Healthy ILLINOIS 2021

Maternal and Child Health Action Team Meeting

Friday February 19, 2016

Illinois Department of Public Health
IDPH
Protecting Health, Improving Lives

UIC MidAmerica Center for Public Health Practice

Agenda

Agenda Topic	Time Allotted
1. Welcome / Logistics	9:30 – 9:40 AM
- Roll Call	
- Minutes (2/5 and 2/11)	
2. Action Planning Process	9:40 – 10:50AM
- Objectives	
- Activities	
6. Next Steps	10:50 – 10:55 AM
7. Public Comment	10:55 – 11:00 AM
8. Adjourn	11:00 AM

Meeting Purpose

1. Discuss goal #3: *Assure that equity is the foundation of all MCH decision-making; eliminate disparities in MCH outcome*
2. Come to consensus on objectives and activities for goal #3

Where We Were – MCH Action Team

- Goal #3 for SHIP Action Team:
  - Assure that equity is the foundation of all MCH decision-making; eliminate disparities in MCH outcome
- Key Points:
  - *There has to be a specific focus on what will work towards disparity across the board. We want to be more specific that there are actions that are being taken and they are purposeful.*

Where We Were – MCH Action Team

- Last week:
  - Developed objectives for Goal #2 (pregnancy and birth/infant outcomes) last week
  - Team member should complete feedback survey on goal #2 if you haven't already

Policy, Systems and Environmental Strategies

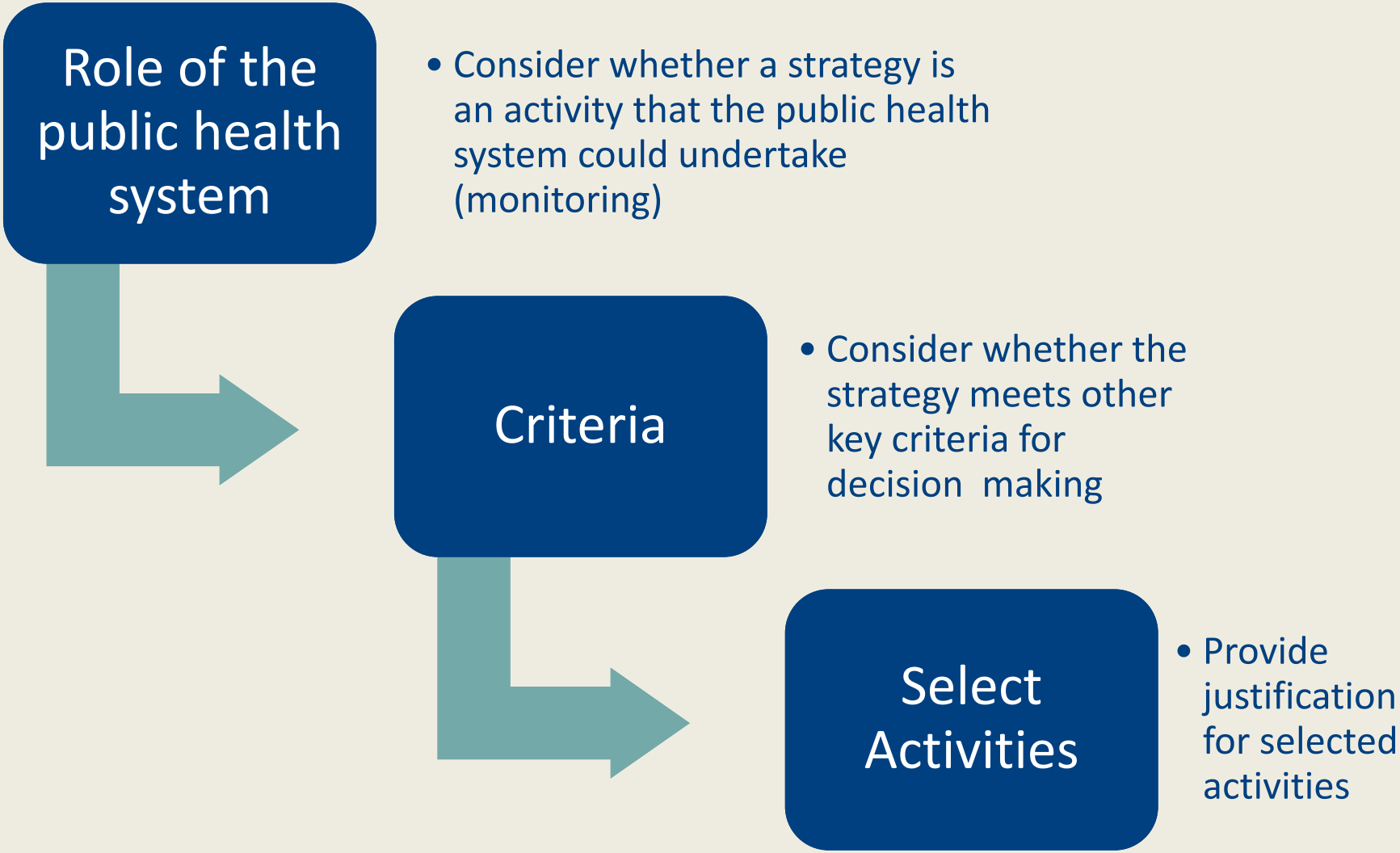
- Policy
  - Policy change includes the passing of laws, ordinances, resolutions, mandates, regulations, or rules
  - Examples: schools establishing a policy that prohibits junk food in school fundraising drives.
- Systems
  - System change involves change made to the rules within an organization. Systems change and policy change often work hand-in-hand.
  - Examples: Creating a community plan to account for health impacts of new projects
- Environmental
  - Environmental change is a change made to the physical environment.
  - Examples: Municipality undertakes a planning process to ensure better pedestrian and bicycle access to main roads and parks

Proposed Criteria

Role of the Public Health System

SDOH	Access	MCH	Urgency	Impact	Evidence -Based	Resources
• How does a proposed strategy address social / ecological factors?	• How does a proposed strategy address access to care?	• How does a proposed strategy promote maternal and child health?	• Is there a crisis? • Are there efforts to build on?	• How many individuals does this reach? • How is disparity addressed?	• Has this strategy been used before with measured success?	• What resources could be leveraged? • Are new resources required?

