MONDAY, APRIL 9

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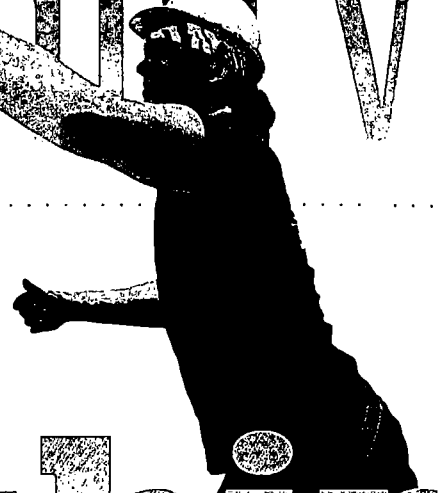

Partnership

ANNUAL REPORT

GANNETT

1993

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URBAN WOMEN'S HEALTH AGENDA

MAYOR'S TASK FORCE ON WOMEN'S HEALTH

A Project of the Department of Health of the City of Chicago

June, 1993

7561

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WOMEN'S BUSINESS
DEVELOPMENT CENTER

HEDY M. RATNER

Co-Director, Women's Business Development Center, advocate of women's economic development issues, providing management, marketing and financial assistance to women owned businesses since 1985. President, Chicago Institute for Economic Development since 1980 providing employment and economic development programs and services. President, Hedy M. Ratner and Associates, a public affairs, public relations, resource and management consulting firm since 1984.

Former Executive Director, Chicago Film and Video Studio Foundation working to promote film and video in Chicago and Illinois; Assistant Commissioner of Education, Department of Education in Washington D.C.; Assistant Superintendent of Cook County Schools; teacher and librarian.

Co-Chair, Mayor's Women's Health Task Force. Member, Chicago Network; Chicago Finance Exchange; Capital Circle; Women's Issues Network; City Treasurer's Small Business and Banking Advisory committee; Affirmative Action Advisory Council of the Metropolitan Water Reclamation District and Metropolitan Fair and Exposition Authority; Founding Board Member, Alliance for Economic Development and Alliance of Minority and Female Contractors Association since 1988; Coordinator, Illinois Women's Economic Development Summit; fiscal/agent, Illinois State Treasurer's Women's Finance Initiative;

Awards: U.S. SBA 1988 Advocate of the Year; 1993 Entrepreneur of the Year by Ernst & Young and Merrill Lynch; Business and Professional Women 1993 Annual Corporate Award; 1989 Female Entrepreneur of the Year Award; 1993 Economic Development Council, Special Award.

President Emeritus and Founder, Women in Film/Chicago in 1984; formerly board member of Steppenwolf Theatre, Illinois Arts Alliance, WBEZ Radio, Facets Multimedia, Chicago Cable Access Corporation, Academy for the Performing and Visual Arts.

Education:
Graduate degrees from DePaul University, University of Chicago and

CAROL DOUGAL, DIRECTOR - HEDY RATNER, DIRECTOR
8 SOUTH MICHIGAN, SUITE 400 · CHICAGO, ILLINOIS 60603 · (312) 853-3477 · FAX (312) 853-0145

This project has been a collaboration which included with my long time friend and colleague, Rebecca Sive, whose firm, The Sive Group led the strategic development of the idea and execution of the Urban Women's Health Agenda.

City of Chicago
Richard M. Daley, Mayor

Office of the Mayor
City Hall, Room 507
121 North LaSalle Street
Chicago, Illinois 60602
(312) 744-3300

FAX COVER SHEET

DATE: March 29, 1994

SENDER NAME: Kathleen Hett

SENDER FAX #: 312/744-2769

SENDER DIRECT PHONE #: 312/744-7256

TO: Patty Solis - White House Scheduling/Advance

RECEIVING FAX #: 202/456-2317

RECEIVING DIRECT PHONE #: 202/456-7560

COMMENTS/INSTRUCTIONS: Here is some additional background information on the Infant Welfare Society, one of the two potential sites for Monday's visit.

I'll contact you tomorrow to discuss further details.

K.

THIS TELECOPY MESSAGE CONTAINS 20 PAGES INCLUDING COVER SHEET. IF YOU DO NOT RECEIVE ALL PAGES, CALL IMMEDIATELY.

Infant Welfare Society of Chicago

March 29, 1994

Ms. Kathleen Hett
City of Chicago
~~Public Relations Office~~ Mayors Scheduling Office
121 North LaSalle Street
Suite 406
Chicago, Illinois 60602

649
3960

Dear Ms. Hett:

I was very pleased to learn that the Infant Welfare Society of Chicago is one of the agencies being considered for a site visit by Hillary Rodham Clinton during her forthcoming trip to Chicago. We are proud of the quality services we are able to provide to our city's medically indigent families, and are confident that our clinic would be a most appropriate site for any public discussion of health care reform, for the following reasons.

* Infant Welfare is representative of free standing, community-based facilities, experienced in serving individuals with limited access to basic health care. Such primary care clinics will be central to any plan for universal health services.

* Infant Welfare provides care to a low-income and primarily minority population (85 percent Hispanic). Our patient families are the "working poor" who are without insurance or public aid coverage, a primary target group in any health reform plan.

* The majority of our direct service staff is bicultural and bilingual in Spanish, which facilitates responsive and efficient care.

* Infant Welfare's focus is on comprehensive and preventive services, which enables us to provide more effective care with fewer resources, and decrease the need for more expensive and difficult to provide treatment.

* Infant Welfare recently renovated and expanded its clinic facility in order to increase services. The clinic is physically attractive and would provide an effective backdrop to any public discussion led by Mrs. Clinton, and present a compelling visual picture of hands-on medical care.

* Infant Welfare has more than an 80 year history and reputation of providing quality health care in Chicago to changing populations of poor immigrant women and children – and accomplishing this in a responsive and cost-effective manner.

* At the same time, Infant Welfare has a vision for the future which focuses on making care accessible to all families who want to keep their children healthy.

