



# Partnership for a Healthy Community Board Meeting

December 8, 2022

1:00pm-2:30pm

Teams

## AGENDA

1. **Approve 10/27/2022 meeting minutes (Action) (Pages 2-4)**
2. **Committee Updates**
  - a. Cancer 2023 Performance Management Plan (**Pages 5-12**)
  - b. HEAL
  - c. Mental Health & Substance Use (**Page 13**)
  - d. Data Team
3. **Board Business**
  - a. 2023 PFHC Board Meeting Schedule (Action) (**Page 14**)
4. **Member Announcements**

### Next Meeting:

Thursday, January 26, 2023

1:00pm-2:30pm

Teams



## Partnership for a Healthy Community Board Meeting Minutes October 27, 2022

### Members Present via Microsoft Teams:

Amy Fox	Holly Bill
Hillary Aggertt	Sally Gambacorta
Beth Crider	Adam Sturdavant
Lisa Fuller	Monica Hendrickson
Nicole Robertson	Craig Maynard
Tricia Larson	Jennifer Zammuto
Chris Setti	

### Others Present:

Amy Roberts	Phillip Baer
Amanda Sutphen	

### Approval of 09/22/2022 Meeting Minutes

Ms. Fuller made a motion to approve the minutes from the September 22, 2022 meeting. Motion was seconded by Ms. Hendrickson. Motion carried (11,0).

### Committee Updates

#### Mental Health & Substance Use

Ms. Bill stated that the Substance Use group has officially gone off on their own now so they can start their performance management. Megan Hanley, Epidemiologist from TCHD will be Chairing this committee. Ms. Bill and Tim Bromley will continue to support this group until it's no longer needed. They are getting some partners together, ones that haven't been involved. Meeting times have been changing. A SWOT analysis was completed.

For Mental Health, sub-committees are continuing the meet and the large group has had a few discussions around current tasks and how they will continue on as performance management, like Mental Health First Aid, Suicide Prevention, & Trauma Informed Schools and Certified Peer Educator Trainings. Those programs will be moving forward on their own, not necessarily needing the help of the Partnership. The group will still support and track them along the way. The group will be sure to include the new interventions into the programs already being done. Still needing a chair for this group. Ms. Bill and Tim Bromley have both agreed to stay on as long as they are needed.

#### HEAL

The HEAL completed the Hunger Action Month and completed three walks in the three counties on the same day at the same time. They collected almost 500 pounds of food and about 88 attendants total. They completed the WIC farmer's market season. They are hoping that they increased the number of redeemed coupons. The Social Media campaign reached about 6500+ across the counties. The eatable alphabet is being worked on by HEAL food system partners and the education team and it has grown so much so that it's in all six Head Starts. The HEAL team provided their third quarter newsletter that was attached in the packet.

**Dr. Sturdavant entered the meeting at 1:09pm.**

## Cancer

Ms. Robertson stated they didn't meet in October due to scheduling issues. She stated herself and Anne Bowman will be Co-Chairing the action team moving forward. At the November Board meeting, they will be presenting what their Performance Management Team proposal.

## Data Committee

Amanda shared they do not have any additional updates to the data dashboards at this time. They will be updated after the data is available in 2023.

Ms. Fox asked if the Gap Analysis by Dr. Sara Kelly could be shared with the community. Ms. Hendrickson stated that her thought was that it would be included as an appendix inside the CHIP, as part of the entire process they went through. Ms. Fox stated that will be up on the website once the CHIP gets approved.

**Mr. Setti entered the meeting at 1:15pm.**

## Board Business

### CHIP Update

Ms. Fox shared the new priorities' interventions that were chosen, two for each area. Ms. Fox asked for feedback on the selection process. The CHIP planning team felt like what they planned for was followed through and it leads to the next steps, how to complete the interventions and move into the transition of the current plan and the next cycle's plan. Ms. Fox shared that you can research these interventions by searching by their title and most will come up that way. They have worked with the hospital systems to make sure they have what they need for their plans. At this point, they are working on a CHIP that will walk you through the process and have a high level look at how tasks will be put to these interventions and carried out over the next three years. Ms. Hendrickson stated Dr. Kelly has been working finalize objectives now that the interventions have been chosen. She will have that and supporting documents the second week of November and the full document will be available at the next Board meeting as a draft. The dashboard with overarching goals and objectives will be the first two weeks of November, in case that is needed for a placeholder. A contract will be sent out to those involved in the CHNA for the cost associated with that. The full CHIP would be available for approval for different boards in January.

