and the new Innovations to imPROve Maternal QuIcomEs in Illinois (I PROMOTE-IL) was awarded the five-year grant beginning in September 2019. Funded projects of I PROMOTE-IL include:



Development of home visitor training on health needs during pregnancy and postpartum



Support for the implementation of a statewide birth equity initiative



Design and implementation of an innovative two-generation medical home for postpartum persons and their children



Standardization of SMM hospital-level reviews



Obstetric provider training on screening and treatment of perinatal mental and behavioral health disorders



Provider training on obstetric hemorrhage and maternal hypertension and protocols for pregnant and postpartum persons seeking care in emergency departments

Over the 2019-2020 year, in response to HRSA/MCHB's funding and the mandate to create a statewide Maternal Health Task Force and Strategic Plan, staff from I PROMOTE-IL worked with multiple partners to establish the Illinois Maternal Health Task Force and shepherded the development of the Illinois Maternal Health Strategic Plan. Careful attention is being placed on aligning the work of this Task Force with the state mandated IMMT and other initiatives across the state to ensure that efforts are being leveraged rather than duplicated (see **Appendix A: Related State-Level Plans**). Implementation of the Illinois Maternal Health Strategic Plan is intended to be a multi-pronged effort of multiple stakeholders over the next four years with support as needed from I PROMOTE-IL.



State-Level Challenges and Strengths in Improving Maternal Health in Illinois

Illinois faces multiple challenges with respect to improving maternal health. Illinois is a large complex state with a variety of issues affecting maternal health from its largest urban centers to its most rural areas. Issues that are common throughout the state, but may require different solutions based on geographic location, include insufficient coordination between health care and other providers, hospital closures, racial segregation, transportation, lack of broadband internet access, and child care issues. There is enough commonality in concerns throughout the state to allow multiple stakeholders to come together to develop a robust Strategic Plan that includes both broad strategies and the opportunity for nuance to address multiple diverse needs.

In addition, because maternal mortality has risen to the forefront of concern in Illinois with many funded initiatives, there is potential for duplication of effort and concern for leadership primacy with respect to initiatives. These initiatives include the already discussed I PROMOTE-IL efforts as well as the Enhancing Reviews and Surveillance to Eliminate Maternal Mortality also known as ERASE MM (funded by CDC at IDPH), the Chicago Collaborative for Maternal Health (funded by Merck for Mothers), Family Connects Chicago and additional funding for Healthy Start grantees to address disparities in maternal mortality. As such, the Illinois Maternal Health Strategic Plan recognizes that much of this work will continue during the next four years and will contribute to the landscape of change for maternal health across the state. The additional objectives and activities outlined in the Illinois Maternal Health Strategic Plan acknowledge, intersect with, and leverage the multiple maternal health activities already underway, including those funded through these new grants and those that have been ongoing for many years.

Despite all of the aforementioned initiatives, Illinois's efforts to improve maternal health and address inequities will potentially be hampered by the state's budget shortfall that has been further exacerbated by the COVID-19 pandemic. However, Illinois has a highly motivated and organized MCH community of professionals and advocates whose members communicate and interact regularly, ensuring that the hard work of making change is and will be borne collectively, especially when resources are limited. Finally, the Illinois Maternal Health Strategic Plan builds on the solid recommendations of the state's MMRCs as well as on the prior reports and efforts of multiple groups. Thus, the Illinois Maternal Health Strategic Plan's greatest strength is that it leverages the expertise and experience of multiple and diverse stakeholders, all of whom are fully committed to making a difference in reducing inequities in maternal (and infant) health.



Developing the Illinois Maternal Health Strategic Plan

The Illinois Maternal Health Task Force

The Illinois Maternal Health Task Force is comprised of over fifty stakeholders from across the state and includes representatives from government agencies, non-governmental agencies, community organizations, academia, the state legislature, state mortality review committees, health care entities, and other professional organizations focused on maternal and child health (see Appendix B: Illinois Maternal Health Task Force Members List). Early in the first grant year of I PROMOTE-IL, potential Task Force members were identified and invited to join the Illinois Maternal Health Task Force by the I PROMOTE-IL team and the IDPH OWFHS. Kenya McRae, Illinois Title V Director, and Cindy Mitchell, Central/Southern Illinois APC Administrator, were asked and accepted the invitation to serve as co-chairs for the Task Force. The Illinois Maternal Health Task Force launched on March 18, 2020 and the entire Task Force meets quarterly (see Appendix C: Illinois Maternal Health Task Force Meeting Schedule).

To develop the Strategic Plan, I PROMOTE-IL staff drafted vision and mission statements and proposed twelve potential values to guide the work of the Task Force. I PROMOTE-IL staff solicited feedback from Task Force members and then edited the **vision**, **mission**, and **values** accordingly. The Task Force voted to adopt the following vision, mission, and values on June 24, 2020.

The Illinois Maternal Health Task Force

VISION

Health equity for women, pregnant persons, and families in Illinois, across race, ethnicity, class, geography, immigration status, and ability, where all have what they need to be healthy and reach their full potential.

MISSION

To provide leadership in developing statewide strategies to reduce maternal morbidity and mortality and to achieve maternal health equity by eliminating disparities and improving the overall health of women, pregnant persons, and families in Illinois.

VALUES

The values of the Task Force describe how we strive to work both as a group and in collaboration with stakeholders, communities, and other partners, as the Strategic Plan is designed and implemented.



Equity

We acknowledge that racial, ethnic, social, geographic, economic, ability, and gender disparities cause inequities in maternal and infant health outcomes in Illinois. We commit to applying an equity lens to all our decisions and actions.



Collaboration

We respect and engage with our partners and incorporate the contributions of our diverse stakeholders in an authentic and sincere manner with a focus on inclusion.



Quality

We commit to using the best available scientific evidence to guide our priorities, decision-making, and actions.



Science/Evidence

We promote the highest quality maternal and family health care, practice, and policies at all levels of our work.



Community Empowerment

We value individuals and communities as a vital part of improving maternal health in Illinois and we commit to respect, listen, and respond to the needs and goals of multiple diverse communities.

Developing Strategic Priority Areas

As part of the developing the Strategic Plan, Task Force members were asked to review the recommendations from the *Illinois Maternal Morbidity and Mortality Report* [1] as well as additional recommendations based on maternal death reviews conducted by the MMRC and MMRC-V for deaths occurring during 2016 [4] (the most recent data at the time). I PROMOTE-IL staff categorized the recommendations into topic areas and formerly solicited feedback from Task Force members based on their areas of expertise. For each topic area, Task Force members were asked to consider changes needed at the **structural level, institutional level, policy level, health care delivery system level, and community level** in order for the recommendations to be fully implemented. The responses from this effort served as the framework to define the scope and breadth of the Illinois Maternal Health Strategic Plan with the following five strategic priority areas for action defined.



