



# Illinois Maternal Health Strategic Plan: Summary and Accomplishments

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2021-2024  
Version 5 - June 2024



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# Introduction



Illinois was one of nine states to receive State Maternal Health Innovation (MHI) Program funding in 2019 from the Health Resources and Services Administration (HRSA). Its MHI program, Innovations to **ImPROve Maternal OuTcomEs** in Illinois (**IPROMOTE-IL**), led by the University of Illinois Chicago, convened the Illinois Maternal Health Task Force (Task Force) in March 2020 to establish the Illinois Maternal Health Strategic Plan (Strategic Plan). The first version of the Strategic Plan was published in February 2021, with additional versions published periodically to reflect progress made by the Task Force during the previous months or year of implementation:

- Version 2: April 2022
- Version 3: January 2023
- Version 4: November 2023

This document, Version 5: June 2024, represents the culmination of multiple partnerships and collaborations of Task Force members working together to reduce maternal health inequities in Illinois since 2020.

The Strategic Plan was intended to guide, support, and/or strengthen the efforts of multiple organizations, groups, and individuals to address the maternal health crisis in Illinois. All strategies in the Strategic Plan were developed based on recommendations from the 2021 Illinois Maternal Morbidity and Mortality report, other maternal health data, and approaches being adopted to address maternal health inequities in other locales across the nation [1]. Many of the strategies also align with the White House Maternal Health Blueprint, published in June 2022 [2]. Importantly, the Strategic Plan is a living document that has transformed as strategies were adopted or enacted.

The Task Force is comprised of over 100 stakeholders from across the state and includes representatives from governmental agencies, non-governmental agencies, community organizations, academia, the Illinois state legislature, Illinois' Maternal Mortality Review Committees (MMRCs), health care entities, and other professional organizations focused on maternal and child health. The vision, mission, and values of the Task Force follow.

## 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 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.

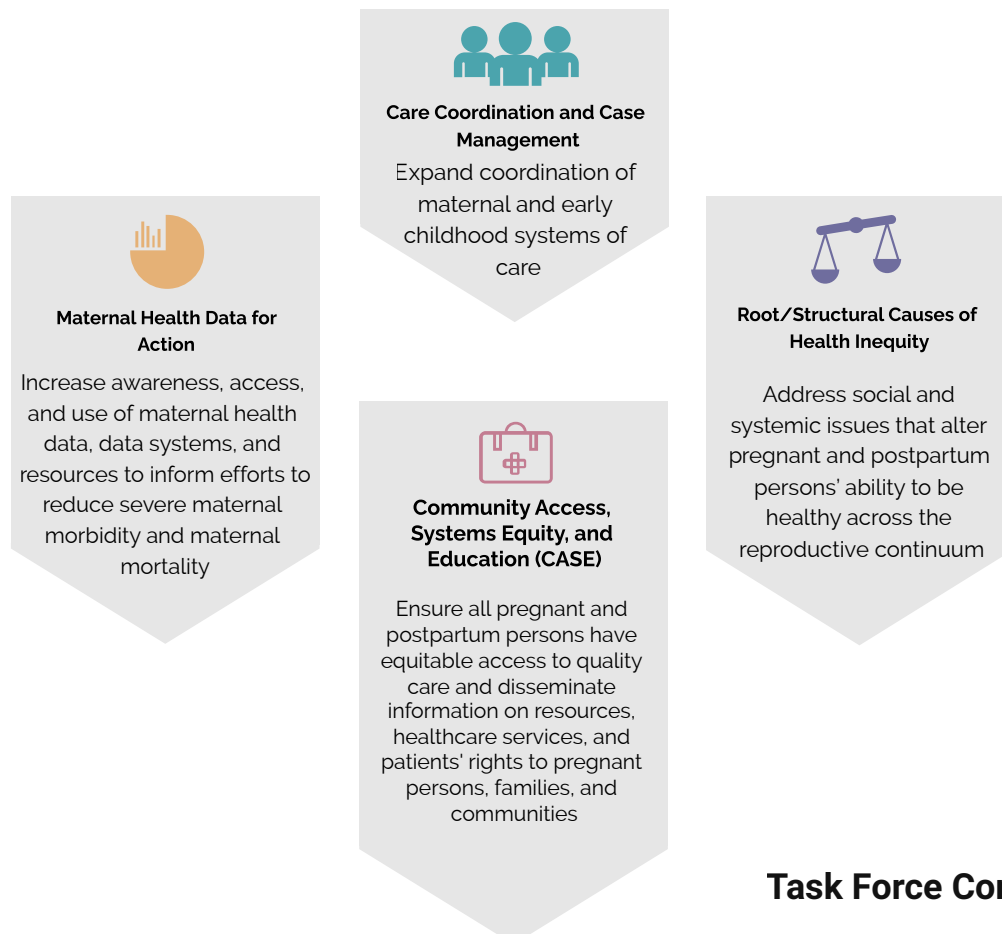
## Task Force Committees

In the first year of planning and implementation, the Illinois Maternal Health Task Force consisted of five committees reflecting the five strategic priority areas identified by members as essential to address through the Strategic Plan:

- Care Coordination and Case Management
- Public Education and Community Empowerment and Engagement
- Equal Access to High Quality Care
- Root and Structural Causes of Health Inequality
- Maternal Health Data for Action

In the second year of implementation, in response to discussions at a July 2021 Strategic Plan Leadership Retreat, the Public Education and Community Empowerment and Engagement Committee and the Equal Access to Care Committee joined to form the Community Access, System Equity, and Education (CASE) Committee. The transformed committee structure, and associated committee objectives are shown below.

