Illinois Department of Public Health

OFFICE OF WOMEN'S HEALTH AND FAMILY SERVICES

Two-year Strategy

2014 - 2015

To improve health outcomes of all Illinoisans by providing preventive education and services, increasing health care access, and empowering families.

TABLE OF CONTENTS

MESSAGE FROM THE DEPUTY DIRECTOR

Warm regards,

On July 1, 2013, the Illinois Department of Public Health experienced a major “paradigm shift” in the Office of Women’s Health. The federal Title V Maternal and Child Health (MCH) Block Grant was transferred. Had it not been for the support of stakeholders, advocates, and the inter-agency cooperation with the Illinois Department of Human Services, this move would have been impossible.

I am humbled and grateful to be a part of such a momentous move. As the deputy director of the Office of Women’s Health and Family Services, I could not be more pleased and committed to building an office that is eager to take the lead toward eliminating health disparities, promoting health equity across groups and building healthy communities.

We are proud to share some major changes to the office, which include a revised mission and vision statement; new value statements; a revised organizational chart; and a revised grant methodology.

Strategic plans are ever evolving. This two-year plan is intended to direct the Office of Women’s Health and Family Services to work effectively and efficiently, and ensure the best use of resources and personnel. I am aware that the magnitude of this work and the awesome responsibility this places on the Office of Women’s Health and Family Services. It is demanding, yet I am confident that we are uniquely positioned to take on this challenge, and we will succeed given our commitment to our populations.

As we implement the goals and objectives outlined in this plan, I look forward to continuing to collaborate with key stakeholders, including community members, community-based agencies and local health departments to work together to improve the quality of life and shape the future of health in Illinois. Working together, we can achieve healthy people who comprise healthy communities.

Sincerely,

Brenda Jones DHSc, MSN, WHNP-BC
Deputy Director Office of Women’s Health and Family Services
Title V Director for Illinois

ACKNOWLEDGEMENTS

The Office of Women's Health and Family Services (OWHFS) wishes to acknowledge the staff and internal and external partners and stakeholders, who have so willingly given their time to contribute to the development of this two-year strategy. The generous support, creative ideas, comments and guidance received have made for a solid two-year strategy that is reflective of the commitment to women, children and families in Illinois. The OWHFS would especially like to thank the following organizations for their support.

Illinois Department of Public Health

University of Illinois School of Public Health

EverThrive Illinois

Illinois Public Health Nurse Administrators

Local Health Departments

Illinois Department of Human Services

Illinois Public Health Association

INTRODUCTION

The Office of Women's Health and Family Services (OWHFS) is one of the six programmatic offices within the Illinois Department of Public Health. Formerly called the Office of Women's Health, OWHFS' responsibilities were expanded in July 2013 through legislative action. Through the Health Resources and Services Administration (HRSA) Maternal and Child Health Title V Block Grant (Title V), previously administered by the Illinois Department of Human Services, OWHFS' expanded responsibilities not only include women's health but also the responsibility for the health and well-being of pregnant women, infants, children, and adolescents.

> "Today I'm calling for a bold Birth to Five Initiative that will be focused on three keys to a healthy child: prenatal care, access to early learning opportunities and strong parent support."
>
> *Governor Pat Quinn*
> *State of the State Address*
> *January 29, 2014*

Attachment A contains a table that outlines the expanded scope of OWHFS' responsibilities for women, pregnant women, infants, children and adolescents. The table is divided into two sections: Scope and Priorities. Items under the Scope Section represent the major program areas that relate to the health and well-being of the population to be served. Items under the Priority Section include those programs that OWHFS and its partners have identified as programmatic priorities for 2014 – 2015. Please note that the Title V Block Grant requires the development of a five-year needs assessment for fiscal years 2016 to 2020. In 2014, the OWHFS will work with staff, internal and external partners and stakeholders, and residents to develop this five-year needs assessment. The needs assessment will be the guiding document for identifying state priorities in the areas of maternal, infant, child and adolescent health.

The OWHFS has prepared this two-year strategy in direct response to the need to skillfully and effectively integrate these new programs with its existing responsibilities. The OWHFS has committed to being deliberate in its actions to ensure a successful outcome. This commitment is evidenced by the following 11 guiding principles that are the backbone of the OWHFS' strategy and pathway to success.

1. ***Create a shared vision and mission for the expanded OWHFS responsibilities***
   The success of the OWHFS is largely dependent on staff and internal and external partners and stakeholders working together toward a common understanding of a shared vision and mission. The vision and mission will guide the OWHFS in identifying priority programs and funding decisions. The vision and mission will stand throughout this two-year strategy and beyond as the OWHFS' work progresses and new opportunities arise. This two-year strategy will be updated on a routine basis to recognize shifting priorities and successes, but it will always do so with the vision and mission as the guiding truths.