Care Coordination and Case Management

Objective: Expand coordination of services prior to, during, and after pregnancy



Public Education and Community Empowerment and Engagement

Objective: Support public education and mass media campaigns incorporating community voices focused on health and health care before, during, and after pregnancy



Equal Access to High Quality Care

Objective: Ensure all pregnant and postpartum persons have equitable access to high quality care



Root/Structural Causes of Health Inequity

Objective: Address social and systemic issues that alter all persons' ability to be healthy across the reproductive continuum



Maternal Health Data for Action

Objective: Increase awareness, access, and use of maternal health data systems and resources to inform efforts to reduce severe maternal morbidity and maternal mortality

Strategic Priority Areas and Corresponding Objectives

Committees were formed for each strategic priority area. Each committee included one of the Task Force co-chairs or I PROMOTE-IL principal investigators, one I PROMOTE-IL staff member, and between seven to ten Task Force members, including a volunteer chair or co-chairs. The committees met multiple times during the summer of 2020 to begin developing strategies and action steps for their strategic priority area. Notes on each committee meeting and proposed strategies and action steps were captured using a standardized template developed by I PROMOTE-IL. Once all the committee templates were completed, the I PROMOTE-IL staff edited the proposed strategies and action steps for clarity.



The Illinois Maternal Health Strategic Plan

Call to Action & Strategic Priority Area #1

The following strategies are a Call to Action to be implemented by Illinois's MCH Leaders, Policy- Makers and multiple Diverse Partners and Communities across the state to eliminate inequities in maternal health.

Strategic Priority Area #1: Care Coordination & Case Management

#1

Strategy #1: Expand the number of communities who offer a system of universal supports across the continuum from early prenatal care to one year postpartum.

Year 1 Action Step: IL Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners will join and provide a maternal health perspective to existing efforts to establish a statewide universal system of newborn supports (UNSS) and expand the number of Illinois communities with UNSS.

Illinois has a long history of providing targeted, intensive, evidence-based home visiting services for high-risk families or communities. However, we know that regardless of potential risk, the first weeks after birth are a critical time for identifying health risks and vulnerabilities for both the newborn, mothers, and families. Newborn home visiting services provide new mothers and their families with early identification, referral, and advocacy for emergent postpartum medical and behavioral health concerns. One of the key recommendations to reduce adverse maternal outcomes in the IDPH's *Illinois Maternal Morbidity and Mortality Report* [1] is to expand statewide efforts to provide universal home visiting to all mothers within three weeks of giving birth.

A universal approach to newborn supports introduces a MCH public health focus that includes both the mother and newborn and engages families at that key point in time. This approach builds on strong networks of home visiting and other critical services, to ensure that there is an entry point for all families to receive the services from which they could most benefit. Ultimately, a universal newborn supports approach is transformative because it recognizes that all families with newborns benefit from some level of support.

This approach also acknowledges the important role played by a community as a whole in supporting women and their families, and it ensures that families in need are less dependent on seeking out specialized, categorical services on their own.

In 2017, a universal postpartum home visiting program was initiated in Illinois. The program, Family Connects, [9, 10], uses an evidence-based universal approach for supporting newborns and their families, contributing to a healthy and encouraging foundation for future success in the child's life. Illinois's approach to developing systems of universal newborn support, Family Connects Illinois, is currently being implemented in three communities - Peoria, Stephenson County, and Chicago.

This strategy was proposed to bolster additional support for UNSS in Illinois and to ensure that a maternal health perspective is included in current statewide efforts. In Illinois, the effort to offer a system of universal perinatal supports is being led by the Prenatal to Three (PN3) Initiative [11]. The PN3 Initiative brought together a diverse group of more than one hundred Illinois expert stakeholders to develop an ambitious, comprehensive, multiyear strategic policy agenda to ensure that Illinois's youngest children and their families, especially those furthest from opportunity, are on a trajectory for success.

The Illinois Title V Maternal and Child Health Action Plan 2021-2025 has also identified the need for a universal approach to newborn supports [12]. Specifically, the Illinois Title V Action Plan recommendation supports the Chicago Department of Public Health's implementation of Family Connects Chicago to ensure nurse home visits for all infants, mothers, and families immediately following birth and linkage to a network of community supports to assist with longer term, family identified needs.

Strategic Priority Area #1

Of note, although of interest to MCH professionals, expanding this system of universal supports to the prenatal period will take substantial effort and planning as the prenatal care delivery system is vast as well as diverse. Unlike in the postpartum period, there is not one funnel for this care (e.g., delivery in a birthing hospital).

Strategy #2: Increase funding for community-based perinatal support, home visitors, and doulas as well as perinatal health workers, educators (e.g. peer breastfeeding counselors), and advocates.

Year 1 Action Step: Illinois Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners will advocate for passage of legislation during the 2021 legislative session to provide Medicaid funding for evidence-based home visiting and doula services.

Beyond Year 1 Action Step: Illinois Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners will advocate to expand Medicaid funding to cover additional perinatal supports beyond home visiting and doula services.

For decades, doula and home visiting services have served as an important part of the landscape of supports for pregnant and new parents in Illinois and are backed by a robust body of evidence. Doula services consist of education, empowerment, and support to pregnant and birthing parents from the prenatal period to several weeks postpartum and are provided by a trained professional. Studies show that pregnant persons who receive Doula services are more likely to have spontaneous vaginal births and less likely to have any pain medication, epidurals, negative feelings about childbirth, vacuum or forceps-assisted births, and cesarean sections [13]. Prenatal doula visits, which may encourage timely participation in prenatal care and positive health-behaviors, as well as reduce maternal stress, may also be associated with reductions in preterm births [14]. Findings from these studies support the use of doulas as an important part of high quality maternal health care and efforts to decrease maternal morbidity and mortality.

Home visiting services, an evidence-based prevention strategy used to support pregnant and new parents to promote infant and child health and development, are likewise associated with improved birth outcomes. National and Illinois-specific research studies show that high-quality evidence-based home visiting programs result in myriad of short- and longer-term positive outcomes for children and their families [13]. These health outcomes include improved birth outcomes; increased rates of breastfeeding and immunization, increased uptake of well-child visits and developmental screenings; and reductions in avoidable hospitalizations and child injury, which translate to savings in health care spending.

Given the demonstrated impacts of these services on maternal and infant health, the IDPH's *Illinois Maternal Morbidity and Mortality Report* [1] recommended that the state expand doula and home visiting services during pregnancy and the postpartum period to improve maternal and infant health outcomes. Thus, Maternal Health Task Force members, I PROMOTE- IL staff, and partners support the passage of legislation during the 2021 legislative session that mandates that provision of doula services, including community-based doula services, be covered under Medicaid.

Related I PROMOTE-IL Activities

- Assessing need for and development of home visitor training focused on assessment and referral for maternal health needs during pregnancy and the postpartum period.
- Design and implementation of an innovative two-generation medical home for postpartum persons and their children.

Strategic Priority Area #2

Strategic Priority Area #2: Public Education and Community Empowerment and Engagement

#2

Strategy #1: In collaboration with community partners, leverage the implementation of the Illinois Title V Program-supported women's reproductive/perinatal health toolkit, *Healthy Choices, Healthy Futures*, to ensure that it is widely disseminated through appropriate consumer and professional networks and media platforms.

