



Partnership for a Healthy Community Board Meeting

August 24, 2023

1:00pm-2:30pm

OSF Center for Health | Route 91

AGENDA

- 1. Approve 7/27/23 meeting minutes (Action) (Pages 2-4)**
- 2. Committee Updates**
 - a. HEAL (**Pages 5-8**)
 - b. Mental Health (**Pages 9-12**)
 - c. Obesity
 - d. Data Team
 - e. Website & Social Media
 - f. Performance Management
 - i. Cancer
 - ii. Substance Use
 - iii. STI and Teen Pregnancy
- 3. Healthcare Collaborative**
- 4. Board Business**
 - a. Evaluation Presentation from Dr. Donohue (Information)
 - b. Performance Management (Discussion)
 - c. Interventions: Barriers, Challenges, & Path Forward (Discussion)
- 5. Miscellaneous/Announcements**

Next Meeting:

Thursday, September 28, 2023
OSF Center for Health | Route 91
1:00pm-2:30pm



Partnership for a Healthy Community Board Meeting Minutes July 27, 2023

Members Present:

Amy Fox	Hillary Aggertt
Sally Gambacorta	Holly Bill
Adam Sturdavant	Jay Collier
Nicole Robertson	Chris Setti
Ann Campen	

Others Present:

Amy Roberts

Approval of 05/25/23 Meeting Minutes

Ms. Campen made a motion to approve the minutes from the May 25, 2023 meeting. Motion was seconded by Ms. Fox. Motion carried (8,0).

Committee Updates

HEAL

Ms. Fox stated the HEAL group has been working on trying to set up Hunger Action Month, which will be starting in September and move through the month with the walk at the end of the month at the OSF on Route 91 at the Wellness Center. The Garden of Hope has their greenhouse and the work being done out there can be highlighted as well. Ms. Aggertt has worked with their Community Education kit. Last December, a 12 Days of Giving kit was completed and the group wanted to adapt that so it's available for all community members. They are trying to input for sector-based for what the asks are within the tri-county region. The HEAL group will also be assisting with a collection done on 9/16 at all Kroger stores for local pantries. They will be looking to the counties at the beginning of September for proclamations. They are looking for sponsorships for a few things, still needing someone to pay for the bridge lighting at the beginning of the month, around \$200. The team has put out a community survey to gauge interest in gardening, cooking, etc., find what the barriers are for families to come to classes, and what would they like to learn from the classes. The team has been working with the Pekin Walkability Plan on built environments and will be able to start the Fit and Strong course for senior citizens, a fall prevention/flexibility, etc. class. The tri-county WIC individuals have been working on marketing and media for a tri-county logo as to how they can support families.

Mental Health

Ms. Bill stated the group is trying to work the plan, the update was provided in the agenda packet. She had asked for individuals who represent trauma informed care and child health and now there are great individuals who have joined the team. The team is starting to move; however, these are still hospital driven initiatives. Those boards need to be aware these things are happening and make sure they are priorities, will be leaning on leadership. The group is meeting at OSF on Route 91, along with a digital option.

Obesity

Mr. Baer was not able to attend the meeting. Ms. Fox added that the Obesity report was included in

the packet. They are also working to fill out what their charge is and who the players are and who will help them meet the goals. Ms. Bill stated that she joined the Pediatric Obesity group last couple of meetings. A big concern is there are no tangible application or solution for delivering the adolescent piece for the mobile section. They are exploring options through MyChart, however, a lot of patients are low income and don't even have that. The group is looking at campaigns and working with Dr. Christianson for system and policy change to train the pediatricians to help manage young people who are overweight and at risk for developing chronic disease. It's moving, but slowly.

Data Team

Ms. Gambacorta noted that she missed the last half of the Data Team meeting last week. She also added that the group is new from the previous cycle with different members and leadership. They are working to develop the team. There has been a lot of talk about Essence and having the Epi's use it to get more data from the hospitals. However, there are codes that are difficult. Working to get more data related to health equity

Website & Social Media

Ms. Aggertt is still in the recreation with the vendor and it's a lot of updates. She is working with the vendor to make sure it meets the needs. When the final project gets closer, Ms. Aggertt will work with the Chairs to make sure it's what they were looking for from the initial meetings. She reminded the Board that OSF has an intern that can help with PFHC, looking at where they need to go with regional communication as a tri-county, Kim Litwiller is assisting with Ms. Fox being the current Co-Chair. Ms. Aggertt noted that when January 2024 comes, she will be both of those roles. She is trying to utilize the intern to meet those needs. Ms. Aggertt's goal is that within the next 6 months they have a communication plan and utilize the Chairs to be the oversight of the communication efforts.