Ms. Gambacorta asked if the CHNA was posted on the website. Ms. Aggertt said it was not at this time. Ms. Aggertt also noted that the current website is for the current cycle and it's going to take a costly amount of time for someone else to transition the website to the next cycle. She stated she is happy to create a tab and place documents as place holders until the new website is transitioned. The Board was okay with a placeholder for now, prior to revamping the website. Ms. Aggertt is looking into a refresher with the website platform creator as well. Ms. Fuller said she will look into staff that could help with the website and Ms. Hendrickson stated she has a Community Health Worker who might be able to assist.

### Healthcare Collaborative Update

Ms. Hendrickson did not attend the last meeting, but she did meet with Dr. Aiyer and Sharon Adams the previous day. The MOU was sent and there were no issues. Moving forward with it seems to be on task. They are hoping for the November meeting to be with the leadership of that structure, to formalize they are not creating parallel paths, but that they are all incorporated and then move

forward with the MOU. Incorporating the work of the Healthcare Collaborative, the Partnership, and other entities that are working in this sphere, how they can better coordinate. The executive leadership of the Healthcare Collaborative would be at the top of the triangle, mid-level are advisory or operational groups and individuals or entities that work in that space make up the bottom tier. New initiatives can be easily put into this model, so they are aligned and formulized with MOUs. A big ask from the Healthcare Collaborative is putting money forward and the first value established was \$15,000 per large entity and there was no pushback from the larger players around the table. There is a match for some entities that don't have the financial capacity, but work capacity. The next meeting is working to be scheduled in late November. Ms. Robertson added that most of the discussion was around the finances and the logistics and if the goal is to hire a position and where it's housed. Ms. Zammuto stated that United Way also had some logistics to figure out with this as well.

#### Transition from Current to Next Cycle

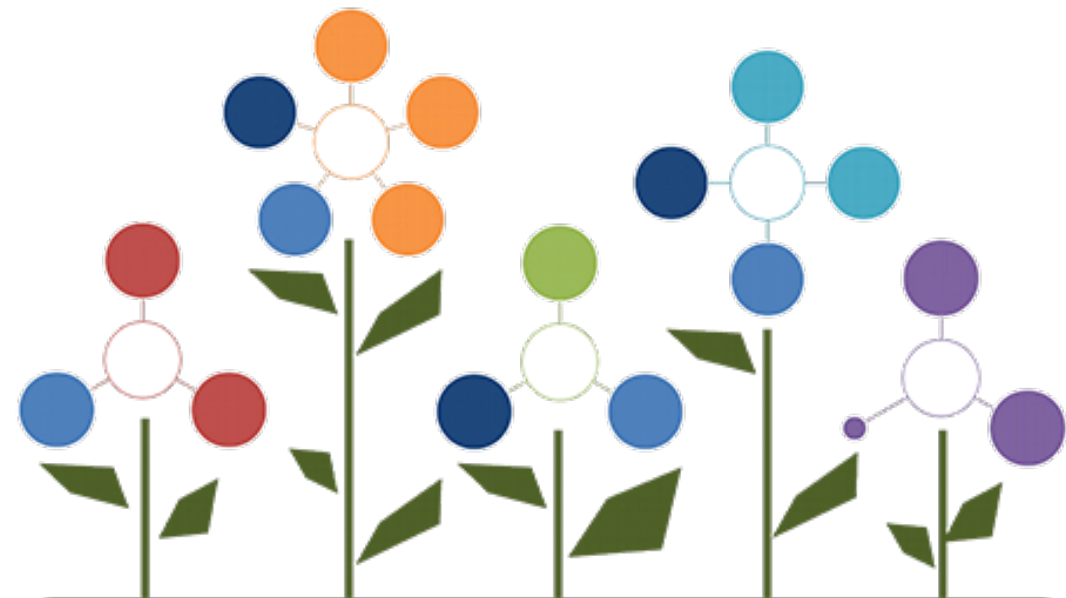
Ms. Fox stated that the annual report would help transition individuals from one cycle to the next. The annual meeting this year was later in the year than normal, do they want to move it back to January or February to help transition? Ms. Fuller has not heard any concerns, just support feedback. The Board decided that they could move the annual meeting to February, but January seemed too soon for the action teams to gather data for the annual report. The annual meeting will also be to highlight the work preparing for the new cycle. Ms. Aggertt asked if the Board had to approve the chairs for the action teams and they were unsure and needed to check into the bylaws. Ms. Fox stated there are names for Chairs in every area, her and Ms. Fuller need to review and check the bylaws. Amanda said they will try to have all of the data available in February, but they are at the mercy of the state for some items.