We feel certain that a site visit at the Infant Welfare Society clinic could portray a dramatic argument for the best of universal comprehensive and preventive care, and benefit all concerned. I hope that the attached materials will convey that potential to you, and that you may be willing to advocate for Infant Welfare as the site for Mrs. Clinton's visit. In the interim, I would be happy to answer any questions you may have, and invite you to visit our clinic to meet our patients and staff and see our services firsthand.

Thank you for your consideration and interest. We look forward to hearing from you.

Sincerely yours,

Phyllis Kinnerk

Phyllis Kinnerk
Development Director

Infant Welfare Society of Chicago

OUR MISSION is *"to provide services for the healthy physical and mental development of disadvantaged children to give them a foundation for a future productive and wholesome life."*

OUR HISTORY began in 1911 when the Infant Welfare Society was established to reduce the spiraling infant mortality rate. Milk dispensing stations were established in low-income areas and medical services for children and their mothers were added. In 1925, Infant Welfare was the first medically oriented agency to add a mental health component. Neighborhood stations were consolidated and the present facility was opened in 1970 to deliver expanded services more efficiently. In 1989, Infant Welfare received the Johnson & Johnson Community Health Care Award, a national award recognizing exemplary projects which help the medically underserved to obtain care. In 1992, the clinic was renovated and expanded to increase services.

OUR SERVICES include medical, dental and mental health care for women and children. Clinics are open six days and four evenings each week and serve more than 13,000 poor minority children and their mothers. Last year, approximately 74,000 health service visits and counseling sessions were provided.

- **A Pediatric Medical Clinic** provides 15,500 treatment and preventive visits to children from birth to eighteen, including screening, immunizations, sick care and medication.
- **Special pediatric services** include a lead poisoning prevention program, pediatric cardiology and ophthalmology evaluations, an asthma clinic, audiovisual screening, and participation in a research program to inoculate infants against leading causes of meningitis using a new vaccine, one of which is now recommended as standard by the American Academy of Pediatrics.
- **A Pediatric Dental Clinic** provides 14,000 preventive and restorative services and orthodontic treatment to children from six months to 20 years of age. For many emergency patients it is the first time they have seen a dentist. In addition, Infant Welfare treats teens through a special dental session funded as part of the Youth Options Unlimited program.
- **A Teen Clinic** meets the increasing needs of more than 700 adolescent boys and girls for medical care, health information, education and counseling in weekly after-school sessions.
- **An Obstetric/Gynecology Clinic**, in affiliation with Illinois Masonic Medical Center, provides prenatal and post-partum care, family planning, well-woman gynecological care, health education, and child development and parenting information through 7,500 visits annually to low-income women.
- **Health educators** provide parents with vital information on community services, home safety, poison prevention, literacy, immunizations and child development in the patient waiting area four times daily.
- **A Good Start Program** sends a health educator to the homes of isolated pregnant women and new mothers to instruct them about health care, nutrition and breastfeeding to insure their children's healthy development.
- **A Laboratory** provides 32,000 diagnostic services annually, including tests for pregnancy, lead poisoning, parasitism, tuberculosis and sexually transmitted diseases.
- **A Home Visiting Program** provides bilingual mental health therapists who counsel emotionally troubled young children and their families in their own homes, make referrals and act as advocates for the families.
- **A Clinic-based counselor** assists patients with their critical social, emotional and practical needs through short-term counseling, crisis intervention and referrals.
- **Ancillary services** include preschool literacy and learning-through-play programs, educational and enrichment projects for both parents and children, a resale shop, and practical help through a food pantry and children's clothing and equipment distribution.

COST EFFICIENCY is demonstrated by Infant Welfare's low inflation rate for the cost of service visits compared to national averages. While national medical costs have increased an average of 10.8 percent over each of the last four years, Infant Welfare's costs have compounded just 3.2 percent annually. Clinic visits include medical and dental treatment, immunizations, laboratory tests, medication, social work services, education and prevention services.

FEES FOR SERVICES are on a sliding scale according to patients' incomes. Medications are provided free or at a substantially reduced cost. **No one is denied care because of inability to pay.**

OUR PATIENTS are the "working poor" and medically indigent women and children in the Chicago area's underserved communities. Most have no Public Aid or insurance coverage and the average income of our patients is significantly below the federal poverty level. More than 80 percent of the patients are Hispanic, 10 percent are African-American, and 10 percent are Caucasian, Asian or Native American.

OUR BOARD OF DIRECTORS is composed of forty-three members committed to the agency mission. Full Board meetings are held every other month; committees meet in alternate months to formulate policy and accomplish planning and development goals.

THE AUXILIARY, composed of 31 chapters and more than 1,500 volunteers, provides generous financial support and numerous diverse voluntary services.

FINANCIAL SUPPORT comes from various sources including fees and grants (49.2 percent), individuals including the Auxiliary (29.9 percent), United Way (10.3 percent), investment income (7.4 percent) and other sources (3.2 percent). Significant grants for special programs and campaigns have been received through the *Healthy Moms/Healthy Kids* and *Healthy Start* programs, and from the Aetna Foundation, The Chicago Community Trust, The Field Foundation of Illinois, the Lloyd A. Fry Foundation, Children's Care Foundation, the Robert R. McCormick Tribune Foundation, the Polk Brothers Foundation, the Dr. Scholl Foundation and the Washington Square Health Foundation.

WE SEEK HELP to respond to the increasing needs of our high-risk population for the following reasons:

- In our target areas, the infant mortality rate is higher than in some Third World countries.
- Hispanic women in Chicago are three times more likely than other groups to receive no prenatal care which contributes to infant deaths, birth defects and illness.
- A $1 investment in prenatal care can save $3.38 in cost of care for low birthweight infants, and $2 for care in their first year of life.
- Need for ambulatory care exceeds Chicago's current capacity by more than 2 million visits each year.
- One-third of the uninsured in Illinois are children
- Forty percent of Chicago's Hispanic population is without health insurance.
- Twenty percent of the children we serve suffer from iron deficiency anemia.
- Fifty percent of children screened have toxic levels of lead in their blood.
- Many of these conditions can be treated at an early stage, thus preventing more serious, painful and expensive-to-treat illnesses.