Performance Management

Cancer

Ms. Robertson stated that the Cancer Co-Chairs and herself are scheduled to meet soon to work on a mid-year report that will be presented at the August Board meeting.

Ms. Fox added that they would like the Performance Management teams to present at the August Board meeting. She will reach out to the Substance Use Committee and asked about the suicide prevention group from the past cycle's Mental Health Committee. Ms. Bill stated she will get back to Ms. Fox about that.

Healthcare Collaborative

Ms. Fox noted that the Healthcare Collaborative meeting was cancelled from this last week. She added that the group is still bringing on partners and are working on MOU language. Ms. Robertson forwarded the materials and minutes from the June meeting, and they were shared with the Board.

Mr. Setti joined the meeting at 1:34pm.

Board Business

Ms. Fox stated there is no Board Business agenda items but started a discussion about where herself and Mr. Baer need to go moving forward with large pieces moving in the tri-county area that the group might not all be aware of. She spoke of build out projects with mental health, Trillium, it

would be nice to have reports/updates on those projects in future months. This would also include the violence prevention piece in Peoria that is not in the CHIP. The community foundation is shifting in the next year with Ending Hunger to maybe how they are more prepared to deal with hunger. She stated this could be a 15-minute monthly presentation/discussion at the Board meetings. The Board members agreed that this would be helpful. Ms. Robertson spoke about a SDOH grant that Dr. McKnight at PCCHD wrote. Crosswalk and overlap conversations would be very helpful to at the very least be aware of what is going on in the tri-county. If you have initiatives, you'd like to learn more about or discuss, please share with Ms. Fox and Mr. Baer. Ms. Robertson suggested adding the Racial, Justice, and Equity Commission, as herself and Dr. Armmer are co-chairs of one of the sub-committees. Ms. Fox asked her to present in September. Ms. Gambacorta reminded the Board of the Invest Health Peoria team and the Board remembered past members of that team. She noted that they are working to kick off phase 4 and Ms. Gambacorta has not heard anything. She added that each of the original 50 Invest Health cities are eligible to send 4 multi-sector community partners to bridge the gap between community development and health at the convening in Nashville later this year. There will also be another opportunity for a collaborative grant and open applications through City Health Dashboard on data that is needed but is not available. Ms. Fox will reach out to the original team with Melissa Adamson to make sure they have the right players.

Miscellaneous/Member Announcements

Ms. Gambacorta thanked the tri-county area for starting the Hunger Walk, she had suggested it in McLean County and Staci Coussens is helping with the signage and prep work. McLean County will have their first Hunger Walk on September 16th. Ms. Fox added that they are moving it within the tri-county area, next year it will go to Tazewell County, then Woodford and will add in a 5k run.

There were no further agenda items. The meeting adjourned at 1:45pm.

Healthy Eating and Active Living (HEAL) August 2023



HEAL is defined in the CHNA as healthy eating, active living, access to food and food insecurity.

Healthy eating is an eating plan that emphasizes fruits, vegetables, whole grains and fat-free or low-fat milk and milk products; includes a variety of protein foods, is low in added sugars, sodium, saturated fats, trans fat and cholesterol and stays within in daily caloric needs. Education, lifestyle interventions and food access positively affect healthy eating.

Active living means doing physical activity throughout the day. Any activity that is physical and includes bodily movement during free time is part of an active lifestyle.

Access to food refers to the ability of an individual or household to acquire food. Transportation, travel time, availability of safe, healthy foods and food prices are factors to food access.

Food insecurity is as a lack of consistent access to enough, nutritious food for every person in a household to live an active, healthy life.

Goal: Improve overall healthy eating and physical activity in the Tri-County Region.

Objective HE1: By December 31, 2025, increase accessibility of healthy food in the Tri-County Region through the support of community gardens by 10%.