### Illinois Maternal Health Task Force Committees and Corresponding Strategic Plan Objectives



## About this Version of the Strategic Plan

This document, the Illinois Maternal Health Strategic Plan Version 5: June 2024, outlines the evolution of the Strategic Plan from January 2021 to June 2024. Notably, over the life of the Strategic Plan, some strategies morphed, some strategies were discontinued, and many were added.

As such, organized by the four current committees, we present the most recent strategies (as listed in Version 4), and their current status with respect to achievement. We also provide a timeline for each strategy, indicating if changes were made across each of the versions of the Strategic Plan. For each strategy, we provide the data and recommendations on which the strategy is based (Background), specifically noting connections to the recommendations of the Illinois MMRCs as provided in the [2021 Illinois Maternal Morbidity and Mortality Report](#), as well as connections to the [White House Maternal Health Blueprint](#) [1,2].

This document also provides information on Task Force Committee activities, products, and deliverables associated with each strategy. The deliverables and products do not necessarily correlate one-to-one with the strategies in each iteration of the Strategic Plan as changes were made in real time to be responsive to the changing environment. However, the information presented in this document is true to the work of the Illinois Maternal Health Task Force, which reflects the changing landscape of maternal health in Illinois over the last several years.



# **The Illinois Maternal Health Strategic Plan:**

*Evolution January 2021 - June 2024*



## Priority Area #1: Care Coordination and Case Management

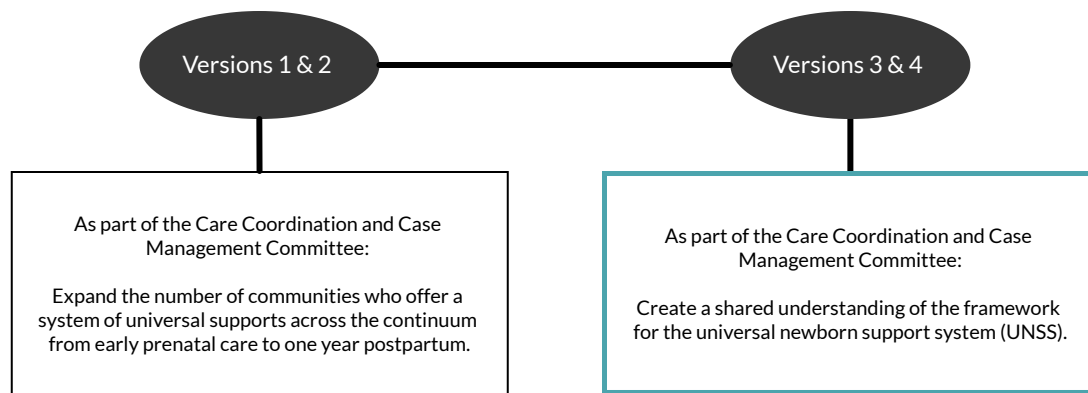
# #1

**Strategy #1.1: Create a shared understanding of the framework for a universal newborn support system (UNSS).**



**Status:** In Progress

### Timeline



### Background

**HRSA's Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three (ECCS) Grant**

- **Goal:** Enhance the Prenatal-to-Three statewide maternal and early childhood system of care by establishing a Universal Newborn Supports System (UNSS) that better connects parents and babies to programs and services.

### Committee Activities and Products

Developed an equity focused rubric to assess and select a framework for a statewide, comprehensive approach to UNSS.

Began a review of evidence-based and "Promising Practice" models using the above rubric in order to provide a recommendation for a model framework for a statewide, comprehensive approach to UNSS.

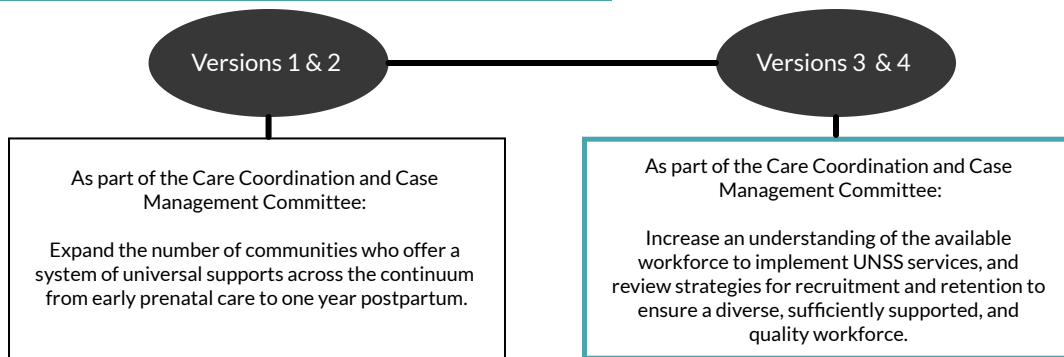
# Care Coordination and Case Management

**Strategy #1.2: Increase understanding of the available workforce to implement UNSS services, and review strategies for recruitment and retention to ensure a diverse, sufficiently supported, and quality workforce.**



**Status:** In Progress

## Timeline



## Background

**HRSA's Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three (ECCS) Grant**

- **Goal:** Work across state agencies to establish a clearly aligned and sustainable infrastructure to support a stronger and more efficient and effective P-3 system.

## Committee Activities and Products

Developed 2023 *UNSS Workforce Availability and Scaling Report*.