2. ***Ensure compliance with program and grant requirements*** – Added responsibilities require added program and funding requirements. This is certainly true with the requirements of the Title V Maternal and Child Health Block Grant and the OWHFS is swiftly understanding and meeting grant requirements.

3. ***Develop an infrastructure that can meet the demands of added responsibilities*** The OWHFS has been building an agile and responsive infrastructure to support its many and varied program and funding requirements. A new organizational structure can be found in the Organizational Chart Section of this document. This reorganization establishes roles and responsibilities as well as identifies where the authority and control lie within the office. The newly created organizational chart has prepared the OWHFS for not only the added responsibilities of Title V, but will serve the OWHFS in the future with any additional responsibilities that it may be given. Particular attention was paid to centralizing common functions such as contracting and program outcome measures.

4. ***Use data to guide decision-making and practice at all levels*** – In parallel with a strengthened administrative infrastructure, the OWHFS is committed to building a state-of-the-art data infrastructure to ensure that epidemiologic evidence guides all programmatic activities.

5. ***Address immediate issues and priorities such as program outcome measures*** In receiving added responsibilities, the OWHFS has identified a number of operational issues that need immediate attention. For example, the OWHFS needed to ensure that carryover funding for several federal grants was used in compliance with federal funding requirements. The OWHFS also has a strong commitment to ensure that all grants given to organizations are tied to stringent performance expectations and outcome measures.

6. ***Implement evidence-based practices*** – OWHFS will continue to support existing programs that are evidence-based and demonstrate improved outcomes. For new programs, the OWHFS is committed to making sure they are consistent with best practices. The OWHFS will work with its grantees and other partners to ensure that state and federal dollars are used with integrity and with the knowledge that improvement in the population's health contributes to the overall economy and well-being of the state. As part of ensuring that programs are evidence-based, the OWHFS will carry out surveillance and monitoring, epidemiologic analysis, and program evaluation that promote and support this approach.

7. ***Develop the Five-year Maternal and Child Health Needs Assessment required by Title V and establish state maternal and child health priorities*** – The five-year needs assessment is required for all Title V grantees. Developing the five-year needs assessment is a lengthy process, involving staff, internal and external partners and stakeholders, and the public. The needs assessment is the basis for

identifying the state priorities for maternal, infant, child and adolescent health. It will contain measurable benchmarks for which the state will be held responsible each year. Progress toward achieving these benchmarks will be reported by the state each year to the federal funding agency, HRSA's Maternal and Child Health Bureau (MCHB). The needs assessment will guide for what and to whom Title V funding will be awarded.

8. ***Adopt the life course perspective*** – The life course perspective is a research-based theoretical framework for understanding that health and well-being are dependent on social, economic and environmental factors. These factors are often referred to as "upstream" or life course determinants of health. Research has shown that a person's life and health trajectory are significantly influenced, either positively or negatively, by exposure to these factors. The amount of influence these factors have on health and well-being varies depending on a person's stage of life at time of exposure. The life course perspective has been adopted by HRSA's Maternal and Child Health Bureau (MCHB).

9. Identify areas of health disparity and work to achieve equity – Health disparity, particularly in the areas of maternal and child health and chronic disease, is a significant factor in Illinois and nationally. For example, the infant mortality rate in Illinois is about two and a half times greater for blacks compared to whites. The OWHFS is committed to understanding and addressing racial/ethnic, geographic, socioeconomic, and other significant disparities necessary to achieve health equity.

10. ***Address health care access in rural areas*** – According to the state's 2012 Title V Annual Report, about two-thirds of Illinois' population (Chicago and the collar counties) is concentrated on less than 10 percent of its land, while the majority of the state is characterized by small towns and farming areas. This concentration of population in Chicago and the collar counties has resulted in limited access to health services in the rural areas. For example, access to delivering hospitals, obstetrical care, and neonatal intensive care is limited in rural areas. The OWHFS is committed to working with organizations and agencies to reduce these inequities.