Year 1 Action Step: Illinois Maternal Health Task Force to endorse the implementation, dissemination and evaluation of *Healthy Choices, Healthy Futures* Toolkit (administered by EverThrive IL) as the primary reproductive/perinatal toolkit aimed at consumers to be utilized in Illinois.

Year 1 Action Step: Illinois Maternal Health Task Force members will aid the Illinois Title V Program and EverThrive IL in the wide dissemination of *Healthy Choices, Healthy Futures* Toolkit by sharing the Toolkit link and materials throughout their networks.

Beyond Year 1 Action Step: Illinois Title V Program and EverThrive IL to obtain structured feedback from consumer and grassroots organizations to determine the extent to which the *Healthy Choices, Healthy Futures* Toolkit is culturally tailored, client-centered, and strengths-based and to make changes as appropriate.

EverThrive IL developed the *Healthy Choices, Healthy Futures* Toolkit for reproductive age persons interested in obtaining more information about their health before, during, or after pregnancy. It contains reliable, evidence-based tools and resources to assist people of childbearing age to access reliable health information and identify the care that should be provided to them. All materials include an image and a clear message on one of the previously stated topics. The Toolkit also includes information on various local health agencies that support pregnant people and their families. The *Healthy Choices, Healthy Futures* Toolkit was pilot-tested, updated, and is accessible online (hosted by EverThrive IL) [15].

The Illinois Maternal Health Task Force's support of the implementation, dissemination, and evaluation of *Healthy Choices, Healthy Futures* aligns with both the Illinois Title V Action Plan as well as the vision articulated in Healthy Chicago 2025 to improve health care systems. Given the importance of clear and coordinated messaging about health and health care during the reproductive and perinatal periods, the Illinois Maternal Health Task Force will disseminate the *Healthy Choices, Healthy Futures* Toolkit [15] to grassroots agencies, local, state and federal social service agencies, including the Chicago Department of Public Health, Women Infant and Children (WIC) sites, medical and nursing professional organizations, and through various social media platforms. Currently, EverThrive IL has developed an evaluation process to solicit feedback from consumers who participate in MCH Family Council (Title V funded consumer councils administered by EverThrive IL throughout the state), other consumers, as well as providers on the ease of use and any additional content that is needed. Results of the evaluation will be utilized to ensure that the *Healthy Choices, Healthy Futures* Toolkit continues to meet the needs of reproductive age and pregnant and postpartum persons in Illinois.

Strategic Priority Area #2

Strategy #2: Explore the development of a culturally tailored, client-centered, strengths-based Provider Toolkit with community and provider partners and disseminate through Illinois provider networks and media platforms.

Year 1 Action Step: Illinois Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners to survey the landscape for existing strengths-based **Provider Toolkits** focused on reproductive/perinatal health that promote health equity.

Beyond Year 1 Action Step: Based on landscape analysis, Illinois Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners to plan for potential development, implementation, dissemination, and evaluation of a **Provider Toolkit** focused on reproductive/perinatal health that promotes health equity.

Minority women and children consistently face disparities in access to health care, quality health care, and health outcomes. Increasing the diversity of the maternal child workforce and their cultural and linguistic skills are essential strategies for addressing inequities and improving health outcomes. The second strategy promotes health equity, wellness, and reduce health care disparities by developing a culturally tailored, client-centered, strengths-based **Provider Toolkit** that parallels the information in the consumer-focused *Healthy Choices, Healthy Futures* Toolkit.

Discussions with relevant partners, as well as a literature search will be the primary means to survey the landscape for currently available provider toolkits and resources focused on health care during the preconception, pregnancy, and postpartum periods. Focus groups will be held to vet the content of various toolkits and decide if additional topics or a brand new approach is needed before formal recommendations are made for a statewide **Provider Toolkit**.

Related I PROMOTE-IL Activities

- Development of multiple training tools on maternal health for a variety of providers including home visitors and emergency department personnel, and the development of a training module focused on two-generation postpartum care.

Strategic Priority Area #3

Strategic Priority Area #3: Equal Access to High Quality Care

#3

Strategy #1: Unbundle postpartum care from the global obstetric billing package in order to improve postpartum access to care.

Year 1 Action Step: Illinois Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners to convene a working group of key stakeholders to move towards unbundling postpartum care from the prenatal care/delivery/postpartum bundle and propose alternative payment models for Medicaid and private insurance plans in Illinois.

A significant portion of pregnancy-related and pregnancy-associated deaths occur in the postpartum period in Illinois. In 2015-2016, 38% of pregnancy-related deaths occurred 0-1 month postpartum and 34% of pregnancy-related deaths occurred 2-11 months postpartum [4]. In 2015, 86% of violent pregnancy-associated deaths in Illinois occurred 0-11 months postpartum [1].

The American College of Obstetricians and Gynecologists (ACOG) currently recommends that postpartum care be an ongoing process instead of a single encounter and that all women should have an initial assessment with their obstetric provider during the first 3 weeks postpartum and then have a comprehensive postpartum visit no later than 12 weeks after birth [16]. This recommendation is reflected in the proposed 2020 Healthcare Effectiveness Data and Information Set (HEDIS) measure for postpartum care. However, adopting this recommendation in Illinois is a challenge because of existing payment structures for postpartum care.

Currently, Medicaid and private plans in Illinois typically bundle postpartum care with prenatal care and labor and delivery and include one postpartum visit per patient in these bundled packages. As such, many Illinois providers do not offer more than one routine postpartum visit because they are not reimbursed for additional postpartum visits. Allowing reimbursement for multiple postpartum visits during the postpartum period has the potential for providers to offer routine earlier visits (e.g., well-baby check at 2 weeks postpartum), and to more effectively address issues such as complications of pregnancy and birth, chronic health conditions, and mental health and substance use before they become acute emergencies. Further, when postpartum care is bundled with prenatal and labor and delivery care, there is often little incentive for providers to ensure that women attend postpartum care. Unbundling the postpartum visit from prenatal care and labor and delivery has the potential to improve maternal health statewide and reduce adverse maternal outcomes. The Illinois Maternal Health Task Force will convene a workgroup of stakeholders from Illinois Department of Health Care and Family Services (IDHFS), Illinois Department of Insurance (IDOI), Illinois Association of Medicaid Health Plans (IAMHP), ILPQC, and provider organizations such as ACOG, American College of Nurse-Midwives (ACNM), Association of Women's Health, Obstetric and Neonatal Nurses (AWHONN) and the American Academy of Family Physicians (AAFP) to address this issue.

Strategic Priority Area #3

Strategy #2: Maintain and expand telehealth utilization for prenatal and postpartum care in Illinois.

Year 1 Action Step: Illinois Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners to advocate to permanently support telehealth reimbursement in Illinois authorized by the Centers for Medicare & Medicaid Services during the COVID-19 public health emergency, particularly reimbursement for phone only visits.