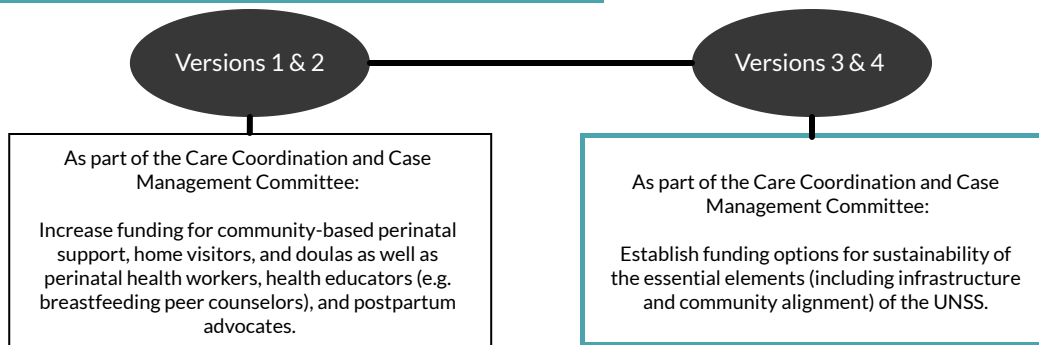
Exploring the training and certification process for community health workers, the parameters of a hybrid UNSS model, and workforce scaling to implement UNSS statewide.

**Strategy #1.3: Establish funding options for sustainability of the essential elements (including infrastructure and community alignment) of the UNSS.**



**Status:** In Progress

## Timeline



## Background

**HRSA's Early Childhood Comprehensive Systems: Health Integration Prenatal-to-Three (ECCS) Grant**

- **Goal:** Align policy, data, and financing mechanisms to support and sustain a coordinated comprehensive P-3 system.

## Committee Activities and Products

Developing a funding model for UNSS.

**Strategy #2.1:** 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 (HCHF)*, to ensure that it is widely disseminated through appropriate consumer and professional networks and media platforms.

**Status:** Achieved

### Timeline

Versions 1, 2, & 3

As part of the Public Education and Community Engagement Committee and the CASE Committee:

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 (HCHF)*, to ensure that it is widely disseminated through appropriate consumer and professional networks and media platforms.

### Background

#### 2021 MMRC Recommendations

##### For Community-Based Organizations

- Community-based organizations should educate women on the importance of getting prenatal care early in pregnancy to improve healthy pregnancy outcomes and to increase the opportunity to optimally parent her child.
- Community-based organizations should disseminate public education materials to increase awareness of postpartum warning signs, including postpartum depression, and should develop supportive programs to help women get the care they need.

#### White House Blueprint on Maternal Health

- Goal 2: Ensure Those Giving Birth are Heard and are Decisionmakers in accountable Systems of Care.

### Committee Activities and Products

Aided in the implementation, dissemination, and evaluation of EverThrive IL's *HCHF* Toolkit as the main Title V supported reproductive/perinatal toolkit aimed at Illinois women, birthing persons, and other consumers.

Disseminated the *HCHF* Toolkit through the Task Force member's networks and included the link to the Toolkit as part of the *Maternal Health Digital Resource Library*, created by the CASE Committee.

## Community Access, Systems Equity, and Education

**Strategy #2.2:** Explore the development of a culturally tailored, client-oriented, strengths-based Provider Toolkit with community and provider partners and disseminate through Illinois provider networks and media platforms.



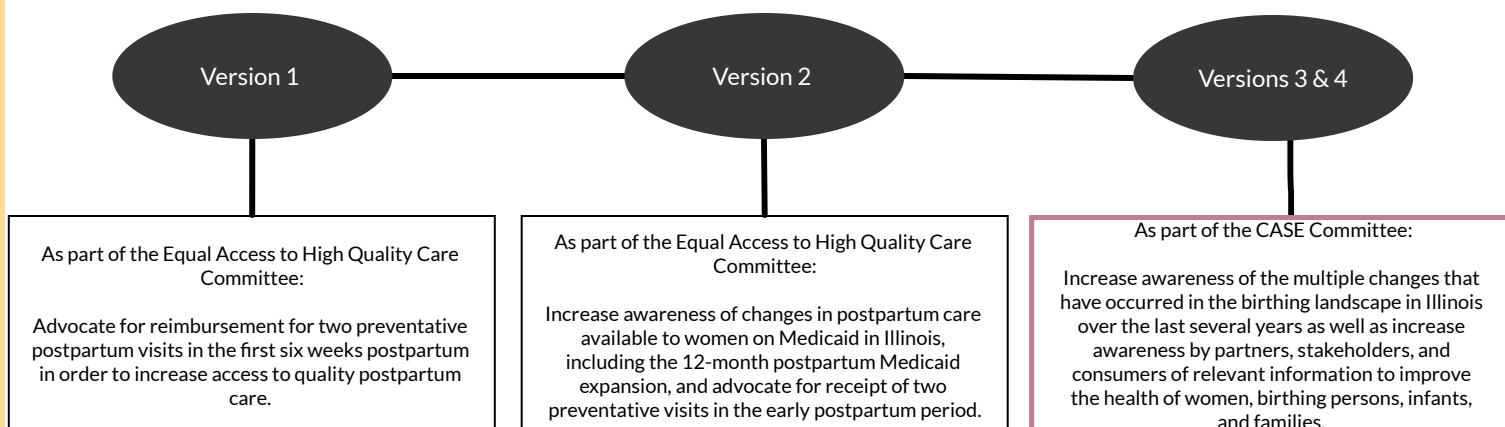
**Status:** Discontinued after Version 1 (due to lack of resources)

**Strategy #2.3:** Increase awareness of the multiple changes that have occurred in the birthing landscape in Illinois over the last several years as well as increase awareness by partners, stakeholders, and consumers of relevant information to improve the health of women, birthing persons, infants, and families.