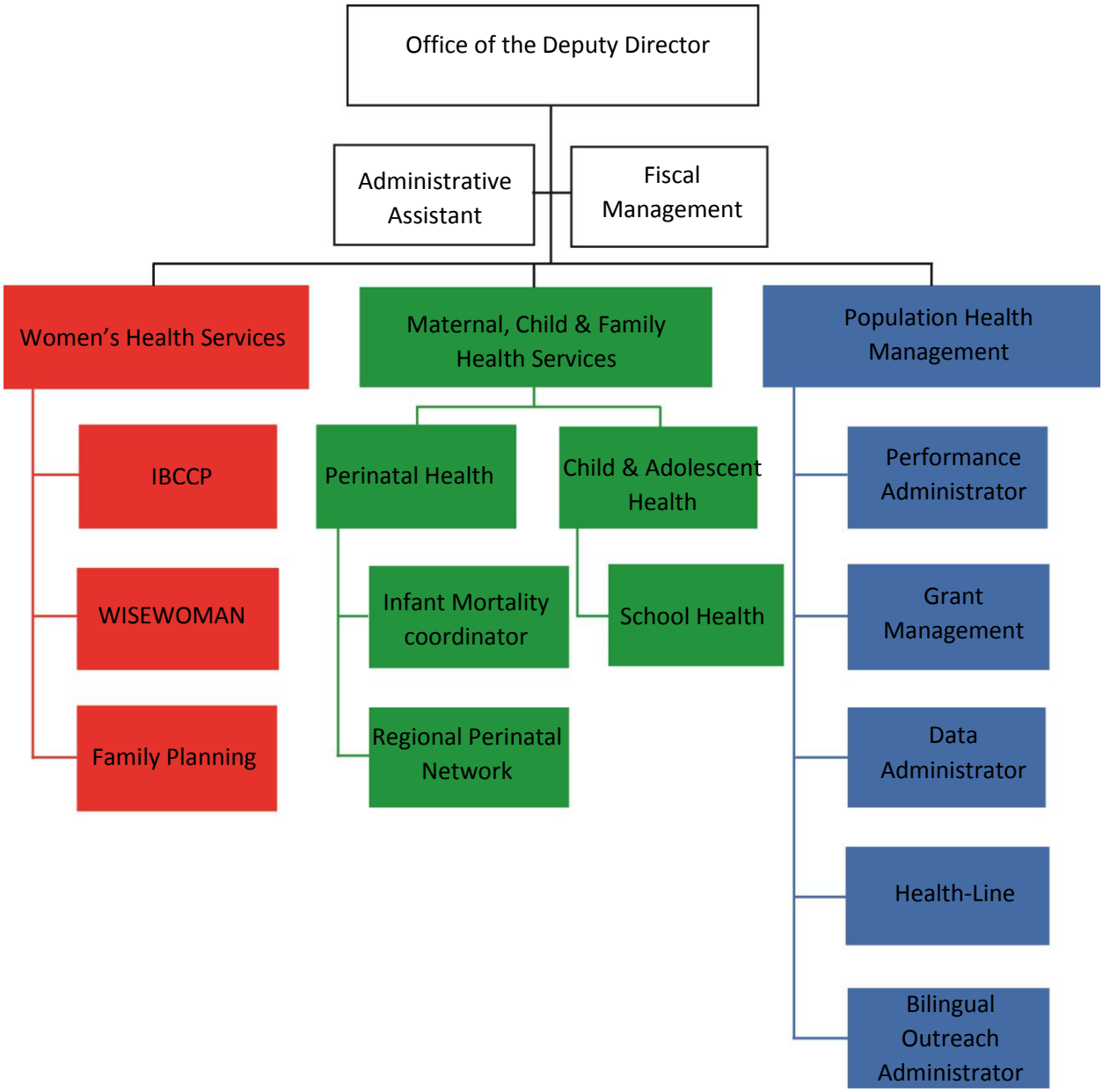
11. ***Determine impact of the Affordable Care Act (ACA)*** – With the implementation of the ACA, the OWHFS must analyze its impact on services for women, infants, children and adolescents. The analysis will (1) identify potential duplication of areas covered; (2) identify gaps in coverage; and (3) develop strategies for addressing any identified areas of concern.

These guiding principles are the direct result of numerous conversations and meetings with staff and key internal and external partners, including federal granting agencies. They stand to steer decision making and form the basis of this two-year strategy.

ORGANIZATIONAL CHART

The newly created organizational chart is a pictorial representation of reporting structures and lines of authority and accountability. It was developed with input from staff and internal and external partners, and represents the integration of Title V responsibilities. Highlights of the organizational chart include acknowledgement of the life course approach, the primary role of data use, and the centralization of program support services.