Additional information can be obtained from the Executive Director

The Infant Welfare Society of Chicago
1931 North Halsted
Chicago, Illinois 60614
312-751-2800 Fax 312-751-8804

RESPONDING TO THE CHALLENGES OF 1993

For 82 years, the Infant Welfare Society of Chicago has worked to combat infant mortality and help children grow healthy and strong. We are meeting this challenge today by:

- administering preventive health care to **our patients--Chicago's working poor**
- **keeping patient fees at a minimum**--the average visit remains $5.00, even though health care costs continue to escalate
- educating our parents and children individually and through new **health education sessions** four times a day
- affiliating with a **major teaching hospital** to improve and enhance continuity of care for expectant mothers and their newborns
- registering **all newborn babies and pregnant women** who seek health care
- extending **clinic hours** to six days and four evenings per week
- establishing **a new appointment system** to decrease waiting time and to increase patient volume and flow
- implementing **a new literacy program** to help foster academic success
- establishing **the patient council** to encourage patients' input in clinic issues

These quality health services and educational activities continue to be made possible through the generosity and support of individuals and organizations who recognize the importance of keeping children healthy. We have been able to provide additional resources by keeping administrative costs at a minimum, prioritizing our spending and utilizing the volunteer services of the Auxiliary and the community.
However, so much more needs to be done.

For more information contact:

Frances Ginther, R.N., M.B.A.
Executive Director
The Infant Welfare Society
of Chicago
1931 N. Halsted
Chicago, IL 60614
312-751-2800

Patients may now register in an expedient manner due to our computerized/networked medical records department.

AN IC PA NG THE CHALLENGES OF CHANGE

It's hard to say "no" to working poor families who want to keep their children healthy. The national spotlight on health care reform recently has drawn attention to the critical shortage of services for families who can't afford private medical care and are without insurance or public aid coverage. Eventually, government plans might finally address the problem, but at Infant Welfare we know that too many children need help right now.

For more than 80 years, Infant Welfare has made essential medical services accessible to Chicago's most vulnerable children. Last year, we increased pediatric services by 27.4 percent; however, we are still forced to turn away 20 children each day because our incoming resources cannot keep pace with the increasing demand for services.

We anticipate that the system of health care delivery in our country will undergo changes, and we believe that Infant Welfare's model of preventive, community-based health services will be the prototype in proposed managed care systems. To position ourselves to provide optimal service, we recently renovated our clinic to give us the capacity to expand services in the most cost-efficient way; we have formed alliances with other health care and service providers; we are collaborating with health education and research projects; and we have qualified for government programs to benefit our patients. As always, we will seek to assume new leadership in the health care system of the future, and to provide even more services to children in need.

I hope that you will join Infant Welfare as we anticipate the challenges of change -- and that you will support us now so we can continue to make health services available to today's indigent children and their mothers. Our patients still need your help.

I am pleased to share our annual report with you and I invite you to visit our clinic, meet our patients and join our family of caring.

Linda K. Meierdierks
Board President

Linda Meierdierks, Board president for the 1993 - 1994 term

.... our patients still need your help.

SERVICE ACHIEVEMENTS

73,585 total patient visits were provided in FY 1993, an increase of 13 percent over last year, including:

- 32,885 laboratory tests
- 15,415 pediatric visits
- 12,392 pediatric dental visits
- 7,899 gynecological and obstetrical visits
- 8,000 immunizations
- 4,174 home visiting/social work service hours
- 4,000 pediatric annual physicals
- 200 ophthalmology visits
- 820 teen clinic visits
- 92 cardiology visits

"To provide services for the healthy physical and mental development of disadvantaged children to give them a foundation for a future productive and wholesome life."

More than 80 percent of our patients completed their immunizations on schedule, yet only 29 percent of Chicago's inner-city children aged two were immunized at all.

NEW EXECUTIVE DIRECTOR APPOINTED

Frances Ginther, R.N., M.B.A.
Executive Director

The Infant Welfare Society is pleased to announce the appointment of Frances Ginther, R.N., M.B.A., as our new Executive Director.

Ms. Ginther comes to us from the Chicago Department of Health where she was employed for more than 15 years, most recently as the Administrative Director of Health Regulations.

Ms. Ginther received her master's of business administration from DePaul University after completing nursing and education degrees at both Indiana University and St. Mary-of-the-Woods College.

"I have been involved with women's and children's health care all of my professional life, and I am excited to be connected with an organization that I've admired from afar for many years," says Ms. Ginther.

In addition to 20 years of wide-ranging experience in public and private health service administration, Ms. Ginther has served on many boards, including the Chicago Abused Women's Coalition--Greenhouse Shelter, the Food Justice Programs, Illinois Caucus on Teenage Pregnancy and March of Dimes Nursing Task Force.

"My major goal as executive director, with the support of the Auxiliary, board and staff, is to develop a team to enable the organization to reach its full potential."

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PEDIATRIC CLINIC

The infant mortality rate in the Chicago area is higher than in many Third World countries. One third of the uninsured in Illinois are children and in 1992, only 29 percent of Chicago's inner-city children age two and under received their full set of immunizations.

The Infant Welfare Society pediatric clinic is doing its utmost to help as many of these children as possible by providing comprehensive health care. Currently, all children under one year of age who seek health care at Infant Welfare receive it. But many of their brothers and sisters are among the 20 children we must turn away each day. Our medical staff treats approximately 75 children per day. We are pleased that we are also able to offer these children special services that many others take for granted.

The **ophthalmology clinic** operates on a biweekly basis. Eyeglasses are subsidized by the Auxiliary.

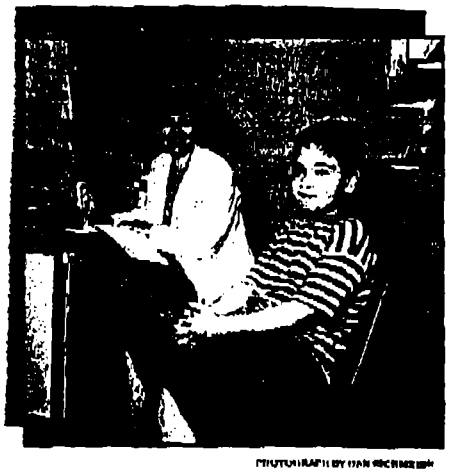
The pediatric clinic participates in a **vaccine study** with Children's Memorial Hospital. Each Tuesday, eight to 12 patients are immunized against pneumococcus, a leading cause of childhood meningitis.

