

Illinois Public Health Association
Testimony to the Illinois Human Services Commission
Wednesday, September 21, 2011

The Illinois Public Health Association (hereinafter, "IPHA") recommends that the State of Illinois strengthen the Illinois Department of Public Health and consolidate its efforts to improve the health of women and children by transferring its Maternal and Child Health (hereinafter, "MCH") programs from three agencies to the Illinois Department of Public Health.

The IPHA is committed to advancing public health practice and achieving health equity in Illinois. It represents more than 7,000 public health professionals who work on the "front lines" of promoting health and preventing disease in local health departments, hospitals, schools, community health centers and other organizations. It is the largest state affiliate of the American Public Health Association.

IPHA's membership recently passed a resolution in support of this recommendation. This resolution is supported by local health department administrators across the state.

The human services reorganization in 1997 removed many (but not all) health service programs for women and children from the Illinois Department of Public Health and transferred them to the Illinois Department of Human Services. There, these programs were combined with other similar efforts from the Illinois Department of Children and Family Services, the Illinois Department of Healthcare and Family Services, the Department of Alcoholism and Substance Abuse to create the Division of Community Health and Prevention. The Division has now been merged with the Division of Human Capital Development. In addition, Maternal and Child Health programs are operated by the Illinois Department of Healthcare and Family Services and by the University of Illinois at Chicago Division of Specialized Care for Children.

The reorganization had three significant drawbacks for the public health and MCH in Illinois. First, the reorganization substantially weakened the state health department (by reducing its budget and transferring many of its experienced managers) and fragmented the leadership, infrastructure and delivery of MCH services between two state agencies. Second, the reorganization also increased administrative burden for local health departments and other agencies that now received program grants from both the Illinois Department of Public Health and the Illinois Department of Human Services. Third, MCH programs have weakened as state-level leadership has changed.

Public health programs focus on the improvement of health for all citizens and in this case all women and children. These programs are not primarily focused on relieving the burden of poverty. "Clustering" MCH programs with other welfare programs on the basis of surface characteristics ignores deeper differences in mission, structure and function.

As a case in point, the federal Special Supplemental Nutrition Program for Women, Infants and Children, better known as WIC, provides both nutrition education and supplemental food packages prescribed by a health care professional to reduce low birth weight, prevent infant mortality and prevent childhood obesity. The federal Supplemental Nutrition Assistance

Program, better known as SNAP and previously known as Food Stamps, makes it possible for low income families to purchase additional food. SNAP lacks WIC's explicit focus on the promotion of health and prevention of disease. SNAP is focused on alleviating the burden of poverty, WIC is focused on the improvement of public health.

To realize their full benefit, the administration of public health programs requires specialized training in health care. Public health has long been recognized as a separate professional and academic discipline from other human services. MCH is similarly recognized as a professional and academic specialty within public health. These programs should be led by people with appropriate professional training and experience in public health.

MCH programs are focused on the health of all women, infants, children, adolescents and children with special health care needs. The management of MCH programs in Illinois is further complicated by the development of the Bureau of Maternal and Child Health Promotion within the Illinois Department of Healthcare and Family Services and by the designation of the University of Illinois' Division of Specialized Care for Children to manage the state's program for children with special health care needs. Typically, the preventive health programs are managed separately from the program for children with special health care needs. In most states, both programs are operated by the state health department. Illinois is the only state that places administrative responsibility for both preventive health and specialized care outside of the state health department. Illinois has a very fragmented management structure for MCH at the state level.

To address these problems and strengthen both MCH and public health in Illinois, IPHA recommends that the following organizational units be transferred to the Illinois Department of Public Health and placed under the leadership of one Deputy Director with appropriate academic training and public-sector experience in Maternal and Child Health:

- The former Division of Community Health and Prevention from the Illinois Department of Human Services;
- The grant programs administered by the Bureau of Maternal and Child Health Promotion from the Illinois Department of Healthcare and Family Services; and
- The Division of Specialized Care for Children from the University of Illinois at Chicago.

Federal law (provisions in Title V and Title XIX of the Social Security Act) require an on-going, reciprocal and collaborative relationship between the Maternal and Child Health and Medicaid programs in each state. Illinois has benefitted from this close collaboration for more than 20 years. The coordination of policy between these programs must continue, under the leadership of the Maternal and Child Health Director, while the management of appropriate grant and health service programs should be considered for consolidation within IDPH.

IPHA expects that this transfer will have many benefits, including:

- Improving program performance and effectiveness in achieving intended outcomes;

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- Eliminating fragmentation and redundancy of program leadership and administration at the state and local levels;
- Building a strong state health department, better prepared for future emergencies and conditions;
- Providing academically qualified and experienced leadership for the state's MCH system;
- Bringing Illinois' state-level Maternal and Child Health program structure into alignment with the structure used by the rest of the nation;
- "Reuniting" MCH programs from IDHS with those that were "left behind" during the 1997 reorganization;
- Maintaining many of the gains achieved through the 1997 reorganization, including the integration of programs for prevention of teen pregnancy, support for teen parents, prevention of substance abuse and prevention of juvenile delinquency;
- Strengthening Illinois' focus on the reduction of health disparities in MCH through common leadership;
- Strengthening Illinois' local public health system by placing MCH programs in an agency that supports and is aligned with their unique public health mission
- Restoring Illinois to its position of national leadership in Maternal and Child Health;