**Status:** Achieved

### Timeline





# Community Access, Systems Equity, and Education

## Background

### 2021 MMRC Recommendations

#### For Hospitals:

- Should connect pregnant/postpartum women to care coordination and social services prior to discharge, including an early postpartum visit within the first three weeks.
- Have patient education materials on potential warning signs of complications through first year postpartum.

#### For Health Care Providers:

- Pregnant/postpartum people with complex medical or mental health care professionals should be referred to specialists with a "warm handoff" and timely postpartum follow-up care should occur with an obstetric provider and appropriate medical specialists.
- Women discharged from the hospital should have postpartum care visits scheduled at 3 weeks postpartum and 12 weeks postpartum.
- Provide comprehensive contraceptive counseling and access and promote reproductive justice through shared medical decision making.

#### For Health Insurance Plans:

- Health Insurance plans, including Illinois Medicaid, should encourage a continuum of postpartum care and allow reimbursement for multiple postpartum visits for all women.

#### For State Agencies and Partners:

- Community-based organizations should provide education on getting prenatal care and disseminate information to increase awareness of postpartum warning signs.

#### For Women and Their Families and Friends:

- Pregnant/postpartum women identify new health symptoms and tell their health care providers.

### White House Blueprint on Maternal Health

- Goal 1.1. Ensure pregnant/postpartum people have comprehensive, continuous health insurance coverage through pregnancy and 12 months following the end of pregnancy, by encouraging states to leverage the American Rescue Plan Act of 2021 state plan option to provide 12 months postpartum Medicaid and Children's Health Insurance Program (CHIP) coverage. We also urge Congress to make 12 months of postpartum coverage mandatory for all state Medicaid and CHIP programs and to close the Medicaid coverage gap.

## Committee Activities and Products

Developed White Paper: [Expanding the Number of Preventative Postpartum Visits in the Early Postpartum Period](#).

Provided support for legislative changes related to Medicaid reimbursement for two postpartum visits, as outlined in the HFS Provider Notice: [Clarification of Reimbursement for Postpartum Visits](#).

Developed the [Maternal Health Digital Resource Library](#) that includes a variety of infographics and associated [Palm Cards](#). These materials were distributed to health care providers, community organizations, and birthing persons and families. Two postpartum-specific infographics were created:

- [Two Postpartum Preventive Visits](#)
- [Medicaid Extended Through 12 Months After Pregnancy](#)

Created/distributed the [Maternal Health Bundle](#) to all Federally Qualified Health Centers (FQHCs) in IL to provide updated information on important changes related to the delivery of maternal health care.

Reviewed the IL 2018 Model Medicaid Managed Care Organization (MCO) contract and worked with the Illinois Association of Medicaid Health Plans (IAMHP) to update the [Medicaid Provider Toolkit](#) to include information related to the Postpartum Medicaid Extension.

Based on review of the IL 2018 Model Medicaid MCO contract:

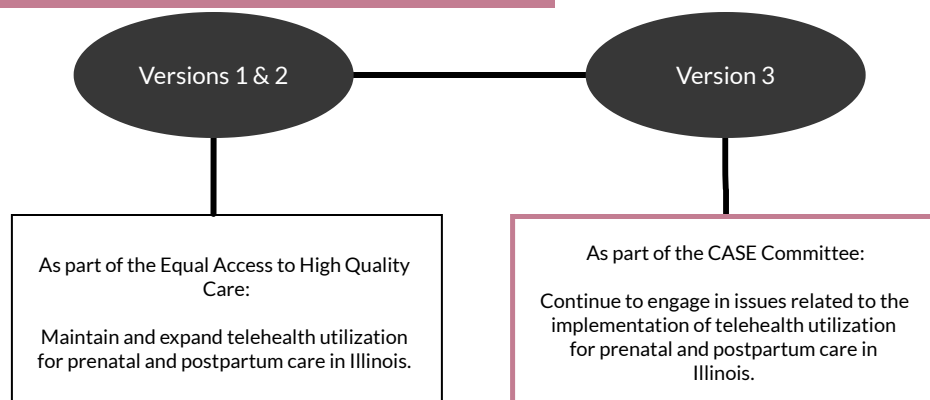
- Developed [Ensuring High Quality Postpartum Care in the Period Covered by Illinois' Postpartum Medicaid Extension](#), which proposed the following strategies for leveraging the Postpartum Medicaid Extension:
- Update the MCO Consumer Dashboard to include both Maternal and Women's Health Indicators;
- Develop a Medicaid Postpartum Performance Measurement dataset for utilization by all Illinois Medicaid MCOs.

**Strategy #2.4: Continue to engage in issues related to the implementation of telehealth utilization for prenatal and postpartum care in Illinois.**



**Status: Achieved**

## Timeline



# Community Access, Systems Equity, and Education

## Background

### 2021 MMRC Recommendations

#### For Health Insurance Plans and Managed Care Organizations:

- Should reimburse for telehealth for clinical services not widely geographically available in Illinois.