Intervention Strategy: Gardening: Increase Vegetable Consumption among Children (HE)

Tasks & Tactics	Evaluation Plan	Target & Data	Monthly Recap	Upcoming Work	Issues/Challenges
HE 1: Gather baseline data around community gardens and school-aged programming.	Complete a comprehensive list establishing locations of community gardens and school aged gardening programs.	By January 2024, recruit Woodford County community gardens.	No further work completed on list during month of July	Plan: Members of HE group to meet in August to refine our contacts so we can assign people to contact gardens at meeting in September – gather baseline data around number accessing gardens With new list of gardens – possibility for this to be kept up and used in a mapping of locations.	Timing of completing this has been delayed due to gardens being in full swing – hope to have our baseline asap.
	# of children/families accessing the community gardens	April 2023 – Identify # of children and families that accessed the garden			

<p>HE 2: Implement garden-based learning sessions focused on gardening and healthy eating.</p>	<p># of children/families attending information sessions about gardening and healthy foods.</p>	<p>April 2023 – Identify # of children and families that attended garden-based learning</p>	<p>St Ann’s continued their program with kids – Rebecca reached out to Dylan about setting up a time to talk. Will circle back. Team is considering how to hold maybe some trainings for interested schools/partners so they feel equipped to utilize the garden curriculums identified by the group. Trainings could support afterschool programs & school programs in being equipped to implement curriculum.</p> <p>Survey for adults is still out and available- Rebecca to check back in with WICs and see where we are at with response numbers and if we need to do a little more targeted distribution in any areas.</p>	<p>Becca will talk with Hort Lead. Potentially plan as team for education in off season from gardens. Is it better to do a kick off late winter?</p> <p>Will want to have a standardized evaluation that could help us gather numbers of people attending and increase of healthy eating knowledge.</p>	<p>None at this time – just forming our approach still</p>
<p>HE 3: Promote campaigns focused on healthy eating and access to healthy foods.</p>	<p># of healthy eating and community gardening campaigns in the Tri-County Region.</p>	<p>April 2023- Identify number of campaigns completed in 2022.</p>	<p>Hunger Action Month has been a huge focus – part of our Tri-County Hunger Action Month Activities has been education especially around healthy donations to our charitable food system. All the Hunger Action Month materials are close to being completed – partners can download the toolkit and use the posts and language as well as share about any other activities/resources soon! Group will be updated when available.</p> <p>Will track with survey around usage post campaign with those who download the toolkit.</p> <p>Future campaigns around HE</p> <ol style="list-style-type: none"> 1. Holiday time Healthier Eating – Rebecca to talk to Kate at the Y 2. Produce usage (Farmer’s market video with OSF) – check in on who created and can we do more in the future 	<p>Still working on planning what next steps will look like. Rebecca to meet with Kate from the Y about the Holiday Idea. Rebecca to email WIC leads about potential of the kids cook Monday and working on this in the WIC team?</p>	<p>None currently – asking for support in sharing of our Hunger Action Month activities, toolkit, etc. Letter of support to be sent to Partnership Board and we appreciate the sharing to widen our reach.</p>

			<p>3. Gardening tips – maybe have time to work on what this could look like and</p> <p>4. Kids Cook Monday - https://www.mondaycampaigns.org/kids-cook-monday</p>		
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Additional comments

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Goal: Improve overall healthy eating and physical activity in the Tri-County Region.

Objective HE2: By December 31, 2025, increase adults reporting exercising 1-5 days a week among the Tri-County Region by 1%

Intervention Strategy: Physical Activity- Increase physical activity through social supports to improve fitness of adults in the tri-county area. (PA)