Using this information to select strategies



Where we're going

Meeting date	Proposed discussion focus
Friday 1/29	Review and discuss decision criteria with strategy examples
Friday 2/5	Goal #1 - focus on action planning
Friday 2/11	Goal #2 - focus on action planning (complete follow up survey – submit template for Goal #3)
Friday 2/19	Goal #3 - focus on action planning (complete follow up survey – submit template for Goal #4)
Friday 2/26	Goal #4 - focus on action planning (complete follow up survey)
Friday 3/4	Proposed 2 hour in-person (9:30 – 11:30) meeting to finalize action plans
Monday 3/14	Planning Council and Action Teams In-Person Meetings: Presentation and discussion
Late March	Public Hearings
Late April	Final Submission

GOAL #3 - OBJECTIVES

MCH Indicators with Largest Racial/Ethnic Disparities

Population	Indicator	Race-Specific Rates	Risk Ratio
Adolescent	Homicide Rate *(15-24 year olds)*	Blacks: 75 deaths per 100,000 Whites: 3 deaths per 100,000	25.0
Women	HIV Infection Rate	Blacks: 49 cases per 100,000 Whites: 5 cases per 100,000	9.8
Women	Chlamydia Infection Rate *(15-44 year olds)*	Blacks: 169 cases per 100,000 Whites: 25 cases per 100,000	6.8
Child	Pediatric Asthma Emergency Department Visit Rate	Blacks: 239 visits per 10,000 Whites: 41 visits per 10,000	5.8
Perinatal	Sudden Unexplained Infant Death (SUID) Mortality Rate	Blacks: 2.59 deaths per 1,000 Whites: 0.57 deaths per 1,000	4.5
Adolescent	Early Sexual Debut *(before age 13)*	Blacks: 11.0% Whites: 2.7%	4.1

MCH Indicators with Largest Geographic Disparities

Population	Indicator	Race-Specific Rates	Risk Ratio
Child	Pediatric Asthma Emergency Department Visits	Hardin County: 400 visits per 10,000 Monroe County: 16 visits per 10,000	25.0
Adolescent	Homicide Rate *(15-24 year olds)*	Chicago: 51 per 100,000 Rural Counties: 3 deaths per 100,000	17.0
Adolescent	Teen Birth Rate *(15-19 year olds)*	Vermillion Co.: 51.4 births per 1,000 Jo Daviess Co.: 5.7 births per 1,000	9.0
Child	Injury-Related Mortality Rate *(0-14 year olds)*	Rural Counties: 3.6 deaths per 100,000 Suburban Cook: 1.0 deaths per 100,000	3.6
Adolescent	Motor Vehicle Accident Related Mortality Rate *(15-19 year olds)*	Rural Counties: 18.9 deaths per 100,000 Suburban Cook: 5.6 deaths per 100,000	3.4
Perinatal	Sudden Unexplained Infant Death (SUID) Mortality Rate	Chicago: 1.20 deaths per 1,000 Rural Counties: 1.18 deaths per 1,000 Suburban Cook: 0.46 deaths per 1,000	2.6

Proposed Objectives – Should be SMART!
Assure that equity is the foundation of all MCH decision-making; eliminate disparities in MCH outcome
1. Reduce emergency department (ED) visits for asthma among children by X%, with specific focus on race/ethnic and geographic disparity. (See justification for IL specific rates)

Justifications

- Reduce emergency department (ED) visits for asthma among children by X%, with specific focus on race/ethnic and geographic disparity.
  - Listed on IDPH Databook as MCH Indictator with largest racial/ethnic disparity AND geographic disparity. (IL Rates: Black: 239 visits per 10,000 persons, White: 41 visits per 10,000 persons; Top 5 counties with the highest ED use for asthma were: Hardin, Macon, Pope, Stephenson, and Vermilion.
  - All with a rate of more than 120 asthma-related ED visits per 10,000 children. Lowest is Monroe County w/ 16 visits and highest is Hardin with 400 visit per 10,000 persons.

GOAL #3 - ACTIVITIES

Activities	Policy, system, environmental? Existing or new resources? SDOH? Other criteria?	Champion / Coordinator	Launch Activities / Target Date	How will we know if we're successful?
1. Partner with nurses and community health workers (CHWs) to provide community-based asthma case management and home visits. (This model was used by the Community Asthma Initiative (CAI), which is based at Boston Children's Hospital). http://www.cdc.gov/mmwr/volumes/65/su/su6501a4.htm?s_cid=su6501a4.htm_w				

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WRAPPING UP

Next Steps

- Complete Action Planning Template for Goal #4: https://app.box.com/s/dr9pr71cywiys3zmj6ygp3b2hkde8cpd
- Broken into two sub-goals
- Email by **12 PM on 2/25**
- MCH Data Book available as a resource: https://app.box.com/s/2p6arcemv1van1lsvu8b2c76rbevonc1
- Complete surveys for Goals 1, 2 & 3

Public Comment

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

Adjourn

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