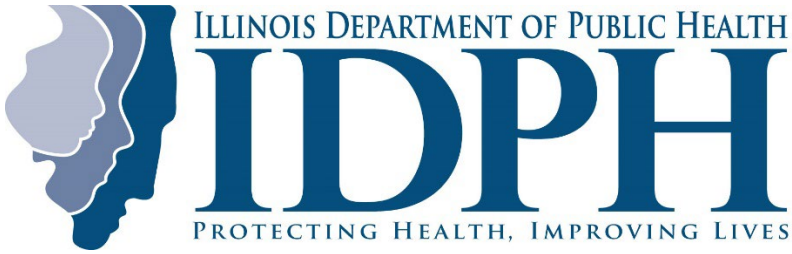

2023-2024 REPORT TO THE GENERAL ASSEMBLY: ILLINOIS TASK FORCE ON INFANT AND MATERNAL MORTALITY AMONG AFRICAN AMERICANS

DECEMBER 2024

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EXECUTIVE SUMMARY

Maternal and infant mortality and morbidity remain significant indicators of national and state-level health. In addition, the crisis of non-Hispanic Black/African American infant and maternal mortality and morbidity in states, especially Illinois, mirrors the larger trends seen across the country. In Illinois, Black women were twice as likely to die from any pregnancy-related condition and three times as likely to die from pregnancy-related medical conditions as White women. Black women also had a severe maternal morbidity rate more than two times that of White women.[1] This is more than two times the rate of non-Hispanic White women and significantly higher than Asian and Hispanic women.

Illinois has consistent disparities in infant mortality rates based on race. From 2012 to 2021, non-Hispanic Black infants consistently experienced infant mortality rates two to four times higher than non-Hispanic White, Hispanic, and Asian/Pacific Islander infants. Additionally, among all the leading causes of deaths (birth defects (20%), prematurity/fetal malnutrition (20%), Sudden Unexpected Infant Death (SUID) cause of infant death (18%), and pregnancy/delivery complications (9%)) non-Hispanic Blacks top the chart for all causes. According to the Perinatal Periods of Risk (PPOR) analysis*, if the fetal and infant mortality rates for infants born to non-Hispanic Black women were reduced to match those of infants born to low-risk White women, it would prevent 204 fetal and infant deaths among Black babies each year[2].

Additionally, Infant deaths from SUID is dis-proportionately higher in non-Hispanic black infants than other races.[3] Research indicates many of the SUID deaths are linked to things like not having a separate sleep environment for the infant, co-sleeping, putting baby to sleep on their tummies.[4,5]

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[1] ILLINOIS MATERNAL-MORBIDITY-MORTALITY-REPORT2023.PDF
[2] Infant Mortality Report (draft) IDPH 2024
[3] SUID Fact sheet, July 2024.
*https://www.citymatch.org/resources/elearning/perinatal-periods-of-risk/
[4]https://pubmed.ncbi.nlm.nih.gov/22110293/#:~:text=The%20potential%20factors%20that%20contribute%20to%20the%20occurrence,pregnancies%20and%20maternal%20substance%20use%20%28tobacco%2C%20alcohol%2C%20opiates%29
[5] HTTPS://SAFETOSLEEP.NICHD.NIH.GOV/ABOUT/RISK-FACTORS

Many systemic and social factors like health insurance access, and structural issues that impact respectful care amongst others play a role in contributing to these disparities.

In July 2019, the Illinois General Assembly passed Public Act 101-0038, which created the Illinois Task Force on Infant and Maternal Mortality (IMMT) among African Americans Act (hereafter known as task force). The task force has been charged with working to identify and to present key strategies to decrease infant and maternal mortality among African Americans in Illinois. In this two-year report to the General Assembly, the task force presents again the following prior recommendations:

PRIOR RECOMMENDATIONS

COORDINATION: The state should establish infrastructure to systematically document and reference all maternal and child health (MCH) initiatives, whether undertaken by government agencies or community-based organizations. This should include details such as funding sources, communities served, priority populations, project scope, deliverables, metrics, and any other pertinent data. This systematic approach aims to enhance coordination, efficiency, transparency, and synergy, thereby bolstering support for the health needs of vulnerable and marginalized populations.