OFFICE OF WOMEN'S HEALTH AND FAMILY SERVICES



MISSION, VISION AND VALUES

The purpose of the vision, mission and value statements is to ensure there is a clear understanding of the OWHFS' purpose and the desired future for Illinoisians. It is the OWHFS' intent for the vision, mission and values to be shared by all women, maternal, infant, child, adolescent and family stakeholders in the state.

VISION

The Illinois Department of Public Health's Office of Women's Health and Family Services envisions a future free of health disparities, where all Illinoisans have access to continuous high quality health care.

MISSION

The Illinois Department of Public Health's Office of Women's Health and Family Services strives to improve health outcomes of all Illinoisans by providing preventive education and services, increasing health care access, using data to ensure evidence-based practice and policy, and empowering families.

CORE VALUES

- Partnership and collaboration with all stakeholders, partners and communities to achieve goals
- Public health decision-making grounded in scientific evidence; maintained, enhanced and disseminated in accordance with statutory mandates
- Promotion of health equity, fairness and social justice within the context of the diverse communities of the state of Illinois through policies and programs
- Integrity, competence and trust among staff, key partners, and the general public

CORE BELIEFS

- The health and well-being of Illinois' women, children, adolescents and families are predictive of the future prosperity of Illinois.
- Life course factors (social, environmental and economic conditions) are root causes of a community's health and well-being.
- Sustainable change requires community engagement, building upon the assets, strengths and gifts within the community.
- Efficient and effective use of scarce resources requires coordinated, collaborative systems of care, transparency, and sharing of outcome data and best practices.

DEMOGRAPHICS AND HEALTH STATISTICS

Illinois ranks fifth in the nation in population, with 12.8 million people. In 2010, there were approximately 2.6 million women in Illinois who were of childbearing age (15 to 44 years). In recent years, Illinois has averaged about 177,500 live births annually.

In 2010, according to the U.S. Census Bureau, 71.5 percent of the state's population was Caucasian, 14.5 percent was African American, 4.6 percent was Asian, Native Hawaiian or Other Pacific Islander, 0.3 percent was Native American, 2.3 percent was multiracial, and 6.7 percent was "some other race"; 15.8 percent of the state's population was of Hispanic origin. Chicago is home to almost half of the state's African Americans and 38 percent of the state's Hispanic Americans.

Sixty-five percent of the state's population resides in Chicago and the six "collar" counties that surround it in the northeast corner of the state; two of those counties (Cook and DuPage) account for almost half of the state's population.

The size of Illinois' rural area is a significant geographic barrier to health care. The Illinois Department of Public Health's Center for Rural Health reports there are 83 rural counties and 19 urban counties in Illinois. The Center for Rural Health further reports designation of health professional shortage areas (HPSA's) by county, township and census tract. Through calendar year 2008, all but four counties (96 percent) of Illinois had some category of HPSA designation: 45 were geographic; 43 were low-income population; and 10 were sub-county level. This problem of provider distribution in rural areas creates barriers to care arising from problems with transportation, child care, hours of service, and related concerns. Families in some rural areas may have to travel three hours to access specialists' services.

Access to timely, accurate, consistent data regarding women, maternal and child health is a top priority for the OWHFS. As part of this two-year strategy, the OWHFS is adding dedicated resources to (1) identify metrics that will be used to measure progress toward health status goals, (2) identify consistent and accurate sources of data, and (3) analyze and interpret the data to drive program development and allocation of resources. The Title V Maternal and Child Health Block Grant requires the development of five-year needs assessment for fiscal years 2016 to 2020. The OWHFS will begin the needs assessment process in 2014 for maternal and child health. As such, the statistics in this two-year strategy address other markers of women's health and provide a glimpse into the health status of women in Illinois. Data are provided in the following two sections: Health Status Indicators and Social, Economic and Environmental Determinants of Health.

Health Status Indicators

The 2010 primary causes of death among women in Illinois, according to the National Women's Law Center's *Women's Health Report Card,* are:

- Coronary Heart Disease: 118.1 per 100,000
- Stroke: 45.2 per 100,000
- Lung Cancer: 40.8 per 100,000

The National Breast and Cervical Cancer Early Detection Program (NBCCEDP) has developed a five-year summary on cancer screenings in Illinois for the period July 2007 to June 2012. The report can be found at: www.cdc.gov/cancer/NBCCEDP/data/summaries/Illinois.

Highlights of the report include:

- Breast Cancer: 90,678 screening mammograms were provided during the reporting period. The breast cancer rate per 1,000 mammograms was 8.0.
- Cervical Cancer: 71,769 Pap tests were provided during the reporting period. The rate of abnormal test results (e.g., CIN2 or worse) detected cancer per 1,000 Pap tests was 6.7.