#### Member Announcements

Ms. Robertson gave kudos to Ms. Fuller for the new equipment that came to OSF with a smooth delivery and installation.

Ms. Gambacorta asked is a three-year summary will be available at the annual meeting as well to show if the needle was moved, etc. Ms. Fox stated they will look at having a three-year summary as well.

Ms. Fox stated she appreciates everyone, especially the transition team and all their work over the last few weeks. Also thanked OSF for the use of the facility. There will be some communication about the next cycle's chairs and if a vote is needed.



# Partnership for a Healthy Community

[healthyhoi.org](https://healthyhoi.org)

Cancer Action Team

Performance Management

2023-2025

# 2020-2022 CHIP

## Cancer

January 1, 2020 – December 31, 2022

HEALTH PRIORITY: CANCER (BREAST, LUNG, COLORECTAL)			
GOAL: REDUCE THE ILLNESS, DISABILITY AND DEATH CAUSED BY LUNG, BREAST AND COLORECTAL CANCER IN THE TRI-COUNTYAREA.			
	INTERVENTION STRATEGIES (Evidence-based)	EVALUATION PLAN	POTENTIAL RESOURCES/PARTNERS
<p>OBJECTIVE #1 (HP2020): Reduce the female breast cancer death rate by 1%</p> <p>Baseline: Breast cancer age-adjusted death rate 2011-2015:</p> <ul style="list-style-type: none"> <li>• Peoria 22.7</li> <li>• Tazewell 18.7</li> <li>• Woodford 24.4</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the proportion of women who receive a breast cancer screening</li> </ul>	<ul style="list-style-type: none"> <li>• Number of first-time breast cancer screenings</li> <li>• Number of breast cancer screenings (↑ 1.98% from 2017-2018 with a total of 41,113 screenings in 2018)</li> </ul>	<p>Advocate Eureka Hospital Hopedale Medical Complex OSF HealthCare Peoria City/County Health Department Susan G Komen Tazewell County Health Department UnityPoint Health- Peoria Woodford County Health Department</p>
<p>OBJECTIVE #2 (HP2020): Reduce the colorectal cancer death rate by 1%</p> <p>Baseline: Colorectal cancer age-adjusted death rates 2011-2015:</p> <ul style="list-style-type: none"> <li>• Peoria 17.6</li> <li>• Tazewell 17.6</li> <li>• Woodford 20.7</li> </ul>	<ul style="list-style-type: none"> <li>• Increase the proportion of adults who receive a colorectal cancer screening based on the most recent guidelines</li> <li>• <u>Multicomponent Interventions—Colorectal Cancer</u></li> <li>• <u>Cancer Screening: Provider Assessment and Feedback – Colorectal Cancer</u></li> </ul>	<ul style="list-style-type: none"> <li>• Number of women and men over the age of 50 who have had an invasive or non-invasive colorectal cancer screening which include the following: <ul style="list-style-type: none"> <li>○ Colonoscopy</li> <li>○ Virtual colonoscopy</li> <li>○ Cologuard</li> <li>○ FIT</li> <li>○ FOBT</li> </ul> </li> <li>• Number of first time invasive or non-invasive colorectal cancer screenings</li> </ul>	<p>Advocate Eureka Hospital CRR Life Hopedale Medical Complex OSF HealthCare Peoria City/County Health Department Tazewell County Health Department UnityPoint Health- Peoria Woodford County Health Department</p>