MCH DATA SYSTEM: The state should develop a Health Information Systems for MCH. It will help to collect, analyze, and use state level data for decision-making and monitoring of MCH indicators. This will eventually improve data quality, streamline data reporting mechanisms, and use of data for planning and evaluation.

RURAL COMMUNITY ENGAGEMENT AND EMPOWERMENT: The state needs to actively promote rural community participation and empowerment to increase awareness, utilization, and demand for MCH services. This involves community mobilization, health education campaigns, involvement of local leaders and stakeholders and empowering community-based providers to effectively access state funds through proficient grant writing.

HEALTH SYSTEM AND CARE COORDINATION: The state needs to address the gaps identified in care coordination of women and their infants. Beyond the identification of mental health problems, substance misuse or socioeconomic health determinants, there should be warm handoffs in the referral coordination system for care follow up.

TRAINING: The state needs to support the training of more Community Health Workers for coordinated home visiting services, and linkage to other services needed by the families within the communities.

GENERAL ASSEMBLY RECOMENDATIONS

MODIFY FREQUENCY OF ANNUAL IMMT REPORT: The state should review the timeframe for the task force to submit a report to the General Assembly to every two years as opposed to every year.
A report every two years, rather than annually, will allow IMMT to complete more work on a yearly basis (rather than use time to produce the report). It would also allow for more data collection and evaluation of ongoing efforts, thus yielding a more fruitful report. This review changes the law by requiring the IMMT to have more time in between report submissions. The result of the change in law will mean that the IMMT and its various subcommittees will have enough time to conduct their activities in a feasible timeline to assess and report on the impact of those activities.

SUPPORT and RESOURCES:
The task force is still in need of 1-2 dedicated full-time equivalents within the Office of Women's Health and Family Services (OWHFS) for the duration of the task force. The state should enhance IDPH's capacity to support the activities of the task force and its affiliated subcommittees and workgroups through these staff. This recommendation was included in all previous reports provided to the General Assembly.

- Materials and support needed to engage and document community outreach. This includes stipends, transcriptions, and analysis of data captured from sessions with community residents that will inform the work of the task force.

- Funding the effort to coordinate the efforts in the state, as per above on a continuous basis.

BACKGROUND

Maternal and infant health outcomes serve as key indicators of a country, state, or community's overall health. Maternal mortality refers to the death of a woman during pregnancy, at delivery, or after delivery. Specifically, pregnancy-related death is defined as the death of a woman during pregnancy or within one year after the end of pregnancy due to complications directly related to pregnancy, events initiated by pregnancy, or the exacerbation of unrelated conditions by the physiological effects of pregnancy. Data from 1987 to 2020 reveal a consistent increase in maternal mortality in the United States, which, at 24.9 maternal deaths per 100,000 live births[6], is the highest among high-income countries.

In contrast, severe maternal morbidity (SMM) includes unexpected complications during the pregnant and postpartum periods that have significant short-term and long-term effects on a woman's health. 2020 data indicate a worsening trend in SMM, at 88.3 deaths per 10,000 delivery hospitalization nationally and 86 deaths per 10,000 delivery hospitalization in Illinois[7]. In Illinois the SMM is black women is more than two times that of white women.

Infant mortality is defined as the death of an infant before their first birthday. Similar to maternal mortality and morbidity, infant mortality rates show significant racial disparities both nationally and within Illinois. In 2021, the overall infant mortality rate (IMR) in the United States was 5.4 deaths per 1,000 live births, while the overall IMR in Illinois was 5.6 deaths per 1000 live births[8]. In Illinois, the 2021 data showed IMR among non-Hispanic Blacks was almost three times that of Hispanics, whites and Asians. The disparity in infant mortality between Black and White infants is largely driven by trends in deaths due to prematurity and Sudden Unexpected Infant Death (SUID). In 2021, non-Hispanic Black infants were over four times more likely to die from SUID compared to non-Hispanic White and Hispanic infants[9].

