



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

### Members Present via Microsoft Teams:

Monica Hendrickson  
Amy Fox  
Holly Bill  
Kate Green  
Adam Sturdavant  
Nicole Robertson  
Amelia Boyd  
Ann Campen  
Jennifer Zammuto

Lisa Fuller  
Beth Crider  
Tricia Larson  
Kaitlyn Streitmatter  
Hillary Aggertt  
Sally Gambacorta  
Chris Setti  
Craig Maynard

### Others Present:

Amanda Smith  
Phillip Baer

Amy Roberts

### Routine Board Business

#### Approval of 11/18/2021 Meeting Minutes

Ms. Crider made a motion to approve the meeting minutes from the November 18, 2021 meeting. Motion was seconded by Ms. Fox. Motion carried (16,0).

#### Partnership Board Bylaws

There was one edit, to have flexibility for the Co-Chair (elected), they can serve up to 3 consecutive years. Mr. Setti made a motion to accept the Partnership Board bylaws. Motion was seconded by Ms. Crider. Motion carried (16,0).

#### New Board Member

Mr. Maynard introduced himself and talked about his position at Eureka College. Ms. Hendrickson noted that he will be joining as a representative for Woodford County. Ms. Aggertt made a motion to accept the new Board Member, Mr. Maynard. Motion was seconded by Ms. Zammuto. Motion carried (16,0).

#### Board Nominations

2022-2023 Co Chair: Amy Fox, Tazewell County Health Department

2022 Co-Chair: Lisa Fuller, OSF

2022 Vice-Chair: Sally Gambacorta, Carle

Ms. Bill made a motion to approve the above-mentioned Board Nominations. Motion was seconded by Mr. Setti. Motion carried (17,0).

### Committee Updates

#### HEAL

Ms. Fox stated that the Ending Hunger grant application for year 4 will need to be completed by 2/11. The Board has supported that grant for 3 years. Ms. Fox asked the Board if anyone had any issues with the Board supporting that grant again. There were no issues voiced, but Ms. Fox

encouraged those that do have any issues to contact her or Ms. Gambacorta privately.

### Cancer

Ms. Robertson noted that they just finished creating a report with IDPH based off of workshops to get feedback on barriers to increase HPV vaccination rates. Many stakeholders had attended the workshops. The report is coming out and there are seven outcomes. There is a lot of great data in the report and is usable and they want every organization working within that space to use that document and see how they fit into it.

Ms. Robertson also stated that they just submitted a CDC grant for leadership of the state comprehensive cancer plan. They are working to build on the partnerships at a regional and state level. A portion of their proposal is to build off of the echo models that UIC Cancer Society currently uses. They are working to develop an integrated curriculum for med students and have the support of the hospitals. The funding begins June 30<sup>th</sup> and they are hoping to hear more in the spring. Only one award is being granted per state.

### Introduction

#### **a. Name, Agency, other Boards, etc.: This past year, how has your agency moved equity conversations and what lessons have you learned?**

Hillary Aggertt, Woodford County Health Dept: They have been trying to identify any migrant workers that come in and out of the county for health equity. They are looking at access to care & mental health services. They have a large elderly population and are trying to coordinate with other entities in the county to better understand what those needs are. She is hoping they will get some data baselines to move that forward.

Holly Bill, Hult Center for Healthy Living: They have so many programs and services and impact a lot of young people throughout the community. They try to look at the teachers and those they are teaching with an equity lens, which means training. They promote equity, especially LGBTQ, they wear safe zone pins.

Amelia Boyd, UnityPoint Health: They started at the Board level, had a diversity and equity inclusion where they took their equity data and put it together with the outcomes data with the hospital. They took that compiled data to create a group of inclusion and took it to the clinics with the providers so they can talk about language. They have a committee of diversity equity inclusion and take that into account when bringing on new Board members.

Ann Campen, UnityPlace: Adding on from Ms. Boyd, they also created a statement that they read at leadership meetings and other opportunities as a reminder their focus on diversity, equity, & inclusion.