### White House Blueprint on Maternal Health

- Goal 1.3. Improve rural obstetric readiness at hospitals and Indian Health Services (IHS) facilities. IHS will develop guidelines and standards for equipment, medication, staff training, and transport to ensure facilities without obstetric units are still "obstetric ready;"...HHS will also identify how telehealth can support rural clinicians managing obstetric and neonatal emergencies.

## Committee Activities and Products

Developed White Paper: [Telehealth: A Strategy for Improving Maternal and Infant Health](#).

Provided support for [PA 102-0104](#) (effective July 22, 2021), which requires private insurance companies to make many of the telehealth provisions authorized during the COVID-19 Public Health Emergency permanent.

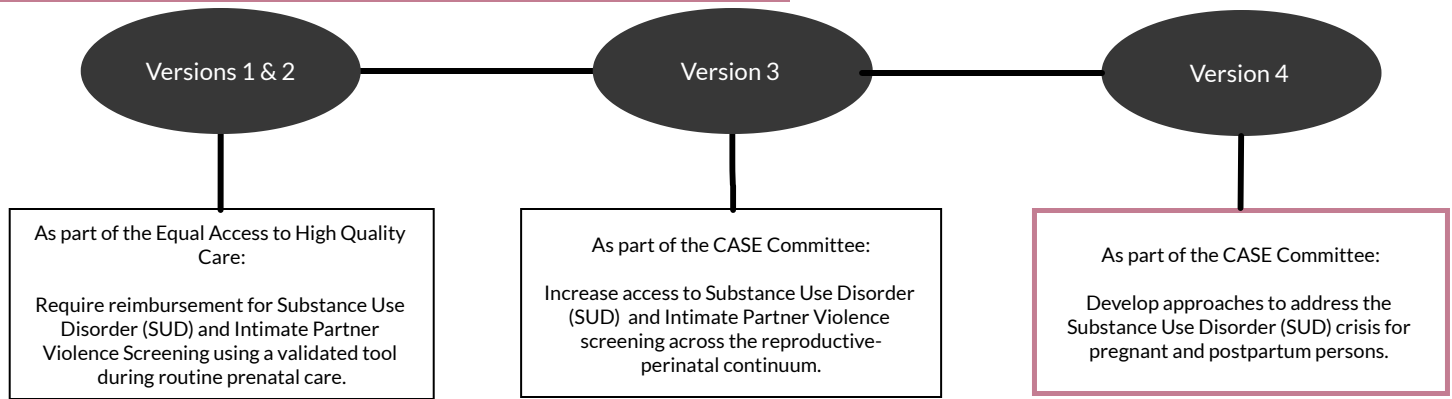
Developed infographics focused on telehealth in conjunction with the Systems Committee of the Task Force on Infant and Maternal Mortality Among African Americans (IMMT). Telehealth infographics included in the [Maternal Health Digital Resource Library](#):

- [Best Practices Before a Telehealth Visit](#)
- [Best Practices During a Telehealth Visit](#)
- [Best Practices After a Telehealth Visit](#)

## Strategy #2.5: Develop approaches to address the Substance Use Disorder crisis for pregnant and postpartum persons.

→ **Status: In Progress**

## Timeline



## Background

### 2021 MMRC Recommendations

#### For Health Care Providers:

- Providers should follow best practices for the identification and treatment of substance use disorders among pregnant and postpartum women. Providers treating pregnant and postpartum women in obstetric or emergency care should (note: only relevant recommendations listed):
  - Adopt a universal validated, self-reported screening tool for substance use at the first prenatal care visit, on admission for delivery, and during postpartum visits.
  - Give a brief intervention and referral to treatment for those with a substance use disorder, and specifically educate patients who use opioids and their families on harm reduction strategies, such as naloxone.
  - Ensure a "warm handoff" to a behavioral health/recovery treatment provider who can continue care during and after pregnancy.
  - Providers should follow the U.S. Preventive Services Task Force recommendation to screen all women of reproductive age for intimate partner violence and connect women who screen positive with ongoing support services to address the intersections of intimate partner violence, mental health, and substance use disorders.

### White House Blueprint on Maternal Health

- Goal 1.10. Strengthen supports and access to perinatal addiction services for individuals with substance use disorder by partnering with hospitals and community-based organizations to implement evidence-based interventions.

## Committee Activities and Products

Developed the White Paper: [Decriminalizing Substance Use Disorder during Pregnancy and at Delivery in Illinois](#).

- Supported the effort to reform Illinois' approach to substance use during pregnancy and to ensure implementation of *Plans of Safe Care* for birthing persons with SUD. Spring 2024: legislation passed both houses of IL Legislature (5/24/24).