The 2010 *Women's Health Report Card* also identifies the incidence of chronic conditions among women in Illinois as follows:

- High Blood Pressure: 28.1 percent (23.5 percent of white women and 39.2 percent of black women)
- Diabetes: 8.6 percent (6.4 percent of white women, 12.9 percent of black women and 11.8 percent of Hispanic women)
- Arthritis: 30.6 percent (28.3 percent of white women, 35.2 percent of black women and 30 percent of Hispanic women)

As presented in the Illinois 2014 Title V application, the Alan Guttmacher Institute estimates that Illinois has about 708,670 (2008) women of reproductive age in need of subsidized family planning services. Illinois' Family Planning program served 102,305 unduplicated individuals in 2012, 14.4 percent of whom were women in need.

The Henry J Kaiser Family Foundation lists the overweight and obesity rate for women in Illinois in 2012 as 57.8 percent. The Trust for America's Health Report lists Illinois as the 24th most obese state in the nation, and lists the obesity rate for women in Illinois as 28 percent. Obesity rates in Illinois also are inversely proportional to income level and education level. Rates also vary by age, with the obesity rate of 33.6 percent among 45 to 65 year olds, and 14.3 percent in young adults ages 18 to 25.

The Illinois Department of Public Health's report, *The Burden of Tobacco in Illinois: Prevalence, Impact and Cost, 2013*, indicates the smoking prevalence among women in Illinois as having declined from 18.8 percent in 2005 to 13.2 percent in 2010. From 1998

through 2009, there was a decrease in the percent of women who report smoking during pregnancy from 13.8 percent to 9.2 percent. While these statistics are encouraging, women younger than the age of 35 had higher percentages of smoking during pregnancy than those older than 35. Women on Medicaid reported higher percentages of smoking during pregnancy. This report also indicates that smoking rates are inversely proportional to education levels and income levels. Adults with higher education and income levels are less likely to smoke than those with lower education and income levels.

Social, Economic and Environmental Determinants of Health

Application of the life course perspective to women's health recognizes the importance of the social and economic determinants of health. Poverty, lack of education and violence in the home can cause a toxic level of stress in women, affecting their overall health and the health of their children and generations to come. The intersection of genetics and environment, the study of Epigenetics, indicates toxic maternal stress during pregnancy can "turn off and on" specific genetic markers, making children more prone to chronic diseases as they grow. Additionally, violence in the home not only affects the victim, but has a profound effect on children who may witness it, as noted in the CDC's Adverse Childhood Events (ACE) Study.

The following economic and social indicators have a significant effect on the health and wellbeing of women in Illinois.

- 29.9 percent of Illinois households are headed by single women.

- 13.4 percent of Illinois women live in poverty. Racial disparity is significant, with 9.7 percent of white women and 25.5 percent of black women living in poverty. Additionally, according to the National Partnership for Women and Families 2013, women are paid 77 cents per every dollar paid to men amounting to a yearly wage gap of more than $11,000 between men and women who work full time in Illinois.

- Domestic violence is defined as the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior perpetrated by an intimate partner against another. This public health issue can cross generations and last a lifetime. Between 30 percent to 60 percent of perpetrators of intimate partner violence also abuse children in the household. Boys who witness domestic violence are twice as likely to abuse their own partners and children when they grow up. The economic impact of domestic violence is staggering, exceeding $5.8 billion each year in the United States. (*National Coalition Against Domestic Violence)*

- In 2012, there were 3,570 reported cases of rape in Illinois. Key findings from the CDC's National Intimate Partner and Sexual Violence Survey (NISVS) 2010 Summary Report include:
    - Nearly one in five women has been raped in their lifetime.
    - One in four women has been the victim of severe physical violence by an intimate partner.
    - One in six women has been stalked in their lifetime.

- According to the Illinois Department of Human Services, a 2003 New York Times article identified Chicago as a national hub for human trafficking. Chicago's access to airports and major interstates offers strategic entry points for traffickers and their victims. The city's major events and attractions make Chicago a tourist destination where demand is high, enabling traffickers to exploit vulnerable women and children. Additionally, foreign national trafficking victims can go unnoticed due to high concentrations of immigrant populations in Illinois. An estimated minimum of 16,000 to 25,000 women and girls are victims of commercial sexual exploitation in Chicago every year. (O'Leary, C., Howard, O. "The Prostitution of Women and Girls in Metropolitan Chicago: A Preliminary Prevalence Report. Center for Impact Research. Chicago, 2001.)