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[6] https://www.cdc.gov/maternal-mortality/php/pregnancy-mortality-surveillance/?CDC_AAref_Val=https://www.cdc.gov/reproductivehealth/maternal-mortality/pregnancy-mortality-surveillance-system.htm
[7] https://mchb.tvisdata.hrsa.gov/PrioritiesAndMeasures/NationalOutcomeMeasures
[8] https://www.cdc.gov/maternal-infant-health/infant-mortality/?CDC_AAref_Val=https://www.cdc.gov/reproductivehealth/maternalinfanthealth/infantmortality.htm
[9] Infant Mortality Report (draft) IDPH 2024

One of the Healthy People objectives is to reduce the rate of all infant deaths with a target of 5.0 infant deaths or less per 1,000 live births by 2030[10]. As at 2021, only 19 states within the US met the Healthy People 2030 target.

A concerted effort is required to address these racial disparities in maternal and infant health outcomes in the state of Illinois by addressing the underlying causes of the leading causes of Maternal and Infant death. A good start would be to review the health system and care coordination recommendations of the 2023 Maternal Mortality report.

LEGISLATIVE MANDATE

In July 2019, the Illinois General Assembly passed Public Act 101-0038, establishing the Illinois Task Force on Infant and Maternal Mortality among African Americans (hereinafter referred to as "task force"). The task Force is charged with identifying best practices to decrease infant and maternal mortality among African Americans in Illinois. More specifically, it is charged with the following:

1. Meeting at least once per quarter beginning as soon as practicable after the effective date of this Act.
2. Reviewing research that substantiates the connections between a mother's health before, during, and between pregnancies, as well as that of her child across the life course.
3. Reviewing comprehensive, nationwide data collection on maternal deaths and complications, including data disaggregated by race, geography, and socioeconomic status.
4. Reviewing the data sets that include information on social and environmental risk factors for women and infants of color.
5. Reviewing better assessments and analysis on the impact of overt and covert racism on toxic stress and pregnancy-related outcomes for women and infants of color.

[10] https://health.gov/healthypeople/objectives-and-data/browse-objectives/infants/reduce-rate-infant-deaths-mich-02

6. Reviewing research to identify best practices and effective interventions for improving the quality and safety of maternity care.
7. Reviewing research to identify best practices and effective interventions, as well as health outcomes before and during pregnancy, in order to address pre-disease pathways of adverse maternal and infant health.
8. Reviewing research to identify effective interventions for addressing social determinants of health disparities in maternal and infant health outcomes.
9. Producing an annual report detailing findings, including specific recommendations, if any, and any other information the task force may deem proper in furtherance of its duties.

TASK FORCE ON INFANT AND MATERNAL MORTALITY AMONG AFRICAN AMERICANS (TASK FORCE)

MEMBERSHIP

The legislation required the task force to consist of 22 members representing various qualifications and clinical backgrounds. Members include state agency representatives, hospitals partners, pediatricians, obstetricians, maternal and child health advocates, neonatal professionals, public health experts, insurance industry representatives, and community members. Full list of members is in appendix 1.

Meetings and Activities

The task force is required to meet quarterly, a minimum of four times per year. In 2023, the Task Force met four times and, in 2024, the Task Force has met a total of four times between January and December.

2023 Meetings

In 2023, the committee deliberated on the program areas of focus for the taskforce and several options suggested were: Behavioral Health Support (trauma-informed and healing centered), Substance Use Support, Housing, Health Literacy (provider, community, patient), Health Systems Accountability, Access to Well Woman care of childbearing persons, Communal and Interpersonal Violence, Workforce: interdisciplinary and diverse health care team, Resources to community management for case management/ support services, Coordination/Communication across sectors/technologies, Quality of care with trust as a measure. Through a poll, the major priorities for the taskforce were identified as : 1st Health Literacy, 2nd Behavioral Health Support, 3rd for Health Systems Accountability and Quality of Care. The committee also assigned these focus areas to each of the sub- committees.