*A new **asthma program** was initiated focusing on prevention. Affected children are transitioned from oral medication and, along with their parents, instructed in the use of inhalers to prevent and control the severity of attacks. One-on-one instruction and monthly group sessions provide information that will help them lead a normal life and keep them out of the emergency room.*

A cardiologist sees approximately seven patients at each biweekly session of the **cardiology clinic.**

Developmental screening, in collaboration with Illinois Masonic Medical Center, is offered by a speech therapist, developmental psychologist and social workers bimonthly to identify children in need of intervention.

Dr. Michael Dantzer, pediatrician, says, "Say aaah," as he examines a young girl.



Malka Marcell, R.N., obtains information from a patient.

Hearing screening is provided for children three to five years of age during three weekly sessions.

The pediatric clinic is currently staffed by two full-time pediatricians, one pediatric nurse practitioner, five nurses, one nurse's aide and one health educator. Contractual doctors and nurses complement the full-time staff. However, more medical staff would allow us to care for the many children who lack health care.

The medical needs of the working poor are vastly different from ıose of middle-income families. For example, lead poisoning, a rtually non-existent condition in most middle-income neighbor-ɔods, is a problem that affects many Infant Welfare children. :ore than half of the young patients tested for lead poisoning :quired intervention.

Lead poisoning counseling is provided for 45 to 50 patients per week. They are treated with iron supplements and those who require hospital care are usually referred to Cook County Hospital.

:hallenges:

- serve the 15 to 20 children we are forced to turn awayeach day by funding an additional full-time doctor or nurse practitioner and support staff
- provide group education during evening and Saturday hours by funding a second clinic-based health educator
- reduce the five month waiting time for cardiology screening by providing a third cardiology session per month
- provide a nutrition clinic to address the problem of obesity

Medical Director Carl Toren M.D., M.P.H., performs an annual physical on a little boy while mother and sister look on.

PEDIATRIC DENTAL CLINIC

Dr. Ghassan Souri, the dental director, instructs a teenage dental patient.

Dr. Pawlowski, an orthodontist, with Dolores Zamarron, dental assistant, examines a young patient.

The pediatric dental clinic is one of the few full-service dental clinics in the city that offers affordable care to poor children. It provides approximately 1,200 visits per month to children aged six months to 20 years and is open six days and three nights per week. Currently, at least 10 patients per week are being transitioned from the 700-child waiting list to receive services in our facility.

Services include preventive dentistry--teeth cleaning and fluoride treatments, x-rays, oral health education, sealants (plastic coatings for the back teeth); restorations--fillings, crowns and some partial dentures; endodontics--root canal treatment for baby and permanent teeth; periodontics--scaling-root planing and minor periodontic surgeries; orthodontics--full braces or retainers to straighten or prevent crowding of teeth; and minor oral surgeries.

Twice a month an orthodontist treats patients with malocclusions that can be corrected by braces. Educational classes are also provided to patients and parents by the health educator and the dental staff. Parents are encouraged to bring babies as young as six months of age to the clinic so the staff may educate the parents on how to prevent Baby Bottle Syndrome and other dental problems.

The Infant Welfare Dental Clinic was one of the first clinics to comply with the federal OSHA sterilization requirements for infection control. Additional instruments were needed to allow each patient to have an individual sterilized package of instruments. A new x-ray machine and processor were purchased as part of the on-going replacement of dental equipment necessitated by heavy patient use.

A mother is instructed by Luisa Martinez, dental assistant, about oral hygiene for her baby.

The staff is composed of three full-time and three part-time dentists, a hygienist, five full-time dental assistants, a dental office manager and one part-time and two full-time dental clerks. Staff attend regularly scheduled seminars to keep skills current.

Challenges:

- eliminate the waiting list by hiring an additional hygienist and support staff
- complete furnishing and hire staff for the sixth dental station

HALSTED STREET HEALTH STOP

Should I work full-time or stay in school? What kind of future do I have? Why doesn't anyone understand me?

These questions and more run through minds of teenagers every day, often creating numerous pressures and concerns for this age group. The Halsted Street Health Stop, our teen clinic, helps teenagers deal with these and other problems, as well as provides basic health services.

The teen clinic operates every Wednesday evening. Up to 22 patients, ages 13 to 19, are seen in each session for medical services, including physical exams, laboratory testing, medication and information on fitness and exercise.

Group and individual counseling are also available to teens on such topics as sexually transmitted diseases, alcohol/drug/tobacco abuse and gang violence. Often teens need someone other than a family member to talk to about problems, and the teen clinic guarantees confidentiality. Our bilingual staff offers advice or refers teens to an appropriate community agency for specific needs.

Infant Welfare has a program of weekly health education and group discussion sessions focusing on prevention of AIDS and related problems such as sexually transmitted diseases, substance abuse, pregnancy and sexual violence. More than 85 percent of our teenage patient population is Hispanic, residing in inner-city neighborhoods with high incidences of AIDS/HIV infection. The Adolescent Risk-Reducing Methods Against AIDS program will provide one male and one female bilingual health educator to facilitate gender specific classes and provide individual referrals and counseling to adolescents.

Infant Welfare is a member of the Youth Options Unlimited (YOU) collaborative, which offers a wide range of programs to adolescents in the West Town community through 10 neighborhood service agencies. As part of the project, Infant Welfare now provides approximately five YOU teens with dental care at each weekly teen dental session. Health education sessions, conducted by a YOU health educator and geared specifically for adolescents, are also available for teens through the YOU project.

Challenges:

- increase outreach for our AIDS Risk Reduction and other teen programs
- educate and encourage teens to utilize YOU programs such as tutoring, drama and career planning classes to further enrich their lives

GYNECOLOGY/ OBSTETRIC CLINIC

he gynecology clinic initiated major service improvements this ast fiscal year. The clinic was approved as a site for the new *'ealthy Moms/Healthy Kids* program in January 1993 and now as an affiliation with Illinois Masonic Medical Center, which 'ent into effect May 1, 1993.