Beyond Year 1 Action Step: Illinois Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners to work with IDHFS, Illinois Managed Care Organizations and IAMHP to leverage the IlliniCare telehealth model (Lifeline is contracted to provide phones/phone service to eligible members). The focus of this effort will be on pregnant and postpartum members in areas where broadband has been expanded.

Due to the COVID-19 pandemic, Illinois obtained an 1135 waiver from the Centers for Medicare and Medicaid Services (CMS) that allowed access to prenatal/postpartum care via telehealth visits and allowed providers to be reimbursed for these telehealth visits at the same rate as for an in-person visit [17]. This has lessened the impact of some common barriers, such as transportation and childcare, which prevent pregnant and postpartum persons from keeping their appointments. Expanded telehealth utilization is an important strategy to increase access to care. Maintaining reimbursement for phone visits (not just visits through telehealth platforms) is particularly important, as this strategy allows pregnant and postpartum persons who lack a reliable internet connection or sufficient phone data to support video telehealth visits, to still be able to access care.

In August 2019, Governor Pritzker launched Connect Illinois, a statewide initiative to expand broadband access [18]. This initiative includes a \$400 million grant program to build infrastructure to expand access to reliable, high-speed internet access in Illinois. This program has the potential to significantly increase internet access for telehealth appointments, particularly in rural areas of the state where the closest obstetric provider may be over an hour away.

Another mechanism to expand telehealth access is fostering partnerships between Medicaid Managed Care Organizations (MCOs) and Lifeline, a federal program that subsidizes phone and phone service for low-income Americans [19]. Currently, Illinicare, a Medicaid MCO, and Aetna Better Health, a Medicare/Medicaid (dual eligible) MCO, partner with companies that administer the Lifeline program. The Illinois Maternal Health Task Force will seek to expand the implementation of telehealth strategies similar to the Lifeline approach already available in two Illinois MCOs to ensure that eligible pregnant and postpartum persons are able to access health care through telehealth. Implementation of additional pilot programs might consider leveraging areas of the state in where broadband access has been recently expanded.

Strategic Priority Area #3

Strategy #3: Require reimbursement for Substance Use Disorder and Intimate Partner Violence screening using a validated tool during routine prenatal care.

Year 1 Action Step: Illinois Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners to convene a meeting of key stakeholders to develop a policy consensus statement, and to advocate for reimbursement for routine prenatal substance use disorder and intimate partner violence screening using a validated tool, such as the Institute for Health and Recovery Integrated Screening Tool, 5P's, or NIDA Quick Screen.

In 2015, 54% of violent maternal deaths in Illinois were due to drug overdose [1]. However, rates of substance use disorder (SUD) screening in the prenatal period are low compared to intrapartum screening in the hospital. A random sample of charts from hospitals participating in ILPQC's Mothers and Newborns Affected by Opioids Initiative showed that 83% of deliveries were screened for SUD using a validated tool during delivery hospitalization but only 25% of deliveries were screened prenatally [20]. Prenatal SUD screening is critical to prevent adverse outcomes for both mother and infant, most significantly, neonatal abstinence syndrome (NAS). ACOG recommends universal screening for SUD using a validated tool, at a minimum, during the first prenatal appointment and on admission to labor and [21]. The Illinois NAS Advisory Committee also endorsed ACOG's universal screening recommendation and calls for ensuring Medicaid reimbursement for routine SUD screening during pregnancy [22].

In 2015, 18% of violent pregnancy-associated deaths in Illinois were due to homicide [1]. One approach to reduce these deaths is routine intimate partner violence (IPV) screening during pregnancy. IPV affects women regardless of race, ethnicity, age, and economic status. However, it is most prevalent among women of reproductive age. ACOG recommends screening for IPV at the first prenatal visit, at least once per trimester, and at postpartum appointments [23].

Currently, both SUD and IPV screening are not routinely performed or reimbursed during prenatal care, which discourages providers from integrating these screenings into routine practice. The Illinois Maternal Health Task Force will convene a workgroup of stakeholders including representatives from ILPQC, IDHFS, IDOI, IAMHP, and provider organizations including ACOG, ACNM, AWHONN, and AAFP to work towards reimbursement for SUD and IPV screening during routine prenatal care.

Strategy #4: Explore strategies to address obstetric care deserts in Illinois.

In recent years, multiple Illinois hospitals have closed, and dozens more have discontinued providing certain clinical services, including obstetrics. Some areas in Illinois, most often rural or low-income urban areas, have very few nearby options for high-risk maternity care or labor and delivery. Areas without access to obstetric care are known as obstetric deserts, birthing deserts, or maternity care deserts. Increased travel time to delivery has been linked to negative birth outcomes and may hinder patients from receiving adequate prenatal and postpartum care. This complex issue will require multiple strategies to address as the major drivers of this issue differ across Illinois. The proposed action steps are a starting point to address this issue and build on current work underway both nationally and in Illinois. In order to ensure all pregnant and postpartum persons statewide have access to obstetric care, these action steps will continue to evolve to be responsive to the prevailing drivers of obstetric service closure.

Year 1 Action Step: Illinois Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners will continue to advocate for Illinois's 12-months postpartum waiver for all postpartum persons on Medicaid.

Strategic Priority Area #3

Illinois applied for a CMS waiver in 2019 to extend postpartum Medicaid coverage from 60 days to one year. As Illinois continues to plan for receipt and implementation of this waiver, MCH stakeholders should also advocate for this extended coverage to be available to all postpartum persons in Illinois regardless of immigration status. The Illinois Maternal Health Task Force will continue to advocate for implementation of the postpartum Medicaid waiver and develop a consensus statement to advocate for the inclusion of undocumented persons in the postpartum Medicaid expansion program.

Year 1 Action Step: Illinois Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners to convene or join with key stakeholders to require increased community input and engagement related to hospital and hospital service closures and ensure sufficient community/consumer notice and education about closures when they occur. In addition, I PROMOTE-IL staff and partners will support efforts aimed at ensuring all pregnant and postpartum persons affected by hospital closures have the appropriate information about where to obtain care including labor and delivery and will support efforts to ensure that information and data are appropriately transferred between providers.

When Illinois hospitals close specific services or close entirely, there are often opportunities for public input at various points in the process, but there is no requirement to actively encourage public and community engagement in the process. As such, the Illinois Maternal Health Task Force advocates for increased community input, engagement, and transparency related to hospital closures and discontinuation of clinical services. While no states appear to have legislation that mandate hospitals and hospital services remain open, some, such as Massachusetts, require a more transparent process to safeguard community engagement and to “ensure that measures have been put in place to minimize the impact on the community and address concerns that have been brought to the department of public health’s attention” [24]. The Illinois Maternal Health Task Force also encourages all current efforts to ensure pregnant and postpartum persons are notified of hospitals changes as well as efforts to ensure that medical information and data are transferred between providers when closure do occur.