1. Health Literacy was assigned to Community Engagement Committee
2. Behavioral Health Support was assigned to Programs and Best Practice
3. Health Systems Accountability and Quality of Care was assigned to Systems

2024 Meetings

In addition to the priority focus areas identified for each subcommittee, the taskforce is evaluating a strategic direction for the IMMT in 2024 towards 2025. To achieve this, the taskforce has commenced a cross walk of its developed tasks and responsibilities and the expectations of the legislative mandate. In addition to the review of the Illinois 2022 Maternal Mortality and 2024 Infant Mortality reports.

TASK FORCE SUBCOMMITTEES

The Task Force subcommittees have continued to help address the legislative charge by engaging in various activities and providing recommendations that focus on Black/African American infant and maternal health. Many of their activities overlap and complement each other.

Community Engagement Subcommittee

Co-Leads:

Virginia Julion RN, BSN, MPH

Fetal and Infant Mortality Review (FIMR) Coordinator, Retired

University of Chicago Medicine

Tamela D. Milan-Alexander, MPPA

Strategic Partnership Liaison

EverThrive Illinois

<u>Objectives of Overall Task Force Assigned to the Subcommittee</u>

1. Research regarding women's health before, during, and between pregnancies.
2. Review data on social and environmental risk factors for women and infants of color.

<u>23/2024 activity updates</u>

In 2023 the Community Engagement Subcommittee sought support to have the 2022 listening sessions analyzed. The 2022 transcriptions of those listening sessions are currently being analyzed through the continued relationship with UIC. Listening sessions resumed in December 2024 with three additional sessions scheduled in January 2025.

The subcommittee will utilize the supportive relationship with UIC to:

- Conduct more listening sessions

- Collaborate with the Programs and Best Practices Subcommittee to investigate national models that advance health equity in birth outcomes for Black/African American women, families, and infants. This information will inform the Task Force's final recommendations for improving pregnancy and birth outcomes.

Programs and Best Practices Subcommittee

Co-Leads: Dara M. Basley, MA, LCSW
Director of Health Equity
Access Community Health Network

Patricia Ann Lee King, PhD, MSW
State Project Director and Quality Lead
Illinois Perinatal Quality Collaborative

Objectives of Overall Task Force Assigned to the Subcommittee

1. Identify best practices to improve quality and safe maternity care.
2. Identify effective interventions to address the social determinants of health disparities in maternal and infant outcomes.

23/2024 activity updates

The Programs and Best Practices Subcommittee has focused on addressing the issues of Black/African American infant and maternal health by combining elements from various programs initiatives. For a more comprehensive review of each program, the subcommittee created a structured template to assess available program evaluations, formulated key questions for existing program staff, and invited program administrators to provide insights into their operations and impacts.

In 2023, the subcommittee reviewed the state-supported Family Case Management (FCM) program. They held a meeting with representatives from the Illinois Department of Human Services (DHS) and a local organization providing FCM services in the Chicagoland area. The meeting provided diverse perspectives on the implementation and administration of FCM, highlighting challenges such as caseload management, the Cornerstone system, and data collection and reporting.

To address these issues, the subcommittee recommended the following actions:

- Prioritize evaluations of all statewide Maternal and Child Health (MCH) programs.
- Allocate necessary resources to social service programs, including personnel, financial support, technical assistance, and expert facilitators, to assess their successes, gaps, and needs.
- Develop and implement an updated, coordinated data system that integrates all state-level MCH programs.
- Establish a process for coordinating and sharing data across state agencies, including setting core metrics for reporting within and across MCH programs to state funding agencies.

In 2024, the subcommittee has reviewed the Healthy Start program in Illinois. The recommended actions from this review will align with the strategic direction agreed upon by the Taskforce leadership in addition to the implementation of the sub committee's previous recommendations.

