



Illinois Children's Healthcare Foundation

The Starting Point

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AGENDA

- » Welcome & Introductions
- » Socioecological Model Overview
- » Methodology
- » Landscape Analysis
- » Conclusion
- » Q&A



SOCIOECOLOGICAL MODEL

» Individual/Family:

- » Personal factors: age, education, income, gender, etc.
- » Strategies: oral health education, social-emotional learning, child-parent relationship skills

» Healthcare Delivery System:

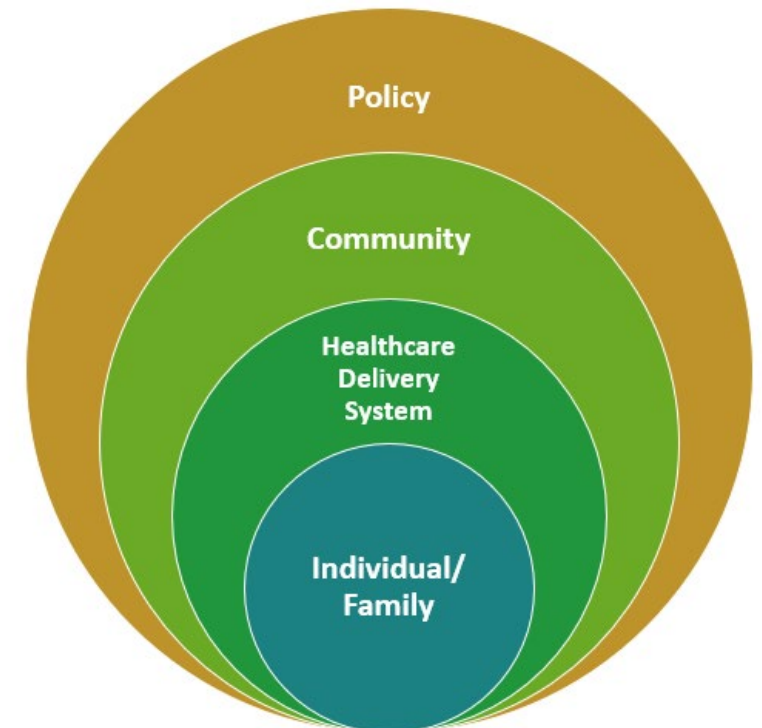
- » Includes providers, primary care centers, and hospital systems
- » Strategies: lower cost of care, clinician/staff training, improve EHR and data sharing

» Community:

- » Social settings: schools, workplaces, faith groups, neighborhoods
- » Strategies: address SDOH, improve built environment, housing stability, early childhood programs, financial security efforts

» Policy:

- » Laws, policies, and regulations shaping health outcomes
- » Strategies: advocacy, funding allocation, and healthcare research



METHODOLOGY OVERVIEW

OVERVIEW

» Data Review

- » 20+ publicly available sources
- » Access to care, workforce, SDOH, maternal morbidity, etc.

» Key Informant Interviews

- » 11 interviewees

» Policy Documents Review

- » 40+ documents
- » Oral health, behavioral health, early childhood and education, maternal health, violence



LANDSCAPE ANALYSIS

KEY THEMES/FINDINGS

» Healthcare Access & Workforce Shortages

- » Persistent shortages in behavioral health and oral health providers, particularly in rural and lower-income areas
- » Limited Medicaid provider participation
- » Schools serve as a critical access point for mental health care, but many lack on-site behavioral health providers, limiting intervention capacity

» Health Disparities & Equity Challenges

- » Black, Latine, and immigrant children face higher rates of untreated health conditions
- » Lack of culturally and linguistically competent healthcare services
- » Economic instability, food insecurity, and unsafe housing conditions contribute to chronic stress and poor health outcomes
- » Social media violence, climate change, interpersonal safety, economic stressors

» Gaps in Data, Technology & System Coordination

- » Limited tracking of children's behavioral health outcomes makes it difficult to assess program effectiveness
- » Medicaid payment structures largely dictate service availability rather than clinical efficacy
- » Families struggle with fragmented service navigation, often having to manage referrals and eligibility on their own
- » Telehealth utilization barriers such as broadband access and digital literacy



INDIVIDUAL/FAMILY

» Maternal & Infant Health

- » High maternal mortality rates, particularly for Black women
- » Worsening birth outcomes, including rising low birthweight rates
- » Need for enhanced obstetric and postpartum care, including behavioral health screening

» Access to Care

- » Barriers to pediatric and dental care, especially in rural areas
- » 40% of Illinois residents live in Mental Health Professional Shortage Areas
- » Schools serve as primary access points for health services

» Social Media & Gun Violence Exposure

- » Impact of social media on youth mental health, particularly for adolescent girls and LGBTQIA+ youth
- » Gun violence exposure exacerbates parental concerns and youth mental health challenges

HEALTHCARE DELIVERY SYSTEM

» Workforce Shortages

- » Illinois projected to meet only 69% of Child & Adolescent Psychiatry needs by 2030
- » Shortage of behavioral health and dental health providers, particularly in rural areas
- » School psychologists overburdened, limiting behavioral health support in schools
- » Racially, culturally, and linguistically diverse providers underrepresented in the healthcare workforce

» Medicare Payment Inadequacy

- » Only 25% of licensed dentists in Illinois accept Medicaid vs. national average of 43%
- » Providers frequently cite low reimbursement rates as a major deterrent to accepting Medicaid patients

» Telehealth Gaps

- » Limited broadband access and language barriers reduce effectiveness for underserved communities

“Mental health services are hard to access for anyone, no matter what age you are. But when we think of babies, toddlers, and preschoolers, I think people don't understand that children that young can also have mental health issues.”

- Interviewee

COMMUNITY/SDOH

HOUSING

- Housing insecurity is linked to higher rates of behavioral health challenges among children

IMMIGRATION

- 19M U.S. children have immigrant parents, many of whom face access challenges
- Fear, language barriers, and eligibility restrictions limit healthcare access
- Lack of coverage leads to skipped or delayed care

ECONOMIC INSTABILITY

- High out-of-pocket healthcare costs
- Financial insecurity restricts access to youth employment programs, education, and recreational activities

ENVIRONMENT

- Children in lower-income and urban areas face higher exposure to pollution and climate-related risks
- Housing conditions (mold, lead exposure) negatively impact child development
- Climate change impact on children's wellbeing

POLICY

Federal Level

- » Rapidly evolving federal landscape
- » Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) under Medicaid ensures children receive timely screenings, diagnosis, and treatment for physical and mental health issues
- » Medicaid waivers support integrated health models & school-based mental health expansion.
- » Federal funding aiming to expand telehealth services in rural and underserved areas

State Level

- » Expansion of School Based Health Centers (SBHCs)
- » Integration of health services into early education programs
- » IL first state to extend full Medicaid benefits from 60 days to 12 months postpartum
- » HB 5142 – all private health plans in IL must cover perinatal doulas or licensed certified midwives who provide perinatal and postpartum supports
- » HFS added prenatal and postpartum screenings to pay-for-reporting metrics within its managed care contracts
- » New IL agency for early childhood
- » IL 1115 Waiver – recently approved Medicaid expansion for health-related social needs (HRSN) services for housing and nutrition

CONCLUSION

EQUIPPING ILCHF FOR THE JOURNEY



Split view data strategy – look at statewide data for surveillance & specific community-based data for funding & programmatic outcomes



Rigorous policy surveillance at state & federal level



Redefine role as advocates to serve as thought leaders for policy development & neutral convening

Q&A



THANK YOU!