Year 1 and Beyond Action Step: I PROMOTE- IL staff and IDPH/Title V work with PAC, HRSA, ACOG, and the National Association of Community Health Centers (NACHC) to ensure that the designation of maternal health provider shortage areas in Illinois takes into account high poverty areas, distance to obstetric hospitals, and availability of transportation, and is more nuanced than current formulas to determine obstetric service needs.

Currently, obstetric shortage areas in Illinois are determined by a formula that divides number of reproductive age women within a designated service area by the number of obstetric beds. This formula does not contain enough nuance to provide an accurate picture of obstetric care access. Comments based on the IL experience with obstetric “deserts” were recently submitted to HRSA by staff of I PROMOTE-IL in response to their call for input into the designation of maternal health provider shortage areas (P.L. 115-320). Building on these comments, the Illinois Maternal Health Task Force will work with key stakeholders, including PAC, to develop criteria for clinical service shortage areas to reflect regional differences in population demographics and diversity of community needs, such as prevalence of high-risk population groups and access to transportation.

Year 1 and Beyond Action Step: Illinois Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners will support the exploration of alternative approaches to the provision of prenatal care and ways to ensure adequate access to labor/delivery, especially in rural areas of the state.

Strategic Priority Area #3

Rural areas of Illinois have been greatly impacted by hospital and obstetric service closures, forcing many women to travel long distances for prenatal care, delivery, and high-risk obstetric care. Potential solutions for obstetric care deserts that address issues in urban areas, like Chicago, likely will not adequately address the drivers of rural hospital closures. The Illinois Maternal Health Task Force will convene a work group specifically on obstetric care closures in rural areas to discuss potential strategies and action steps to address this issue in future versions of this strategic plan.

Year 1 and Beyond Action Step: Illinois Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners will partner with the Health and Medicine Policy Research Group, midwives, other health professionals, and birth center advocates to expand the availability of birth centers in Illinois, particularly in areas with the highest need for obstetrical services.

Birth centers are freestanding health care facilities that provide access to perinatal care for pregnant persons in a non-hospital setting. Although numerous national studies have confirmed that birth centers are safe, patient-oriented, and cost-effective options for low-risk pregnant women, under *Illinois's Alternative Health Care Delivery Act* of 2007, birth centers in the state are only permitted to operate as part of a demonstration project. (Note: the original legislation called for a demonstration period “not to exceed 5 years.”)

The demonstration program authorizes up to ten birth centers statewide, with very specific location and ownership requirements: four in the greater metro Chicago area, including Cook, DuPage, Kane, Lake, McHenry, and Will counties, three in downstate urban areas with a population greater than 50,000, and three in rural areas. In each geographic area, one of the birth centers must be owned or operated by a hospital, and one must be owned or operated by a Federally Qualified Health Center.

As of August 2020, Illinois only had two operating birth centers, the *Birth Center at PCC Community Wellness Center* and the *Birth Center of Bloomington-Normal*. A third, *Burr Ridge Birth Center* plans to open in the fall of 2020. A fourth, *Birth Center of Chicago* has submitted its Certificate of Need permit to be reviewed in fall 2020.

Because birth centers in Illinois are still regulated as part of the demonstration program, there are multiple barriers to opening new birth centers. For example, due to the geographic location and ownership requirements, only one additional birth center will be permitted in the Chicago metro area, and it must be owned or operated by a hospital. Only two additional birth centers will be permitted in downstate urban locations, and they must be owned or operated by a Federally Qualified Health Center and a hospital.

To make birth centers a viable health care delivery option for pregnant persons in Illinois, it is essential that the required evaluation of the birth center demonstration program be completed potentially based on existing data already submitted by current Illinois birth centers with a review by an internal or external party to expedite the completion of the demonstration. The Illinois Maternal Health Task Force will work with MCH stakeholders including the Health and Medicine Policy Research group, a leader who has long advocated for birth centers in Illinois, to address barriers to this service delivery model to ensure that birth centers have a permanent place in the health care delivery landscape for pregnant and postpartum persons, particularly in areas with the highest need for obstetric services.

Related I PROMOTE-IL Activities

- Partnering with ILPQC to provide support to providers to complete mandated training on obstetric hemorrhage and maternal hypertension
- Assessing need for and development of training/protocols for emergency department staff addressing the needs of pregnant and postpartum persons
- Supporting the Illinois Doc Assist program to implement obstetric provider training focused on screening and treatment of perinatal mental and behavioral health disorders

Strategic Priority Area #4

Strategic Priority Area #4: Root/Structural Causes of Health Inequity

#4

Strategy #1: Standardize training/curricula and explore pipeline programs for Illinois Medical Schools to address racism and increase diversity among applicants.

Year 1 Action Step: Illinois Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners to convene a working group to identify current efforts of Illinois medical schools to address racism/implicit bias and increase diversity among medical providers.

Year 1 Action Step: Shriver Center to conduct a policy analysis on current state legislation or policies aimed at medical school or licensure requirements focused on racism, implicit bias, etc.

Racial and ethnic minority groups continue to experience an unacceptable disproportionate burden of chronic disease, death, and disability for a variety of structural reasons including the fact that the health care delivery system in the United States has a long history of racist and discriminatory practices against communities of color. Racism, which many have experienced at institutional and personal levels, affects provider-patient trust, decreases utilization of health care, increases stress and illness, all of which contribute to health disparities.

Many professional medical entities have acknowledged the ways in which racism affects health care and have begun to assemble training and practice-based resources as well as mandating curricula focused on addressing implicit bias. While these efforts may improve patient-provider interactions between different racial/ethnic groups, research shows that minority patients often have better health outcomes when provided care by minority doctors [25]. A recent study using Florida data showed that when Black doctors cared for Black babies, the mortality rate of the infants was cut in half [26]. Thus, health care entities need to take action to become anti-racist while simultaneously diversifying the health care workforce.

The activities for this strategy will focus on learning about ongoing efforts in other states as well as in Illinois to improve communication between patients and providers from different racial/ethnic groups. Ultimately, this effort aims to standardize training/curricula for current and future medical professionals on the history and current manifestations of racism in medicine to change the culture of the health care system. It is intended that curricula changes will be piloted among Illinois medical schools first, before branching out to other health professions. This effort also seeks to identify and recommend best practices for recruitment and retention of diverse medical providers.

There are nine medical schools in Illinois, and all will be approached to participate in these two change areas of focus. Engagement of stakeholders already working on these issues will be intentional and build on efforts such as the EveryONE Project administered by the American Academy of Family Physician's Center for Diversity and Health Equity which focuses on workforce diversity, advocating for health equity through policy, and interdisciplinary collaboration [27].

Strategic Priority Area #4

Strategy #2: Expand and strengthen existing housing and medical transportation programs to provide more options for pregnant and postpartum persons.

Year 1 Action Step: Illinois Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners will work to advance policies to prioritize pregnant and postpartum persons, and their families, in current housing support programs statewide.

Year 1 Action Step: Illinois Maternal Health Task Force members and I PROMOTE- IL staff will work with key partners who are establishing an Interagency Council on Homelessness to ensure that there is a focus on pregnant/postpartum persons.