# 2020-2022 CHIP

<p>OBJECTIVE #3 (HP2020): Reduce the lung cancer death rate by 1%</p> <p>Baseline: Lung cancer age-adjusted death rates 2011-2015:</p> <ul style="list-style-type: none"> <li>• Peoria 86.9</li> <li>• Tazewell 84.3</li> <li>• Woodford 56.5</li> </ul>	<ul style="list-style-type: none"> <li>• Reduce tobacco use by adults</li> <li>• Reduce the initiation of tobacco use among children, adolescents, and young adults</li> <li>• Increase the proportion of homes with an operating radon mitigation system for persons living in homes at risk for radon exposure</li> <li>• Increase lung cancer low dose CT screenings. <i>The U.S. Preventive Services Task Force (USPSTF) recommends annual screening for lung cancer with low-dose computed tomography in adults ages 55 to 80 years who have a 30 pack-year smoking history and currently smoke or have quit within the past 15 years.</i></li> </ul>	<ul style="list-style-type: none"> <li>• Tri-County population age 18 years and older report smoking cigarettes (current 19.1%)</li> <li>• Number of radon screenings and testing (IEMA permit database)</li> <li>• Number of mitigation systems per year</li> <li>• Primary care screenings for tobacco use</li> <li>• Number of lung cancer low dose CT screenings</li> <li>• Number of tobacco free policies created in Tri-County area</li> <li>• Number of SFIA compliance checks in the Tri-County area</li> <li>• Number of curriculum programs/educational sessions focusing on tobacco use prevention or cessation offered</li> <li>• Number of tobacco cessation programs offered</li> </ul>	<p>Advocate Eureka Hospital  City of East Peoria Policy Department  City of Peoria  City of Washington Police Department  Hopedale Medical Complex  IL Emergency Management Agency  OSF HealthCare  Peoria City/County Health Department  Peoria County Sherriff's Department  Peoria Park District youth group  Peoria Radon- Jim Emanuel  Tazewell County Health Department  Tazewell County Sherriff's Department  UnityPoint Health- Peoria  Woodford County Health Department  Woodford County Sherriff's Department</p>
--	--	--	---

# 2023-2025 Objectives

<i>PFHC Cancer Action Team</i>	<i>Healthy People 2030</i>
<p><i>Long:</i> Reduce female <b>breast</b> cancer death rate by <b>1%</b></p> <p><i>Short:</i> Increase the number of breast cancer screenings in women over age 40</p>	<p>Target: 15.3 per 100,000 Baseline: 19.7 per 100,000 females in 2018</p> <p>Age-adjusted death rate 2015-2019: Peoria: 20.6 Tazewell: 20.6 Woodford: 22.9</p>
<p><i>Long:</i> Reduce <b>colorectal</b> cancer death rate by 1%</p> <p><i>Short:</i> Increase the number of colorectal cancer screenings for men and women over age 45 (colonoscopy, Cologuard, FIT, FOBT)</p>	<p>Target: 8.9 per 100,000 Baseline: 13.4 per 100,000 in 2018</p> <p>Age-adjusted death rate 2015-2019: Peoria: 11.6 Tazewell: 13.8 Woodford: 12.1</p>
<p><i>Long:</i> Reduce <b>lung</b> cancer death rate by 1%</p> <p><i>Short:</i> Increase the number of LDCTs completed by eligible patients ages 50-77</p>	<p>Target: 25.1 per 100,000 Baseline: 34.8 per 100,000</p> <p>Age-adjusted death rate 2015-2019: Peoria: 39.2 Tazewell: 41.8 Woodford: 36.9</p>

