

History

The Illinois Center for Minority Health Services was established by Public Act in 1992.

Health Priorities

The Illinois Department of Public Health (IDPH) has identified the following health priorities for the people of Illinois, one of which focuses on reducing health disparities:

Health Priorities for the General Population
Patient safety
Bioterrorism and emergency preparedness
Reduction in health care disparities
Renewed community engagement
Strengthening public health infrastructure

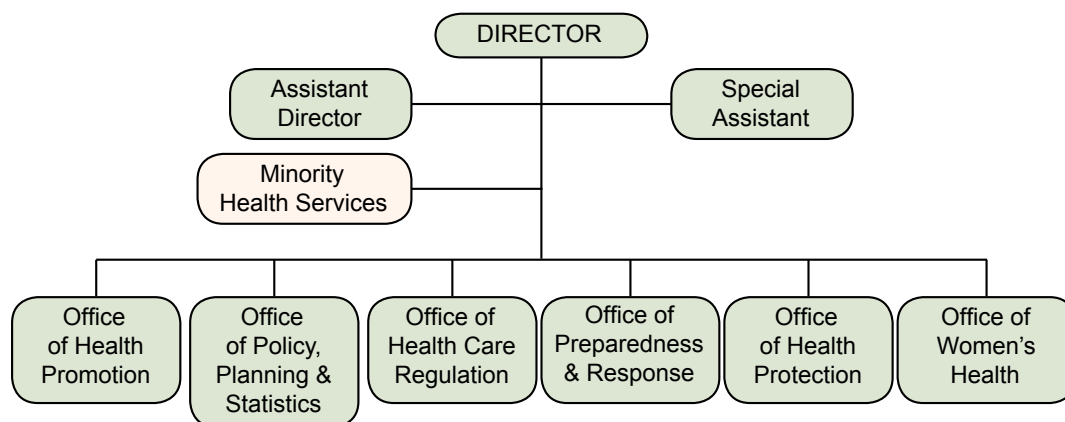
Overview

	Funding for MH/HD Activities	Personnel Dedicated to MH/HD	MH/HD Unit	MH/HD Advisory Body	State MH/HD Legislation or Mandate	MH/HD Strategic Plan	Evaluation of MH/HD Activities
Illinois	✓	✓	✓	✓	✓	✓	✓
Total Affirmative Responses out of 46	30	38	36	36	27	36	39

Organization, Infrastructure and Resources

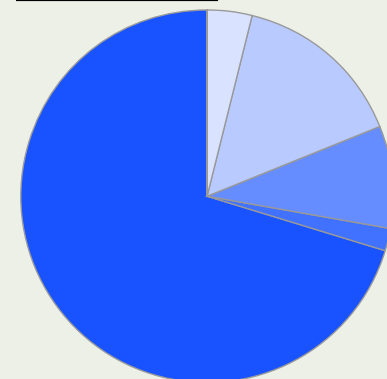
The following is a simplified organizational chart that demonstrates the location of the state's racial/ethnic minority health focal point in relation to the State/Territorial Health Official and other key public health offices:

Illinois Department of Public Health



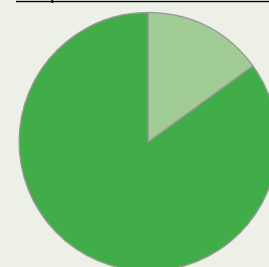
Total State Population:
12,831,970

Racial Distribution



- American Indian/Alaskan Native (0.2%)
- Asian (4%)
- Black/African American (15%)
- Native Hawaiian/Pacific Islander (0%)
- Other Race (9%)
- Two or More Races (2%)
- White (71%)

Hispanic/Latino Ethnic Distribution



- Hispanic/Latino Ethnicity (15%)
- Non-Hispanic/Latino Ethnicity (85%)

Note: People can self-identify as members of any racial group in the Census, as well as report having Hispanic/Latino ethnicity.

Source: 2006 American Community Survey, US Census Bureau

Strategic Planning

The IDPH addresses MH/HD issues through goals regarding health disparities in its general strategic plan for the Department:

Goal: Reduce disparities in HIV infection rates in communities of color
Tracking Methods: Monthly electronic reporting, semi-annual analysis using CDC/PEMS data system, program quality assurance visits, chart reviews

Goal: Reduce disparities in breast and cervical cancer mortality rates for minority women
Tracking Methods: Program data collection and monitoring

Goal: Reduce disparities in prostate cancer mortality rates for minority men
Tracking Methods: Program data collection and monitoring

Goal: Reduce disparities in health care outcomes and treatment options
Tracking Methods: Data collection and quality assurance measures for new health screening programs in medically underserved areas; track minority participation in clinical trials and health studies

Partnerships

- The IDPH consults with the external Minority Health Advisory Panel on racial and ethnic minority health and health disparities (MH/HD) issues.
- IDPH maintains partnerships with an array of entities active in MH/HD, including: local health departments, local government, other state government agencies, health departments in other states, federal government, MH/HD advisory bodies, faith- and community-based and non-profit organizations, corporations, health systems, foundations, schools and universities, professional associations, clinical networks and the media.