Beth Crider, Peoria Regional Office of Education: By being present on a committee like this, she is responsible for the academics of a student, but you cannot address the academics unless you look at the whole child. They have a whole child approach that rolled out last year and is being used with the principals in the Peoria County schools and what does it need to address the needs of the child. Everything goes through the multi-tier system of support.

Amy Fox, Tazewell County Health Dept: They start internally and have been doing a scan of their

program materials, content, and what they put out in the community. They will be doing safe zone training for all of their managers. They are being strategic about where to provide COVID resources in the community. They are also doing targeting programming to look at social determinants and where is more of a hot zone than others.

Lisa Fuller, OSF Saint Francis: They have been doing a lot of work in that area for a long time. There is some additional focus that is part of their strategic plan of how to perform and build a workforce of the future, looking at diversity and inclusion and how they can do a better job with that. The intention to look inward and find opportunities and take action on them is appropriate.

Amanda Smith, Data Team Chair: The role from the Data Team is to bring that information of equity and diversity to help bridge gaps with populations that are really needing help and finding areas to focus on.

Sally Gambacorta, Carle Eureka Hospital: They have several equity efforts, some internal. Last year a diversity, equity, & inclusion steering committee was started that Ms. Gambacorta serves on. From that, about 6 months ago, they now have a department dedicated to diversity, equity, & inclusion with a direction and a staff person. They have also moved forward on gender inclusive care initiative with changes in Epic and a 6-month provider education series. Looking at images used in marketing. There has been a health equity simulation pilot. They have an emerging leaders' program. Carle is taking the steps to apply for the human rights campaign healthcare quality index (LGBTQ+ care focused).

Kate Green, Continuum of Care: Their mission is to prevent homelessness in the area and have taken effort to start equity across their network. The governing board adopted a statement on equity, and they have integrated equity in their programming and funding decisions. They are digging into the data that they have to understand outputs and outcomes and how they can address those as a system. This is a lot of work, but is on their radar.

Monica Hendrickson, Peoria City/County Health Dept: Similar to her counterparts, a lot of work around equity with the pandemic and program areas. In 2020, their Board of Health adopted a strategic plan where health equity was a single goal of theirs. They are looking at in terms of health in all policy based, especially in 2 areas: gun violence reduction and overall policy and development. The City of Peoria and the County of Peoria created a joint commission (Racial Justice and Equality Commission).

Tricia Larson, Tazewell County Board of Health: Ms. Boyd & Ms. Campen spoke on some activities, but they are also looking at new positions, to be more inclusive, utilize a lot of peer-related services and involving community members in initiatives. Also, access to services and to meet people where they are.

Nicole Robertson, American Cancer Society: Her team covers central and southern IL. Their primary goal as it relates to equity is intentionally building health equity into every aspect. Their large goal cannot be met until they address disparities and use a health equity lens. They are being strategic about who they are partnering with and making sure to include everyone at the table. Looking at how they implement and who they partner with. They are addressing policies and have increased funding to support research that looks at cancer disparities.

Chris Setti, Greater Peoria Economic Development Council: They were very intentional about including the goals from the Partnership into their strategies. Health outcomes are economic outcomes. Their goals around workforce development have been the most aligned with the health outcomes. They are working with the Regional Workforce Alliance and career pathways for youth. They have been working with a grant with ICC, Bradley, & Eureka with IT training for the most vulnerable populations to get them into the workforce. If they received it, it would be \$15 million grant over 3 years.

Kaitlyn Streitmatter, U of I Extension: Their work with SNAP education is set up to help with equity initiatives and revolves around access to food and obesity prevention for those who receive SNAP benefits. In 2018, they had trainings on diversity, inclusion, & equity and those have continued. SNAP education had a funding opportunity for partners for health equity achieved together. Peoria & Tazewell received that grant towards youth wellness – after school efforts. They have also included the school nursing programs as well. They have partnered with Feeding Illinois and are working on a sustainability study to start a farm to food bank project. This would be for Feeding America partners. HEAL, SNAP ed, and U of I are working to make changes within the food bank and food pantry environment for healthier foods and meet the cultural needs of those families.