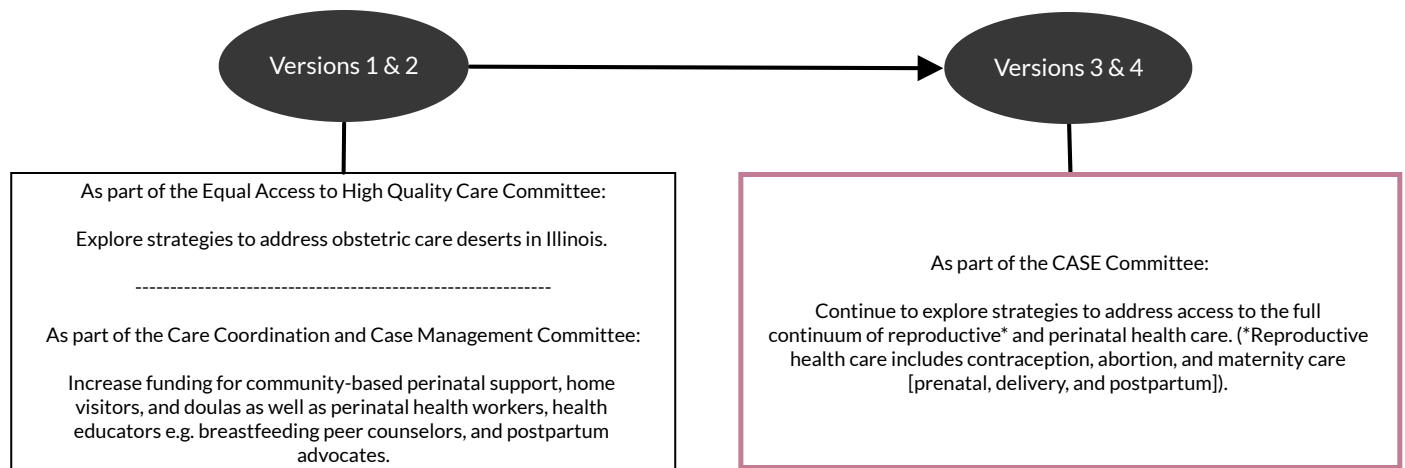
## Community Access, Systems Equity, and Education

**Strategy #2.6: Continue to explore strategies to address access to the full continuum of reproductive\* and perinatal health care. (\*Reproductive health care includes contraception, abortion, and maternity care [prenatal, delivery, and postpartum]).**



**Status: Achieved and In Progress**

### Timeline



### Background

#### White House Blueprint on Maternal Health

- Goal 4.4. Expand access to doulas, licensed midwives, and freestanding birth centers by releasing guidance for states regarding coverage options in Medicaid. Further expand access to other programs by launching a doula services and training program for incarcerated women, and emerging Federal Employees Health Benefits (FEHB) carriers to improve reimbursement rates and expand coverage for certified nurse midwives, freestanding birth centers, and perinatal support services, including lactation consultants and doulas.

### Committee Activities and Products

Developed background document on the status of Birth Centers in IL and supported the re-convening of the Health and Medicine Policy Research Group IL Birth Center Task Force (IBCTF).

- With support of student interns provided by I PROMOTE-IL, the IBCTF advanced IL Birth Center legislation, resulting in the enactment of two separate Public Acts: [102-0414](#), which amended the Alternative Health Care Delivery Act to increase the number, type, and location of birth centers that can operate in IL, and [102-0518](#), which created an entirely separate licensing category and rules and regulations for birth centers in the state.

Developed the [Maternal Health Digital Resource Library](#) that includes a variety of infographics and associated Palm Cards that were distributed to health care providers, community organizations, and birthing persons and families.

Developed the [Illinois Maternal Health Task Force Response to HFS Public Comment, PA 102-0004](#) focused on Medicaid reimbursement of doulas.

Conducted Key Informant Interviews with community-based prenatal care providers to investigate the continuity of care between prenatal care, delivery, and postpartum care in FQHCs. Prepared PowerPoint with results and shared with key stakeholders.

Developed: [A Review of the Illinois Department of Healthcare and Family Services Perinatal Report to the Illinois General Assembly Analysis and Recommendations](#).

# Root and Structural Causes of Health Inequity

Strategic Priority Area #3: Root and Structural Causes of Health Inequity

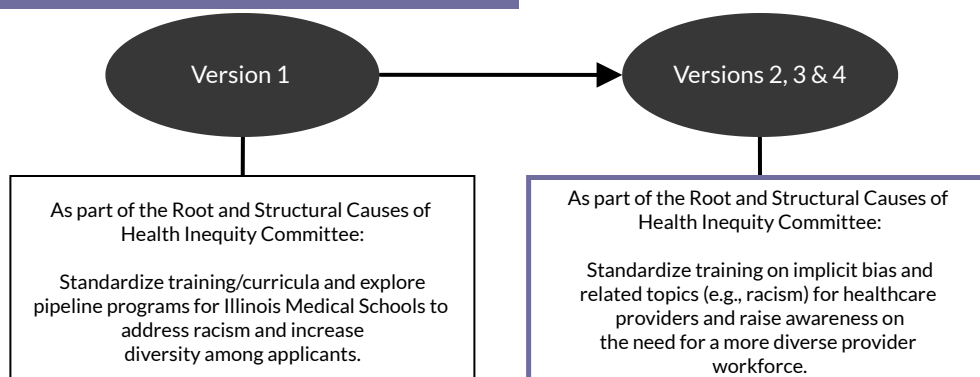
#3

**Strategy #3.1. Standardize training on implicit bias and related topics (e.g., racism) for health care providers and raise awareness on the intersection between lack of diversity among physicians and adverse mental health outcomes.**



**Status:** Achieved

## Timeline



## Background

### 2021 MMRC Recommendations

#### For Health Care Providers:

- Providers should review resources that discuss the impact of racism, implicit bias, stigma related to substance use disorder, and trauma on health care outcomes, seek out continuing education on health equity, and assess how their own unconscious biases may influence their treatment of patients.

### White House Blueprint on Maternal Health

- Goal 2. Ensure Those Giving Birth are Heard and are Decisionmakers in Accountable Systems of Care
- Goal 2.6. Train providers on implicit biases, culturally and linguistically appropriate care and behavioral health needs of pregnant and postpartum women, including screening and referral for abuse and maltreatment.