Systems Subcommittee

Co-Leads:

Glendean Burton, MPH, BSN, RN, CLC
Maternal and Child Health (MCH) Nurse Consultant
Maternal, Infant, and Early Childhood Home Visiting (MIECHV) Illinois
Early Childhood Comprehensive Systems (ECCS) Illinois
Sudden Infant Death Services (SIDS) of Illinois

Catherine Harth, MD
Physician
Associate Professor of Obstetrics and Gynecology
University of Chicago Medicine

<u>Objectives of Overall Task Force Assigned to the Subcommittee</u>

1. Identify key areas and gaps in the educational, political, and social systems that impact the health and wellbeing of Black/African American women and babies.
2. Review nationwide data on maternal deaths and complications, including data by race, geography, and socioeconomic status.
3. Identify best practices to improve quality and safe maternity care.

23/2024 activity updates

In 2023, the Systems Workgroup reviewed the APORS/High-Risk Infant Follow-up (HRIF) services in Illinois as a means of reducing pediatric morbidity and mortality. Preliminary findings showed that the program is under-utilized and made recommendations that further evaluation should be conducted to understand the root causes of underutilization.

Furthermore in 2023, the Systems subcommittee worked with I-PROMOTE to increase awareness of both the providers and postpartum Medicaid recipients of availability and payment for two Postpartum health visits and acute/chronic/ and urgent paid care for one year after delivery. The recommended components of care have been shared with Illinois Department of Health and Family Services (IDHFS). and other groups to make improvements.

In 2024- the group were engaged in a number of discussions concerning vaccines that should be provided in pregnancy and infancy. They reviewed national and state data regarding rates of immunization, outcomes associated with immunization, availability, messaging, timing and reimbursement. The group engaged in the development of a pager document as a means of encouraging administration of Flu, Co-Vid 19, and RSV vaccines during pregnancy, as appropriate, for the benefit and protection of the pregnant person and the unborn child. The targeted audience will be the general public, provider groups, persons of childbearing age, health coverage groups, and payors.

IMMT FUTURE ACTIVITIES

The task force plans to develop its strategic direction to serve as a guide towards its goals. The taskforce has been engaged in a series of meetings in 2024 aimed at revisiting the strategic direction of the Taskforce. While the focus has primarily been on maternal health, future initiatives will address both maternal and infant health for Black/African American communities.

In response to prior resource request, IDPH has recruited an intern to support the research and administrative functions of the taskforce.

- **Develop a strategic direction:** The Chair and co-chair and all co -leads of the sub committees have engaged in strategic meetings to brainstorm and chart a path forward for the Taskforce and will finalize this in January 2025. The key objective will be to identify the strategic role of IMMT in addressing health disparities in black families.

- **Conduct more listening Sessions:** The task force through the community engagement subcommittee will continue gathering insights from women and families with lived experiences through listening sessions conducted across the state with Black/African American community members. Both existing and newly collected data will be analyzed to develop recommendations aimed at improving Black/African American infant and maternal health outcomes in 2025. The UIC -Maternal Health Initiative will support the process of transcription and data analysis.

- **Program Reviews:** The programs and best practice committee has reviewed the Healthy Start program in Illinois in 2024.The task force will continue its plan to conduct a thorough review of some Illinois-based programs aligned with the strategic focus of 2025.

- **Collaborations/Partnerships:** To tackle the impact of racism on pregnancy-related outcomes and identify effective interventions, the task force will continue to collaborate with maternal and child health partners throughout the state. This includes working with the Illinois Maternal Mortality Review committees, Illinois Maternal Health Task Force (UIC I-PROMOTE IL Task Force), and the Illinois Title V Program. Additionally, the task force will seek partnerships with the Fetal and Infant Mortality Review (FIMR) Program, the Governor's Office of Early Childhood Development, Illinois Perinatal Quality Collaborative (ILPQC), Illinois Department of Health and Family Services (IDHFS) and various state agencies.

CONCLUSION

The taskforce will continue to collaborate with the Illinois Department of Public Health and other key maternal and Child Health Partners within the state. In order to address the existing disparities among Black mothers and infants, IMMT will continue to make recommendations for a sustained, multi-faceted approach that combines community insights, comprehensive evaluations, and coordinated efforts across all levels of care.