Healthy Moms/Healthy Kids, a managed care program, is a ollaborative effort between the Illinois Department of Public Aid nd the Illinois Department of Public Health. It was implemented o provide comprehensive care for pregnant women and children nd help them become responsible users of medical services.

Under this initiative, equipment such as beepers and an nswering service were acquired to provide patients with 24-hour nedical advice. They can dial the on-call doctor or nurse practiloner whenever they have a question regarding an illness rather han resort to a hospital emergency room.

The affiliation with the Illinois Masonic Medical Center facilitates an improvement in continuity of care for the pregnant voman and her newborn. In the past, the obstetric clinic provided prenatal care but patients would deliver their babies at different nospitals and mother and baby were not seen by an Infant Welfare doctor until six weeks after the birth. Mothers now can see the same provider throughout the pregnancy and delivery, and, because Infant Welfare pediatricians have staff privileges at Illinois Masonic, the infant can be examined by the pediatrician shortly after birth. The patient receives comprehensive care with continuity from prenatal through delivery and follow-up care.

S. Aizenstein, M.D., a board certified physician, examines an obstetrical patient.

Two board certified obstetricians, two bilingual certified nurse midwives and an OB/GYN nurse practitioner from Illinois Masonic currently staff the obstetric/gynecology clinic at Infant Welfare. Family planning, prenatal, postpartum and gynecological care are provided five days per week. Pregnant women also have the option to give birth at Illinois Masonic in the Alternative Birthing Center.

Challenges:

- expand hours to provide care six days per week
- secure funding to facilitate childbirth education classes for pregnant women and their husbands

LABORATORY

Approximately 70 percent of laboratory tests are done at Infant Welfare at no cost to the patient. Blood counts, hemoglobin levels, urine analyses, as well as throat and urine cultures are all available for in-house testing. Doctors and nurses can get the results promptly, saving time and assisting them in reaching a diagnosis. The pediatric clinic is responsible for 60 percent of the tests, with the remainder of the tests being generated by the gynecology/obstetric clinic.

Tests not performed at Infant Welfare are sent out to either the Chicago Department of Health or a private laboratory. Tests for sexually transmitted diseases, prenatal screening, lead levels and sickle cell anemia screening are examples of the kind of support received from the Department of Health. Other tests-hepatitis, blood chemistries, thyroid studies, infertility studies-are done at a private laboratory for a relatively low cost. For both of these outside labs, the specimens are collected at Infant Welfare and the results returned, so the patients never need to go elsewhere for service.

A second full-time lab technician was added in May 1993 to help run the increasing number of tests. Lead testing in particular has greatly increased because of new recommendations by the American Academy of Pediatrics to begin testing at six months of age rather than fifteen months. Furthermore, the cut-off level considered to be damaging to a child's intellect was lowered from 25 to 10 micrograms of lead per deciliter, resulting in the need for intervention in more than half of the children tested. Each of these children requires follow-up testing at regular intervals.

A computer has been added and will be networked into the patient registry. Lab results will then be quickly accessible and abnormal results will trigger a response by the staff to contact the patient.

Hemant Nanavaty supervises the laboratory.

Challenges:

- secure funding to facilitate computer networking
- secure funding for enrollment in proficiency testing programs

Solomon Nigusse, laboratory technician, collects a blood sample from an obstetrical patient.

HEALTH EDUCATION

Education is a key to preventive health care. All clinic staff educate patients. However, in the past, the scope was limited to one-on-one teaching. We now have health educators, one clinic-based and one who visits the home, who inform patients about various medical and social issues.

CLINIC-BASED HEALTH EDUCATOR

In April 1993, a new clinic-based health education program was implemented which allows Infant Welfare parents to learn together. Parents who bring their children in for a checkup are engaged in half-hour sessions on topics such as poison control, immunizations, nutrition, dental care and child discipline.

The Infant Welfare health educator leads the discussion using visual aids, videotapes and printed materials. Parents are able to share experiences and ask questions and the handouts allow them to refer back to or read information they may have missed during the presentation. Patients are scheduled according to their age group so that parents of same-age children may share similar concerns and experiences. Outside speakers are also brought in to inform parents on other relevant topics such as car seat safety, employment, fire prevention and literacy.

Miriam Ramirez, the clinic-based health educator, presents a workshop in the patient waiting area.

Challenges:

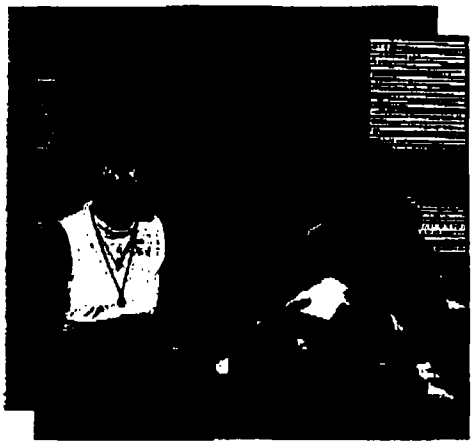
- hire a second clinic-based health educator to teach evening and Saturday sessions
- secure funding to create a resource library and handbook

HOME-VISITING HEALTH EDUCATOR

The home-visiting health educator visits 12 to 15 pregnant women each week who are referred by the prenatal clinic staff.

The health educator provides childbirth information, nutrition and parenting classes during the four to six visits before the patient gives birth, and post-partum, newborn care and breast-feeding support during four-to-six visits after the babies' births. She is on call 24 hours per day, seven days a week, and attends many of the births, especially when mothers have no family support.

The childbirth education classes are a requirement for women who choose to have their babies in the Alternative Birthing Center at Illinois Masonic Medical Center.