## Committee Activities and Products

Created the *Racial and Ethnic Diversity in the Physician Workforce* [brief](#) and corresponding [infographic](#) which provided 2020 race and ethnicity data on students enrolled in medical schools nationwide and in Illinois.

Partnered with the Shriver Center to review current practices and curricula of Illinois Medical schools related to race and ethnicity.

Partnered with Shriver Center to conduct a policy analysis focused on current state legislation aimed at medical school curriculum standards and/or licensure requirements related to training on racism and implicit bias.

Monitored the passage of Illinois PA 102-0004, the Illinois Health Care and Human Service Reform Act, which included an implicit bias training licensure requirement.

Provided [public commentary](#) to the Illinois Department of Financial and Professional Regulation on the implementation of the implicit bias training licensure requirement specified in Illinois PA 102-0004.

Published and disseminated the [Implicit Bias Training Inventory](#) for licensed health care providers; the inventory was emailed directly to many professional organizations, distributed via the Task Force listserv, and shared with birthing hospitals in conjunction with the 2023 Illinois Perinatal Quality Collaborative Annual Conference and associated outreach.

In 2024, partnered with the Institute of Medicine of Chicago to develop and disseminate a survey to Federally Qualified Health Centers to assess the implicit bias training policies and practices of these centers.

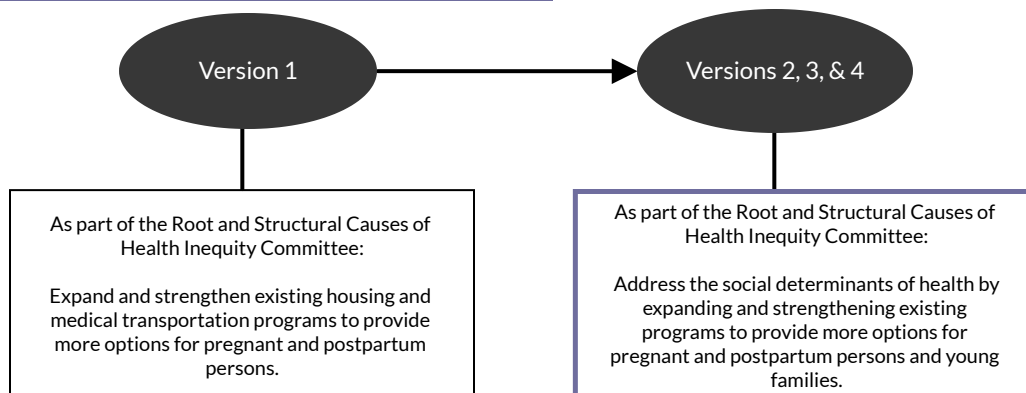


# Root and Structural Causes of Health Inequity

**Strategy #3.2. Address the social determinants of health by expanding and strengthening existing programs to provide more options for pregnant and postpartum persons and young families.**

**Status: Achieved**

## Timeline



## Background

### 2021 MMRC Contributing Factor

#### Social Determinants of Health:

- There are many social and systemic factors that profoundly affect the ability of women to be healthy. These "social determinants of health" include poverty, racism, quality of education, employment, housing, childcare, transportation, neighborhood safety, and violence. These issues affect a woman's physical and mental health directly through cumulative stress and influence her ability to seek, receive, and adhere to health care treatment. Access to transportation and childcare, as well as inflexible workplaces (e.g. hourly positions or lack of paid sick leave), prevent numerous women from accessing adequate prenatal and postpartum care.

## Committee Activities and Products

Leveraged a mayoral fellow appointed to the Chicago Department of Public Health to review current policies for non-emergency medical transportation financed by Medicaid.

Compiled a [presentation](#) and corresponding [factsheet](#) summarizing research and data on the intersection between housing insecurity and maternal health.

Provided housing presentations on the intersection between housing insecurity and maternal health to various audiences across Illinois.

Successfully advocated for the addition of a maternal health representative to the Illinois Interagency Task Force on Homelessness & Community Advisory Council on Homelessness (also a member of the Illinois Maternal Health Task Force).

Partnered with the Collaborative on Child Homelessness-Illinois (CoCHI) administered by the Illinois Chapter of the American Academy of Pediatrics to align efforts and amplify the reach of the resources and events of both organizations.

Partnered with the Illinois Housing Development Authority to plan and host a listening session focused on housing needs and challenges among pregnant and parenting individuals; results of this effort were included in the [2022 Illinois Housing Blueprint](#).

Supported a successful application for funding to the Pritzker Family Foundation to enable the UIC Center for Research on Women and Gender to complete a housing needs and resources assessment for pregnant individuals and families with children under three years of age.

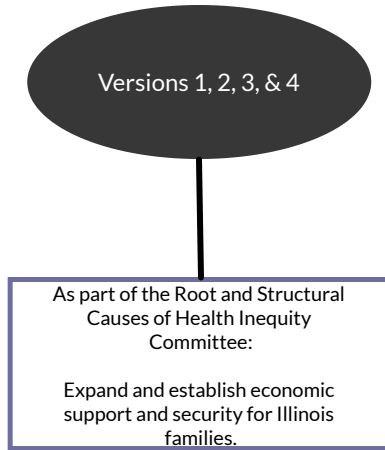
# Root and Structural Causes of Health Inequity

Strategy #3.3. Expand and establish economic support and security for Illinois families.