Year 1 Action Step: Shriver Center to conduct a review of current Medicaid transportation policies for pregnant/postpartum persons and their families with the objective of developing more family friendly policies.

Social determinants of health are the conditions in the places where people live, learn, work and play that affect health risks and outcomes [28]. One key area of the social determinants of health is neighborhood and built environment, which includes access to affordable and safe housing, and reliable transportation. It is important to acknowledge that structural racism is at the core of housing inequality in the U.S. and further exacerbates health disparities. Stable, affordable housing improves health and well-being. Pregnancy can increase a woman's risk of homelessness and pregnant women face greater health risks when they do not have stable housing. There are several challenges to receiving prenatal care while homeless or unstably housed including fragmentation of health services, low accessibility/long waiting lists and stigma from health care providers [29, 30]. Pregnant persons experiencing homelessness are more than two times as likely to experience a complication during birth (such as hemorrhage) and have a preterm birth/low birthweight infant [31, 32]. Likewise, inadequate transportation may hinder a person's ability to attend necessary prenatal and postpartum appointments, including specialty care, and may delay presentation at a hospital for labor and delivery, especially in rural areas.

Activities for this strategy will focus on providing a maternal health focus to ongoing efforts to increase access to safe, stable, and affordable housing statewide, including the prioritization and more effective targeting of pregnant and postpartum persons within current housing programs. Suggested activities include producing an inventory and analysis of all available housing resources in Illinois communities and develop housing options for pregnant and postpartum persons experiencing housing instability or homelessness in the Housing Blueprint, currently under development by the Illinois Housing Development Authority. Efforts for this group to address inadequate transportation will start with a policy analysis of current Medicaid transportation policies for pregnant/postpartum persons to ensure that these policies are responsive to client needs and family friendly (e.g., allowing multiple car seats in insurance/Medicaid covered transportation).

Strategic Priority Area #4

Strategy #3: Expand and establish economic support and security for Illinois families.

Year 1 Action Step: Illinois Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners to provide support to advocates and stakeholders currently working on Paid Family and Medical Leave in Illinois and support ongoing efforts.

Beyond Year 1 Action Step: Illinois Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners to explore options for building on the approved IL Children's Savings Account (begins in 2021) to increase opportunities for state funding through budgetary triggers, and to explore a statewide Children's Allowance.

There is a direct positive relationship between health and income in the United States with health status improving as income increases. Higher-income individuals have lower rates of mortality [33, 34] chronic conditions such as obesity [35, 36], and better self-reported health status [37]. Individuals and families experience disparities in income based on gender and race; Black and Hispanic women are most affected by the wage gap and have the lowest annual earnings compared to all other groups [38]. Wages earned also differ by geography. Nationally in 2015, the median national household income for rural households was \$52,386, about 4.0 percent lower than the median national income for urban households, \$54,296 [39].

To address longstanding income disparities and high rates of poverty in racial/ethnic minority groups as well as rural areas, the Illinois Maternal Health Task Force is elevating two areas of focus, Paid Family and Medical Leave and Children's Savings Accounts, to provide additional financial support to low- and middle-income families, reduce financial stress during early childhood, and help ameliorate the effects of decades of racist housing, employment, and education policies. This strategy is a shared priority with the *Illinois Prenatal to Three (PN3) 2020 Policy Agenda*, which as one of its goals to increase family income and economic security for families with small children.

The first area of focus, paid family and medical leave, allows workers to take time off to care for newborn children or ill family members. Unlike nearly all other industrialized nations, the U.S. does not have national standards for *paid* family and medical leave, thus decisions about when and how to offer paid family and medical leave are made by employers and individual states. The majority of working people in the United States do not have paid family and medical leave through their jobs [40]) as paid family and medical leave is more common among high-paying professional occupations and with large companies.

Thus, low wage or hourly workers will benefit the most from a paid family and medical leave policy. Lack of paid family and medical leave is also particularly significant for women of color. In Illinois, 84% of Black mothers, 48% of White mothers and 49% of Hispanic mothers are key family breadwinners [41].

As of August 2019, eight states and the District of Columbia had passed paid family leave regulations, offering eligible employees four to twelve weeks of paid leave with various eligibility criteria and funding sources [42]. In December 2019, the US Congress passed up to 12 weeks paid family leave for federal workers following childbirth, adoption or fostering. Illinois does not currently have paid family leave, but employers are required to meet federal standards. However, unpaid family and medical leave under the federal Family and Medical Leave Act (FMLA) is inaccessible for approximately 60% of working people in Illinois [43]. Paid family and sick leave legislation has not been successfully to date in Illinois. The Illinois Maternal Health Task Force will work with key advocacy organizations focused on addressing both employment and poverty issues to support Paid Family and Medical Leave, ultimately exploring programs that provide financial support to women, pregnant persons, and young families, regardless of employment status.

Strategic Priority Area #4

The second area of focus with respect to income support and poverty reduction is to expand Illinois's Children's Savings Accounts program (CSAs). CSAs are savings accounts established in a child's name with an initial deposit from a sponsor and are intended to increase financial security, social mobility, and self-sufficiency among low- and moderate- income people and have been associated with better educational outcomes [44]. Programs that provide seed funding and additional assets using a differential approach (i.e., larger amounts to poorer families) can have a large impact on reducing the racial inequities in wealth; one study showed that government investment and compounded interest could reduce the racial wealth gap by as much as 70-80% over time [45].

The *Illinois Higher Education Savings Program* (2017 and 2018 IL HB3691) was recently passed and provides a seed fund deposit of \$50 into a college savings account for every child born or adopted in Illinois after December 31, 2020. The Illinois Maternal Health Task Force will explore the opportunity to expand on this infrastructure and advocate for more flexible use of these accounts (e.g., to pay for purchase of home) and to provide additional initial funding and supplemental deposits, based on residential zip code, household income, or other measures of child opportunity. This expansion of Illinois CSA program will provide additional support to Black, Hispanic/Latinx, and lower income families who have the potential to benefit the most from this program. Similar proposals to establish these types of savings accounts or other mechanisms such as "baby bonds" have been introduced with bipartisan support in the US Congress and in the state of New Jersey.

Related I PROMOTE-IL Activities

- Supporting the ILPQC to implement a statewide Birth Equity

Strategic Priority Area #5

Strategic Priority Area #5: Maternal Health Data for Action

#5

Strategy #1: Increase the number of MCH stakeholders and partners using data for action by leveraging existing state-level data resources (e.g., query tools and reports).

Year 1 Action Step: Illinois Maternal Health Task Force members and I PROMOTE- IL staff will conduct a data landscape analysis, including a summary of existing state-level MCH data resources and an analysis of data/ indicators that could be added to meet the needs of MCH stakeholders and partners.

Beyond Year 1 Action Step: Based on the data landscape analysis, Illinois Maternal Health Task Force members and I PROMOTE- IL staff will draft targeted recommendations to data owners on how existing data resources can be revised or expanded to optimize use by MCH stakeholders and partners.