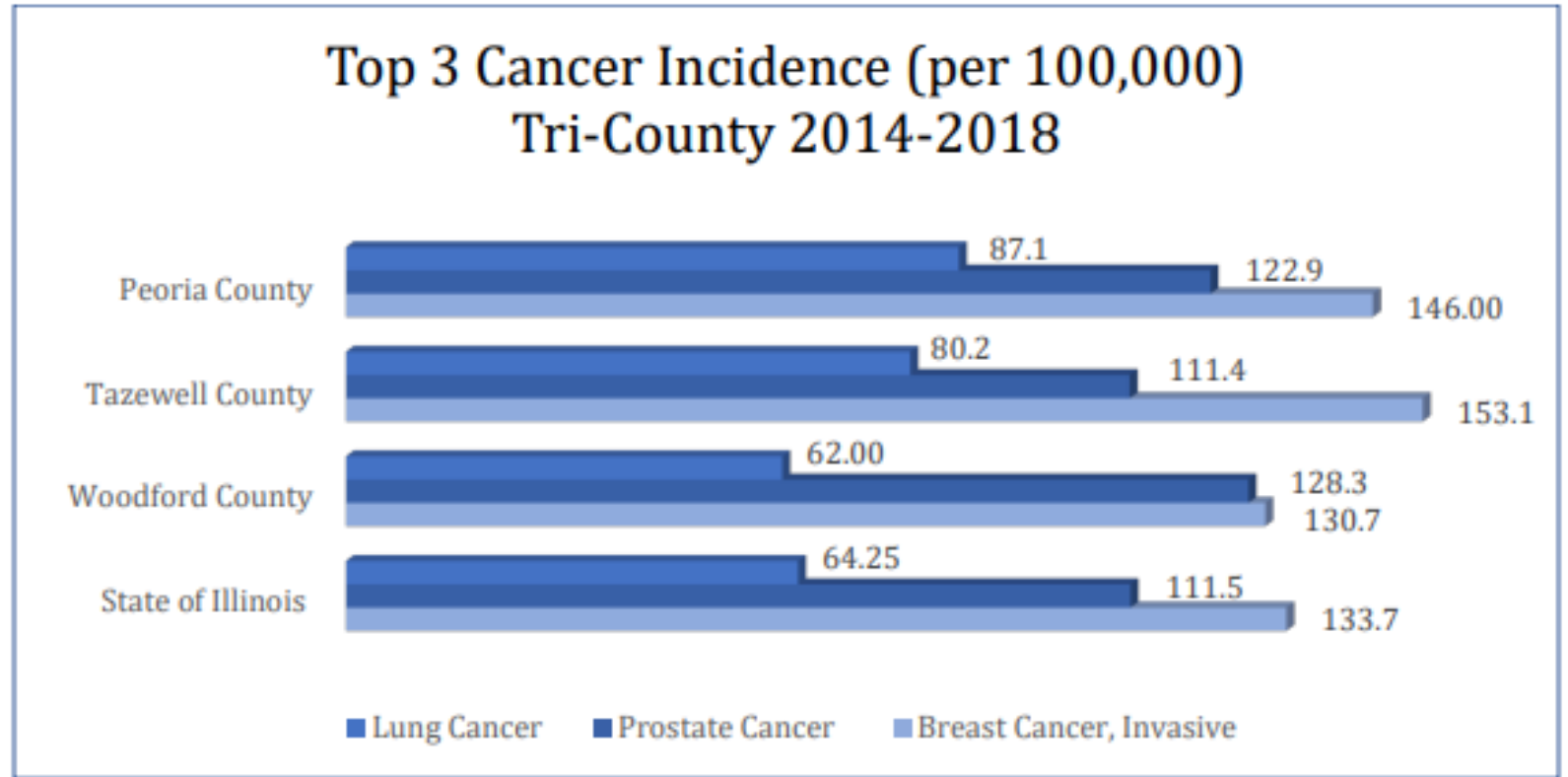


# 2023-2025 Objectives

## RECOMMENDATION:

Add **Objective #4**- Increase genetic screening to identify high risk patients

Evaluation Plan: # cancer high risk assessments completed (consulted and completed)



Source: Illinois Department of Public Health – Cancer in Illinois

The top three prevalent cancers in Tri-County, comparisons are illustrated in Figure 72. Specifically, all cancer rates in Peoria County are higher than the State of Illinois. Tazewell County reports significantly higher rates of lung and breast cancer compared to the State of Illinois. Woodford County reports significantly higher rates of prostate cancer than the State of Illinois.