**Status:** Achieved

## Timeline



## Background

### 2021 MMRC Contributing Factor

#### Social Determinants of Health:

- There are many social and systemic factors that profoundly affect the ability of women to be healthy. These "social determinants of health" include poverty, racism, quality of education, employment, housing, childcare, transportation, neighborhood safety, and violence. These issues affect a woman's physical and mental health directly through cumulative stress and influence her ability to seek, receive, and adhere to health care treatment. Access to transportation and childcare, as well as inflexible workplaces (e.g. hourly positions or lack of paid sick leave), prevent numerous women from accessing adequate prenatal and postpartum care.

### White House Blueprint on Maternal Health

- Goal 5. Strengthen Economic and Social Supports for People Before, During, and After Pregnancy
- Goal 5.3. Increase awareness of workplace benefits and protections.

## Committee Activities and Products

Created a fact sheet: *Economic Support Programs to Improve Maternal and Child Health Outcomes.*

Created a factsheet: *Benefits of Paid Family Leave for Maternal and Child Health.*

Supported the following groups through attendance at meetings, sharing resources and disseminating events and other opportunities to members of the Illinois Maternal Health Task Force:

- Heartland Alliance - Financial Inclusion for All Illinois Coalition
- Women Employed - Illinois Time to Care Coalition
- Raising Illinois - Economically Secure Families Policy Work Group.

Supported efforts to implement and expand the Illinois Children's Savings Account Program.

# Maternal Health Data to Action

#4

## Strategic Priority Area #4: Maternal Health Data to Action

**Strategy #4.1. Increase the number of MCH stakeholders and partners using data for action on behalf of maternal health by leveraging existing state-level data resources (e.g., query tools and reports).**



**Status:** Achieved

### Timeline



As part of the Maternal Health Data to Action Committee:

Increase the number of MCH stakeholders and partners using data for action on behalf of maternal health by leveraging existing state-level data resources (e.g., query tools and reports).

### Background

#### Information Gathering

To inform these efforts, the Committee disseminated a data utilization survey to Task Force members in March 2021. Results revealed that the three most used data sources were IDPH Birth Statistics (74%), the Illinois Maternal Morbidity and Mortality Report, 2018 (61%), and US Census/American Community Survey (48%). Over half of respondents noted a need for additional economic information (57%) and geographic data (52%) to make data sources more useful. Respondents cited multiple barriers to accessing and using maternal health data including a lack of knowledge about where maternal health data are located (65%), the fact that information needed is not routinely updated (52%), limited organizational and staff knowledge (52%), and lack of knowledge on how to access data (48%). The most frequently reported data training needs were data availability/access (70%) and data interpretation (52%). The Committee used the results of this survey to inform and design its activities over the following years.

#### White House Blueprint on Maternal Health

- Goal 3. Advance Data Collection, Standardization, Harmonization, Transparency, and Research.

### Committee Activities and Products

Compiled a list of existing state-level Maternal and Child Health data sources and reports.

Planned and hosted three data use webinars on frequently used maternal health data sources:

1. Illinois Pregnancy Risk Assessment Monitoring System (PRAMS): March 2023
2. Demystifying Maternal Health Data- a deeper dive into the data included in the *Illinois Maternal Morbidity and Mortality Report (October 2023)*: December 2023
3. County Level Data Resources for Maternal Health: May 2024

## Maternal Health Data to Action

Strategy #4.2. 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).



Status: Achieved

### Timeline

Versions 1, 2, 3, & 4

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).

### Background

#### Information Gathering

To inform these efforts, the Committee disseminated a data utilization survey to Task Force members in March 2021. Results revealed that less than one fifth of respondents used the Illinois Public Health Community Map, despite it being a dynamic data reporting tool maintained by the State of Illinois. Subsequent efforts within the Committee focused on understanding how the content of this tool could potentially be modified to increase utilization among maternal health partners.

#### White House Blueprint on Maternal Health

- Goal 3. Advance Data Collection, Standardization, Harmonization, Transparency, and Research.

### Committee Activities and Products

Convened partners to review the Illinois Public Health Community Map and suggested the inclusion of additional perinatal indicators to the IDPH Office of Women's Health and Family Services. *The Illinois Public Health Community Map is being re-structured; the suggested additions will be included in the new version.*

- The Illinois Public Health Community Map was included in the *County Level Data Resources for Maternal Health Data Use Webinar* (May 2024).

Raised awareness of the *Maternal Health County Profiles* resource created by I PROMOTE-IL through the creation of a promotional flyer and dissemination to the Task Force list serv.

- The *Maternal Health County Profiles* were included in the *County Level Data Resources for Maternal Health Data Use Webinar* (May 2024).

Advised I PROMOTE-IL on updating the *Maternal Health County Level Profiles*, including additional indicators and desired features of a county level tool.



# Acknowledgments

## I PROMOTE-IL Team

Rachel Caskey, MD, MAPP- co-Principal Investigator  
Stacie Geller, PhD- co-Principal Investigator  
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## The Illinois Maternal Health Task Force

The I PROMOTE-IL team thanks the members of the Task Force who dedicated their time, efforts, and expertise to achieving the work outlined in this Strategic Plan. The success of the Illinois Maternal Health Strategic Plan would not have been achieved without their sustained involvement.

Importantly, not all individuals on the Task Force are or have been involved in every initiative described here. Members may excuse themselves from involvement with certain activities to comply with their organization's rules, especially regarding advocacy or supporting legislation under consideration by the Illinois General Assembly.

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