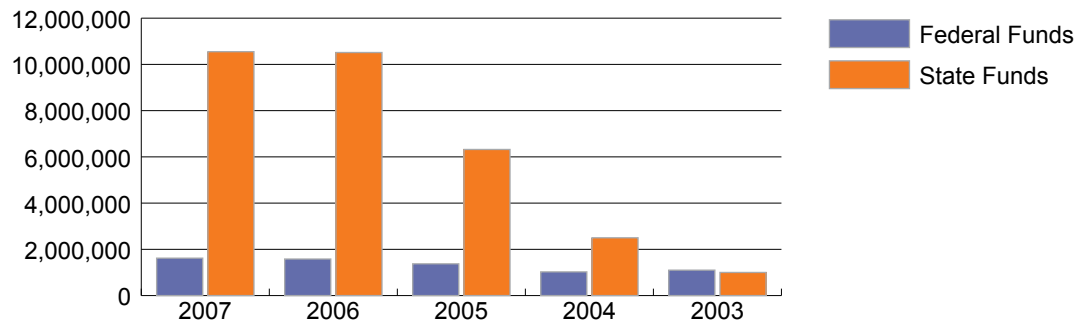
Human Capital Investments

The following staff dedicates all or part of their work hours to MH/HD activities at the IDPH:

Job Category	Total Number Dedicated to MH/HD	% of Work Hours Each Spends on MH/HD Activities
Administrator/Director	1	100%
Program Specialist	2	100%
Administrative/Clerical Staff	1	100%

Financial Investments

IDPH reported annual investments in racial/ethnic minority health and health disparities (MH/HD) for 2003 through 2007. It should be noted that the amounts represented below may not include funding for specific activities related to MH/HD and may therefore be an underestimate of the total investment from all sources in MH/HD activities.



Activities

Brothers and Sisters United Against HIV/AIDS (BASUAH)

This comprehensive HIV/AIDS awareness campaign began in 2005 to address high HIV infection trends among the state's African American community. Program partners assist in providing HIV outreach, education and testing opportunities, and facilitate program access to at-risk populations. The National Association of State and Territorial AIDS Directors (NASTAD) and Brothers and Sisters United Against HIV/AIDS (BASUAH) have also provided HIV/AIDS technical assistance via capacity-building missions to Liberia and South Africa.

Partners and Funding

Faith-based organizations, sororities and fraternities, universities, media, business and labor organizations, NASTAD, the state Urban League and NAACP affiliates - with \$4,000,000 from state general funds

Activity Outcomes

Program has involved over 17,000,000 individuals, of which 6,000 have tested for HIV through the program, 600 program ambassadors have been trained, health partnerships with non-traditions organizations have been formed, and HIV/AIDS education and prevention training has been provided in two African nations.

Evaluation Methods

Data collection and assessment of program implementation, behavior change, awareness, prevention and testing components, and analysis of non-traditional partner involvement in interventions

Communities of Color Breast and Cervical Cancer Initiative

This Initiative focuses on developing culturally sensitive strategies to increase awareness about breast and cervical cancer, increase early detection, and reduce barriers to screening and treatment. Since 2004, initiative partners have provided breast and cervical cancer education, screening and treatment to women of color. A companion program has also been created to assist women who do not meet Initiative enrollment criteria but are in need of assistance with cancer screening and treatment.

Partners and Funding

Faith-based organizations, hospitals, clinics, community organizations and the American Cancer Society - with \$4,000,000/year from state general funds

Activity Outcomes

Via the Initiative, 23,900 women received breast and cervical cancer screening, 320,300 received breast/cervical cancer education, and 1,190,120 publications were circulated about breast and cervical cancer awareness in communities of color in FY2007.

Evaluation Methods

Monthly data collection and cross-referencing between the number of women screened and diagnostic, case management and treatment data

Wellness on Wheels Initiative

The Initiative was started and driven by organizations serving large, medically underserved communities of color in 2005, to increase access to health care in minority communities through mobile health care. Initiative partners provide health services, outreach and program capacity expansion.

Partners and Funding

Local health departments, health care organizations, hospitals, community, faith-based and fraternal organizations, with \$159,250/year from federal sources and \$150,000/year from state general funds

Activity Outcomes

Over 781,000 people have been reached by the Initiative since its inception, with approximately 7,633 receiving health screening and services through the Initiative in the last two years.

Evaluation Methods

A professional evaluator conducts analyses of program data collection and customer satisfaction surveys.

Illinois' primary contact for racial/ethnic minority health and health disparities is:

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