Amy Currin, the home-visiting health educator, talks with a patient about her

Challenges:

- implement childbirth education classes in the clinic facilitated by a trained childbirth educator
- parenting education to encourage more mothers to breast feed their babies to ensure better nutrition

FAMILY SERVICES

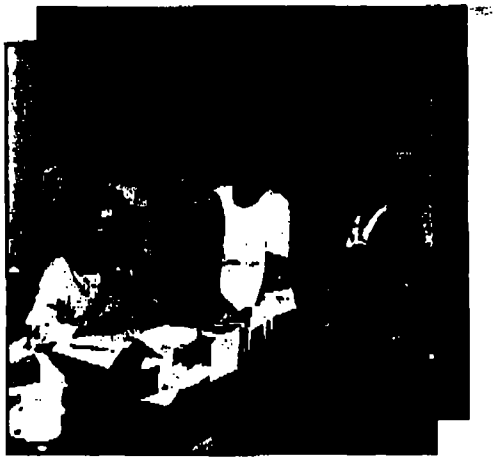
The stresses of a new environment, a foreign culture and no familiar faces can take its toll on a family. The Family Services Program of Infant Welfare helps families manage these stresses which are often complicated by the demands of raising children in a fast-paced, sometimes threatening, inner-city environment.

This department provides an array of services that complement Infant Welfare's medical and dental programs and contribute to its comprehensive approach to health care. The part-time, clinic-based counselor provides evaluations, crisis intervention and referrals to specialized providers in addition to the 895 hours of short-term counseling she provides per year. Approximately 50 percent of her counseling cases need to be referred to specialists in marital or family therapy, or for the treatment of alcoholism or sexual or physical abuse.

Some families require more intense counseling and support services and these cases are referred to our Home Visiting Program. Three mental health workers provide more than 2,800 hours of counseling and educational sessions per year regarding child development and practical parenting methods. They also assist families in resolving crises, connecting them with needed resources and enabling them to advocate for themselves.

There is always a waiting list for these services and trained professionals fluent in Spanish are not readily available. Patients have developed a level of trust with Infant Welfare which enables them to accept mental health services here that they may not accept from other qualified professionals.

The family services department is currently staffed by one licensed clinical social worker, three mental health home visitors and one part-time, clinic-based counselor.



PHOTOGRAPH BY SAM KESSNER

Director Tina Kalowski, L.C.S.W., and mental health workers prepare to counsel patients in the clinic and in their homes.

Challenges:

- initiate marriage and family therapy provided by a professional trained in the treatment of substance abuse and trauma
- provide preventive family life education services to families before they require more intensive services

PHOTOGRAPH BY SHARON SOKOLOV

Clinic-based counselor, Carmen Alicea, talks with a family.

RYAN'S ROOM

Children waiting for their appointments are introduced to games, books and puzzles which may not be available to them at home. Ryan's Room allows children to engage in educational activities and gives parents the opportunity to learn how to play with their children. A full-time, bilingual child development coordinator organizes the children in age-appropriate activities and craft projects.

Children enjoy coloring or making crafts, playing board games and putting together puzzles while waiting for appointments. Most activities emphasize hand-eye coordination and imagination. Parents are encouraged to interact with their children and instructed how to do similar projects at home.

Because many of the boys and girls are recent immigrants, they often do not have much social contact with children their age. Many children arrive at Ryan's Room shy and withdrawn. However, when brought together, they begin to socialize.

With approximately 30 children of varying ages in Ryan's Room at one time and only one coordinator, it is a challenge to organize activities for their different educational levels; volunteers are always needed.

As part of a bilingual literacy program, books would not only be read in Ryan's Room, but given to children to take home to encourage parents to read to their children. Bilingual books would help the children more easily associate the English equivalent with their Spanish vocabulary.

Ryan's Room allows children to learn and grow both intellectually and socially while waiting for siblings' or their own appointments.

Challenges:

- implement a bilingual literacy program
- expand volunteer participation

FINANCIAL SUMMARY

STATEMENT OF OPERATING FUND, REVENUE, EXPENSES AND CHANGES IN FUND BALANCES

PUBLIC SUPPORT AND REVENUES		OPERATING FUND For the years ended June 30 1993	1992
Public Support	Contributions	$77,233	$99,193
	Contributions/Auxiliary	1,006,745	989,427
	United Way of Metropolitan Chicago	234,028	241,290
	Total Public Support	**1,318,006**	**1,329,910**
Revenue	Fees and grants	1,117,293	756,173
	Sale of medical supplies to the public	23,209	28,656
	Investment income	169,067	196,036
	Miscellaneous	49,339	36,929
	Total Revenues	**1,358,908**	**1,017,794**
	Total Public Support and Revenues	**2,676,914**	**2,347,704**

EXPENSES		OPERATING FUND For the years ended June 30 1993	1992
Program Services	Home Visiting	226,402	238,337
	Pediatric Clinic	656,954	544,950
	Gynecology Clinic	469,181	433,409
	Dental Clinic	555,264	470,248
	Laboratory	110,057	97,948
	Total Program Services	**2,017,858**	**1,784,892**
Supporting Services	Management and General	309,666	309,828
	Fund raising	131,436	122,750
	Auxiliary	320,814	404,472
	Total Supporting Services	**761,916**	**837,050**
	Total Expenses	**2,779,774**	**2,621,942**
Excess of Public Support and Revenue over Expenses		(102,860)	(274,238)
Other Changes in Fund Balance		217,796	(64,693)
Fund Balances, Beginning of Year		**193,929**	**532,860**
Fund Balances (Deficit), End of Year		**308,865**	**193,929**

ASSETS		June 30 1993	Ju 30 1992
Cash		$527,986	$684,606
Accounts Receivable		52,565	102,739
Prepaid Expenses		1,714	2,648
Investments		3,736,162	3,587,278
Property and Equipment	Land	115,000	115,000
	Building and Improvements	2,042,714	1,986,257
	Furniture and Equipment	210,477	261,661
	Construction in progress	0	0
	Less accumulated depreciation	(1,022,262)	(976,225)
	Net Property and Equipment	**1,345,929**	**1,386,693**
Total Assets		**5,664,356**	**5,763,964**

LIABILITIES AND FUND BALANCE		June 30 1993	June 30 1992
Liabilities	Accounts payable and accrued expenses	$195,900	286,199
	Deferred revenue	104,285	181,899
	Total Liabilities	**300,185**	**468,098**
Fund Balances	Operating		
	Unrestricted	(177,331)	(105,531)
	Restricted	5,093	5,324
	Auxiliary	481,103	294,136
	Board designated investment	2,964,906	3,042,780
	Property	1,266,159	1,255,152
	Endowment	824,241	804,005
	Total Fund Balances	**5,364,171**	**5,295,866**
	Total Liabilities and Fund Balances	**5,664,356**	**5,763,964**

EXPENSE SUMMARY	
Personnel	70.3%
Supplies	6.5
Insurance	4.1
Outside Services	4.1
Utilities	2.1
Repairs and Maintenance	2.0
Other	10.9
	100.0%

INCOME SUMMARY	
Fees and Grants	49.2%
Individuals including Auxiliary (net)	29.9
United Way	10.3
Investment Income	7.4
Other	3.2
	100.0%

Copies of the financial statements of the Infant Welfare Society of Chicago for the year ended June 30, 1993, as certified by Ernst & Young, are available upon request.