APPENDICES

Appendix 1: Task Force Committee Membership (as of 08/01/2024)

Committee Member	Specialty/Sub-Specialty/Occupation	Affiliation
Three Members from the various State Departments		
Lisa Masinter MD, MPH, MS, FACOG	Deputy Director , Office of women's Health and Family Services	Illinois Department of Public Health, Office of Women's Health and Family Services
Dawn R. Wells	Director of Healthcare and Family Services or Designee	Illinois Department of Healthcare and Family Services
Joanna Su	(Secretary or designee) Home Visiting Strategic Planning Administrator Bureau of Home Visiting	Illinois Department of Human Services
Two Medical Providers (infant and community health)		
Dara M. Basley, MA, LCSW	Manager of Health Equity	Access Community Health Network
Lisa Green, DO, MPH	Chief Executive Officer / Attending Physician	Family Christian Health Center
Two OB/GYN Specialists		
Catherine Harth, MD, FACOG	Physician and Associate Professor Section of General Obstetrics and Gynecology	University of Chicago Medicine
Gloria L. Elam, MD, MPH	Physician, Labor and Delivery Medical Director, and Associate Professor of Clinical Obstetrics and Gynecology	University of Illinois at Chicago
Certified Professional Doulas		
Stephanie James, CD, CLC	Doula Specialist, Lactation Counselor	

		Peaceful Birth Practices, LLC
Jasmine Martin, BS	Doula	Children's Home and Aid
Two Registered Nurses		
Virginia Julion, RN, MPH	Fetal and Infant Mortality Review Coordinator (Retired)	University of Chicago
Glendean Burton, MPH, BSN, RN, CLC	Maternal and Child Health (MCH) Nurse Consultant; Maternal, Infant, and Early Childhood Home Visiting (MIECHV), Early Childhood Comprehensive Systems (ECCS) Illinois, Sudden Infant Death Services (SIDS) of Illinois	IDHS/Children's Home and Aid; SIDS of Illinois
Two Certified Nurse Midwives		
Shirley Fleming, BSN, MN, CNM, MDiv, DrPH	Co-Director of the Center for Faith and Community Health Transformation; Director, Faith Health Promotion, Retired	University of Illinois at Chicago, Office of Community Engagement and Neighborhood Health Partnerships
Jeanine Logan, MPH, MSN, CNM	Certified Nurse Midwife, Birth Assistant/Registered Nurse	PCC Community Wellness Center
One Member Representative of Hospital Network Leadership		
Patricia Ann Lee King, PhD, MSW	State Project Director and Quality Lead	Illinois Perinatal Quality Collaborative
One Member Representative of Health Insurance Company		
OPEN		
One African American Woman of Childbearing Age (experienced traumatic pregnancy)		
Tamela Milan-Alexander, MPPA (Co-Chair)	Strategic Partnership Liaison	EverThrive Illinois
One Physician Representative of the Illinois Academy of Family Physicians		
Santina Wheat, MD, MPH, FAAFP, AAHIVS	Program Director, Family Physician with OB	Erie Family Health Centers

One Physician Representative of the Illinois Chapter of AAP (ICAAP)		
Daniel Johnson, MD	Pediatrician/Pediatric Infectious Disease Specialist	University of Chicago Medicine
Four Community Experts on Maternal and Infant Health		
Angela Ellison, PhD, MS.Ed (Chair)	Senior Director	University of Illinois at Chicago, Office of Community Engagement and Neighborhood Health Partnerships
Cheryl Floyd, MS.Ed	Director, Center for Health Promotion and Wellness	Winnebago County Health Department
Paula Brodie, MS	Vice President Support Services	Southern Illinois Healthcare Foundation
OPEN		

Appendix 2:

Task Force SWO~~T~~D (Strengths Weaknesses Opportunities ~~Threats~~ Desired Outcomes) Analysis