- In terms of literacy, the 2010 National Women's Law Center states that 27.2 percent of women in Illinois had an associate degree while 32.2 percent had a bachelor's degree or higher. Women in Illinois had greater high school completion rates than the nation as a whole (89.1 percent as compared to 87.6 percent). Approximately 5.1 percent of households in Illinois are living in linguistic isolation.

The 2010 National Women's Law Center report gave Illinois an overall grade of "U" (unsatisfactory) for women's health. It ranked Illinois 29th among states in women's health. The OWHFS is committed to improving the health and well-being of women and will follow the guidelines in this two-year strategy to accomplish this goal.

STRENGTHS AND OPPORTUNITIES

Prior to the development of this two-year strategy, the OWHFS paused to assess the strengths and opportunities presented by the expansion of its responsibilities to include maternal and child health and family services. This assessment has been useful in guiding the OWHFS in (1) managing its growth, (2) communicating with staff and internal and external partners and stakeholders, and (3) identifying organizational and operational priorities. This assessment was by no means exhaustive of all the strengths and opportunities surrounding the OWHFS. However, it was used to form the initial basis for the strategies to move the OWHFS forward.

Strengths – The OWHFS has identified a number of strengths that will underpin its success as it implements this two-year strategy. It is the intent of the OWHFS to use these strengths and to identify and cultivate others to ensure future success. The main strengths identified by OWHFS include:

- Executive commitment and support for the work of the OWHFS, particularly with regard to early childhood development, is unwavering. In his recent State of the State Address, Governor Pat Quinn announced his Birth to Five Initiative where he stated that "Mothers who do not receive prenatal care are three times more likely to give birth to a low weight baby which leads to increased risks for cardiovascular disease, diabetes, learning difficulties and poor development."

- Legislative support for the OWHFS is strong. The OWHFS will continue to strengthen these bonds by ensuring two-way, frequent and meaningful communication and by adjusting its priorities as the need arises.

- Focus on continuous quality improvement will ensure the OWHFS meets its intended goals and objectives. The OWHFS commits to reviewing it processes on an ongoing basis.

- Federal support for the OWHFS is strong. This is evidenced by the technical assistance the federal granting agencies have provided and for their support in working with the OWHFS to ensure compliance with all federally funded grants.

- Partnerships, both internal and external (e.g., EverThrive Illinois, UIC School of Public Health), are the mainstay of the OWHFS' success and will continue to be so in the future. Partnerships enable the OWHFS to leverage its resources to accomplish its statewide goals and provide much needed insights into the communities they serve.

- Commitment to evidence-based and data-driven practices to ensure that the OWHFS and its partners have the best opportunity for success. This commitment also extends to the OWHFS' insistence that public money be used efficiently, effectively and with total transparency to benefit the population it services.

Opportunities – Identifying opportunities for improvement has been key in assisting the OWHFS to quickly sort through issues that require immediate attention and that are critical to success. These opportunities for improvement include:

- Access to quality and timely data specific to women, maternal, infant, child and adolescent health including life course metrics.

- Capacity building to ensure trained and qualified staff are available to meet the challenge of new responsibilities, lines of authority, and expanded vision and mission. Capacity building includes retaining existing staff and recruiting and training new staff.

- Adoption of the life course perspective to address health at all stages of life with the understanding of the importance of social, economic and environmental determinants of health and well-being.

- Expansion of internal and external community partners, stakeholders and recipients of services to ensure input and acceptance of a common goal and vision for the health and well-being of Illinoisians.

- Managing the growth of OWHFS to ensure its ability to (1) meet existing demands and responsibilities; (2) communicate its vision and growth internally as well as with external partners, and; (3) prepare for the future.

These strengths and weaknesses are addressed in this two-year strategy either by their incorporation into a goal or as a value principle that will guide the work of the OWHFS.

TWO-YEAR GOALS, STRATEGIES and ACTION STEPS

The OWHFS has adopted the following goals and strategies as the areas of focus for the years 2014 and 2015. The goals contain the targets for what the OWHFS wants to achieve while the strategies lay out the activities that will guide the OWHFS in achieving its goals. The OWHFS is committed to measuring progress towards these goals on a routine basis over the next two years and making adjustments to the strategies as necessary. The OWHFS also will use these adopted goals and strategies to allocate resources and modify the direction of programs as needed.

GOAL 1: Advance the health of women, children, adolescents and families in Illinois by improving outcomes and achieving health equity.

STRATEGY 1.1 Build and maintain the capacity needed to identify and address women, maternal, child, adolescent and family health priorities across the life course through training, technical assistance, information dissemination, and program development.