M E M O R A N D U M

DT: March 31, 1994

TO: Liz - White House

FR: Kathleen Hett - Mayor Daley's Office, Chicago KH

RE: **APRIL 4TH HEALTH EVENT**

As requested, here is the list of the Mayor's Task Force members who have been invited to attend Monday's event.

After talking with Julie Hopper, here is the program that has been agreed upon.

PROGRAM

-Site Tour;
-Welcoming remarks by the Exec. Dir. of the Infant Welfare Society or Winfield Moody Clinic;
-Hillary Rodham Clinton;
-Hedy Ratner;
-Brief remarks by selected Task Force members (we've been allowed 3 max, TBD);
-Hillary Rodham Clinton (acknowledging/responding to remarks);
-Congressman Dan Rostenkowski;
-Senator Carol Mosley-Braun.

The Task Force members who will speak, will only be allotted a couple minutes each. They will speak on a health topic within their own area of expertise and would direct their remarks to the First Lady. I have circled the members who are being considered to speak and will advise you as soon as they have been determined. If you have any recommendations, please let me know.

The focus of everyone's remarks will be women's health issues; specifically, the Mayor's Urban Women's Health Agenda and the tie-in's to the President's National Health Plan. You should have a copy of the Mayor's Health Agenda, if not, please let me know and I'll get you a copy ASAP.

I will be meeting with Jack Murray, White House Advance, shortly. We will be visiting the Infant Welfare Society and if necessary, the Winfield Moody Health Clinic in order to determine the site. I will contact you when I return to the office so we can discuss further details. I realize we will need to communicate throughout the weekend, so I thought I'd provide you with some contact numbers for myself.

Office - 312/744-7256
Pager - 312/839-1162
Home - 312/755-0128

Talk to you soon!

MEMBERS

MAYOR'S TASK FORCE ON WOMEN'S HEALTH

Ms. Margie Bernard
President
Practice Perfect

Ms. Ranjana Bhargava
Executive Director
Apna Ghar

Dr. Henry Black
Chair, Department of Preventive Medicine
Rush Presbyterian/St. Luke's Medical Center

Ms. Cynthia Barnes Boyd, Ph.D.
Executive Director
Mile Square Health Center

Ms. Sharon Casillas
American Indian Health Professional

Dr. Allan Charles ✓ W
Head of Obstetrics/Gynecology
Humana Hospital/Michael Reese

Dr. Mardge Cohen
Director
Cook County Women's and Children's HIV Program

Ms. Kristine Coryell, Ph.D.
Midwest State Government Relations Manager
Pfizer, Inc.

Ms. Maggie Daley
Honorary Chair
Mayor's Task Force on Women's Health

Ms. Alice Dan, Ph.D. ✓
Director
University of Illinois at Chicago
Center for Research on Women & Gender
Professor of Medical/Surgery
School of Nursing
University of Illinois at Chicago

Ms. Marguerite Dixon, Ph.D.
Former Dean
College of Nursing & Allied Hlth. Prof.
Chicago State University

Ms. Maureen Dolan
Former Executive Director
Women United for a Better Chicago

Ms. Elaine Ferguson, M.D.
Medical Director
Chicago Public Schools

Ms. Shirley Fleming ✓ AA
Director
Maternal & Child Programs
City of Chicago, Department of Health

Ms. Robyn Gabel
Executive Director
IL Maternal & Child Health Coalition

Ms. Guadalupe Gouveira
Outreach Coordinator
Rape Victim Advocates

Ms. Sharon Green ✓
Executive Director
Y-ME National Breast Cancer Organization

Mr. Philip Greenland, M.D.
Chairman, Department of Preventive Medicine
Dingman Professor of Cardiology
Northwestern University Medical School

Ms. Elizabeth H. Hall
Manager, Public Relations
La Leche League International

Ms. Maya Hennessey
Women's Specialist
Illinois Dept. of Alcoholism & Substance Abuse

Dr. Linda Hoke
Head of Obstetrics/Gynecology
Rush North Shore Hospital

Ms. Arlinka Kennedy
Director, Learning for Life
Jane Addams Hull House

Sheila Lyne, RSM
Commissioner
Dept. of Health, City of Chicago
Co-Chair, Mayor's Task Force on Women's Health

Ms. Susan Manilow
Chairman
Mount Sinai Hospital

Ms. Virginia Martinez
Executive Director
Mujeres Latinas en Accion

Ms. Mary McCauley
Executive Director
Lesbian Community Cancer Project

Ms. Judy Panko-Reis
Chair
Health Resource Center for Women with Disabilities
Rehabilitation Institute of Chicago

Ms. Hedy Ratner ✓ W
Co-Director, Women's Business Development Center
Co-Chair, Mayor's Task Force on Women's Health

Ms. Ruth Rothstein
Director
Cook County Hospital
Chief, Cook County Bureau of Health Services

← Hedy is already a confirmed Speaker.