S W O T D ANALYSIS

Strengths

- Passion/commitment
- Going beyond the silos – collaborate with others and seek synergy (connections with the other MCH related task forces and groups)
- Diversity of education and experiences – has helped balance perspectives
- Diverse representation: ability to work on a number of initiatives because of the work of the Sub-committees
- Broad expertise
- Lived experience
- Focused and committed to African American women and families
  - Seeing women as individuals as opposed to numbers (more humanizing)
  - Amplify the AA experience
- Connected to a state agency (IDPH)
- Focusing on strengths and challenges (assets and barriers/deficits)
- Timing of existence
- Shined a light on the issue

Weaknesses/ Challenges

- We do not have women engaged in services as group members
- Lack of funding to support activities
- Members are all volunteers
- Pandemic has posed many challenges (virtual meetings, work challenges, own health)
- Limited interaction with the community (e.g., listening sessions)
- Work well with others, but have not crafted a strategic plan to work with other on maternal and infant mortality
- The overlapping of terms and responsibilities.
- Needing to understand the economic lens to address the issues around maternal and infant mortality. Knowing the terms and language
- Things that have worked well have stopped and unable to highlight (Challenges in identifying and implementing best practices)
- Have not conducted a deeper dive for the whole state. Need more holistic view of the state.
- we are splintered in our approach. Also, it sometimes feels like we are brought in at the tail end (like after legislation is adopted), to clarify, to figure out how to make something work, vs leading the charge
- Policy makers not at the table
- Legislation language is limiting and there are other key players that should be at the table (housing, education, criminal justice system, communities of faith)

S W O T D ANALYSIS

Opportunities

- Hold a joint meeting/conversation to bring those key players not in the legislation together. Special meeting. Policy makers could call the meeting.
- Look into these other committees to create a strategic plan that specifically address AA women.
- Conduct the deep dive across all of Illinois
- Bring in key people from the community to join a special meeting or attend the meetings on a regular basis.
- Develop real stories that put a face and experience to the purpose and passion of the task force.
- Request funding and additional support for the Task Force.

Desired Outcomes

- Health care of AA women be better.
- Provide an opportunity to use our voices to change systems that are bias or negatively impact AA women health. Real policy changes so that health care gets better.
- Make recommendation of at least 5 best practices for AA women
- Fully funded staff and support for activities
- Routine opportunity to listen to the voices of women (state-wide systematic process to collect the experiences of the women – likes and dislikes). Have the voices of the consumer drive the policy.
- Have the committee and medical system understand the importance and value of doula and CHW services to AA women.
- The decreasing the gap between AA and White women/birthing persons and increase awareness of the gap.
- Make such an impact that a committee is not needed. Permanent changes that structures and support are already in place for ALL.

Appendix 3: Task Force for Infant and Maternal Mortality Among African Americans Community Engagement Subcommittee: Listening session flyer

Your Voice Matters

The University of Illinois at Chicago (UIC) and the Illinois Department of Public Health (IDPH) are conducting a research study entitled, "DPH/UIC-AIM Illinois Maternal Health Blueprint" (Study ID#: STUDY2024-0646). This research study seeks to learn more about the experience of women, and their partners and friends before, during and after pregnancy.

PLEASE SHARE YOUR PREGNANCY EXPERIENCE

[DATE (Time)]

Your experience and wisdom will help us develop programs, services, resources and policies to ensure that women receive proper medical attention, and the supportive services needed to improve the health of women and babies.

You May Be a Good Fit for Our Listening Session if:

- You are an African American/Black woman or a partner/friend of an African American/ Black woman who has received prenatal care and/or given birth in the State of Illinois within the last 2-3 years.
- You are 18 years of age or older.
- You are comfortable communicating in English.

If you decide to volunteer for the Listening Session, you will be asked to:

- Provide verbal informed consent to participate in the research study.
- Complete a confidential online intake form.
- Join a 90-minute Zoom call (video or audio) with other individuals to respond to questions about your pregnancy experience (You may refuse to answer any question that makes you uncomfortable).
- Receive a $50 e-gift card by email or text after you complete the Listening Session.

For more information about this research study, please contact:
Principal Investigator - Kenya McRae, Department of Medicine at kmcrae2@uic.edu

Listening Session Flyer_ IMMT_V#1_10.29.24