STRATEGY 1.2 Support the spread of effective women, maternal, child and family health practices and innovations with organizations, partners and other stakeholders in Illinois.

STRATEGY 1.3 Convene, lead and participate in strategic alliances to advance health equity and improve women, maternal, child and family health.

STRATEGY 1.4 Implement the life course perspective through education and incorporate the social, economic, and environmental determinants of health into program development. Identify and select key life course metrics.

STRATEGY 1.5 Create a vision for improving health in rural Illinois using innovative strategies that focus on access.

STRATEGY 1.6 Assess the impact of the Affordable Care Act (ACA) on existing OWHFS services and programs and develop a strategy for ensuring no duplication of services and filling gaps in services.

> ACTION STEP: The OWHFS is hiring an infant mortality (IM) coordinator. The coordinator will be responsible for coordination of state and local initiatives to reduce infant mortality. His/her role will engage multi-agency collaboration. The coordinator will work to create and implement initiatives focusing on preconception health, prenatal care, interconception care, and other critical population-based infant mortality reduction strategies. This person will apply data and evidence-based practices and focus on the design, implementation and sustainability of programs to address IM disparity issues, with the goal to address gaps in the quality of health and health care services across ethnic, geographic (rural health), gender, and socioeconomic groups. The coordinator will design, implement and sustain community programs that address poor birth outcomes among minority populations through acquisition of grant opportunities. He/she

> "The good news is that prenatal care is already available to expectant mothers with modest incomes through existing programs. Yet 25 percent of our low-income mothers are not receiving the prenatal care they need."
>
> *Governor Pat Quinn*
> *2014 State of the State Address*

also will assure community engagement and involvement through health education methodologies, cultural competence, and evidence-based programming.

GOAL 2: Advance sustainable, evidence-based and data driven practices through a process of surveillance and monitoring, program evaluation, and continuous quality improvement.

STRATEGY 2.1 Develop and implement an organizational structure that supports the responsibilities and duties of the OWFHS, with an emphasis on organizational agility and economies of scale.

STRATEGY 2.2 Continuously evaluate and improve the OWHFS' organizational support for and effectiveness of its operations.

STRATEGY 2.3 Ensure that an infrastructure is in place for successful compliance with grant and program requirements for the MCH Title V Block Grant and all federal grants, and for conducting other epidemiological analyses as needed to improve process and policy development.

STRATEGY 2.4 Assess programs new to the OWHFS for effectiveness and look to implementing evidence-based and data driven programs.

ACTION STEP: The OWHFS is recruiting a performance and quality administrator to ensure that performance management and quality improvement programs are developed and managed using a data driven focus that sets priorities for improvement aligned to ongoing strategic imperatives. This person will ensure that performance measure quality improvement initiatives are focused and aligned on improving operations and leadership for performance measurement and policy development; provide leadership and coordination for improving the organization's core public health functions; and evaluate the impact of systems improvement.

GOAL 3: Become the lead office for establishing priority health areas of focus for women, children, adolescent and families in Illinois.

STRATEGY 3.1 Conduct a women, maternal, child, adolescent and family health needs assessment consistent with selected life course metrics.

STRATEGY 3.2 Increase stakeholder, organization, agency, family, and youth participation in planning, needs assessment, and programmatic activities.

STRATEGY 3.3 Position the OWHFS to respond proactively to needs and address emerging women, maternal, child, adolescent and family health issues.

> ACTION STEP: The OWHFS is recruiting a data administrator who will perform highly complex data management functions and assignments pertaining to surveillance, needs assessment and planning activities. The data administrator will design and conduct highly technical planning activities for analytic studies by the OWHFS. The data administrator also will participate in preparation and implementation of new data collection instruments as needed to improve monitoring women's and children's health trends; compile statistical data from data sources such as but not limited to vital records, Pregnancy Risk Assessment Monitoring System (PRAMS), newborn screening, and perinatal system data, and; generate monthly, quarterly, and yearly reports. The development of qualitative and quantitative analyses for use in program planning, program evaluation, and quality improvement activities -- including selection and organization of data fields – is another key activity of this position.

Please see Attachment B for a summary of OWHFS' two-year goals and strategies.

PUTTING STRATEGY INTO ACTION

The OWHFS is well aware of the ambitious agenda it has set before itself in this two-year strategy. However, the OWHFS believes its strengths, partnerships, and legislative and executive support will provide the political will and resources to ensure a successful outcome. Priorities for the first six months of 2014 to put this strategy into action include:

1. ***Ensuring buy-in of the two-year strategy*** – Even with the internal and external support it enjoys, the OWHFS understands that it must share this strategy with staff and internal and external partners and stakeholders to ensure all understand the two-year goals and strategies with recognition of where they fit into the programmatic framework.