Tasks & Tactics	Evaluation Plan	Target & Data	Monthly Recap	Upcoming Work	Issues/Challenges
PA 1: Increase data collection focusing on adult physical activity in the Tri-County Region.	# of establishments collecting adult physical activity data in the Tri-County Region.		Meeting with data team is needed to address issues/challenges being faced.	Amy will contact the data team for a meeting.	Further clarification is needed from the HEAL data team to determine how data collection should take place – for the sake of monitoring the impact made on PA among adults.
PA 2: Recruit additional Tri-County partner participation in the HEAL action team	Increase # of partners recruited by 6.	<i>Baseline: 9 partners (different organizations)</i>	HEAL orientation PowerPoint for 2023-2025 available for recruitment. For data and evaluation - identify definition of “partner participation”	Hilary will add to PFHC website when website is ready for update. Shanita needs to discuss with Dr. Kelly to determine definition	
PA 3: Create promotional campaigns to promote physical activity in the Tri-County Region	Increase the number of physical activity campaigns in the Tri-County Region.	<i>Baseline: 4 campaigns</i>	‘Take a Walk Wednesday’ campaign will be developed and launched via social media Wednesday in September – October 2023 to highlight the benefits of a simple walk.	Kim & Jovon will create the ‘Take a Walk Wednesday’ social media campaign.	

			<p>Move it Monday campaign will begin in January 2024 and run through March.</p> <p>Partners will be survey regarding their organizations ability/willingness to participate in the campaigns by share the PFHC FB post on their social media platforms.</p>	<p>Kim will develop survey for distribution among partners.</p>	
<p>PA4: Create social support events focused on increasing physical activity in the Tri-County Region.</p>	<p>Increase the number of adults attending each event by 50%</p>	<p><i>Baseline – 1 events</i></p>	<p>Planning for Tri-County Hunger Action Walk date: September 30, 2023, 9-11am Location: OSF Route 91</p> <p>Tri-County Trek is a desired platform to use come January 2024 for a year campaign. Partners will be surveyed on their interest to cost share the Tri-County Trek app.</p>	<p>Marketing has been approved and released.</p> <p>Midwest Food Bank & Peoria Area Food Bank are sponsoring the Bridge Lighting.</p> <p>Volunteers have signed up to help with the walk</p> <p>Kim will develop the survey to access Partner willingness to support the Tri-County Trek app.</p>	
<p>Additional comments</p> <ul style="list-style-type: none"> • 					

Mental Health



Mental Health is defined in the CHNA as depression, anxiety and suicide.

Mental health includes depression, anxiety and suicide. Though substance use is not explicitly included in the scope of this priority, PFHC Board recognizes a complex relationship exists between mental health and substance use. The PFHC Board supports continued efforts to reduce substance use in the Tri-County.

Depression is a mood disorder that causes a persistent feeling of sadness and loss of interest. A diagnosis of depression includes symptoms that must last at least two weeks and represent a change in previous level of functioning; **Anxiety** involves an intense, excessive and persistent feeling of fear or dread, beyond a normal reaction to stress or nervousness, which can interfere with daily life.

Suicide is when a person inflicts self-harm with the goal of ending their life and die as a result.

Goal: Improve the mental health, specifically suicide, depression, and anxiety, within the Tri-County Region.

Objective MH1: By December 31, 2025, decrease the number of suicides in the tri-county area by 10%

Objective MH2: By December 31, 2025, increase the proportion of children and adults with mental health problems in the tri-county areas who get treatment by 10%.

Intervention Strategy: Culturally-Adapted Health Care (CAHC)

Tasks & Tactics	Evaluation Plan	Target/Data	Monthly Recap	Upcoming Work	Issues/Challenges
CAHC 1: Promote awareness and education trainings quarterly that are focused on improving cultural competence related to mental health care	60% of individuals who register for the event(s) will complete the training		*Meeting attendance is increasing; new representatives have joined and has been beneficial to the conversations	*Team is determining training plans for each healthcare entity *Team is identifying trainings that can be utilized across partner agencies as hospital trainings are only available to hospital staff at this time * UICOMP librarians have been engaged for literature search related to verified surveys and protocols that have been shown to increase cultural competency. When these are obtained, they will be analyzed for applicability to our region so the best fit surveys and training can be utilized	*Leader-driven and will require hospital leaders and clinical leaders to support efforts and drive participation and utilization once a process is in place *Possible cost barriers to training and surveys - TBD *Fostering engagement from all team members
	More than 50% of the individuals who attended the sessions will self-report improvement in behaviors after cultural competence training(s)				
	More than 70% of the individuals who attended the session will self-report improvement in attitudes after cultural competence training(s)				
CAHC 2: Provide tailored educational trainings bi-annually to healthcare professional in the tri-county region	Establish baseline, increase # providers completing cultural competence trainings by 10%		*Committee is partnering with the tri-county cadre for MHFA to bring more awareness to the training	*Team is determining training plans for each healthcare entity * Community Presentations to enhance CAHC knowledge to committee,	