Honorable Ginger Rugai
Alderman
Ward 19

Ms. Margie Schaps
Co-Director
Health and Medicine Policy Research Group

Ms. Nanette Silva ✓ Hispanic
Health Initiative Director
Chicago Foundation for Women

Honorable Mary Ann Smith
Alderman
Ward 48

Dr. Nada Stotland
Associate Professor, Psychiatry
University of Chicago

Ms. Marylin Turner ✓ AA
Executive Director
Rally to Life

Dr. Julian B. Ullman
Obstetrics/Gynecology Department
Northwestern Memorial Hospital

Dr. Carole Warshaw
Director of Behavioral Science
Primary Care Internal Medicine
Cook County Hospital
Co-Director, Cook County Hospital
Crisis Intervention Project for Battered Women

Ms. Kate Weger
Seminar Co-Chair
Health Resource Center for Women with Disabilities
Rehabilitation Institute of Chicago

Dr. Janet Wolter
Professor of Medicine, Senior Attending Physician
Department of Oncology
Rush Presbyterian/St. Luke's Medical Center

For further information regarding the Task Force, please call the office of Sheila Lyne, RSM, Commissioner, Department of Health, City of Chicago: 312-747-9870.

City of Chicago
Richard M. Daley, Mayor

Office of the Mayor
City Hall, Room 507
121 North LaSalle Street
Chicago, Illinois 60602
(312) 744-3300

FAX COVER SHEET

DATE: March 31, 1994

SENDER NAME: Kathleen Helt

SENDER FAX #: 312/744-2769

SENDER DIRECT PHONE #: 312/744-7256

TO: Liz - White House

RECEIVING FAX #: 202/456-2239

RECEIVING DIRECT PHONE #: 202/456-2131

COMMENTS/INSTRUCTIONS:

I'll talk to you soon.

THIS TELECOPY MESSAGE CONTAINS 5 **PAGES INCLUDING** COVER SHEET. IF YOU DO NOT RECEIVE ALL PAGES, CALL IMMEDIATELY

Lynn Cutler's best friend & College roommate

City of Chicago
Richard M. Daley, Mayor

Office of the Mayor
City Hall, Room 507
121 North LaSalle Street
Chicago, Illinois 60602
(312) 744-3300

4/4

FAX COVER SHEET

DATE: March 31, 1994

SENDER NAME: Kathleen Hext

SENDER FAX #: 312/744-2769

SENDER DIRECT PHONE #: 312/ 744-7256

TO: Liz - White House Staff

RECEIVING FAX #: 202/ 456-2239

RECEIVING DIRECT PHONE #: 202/456-2131

COMMENTS/INSTRUCTIONS: Here is a copy of the press release I spoke about. Also a misc. item. I'm working on getting a bio on Hedy Ratner.

I'll talk to you in the A.M.

THIS TELECOPY MESSAGE CONTAINS 3 **PAGES INCLUDING**

Post-it™ brand fax transmittal memo 7671 | # of pages ▸

To Michelle	From Heather Shadur
Co. Michael	Co.
Dept.	Phone # 744-4810
Fax # 744-2769	Fax # 744-5789

CITY OF CI
OFFICE OF TH

Richard M. Daley
Mayor

March 10, 1994

Dear Friend:

It is my pleasure to invite you to join me on Monday, March 21, 1994, for a briefing and press conference with the Mayor's Task Force on Women's Health. The briefing will take place at the Chicago Historical Society, Clark Street at North Avenue, and will begin at 11:00 a.m.

Led by Maggie Daley, Honorary Chair; Sheila Lyne, RSM, Commissioner of Health for the City of Chicago; and Hedy Ratner, Co-Director of the Women's Business Development Center, this Task Force is charged with developing a new framework and policy agenda for improving health care delivery for the women and girls of our cities.

As you may recall, the Task Force first identified the systemic obstacles which have the most deleterious effect on the health of women, and then summarized their findings in a Phase I report released last June.

In the second phase of its work, the Task Force has identified, evaluated and recommended programs and policies which are responsive to the challenges described in the first report. The "Urban Women's Agenda" is the result of this massive effort. The "Agenda" is a guidebook to meet the challenges that prevent urban America's women from achieving the health that is their birthright.

To realize our goal for a healthier Chicago, it is imperative that the public and private sectors continue to work together to address the common challenges to women and children living in an urban environment. These challenges to providing better health care affect all women and children, regardless of their cultural and racial differences. It is in this spirit that I hope you will attend this briefing. The Historical Society is an especially meaningful location for this event with the opening of "Becoming American Women," a new exhibit which you will be able to view prior to the start of the briefing, beginning at 10:00 a.m.

Thank you for your commitment to this important endeavor. Please RSVP to The Sive Group, Inc., which is helping to coordinate this briefing, by calling (312) 944-4868.

I hope that you will make every effort to join us March 21.

Sincerely,

Richard M Daley

Mayor

AWARD WINNER

OFFICE OF THE MAYOR

CITY OF CHICAGO

RICHARD M. DALEY
MAYOR

March, 1994

Dear Friends:

In April, 1993, I asked Maggie Daley, Sheila Lyne, R.S.M., Commissioner of Health for the City of Chicago, and Hedy Ratner, Co-Director of the Women's Business Development Center, to convene my Task Force on Women's Health. I believe that now is the time for our nation's cities to propose and adopt policies which encompass innovative strategies for addressing systemic obstacles to better health care for the women and girls of our cities.

The Task Force began its work by identifying the systemic problems that have the most deleterious effect on the health of women. The members' comprehensive assessment of these barriers to good health was described in a report presented by me in mid-June to the City of Chicago, to President Clinton, Members of Congress, and health care decisionmakers throughout the nation.

In the second phase of its work, the Task Force has identified, evaluated and recommended programs and policies which are responsive to the challenges described in the Phase I report. Specifically, the Task Force considered programs and policies in these areas:

- Health care delivery and education models including programs sponsored by private and public agencies in Chicago and other municipalities and states. These could be undertaken as joint efforts by Chicago's public agencies and/or in partnership with the private sector.

- System reform, including the ways in which institutional practices and procedures can be modified through law, regulation, administrative rulings, management practice and program adaptation, so that women and girls are well-served by all health care institutions.

The ***Urban Women's Health Agenda*** is the result of this massive effort. The ***Agenda*** is a guidebook for those of us who believe we must meet the challenges addressed by this Task Force in its first report. These challenges prevent urban America's women and girls from achieving the health that is their birthright.

This Task Force, composed of Chicago's best minds on the issue of women's health, has conceived and described a new way to think about women's health at a time when we seek new strategies. Most important of all, we seek an America in which all Americans can fulfill their dreams with a healthy body and spirit.

Sincerely,

Richard M Daley

Mayor