2. ***Focusing on resource and capacity building*** – The OWHFS must complete the building and training of its staff to ensure there are sufficient and appropriate resources to accomplish the two-year strategy. This work also includes recruiting additional resources as needed and assessing the strengths of both internal and external partners.

3. ***Enhancing data support*** – The OWHFS must have strong epidemiologic leadership along with dedicated data support to meet its many program demands and to establish benchmarks for programs and the appropriate allocation of resources. Specifically, within the first six months of 2014, the OWHFS will focus on (1) establishing dedicated data assistance, (2) identifying the metrics that will be used to measure program success, (3) identifying reliable data sources and data sets for use in needs assessments, and (4) analyzing data to ensure perceived need is real need.

4. ***Developing methodology and assembling team for Title V five-year needs assessment*** – As cited previously in this document, Title V Maternal and Child Health Block Grant funding requires the development of a 2016 to 2020 five-year needs assessment. Included in this requirement are the federal funding expectations that the needs assessment will follow an adopted methodology and include significant input from internal and external partners and stakeholders as well as from recipients of services. The guidelines for the needs assessment are very comprehensive and developing the needs assessment is a major task for states. To ensure the development of a successful needs assessment, the OWHFS will begin planning in the first six months of 2014.

5. ***Establishing sufficient infrastructure to manage federal grants*** – All federal grants have their own unique funding requirements relating to program compliance, funding, use of funds, and reporting. The OWHFS will ensure within

the first six months of 2014 that sufficient resources and processes are in place to successfully manage each grant.

The OWHFS commits to periodically assessing this implementation strategy to make sure it is on target to meet established goals and objectives.

ATTACHMENT A
IDPH Office of Women's Health and Family Services
Scope of Responsibilities and Two-year Priorities

Women	Maternal and Infant Health	Child Health	Adolescent Health
SCOPE	**SCOPE**	**SCOPE**	**SCOPE**
• Preconception/Interconception care including family planning and obesity • Substance use • Chronic disease such as asthma, cardiovascular disease, cancer, depression, and autoimmune diseases • Violence including rape, intimate partner abuse, human trafficking • Life course determinants such as female head of household, poverty, literacy, and physical environment	• Prenatal care • Preterm birth • Infant mortality • Low birth weight • Birth defects • Maternal mortality and morbidity • Postpartum care including depression • Breastfeeding • Immunizations • SIDS/SUIDS • Early childhood	• Child fatality and causes • Well child care including immunizations, dental health, well child exams • School readiness • Adverse childhood events • Obesity • Childhood trauma	• Mental health including depression and suicide • Substance use • Accidents including motor vehicles and homicides • Teen pregnancy • Life course determinants such as high school graduation rates
PRIORITIES	**PRIORITIES**	**PRIORITIES**	**PRIORITIES**
• Domestic violence • Rape • Breast cancer • Cardiovascular disease • Women as single head of household • Contraception • Poverty • Sex trafficking • Literacy	To be determined by Title V Maternal and Child Health Needs Assessment	To be determined by Title V Maternal and Child Health Needs Assessment	To be determined by Title V Maternal and Child Health Needs Assessment

OWHFS's Two Year Goals and Strategies
2014 to 2016

GOAL 1: STRATEGIES

1.1 Build and maintain capacity
1.2 Support effective health practices and innovation
1.3 Convene, lead and participate in strategic alliances and partnerships
1.4 Implement the Life Course Perspective
1.5 Create a vision for improving rural health
1.6 Assess the impact of the ACA

GOAL 2: STRATEGIES

2.1 Develop and implement an organizational structure supportive of new responsibilities
2.2 Continuously evaluate and improve the OWHFS
2.3 Ensure appropriate infrastructure in place
2.4 Assess effectiveness of new programs and implement evidence-based and data driven solutions

Goal 3: Strategies

3.1 Conduct Five Year Title V Needs Assessment
3.2 Increase stakeholder participation in planning and programmatic activities
3.3 Respond proactively to needs and issues affecting women, the MCH population and families

Contact Us:

Website: www.idph.state.il.us

www.facebook.com/IDPH.Illinois

www.Twitter.com/IDPH

This strategy was prepared by the Illinois Department of Public Health.

Suggested Citation

Illinois Department of Public Health. (2014). OWHFS Two Year Strategy: 2014-15. Chicago & Springfield, IL

Printed by the Authority of the State of Illinois