Numerous entities across Illinois are focused on utilizing accurate and timely health data to improve a wide range of health outcomes for pregnant and postpartum persons and their families. This committee recognizes that improving MCH data in Illinois is a focus in many current state-level action plans and recommendations, and intends to build on existing innovation and partnerships to carry out its objective and strategies. For example, the Illinois Prenatal to Three (PN3) Initiative highlights the alignment and standardization of data systems in multiple categories of its 2020 Policy Agenda.

Many state-level resources currently exist that provide timely and accurate data to partners and the public; however, they exist in several different locations and in various formats. Activities for this strategy will include a comprehensive landscape analysis of publicly available data sources used by MCH partners and stakeholders. This work will be guided by the expertise of the Committee and intends to engage the larger Illinois Maternal Health Task Force through a survey to ensure this analysis is inclusive of the needs of all partners. Following this analysis, the committee plans to present targeted recommendations to owners of commonly used data resources in order to optimize use by all MCH partners and stakeholders across the state, including feedback on how to prioritize adding new indicators or components to those resources.

Strategy #2: Adapt or create tools and resources to support MCH stakeholders and partners in using data to address inequities in maternal mortality (MM) and severe maternal morbidity (SMM).

Beyond Year 1 Action Step: IL Maternal Health Task Force members, I PROMOTE- IL staff, and/or partners to plan and develop at least one data tool to assist MCH stakeholders in examining inequities in MM and SMM.

Strategic Priority Area #5

As discussed earlier in this report, there are inequities in MM and SMM seen by race/ethnicity, age, insurance status and geographic location in Illinois. In addition to increasing the access and use of existing data resources, this committee is working to ensure there are resources available for more in-depth examination of MM and SMM. This strategy aims to develop at least one tool to support MCH stakeholders and partners in describing health inequities in MM and SMM, as well as moving towards action to reduce these inequities. This committee will leverage the knowledge of the larger Task Force to identify existing tools and will canvas other states for examples.

Related | PROMOTE-IL Activities

- Standardization of hospital-level SMM reviews by providing staffing and analytical support for the Severe Maternal Morbidity (SMM) Review Initiative
- Creation of a county-level maternal health data profile to be posted on the internet.
- Hosting a speaker series on diverse maternal health topics.



Going Forward

As we move forward, we acknowledge that the Illinois Maternal Health Strategic Plan has many areas for action and although is multi-pronged, could potentially include other strategies that are not explicitly mentioned here (e.g., support for trauma informed care, screening for the social determinants of health, increasing the use of nurse-midwives in the maternity care delivery system, etc.) but may become more salient over time. We also acknowledge that not all of the strategies included here are likely to be addressed simultaneously and that given various policy windows and opportunities, some action steps and strategies may be elevated over others at any point in time. And finally, we recognize that the Illinois Maternal Health Strategic Plan is a living document that will change as issues are successfully addressed, as new issues emerge, and as the evidence for systems, policy, and clinical interventions brings new information to bear on eliminating maternal health inequities in Illinois and across the nation.

Acknowledgments

I PROMOTE-IL Team

Rachel Caskey, MD, MAPP- co-Principal Investigator
Stacie Geller, PhD- co-Principal Investigator
Arden Handler, DrPH- co-Principal Investigator
Katie Garland, MPH, Program Coordinator
Anne Elizabeth Glassgow, PhD, Executive Director
Abigail Holicky, MPH, Data Manager
Ashley Horne, MSPH, Program Epidemiologist
Aida Rodriguez, MSW, Social Worker
Shirley Scott, MS, RN-BC, C-EFM, APN, Nurse Care Manager

Illinois Department of Public Health, Office of Women’s Health and Family Services

Amanda C. Bennett, PhD, MPH
Cara Bergo, PhD
Trishna Harris, DNP, APN, WHNP-BC, CNM
Shannon Lightner, MSW, MPA
Kenya McRae, PhD
Miranda Scott, MBA, MALS, BSN, RN, LNC

Student Support

Katherine Craemer, MPH(c)
Megan Gordon, CNM, WHNP-BC, DNP, MS
Minji Kang, MPH
Alice Kreher
Nicky Meyyazhagan, PhD (c)
Estefania Perez Luna, BS

The Illinois Maternal Health Task Force (see Appendix B)

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Appendix A: Related State-Level Plans

As stated in the main report, it is imperative that the Illinois Maternal Health Strategic Plan aligns with other initiatives across the state to ensure that efforts are being leveraged rather than duplicated. Specific details on shared priorities between the Illinois Maternal Health Strategic Plan and other state-level plans are included within each Strategic Priority Area.

In summary, the major plans that have shared priorities with the Illinois Maternal Health Strategic Plan are:

Healthy Chicago 2025

- **Lead Organization:** City of Chicago
- **Years:** 2020-2025
- **Link:** https://www.chicago.gov/city/en/depts/cdph/provdrs/healthy_communities/svcs/healthy-chicago-2025.html

Illinois Title V Maternal and Child Health Services Block Grant Action Plan

- **Lead Organization:** Illinois Department of Public Health
- **Years:** 2021-2025
- **Link:** <https://www.dph.illinois.gov/topics-services/life-stages-populations/maternal-child-family-health-services>

State of Illinois Opioid Action Plan

- **Lead Organization:** Illinois Department of Public Health
- **Years:** 2020-2023
- **Link:** <https://dph.illinois.gov/sites/default/files/publications/soap-implementation-report-january-2020.pdf>

Prenatal to Three Initiative (PN3) Policy Agenda

- **Lead Organization:** Governor's Office of Early Childhood Development/Ounce of Prevention Fund
- **Years:** 2020-2025
- **Link:** <https://www2.illinois.gov/sites/OECD/Pages/PN3.aspx>

If there are additional state-level plans that have shared priorities with the Illinois Maternal Health Strategic Plan that are not included above, please email IPROMOTE-IL@uic.edu.