Adam Sturdavant, OSF Medical Group – Pediatrics: His routine work is more on a physician level than an organizational level. When meeting with families, behavioral health has become more of forefront with providers. They are also working on their communication skills and providing a supportive environment for patients. He keeps a pulse on programs in the community and passes that information to other providers to meet patients where they are at.

Jennifer Zammuto, Heart of Illinois United Way: They run the 211 program, for non-medical emergencies. It is updated every day and has been very successful especially over the last couple of years. They invest in measurable outcomes with their equity statement. They invest with their non-profit partners. They are inclusive and are equitable.

Craig Maynard, Eureka Hospital: Higher education has been on this track for a while. They have a number of town-hall discussions that focus on equity, diversity, & inclusion. They incorporated diversity in their hiring practices, a very diverse leadership team, which is a big difference from the years past. About a month ago, they announced the expansion of the Eureka Promise program, which offers full tuition scholarship for students that come from a background where they do not have the financial needs to attend college.

**b. Partnership Mission:** Community-driven partnership of public and private partners working together to address priority health issues in Peoria, Tazewell, & Woodford Counties in Illinois.

**Partnership Vision:** The tri-county region will be a thriving community that is inclusive, diverse, and sustainable to ensure health equity and opportunity for well-being for all.

## The Whys

### **a. What is YOUR why?**

-Nicole stated the collaboration of this partnership is impressive, as well as the structure and the progress that has been made. This made her want to be part of it.

-Monica stated she came from a background to take things as status quo. She recognizes that health is a human right and that she is only able to work on a small piece of that, but the sum of us is a lot

stronger than the individual entities.

-Beth said you cannot access critical thinking in your pre-frontal cortex if you do not have Maslow's hierarchy addressed. A healthy child that shows up to school is ready to learn.

## **b. What is OUR why?**

### **SWOT: Capacity of the Board to the Work**

Ms. Fox stated that the Board needs to be more intentional about the voice of the people who are doing different layers of work and who are receiving resources. As Board members who come from different levels in organizations, it would be doing a service as they get ready to into the CHNA and CHIP. What is the capacity as a Board, where are the gaps and weaknesses in order to be the drivers for the community? Ms. Fox stated this group is a unicorn that is trying to come together in the community. Ms. Fox had sent an email previously with the SWOT worksheet. Board Members are to fill this out, then email or mail to Amy Roberts.

#### Strengths (Internal)

- Have representation on this Board from agencies whose core missions are improving health.
- Lot of potential in innovation & collaboration is a quicker start.
- Geographical locations, some serve urban, some serve rural areas, some serve all across the counties.
- Financial resources – so many partners and programs, grants, lots of funding coming in that address healthcare needs .
- Relationships and trust among each other and being transparent to work on a common goal. This has become easier over the years.

#### Weaknesses (Internal)

- Dedicated resources for marketing, communications, social media, & the website. Consistency to marketing.
- So many different local centers of power, takes a lot of effort to collaborate. Decision makers are spread all over the 3 counties.
- Current Board is structured like herding cats, everyone is juggling day to day activities.
- The counties are extremely different (urban vs rural), how to move forward with CHNA, how to pick health priorities for all the areas. How to ensure implementation in all counties when Peoria has the most health and human service agencies.
- Limited on choices they have, possibly because interventions must be evidence based. Is that what is really going to resonate with the people that will impact from those interventions? Get the voice of who we're trying to impact. Intention to match the need.
- Have limitations to funding resources & grants, duplication of work, streamlining a progress.
- Needing baseline data, at least for current cycle.
- Cannot get people in to the doctors, when there are other overarching issues in the first place.
- Board grew really quickly and onboarding matters. Spending a lot of time re-establishing groups.
- Complications of the pandemic have impacted the work, getting less done the last 2 years.