			and impact on the community for everyday living and professional scope of CAHC. Focus on Youth & Adult curriculums for full exposure.	community, and workplaces: CI Friends-Safe Zone training Future: JOLT, Access Center- Trillium Place, STRIVE, Online trainings	
CAHC 3: Create policies to support matching patient race/ethnicity/cultural/sexual orientation backgrounds to provider	Increase # providers/systems that have policies to support cultural competence by 10%			*Team is determining policies and plans for matching patient backgrounds/preferences to provider at each healthcare entity	*This task may need to involve more people than just mental health team members, for example, UiComp, healthcare education programs, hospitals, HR departments, Peoria EDC, etc. would be beneficial in assisting with recruitment of diverse students/residents/candidates; do we need to have a unique sub-committee for this effort? What is already happening here?
CAHC 4: Make culturally- and linguistically adapted materials and marketing available	Improve patient experience ratings (likelihood to recommend) by 1%			*Team is determining existing efforts and future plans for CAHC materials at each healthcare entity	

Additional Comments and Efforts to Note:

In addition to CAHC work, the team has identified a barrier for accessing mental health care. Mental health providers are overwhelmed, and it is difficult for patients who need it most to get an appointment. The committee identified that primary care providers can manage some patients at the primary care level, which would reduce the burden on specialists. Dr. Ashley Fischer is creating a toolkit for pediatricians for training and support; she needs assistance with compiling the research and wrapping up the toolkit for pediatric providers. This would be a great project for a resident or intern. If you are interested, please reach out to the chairs or H.Bill and they can connect you. Additionally, we need a provider who can take on creating a toolkit for adult providers. If you know of someone who can assist with this using the template that Dr. Fischer is creating, please let us know. Additional pieces that could use assistance are: how to track referrals to determine which PCPs would benefit from education on managing psychiatric conditions; how will we provide ongoing education for providers; what online platform will we use to disseminate these materials

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Objective MH1: By December 31, 2025, decrease the number of suicides in the tri-county area by 10%

Objective MH2: By December 31, 2025, increase the proportion of children and adults with mental health problems in the tri-county areas who get treatment by 10%.

Intervention Strategy: Telemedicine (TELMED)

Tasks & Tactics	Evaluation Plan	Target/Data	Monthly Recap	Upcoming Work	Issues/Challenges
TELMED 1: Establish baseline, inventory available telemedicine among tri-county	Complete inventory list of all telemedicine access.		*The team agreed that telehealth services will likely decline due to providers preferring in-office care; in addition, laws are changing for hospitals and reimbursement	*Team is inventorying telemedicine resources for tri-county *Carle Health has a dashboard that shows up-to-date telehealth services over time	*OSF data not obtained at this time *Other data not obtained at this time *Can data team help us determine baseline and data to collect moving forward?
TELMED 2: Disseminate information through 10 promotional campaigns on how to access (mental health) telemedicine	Increase # patients engaged in mental health telemedicine by 10%				
TELMED 3: Support the development of structured partnerships for community healthcare organizations to provide telemedicine	Increase # new patients enrolled in telemedicine by 10%				
TELMED 4: Expand number of locations for community members to access telemedicine mental health care (community settings, OSF Strive, libraries, Wraparound Center, etc.)	Increase # telemedicine community access points by 10%				
TELMED 5: Provide more than 100 residents access to mental health telemedicine appointments who are either medically underserved or live in rural areas	Reduce # hospital readmissions among individuals who engage in telemedicine by 30%				

Additional Comments

Suicide Prevention Workgroup Update: The Suicide Prevention Workgroup is continuing to meet from the previous cycle. They are requesting a page/section on the website to include: Toolkits, Best Practices, and Grief Book Recommendations; The hope is to complete all documents, brand as PFHC, and reduce meetings to annual/as needed so that efforts can be focused on new interventions. The team agrees that once these items are complete they will only need to be updated on the website if information changes.

DRAFT