# 2023-2025 Deliverables

## ***Community-Wide Screening Days***

- 2 events per year; spring + fall
- Same day @ multiple locations
- PFHC sponsored with all partner agencies logos/names included on marketing materials
- Coordinated services offered at each location
- Potential transportation support provided to event locations

# *Leadership & Logistics*

## ***Co-Chairs:***

Anne Bowman, UnityPoint- Methodist

Tenille Oderwald, OSF Saint Francis

## ***Board Liaison:***

Nicole Robertson, American Cancer Society

## ***Meetings:***

Quarterly meetings

- Meet in Dec 2022; begin quarterly meetings Mar 2023 (in-person)

## ***Next Steps:***

- Establish consistent communication plan- PFHC website/discussion boards
- Develop member engagement and recruitment plan

# *Team Goals*

- Facilitate opportunities for partners to share best practices, successes, and challenges
- Encourage multi-organizational collaborations (i.e. QI projects, screening events)
- Support evidence-based interventions to achieve identified outcomes
- Deliver annual progress report to PFHC Board

# PRIORITY ACTION TEAM PROGRESS REPORT: (MH/SU Committees)



<b>Priority Area</b>	MH/SU Committees
<b>Chair or Co-Chair</b>	Holly Bill, Tim Bromley
<b>Description</b>	
Mental Health and Substance Use Committees continue to meet as one committee currently- every other month; action teams meet monthly and as needed. Steering committee meets monthly.	
<b>Recap of Current Month</b>	
<p>Active action teams are continuing to meet and make progress. Substance Use and Mental Health have officially split into two distinct groups where SU will continue in 2023 for Performance Management under the leadership of Megan Hanley (TCHD). Mental Health is wrapping up current objectives/action items and talking about transition to the new 3-year cycle.</p> <p>As a reminder, no current efforts will continue as objectives since Telehealth and Culturally-Adapted Healthcare were chosen.</p> <ul style="list-style-type: none"> <li>• Mental Health First Aid- Is almost to their goal; only 140 short as of September so it should be close; efforts will continue throughout 2022.</li> <li>• Suicide prevention efforts are behind compared to goal (678 and goal is 4,824; however, tactics changed to capacity building and training rather than mostly school education); in other words, higher impact but less outputs; toolkits created for many groups- schools, veterans, etc. Available on website and will continue.</li> <li>• Trauma-Informed schools has exceeded goal of 1 with 17 schools; efforts have transitioned to be owned by ROEs and will sustainably continue.</li> <li>• BH Primary Care Integration: 20/21 completed; hospital-driven.</li> <li>• Narcan Administration: Partially complete; see November minutes; will sustainably continue with TCHD lead</li> <li>• Mass Media Campaigns; Met goal and will continue through TCHD and partners</li> <li>• Certified Peer Educators- Met goal; will continue through Hult Center</li> </ul>	
<b>Next Meeting: TBD</b>	

<b>Goals</b>	Goals: Reduce substance use to protect the health, safety, and quality of life for tri-county residents; Improve mental health among tri-county residents through preventive strategies and increased access to services
<b>Objectives:</b> Please refer to data dashboards	
<b>Activities</b>	
<b>What? (C= Completed, NP= In progress, NS= Not started)</b>	
Identify new Mental Health Chairs for 2023	NS
Identify new MH and SU goals/objectives	IP
<b>Issues/challenges</b>	
<ul style="list-style-type: none"> <li>-New co-chairs need to be determined</li> <li>-Goals/objectives needs to be drafted using the gap analysis and recommendations by Dr. Kelly</li> <li>-Seeking “success stories” for current cycle for 2023 Annual Meeting</li> </ul>	
13	



## Partnership for a Healthy Community 2023 Board Meeting Dates

The 4<sup>th</sup> Thursday of every month:

January 26

February 23

March 23

April 27

May 25

June 22

July 27

August 24

September 28

October 26

November 16 (3<sup>rd</sup> Thursday of the month)  
or November 30 (5<sup>th</sup> Thursday of the month)

December 28