#### Opportunities (External)

- To be leaders and taken initiatives, learn from other cities/areas that have implemented similar models and have had the same struggles. Need to look outside of the space.

- Traveling to communities & gather the data. Can put the plan together but executing is the downfall.
- Invest health, the execution part is an opportunity. How do we help others trust around the table? Hard to navigate systems.
- If we have charged up this hill, where do we end up falling?
- As an educator, there are 500 bills in the Senate right now from post-COVID last year. Hearing from everyone that they need to be healthcare, mental health, wellness, etc and everything lands back in the public schools because that's where they are going to fix everything. What if this group was more focused on alignment? Could be more about pulling in the pieces of someone already doing it instead of creating any more. More is less.
- Policy – each must have legislative arms, thing to advocate to.
- Instead of doing report outs at monthly Partnership meeting, send those reports ahead of time to read and don't share the report outs, unless something very specific. Can use more of the time together to talk about the challenges.
- Resource sharing – Woodford County doesn't have a lot of resources available being a rural county and have to go outside of county for resources. Need to know what resources are available. How can we share that for the community & the Partnership to see?

### Threats (External)

- Another pandemic
- Workforce shortage, which in most industries started pre-pandemic and then got worse.
- Every organization is so busy due to COVID or other priorities, this dropped down on the priorities.
- Workforce, loss of partnerships, trust lost in different partnerships.
- With ARPA money and other funding to address health equity, individuals that were not interested in this field are now going to try to recreate the Board. There might be groups trying to create a new version of this.
- Smaller agencies that don't have the workforce, can't compete with salaries, might lose funding to do programs, then can't replace staff, snowball effect.
- Resource staffing in a political climate.
- Board members were busy pre-pandemic and now it's harder to get to meetings and do the work, just one more thing.
- Can become complacent and continue to work in silos or be so enthusiastic that everyone wants to do something and become so fragmented.
- Less screening, less preventative care.
- How can you collaborate to meet the community needs when you can't even meet those needs in your own agency? How to work together to be effective & efficient.
- Other meetings that aren't involved in the Partnership feel competitive, it doesn't feel like that within the Partnership Board.

### **2022 Expectations**

#### **a. CHNA/CHIP**

Ms. Hendrickson stated that the biggest lift this year is closing out a cycle and the 2023-2025 CHNA. The first part is getting the CHNA and prioritizations done in March/April. The health needs assessment is multiple assessments. The Community Status Assessment is the work being done by Mr. Weinzimmer and Amanda Smith with the Data Team. The other 2 parts are Community Partners Assessment (including Health Equity Capacity & Community Engagement) and the Community Context Assessment. The SWOT analysis is going to be part of the CHNA to assess how the Board

responds as well. They hope to have the Partner and Context Assessments done in February/March. Focus groups have been completed in Peoria and will be replicating them in Tazewell and Woodford. Sarah Donahue, who previously presented to the Board, is needing to do a practicum for her MPH in Epidemiology and her project is going to be the CHNA. She will be working with the Data Team and the other assessments to put together the CHNA. Between the CHNA and CHIP is the 15-member MAPP Steering Committee, chaired by Ms. Fox. This committee includes the Data Team, Epidemiologists, Board Members from a diverse background, and community partners. That committee's role is to make sure they are addressing and assessing everything correctly but to also be the first layer to filter the data. This will bring forward the top 10 which will be prioritized in the multi-sector community feedback. Ms. Hendrickson noted that they hope to have the CHIP ready to be approved by the respective Boards in July/August to meet certain requirements. This process will hopefully make goals more relevant and health equity driven.

Ms. Fox noted that they will need to discuss how they want the annual meeting and annual report done as they wrap up the past year's activities.

**b. Review of SWOT**

Ms. Fox asked for all SWOTs back to Amy Roberts by February 3<sup>rd</sup>.

**Member Announcements**

Ms. Hendrickson informed Board Members about the transportation survey to bring rail to Peoria. Please share the survey with your organizations. Ms. Hendrickson will share the survey to the Board after the meeting.