Appendix B: IL Maternal Health Task Force

Last Name	First Name	Affiliation
Abraham	Tracy	University of Illinois at Chicago (UIC)
Altman	Stephanie	Shriver Center on Poverty Law
Anderson	Timika	Access Community Health Network/ Healthy Start
Basley	Dara	Illinois Task Force on Infant and Maternal Mortality among African Americans (IMMT), Access Community Health Network
Bennett	Amanda	IDPH Office of Women's Health and Family Services (OWHFS)
Bergo	Cara	IDPH OWHFS
Bires	Carie	Start Early (formerly the Ounce)
Borders	Ann	Illinois Perinatal Quality Collaborative (ILPQC)
Brodie	Paula	SIHF Healthcare/East St. Louis Healthy Start
Burton	Glendean	IMMT, MIECHV Nurse Consultant
Cantor	Ellen	St. Anthony's Hospital
Caskey	Rachel	I PROMOTE-IL
Castro	Cristina	Illinois State Senator
Coe	Martina	Westside United
Cohen	Lisa	Illinois Department of Human Services
Davenport-Williams	Jessica	Black Girls Break Bread
Driscoll	Kara	The Allegro Center
Ellison	Angela	IMMT Co-Chair, UIC OCEAN/Health Start
Emanuel	Kyrsten	Start Early (formerly the Ounce)
Fleming	Shirley	IMMT, Faith Community
Folken	Lori	Illinois Section of the Association of Women's Health, Obstetric and Neonatal Nurses (IL-AWHONN)
Gabel	Robyn	Illinois State Representative
Gasner	Ireta	Start Early (formerly the Ounce)
Geller	Stacie	I PROMOTE-IL
Glassgow	Liz	I PROMOTE-IL
Hampton	Janet	Illinois Department of Human Services
Handler	Arden	I PROMOTE-IL
Harris	Trishna	IDPH OWHFS
Harth	Catherine	IMMT Systems committee co-lead and OB/GYN at UChicago
Hill	Janine	Soar Strategies
Hoots	Cheri	Illinois Primary Health Care Association
Hoskins Wroten	Jacqueline	Retired: Formerly with Chicago Department of Public Health
Hubka	Teresa	Illinois Section of the American College of Obstetricians and Gynecologists (ISACOG)

Appendix B: IL Maternal Health Task Force

Last Name	First Name	Affiliation
Jones	Robin	Illinois Maternal Mortality Review Committee (MMRC) and Rush University
Julion	Virginia	Retired: Formerly with the Fetal and Infant Mortality Review (FIMR) at University of Chicago
Kasinger	Karen	Illinois Department of Healthcare and Family Services, State Medicaid Program
Kim	Jo	NorthShore Perinatal Depression Program
Kovacs	Lance	Illinois Health and Hospital Association
Lee King	Patti	Illinois Perinatal Quality Collaborative (ILPQC)
Lightner	Shannon	IDPH OWHFS
Locher	Steve	Illinois Severe Maternal Morbidity (SMM) Advisory Group and UIC
Masinter	Lisa	Alliance Chicago
Mason	Ellen	Stroger Hospital and UIC
McRae (Co-Chair)	Kenya	State Title V MCH Program
Milan-Alexander	Tamela	IMMT Co-chair, Access Community Health Network
Mitchell (Co-Chair)	Cindy	Illinois Administrative Perinatal Centers (APC), South Central Perinatal Network in Springfield
Olds Frey	Samantha	Illinois Association of Medicaid Health Plans (IAMHP)
Osting	Brielle	CareAdvisors
Riedmann	Gayle	HMPRG Birth Center Task Force Chair
Ruttenberg	Rachel	Heartland Alliance
Sanabria	Kathy	Illinois Chapter of the American Academy of Pediatrics (ICAAP)
Schwartz	Lesley	Governor's Office of Early Childhood Development (MIECHV)
Scott	Miranda	IDPH OWHFS
Smith	Lee	Sinai Community Institute
Smith	Vickie	Illinois Coalition Against Domestic Violence
Su	Joanna	Governor's Office of Early Childhood Development (MIECHV)
Vidis	Jennifer	Chicago Department of Public Health (CDPH)
Waligora	Kathy	EverThrive Illinois
Wells	Dawn	Illinois Department of Healthcare and Family Services
Wych	Sadie	HealthConnect One
Zechske	Maripat	Illinois Maternal Mortality Review Committee – Violent Deaths (MMRC-V) & Rush

Appendix C: IL Maternal Health Task Force Meeting Schedule

Date: March 18, 2020

Time: 10:00am - 12:00pm

Location: WebEx

#1

Meeting Agenda

10:00-10:15 AM – Welcome, Moment of Silence, & Introduction

-Welcome – Dr. Rachel Caskey (Co-PI, I PROMOTE-IL)

-Moment of Silence & Introduction – Dr. Kenya McRae and Cindy Mitchel (Co-Chairs, Illinois Maternal Health Task Force)

10:15-10:30 AM – I PROMOTE-IL Grant Review & Goals, Task Force Charge – Dr. Rachel Caskey (Co-PI, I PROMOTE-IL)

10:30-10:50 AM – IDPH Maternal Morbidity and Mortality Report – Dr. Amanda Bennett (CDC Field Assignee in Maternal and Child Health Epidemiologist, IDPH)

10:50-11:50 AM – Illinois Maternal Health Strategic Plan Homework Exercise – Dr. Arden Handler (Co-PI, I PROMOTE-IL)

11:50 AM-12:00 PM – Closing & Upcoming Meetings Reminder – Dr. Arden Handler (Co-PI, I PROMOTE- IL)

Date: June 24, 2020

Time: 1:00pm - 3:00pm

Location: Zoom

#2

Meeting Agenda

1:00-1:05 PM – Welcome, Agenda & Acknowledgements

-Welcome – Dr. Stacie Geller (Co-PI, I PROMOTE-IL)

-Agenda – Cindy Mitchell (IL Maternal Health Task Force Co-Chair)

-Acknowledgements – Dr. Kenya McRae (IL Maternal Health Task Force Co-Chair)

1:05-1:35 PM – Illinois Title V Priorities and Action Plan: 2021-2025 – Dr. Kenya McRae

1:35-2:05 PM – Illinois Maternal Health Strategic Plan – Dr. Arden Handler and Abigail Holicky

2:05-3:00 PM – Committee Meetings – I PROMOTE-IL Staff

-Introductions

-Review strategic priority area and objective

-Review committee template

-Determine next meeting and schedule through August 1, 2020

-Identify any technical assistance or research needs

Date: September 10, 2020

Time: 10:00am - 12:00pm

Location: Zoom

#3

Meeting Agenda

10:00-10:05 AM – Welcome and Introduction of Representative Lauren Underwood (IL-14)

-Welcome – Dr. Kenya McRae (Co-Chair, Illinois Maternal Health Task Force)

10:05-10:25 AM – Q&A with Representative Lauren Underwood (IL-14)

10:25-10:30 AM – Review of Illinois Maternal Health Strategic Plan and Strategic Priority Area Updates – Dr. Arden Handler (Co-PI, I PROMOTE-IL)

10:30-10:40 AM – Care Coordination and Case Management – Ireta Gasner, Chair

10:40-10:50 AM – Public Education and Community Engagement/Empowerment – Shirley Scott, I PROMOTE- IL

10:50-11:00 AM – Equal Access to High Quality Care – Lori Folken, Co-Chair

11:00-11:10 AM – Root/Structural Causes of Health Inequities – Jen Vidis, Chair

11:10-11:20 AM – Standardization and Use of Maternal Health Data for Action – Brielle Osting, Co-Chair

11:20-11:40 AM – Strategic Plan Next Steps – Abigail Holicky, I PROMOTE- IL

11:40-11:50 AM – Alignment with Illinois Task Force on Infant and Maternal Mortality among African Americans (IMMT) – Angela Ellison and Tamela Milan-Alexander, Co-Chairs of IMMT

11:50 AM- 12:00 PM – Moving Forward – Cindy Mitchell (Co-Chair, Illinois Maternal Health Task Force)