



# Partnership for a Healthy Community Board Meeting

February 24, 2022  
1:00pm-2:30pm  
Teams

## AGENDA

1. **Approve 01/27/2022 meeting minutes (Action) (Pages 2-8)**
2. **Committee Updates**
  - a. Mental Health & Substance Use **(Page 9)**
  - b. HEAL
    - i. Quarter 4 HEAL Team News (Action) **(Pages 10-12)**
    - ii. Ending Hunter Together Application Update
  - c. Cancer
    - i. Cancer Team Activities and Event Update – *Tom Cox*
  - d. Data Team **(Pages 13-21)**
    - i. Community Assessment: Primary Data Tool Update – *Dr. Larry Weinzimmer*
3. **Board Business**
  - a. MAPP Committee
    - i. Sarah Donahue Introduction
    - ii. Establishing Committee and Meeting Dates
    - iii. Tentative Timeline for Assessments
  - b. SWOT Results – *Amy Fox*
  - c. Annual Meeting and Annual Report – *Lisa Fuller*
3. **Member Announcements**

**Next Meeting:**  
Thursday, March 24, 2022  
1:00pm-2:30pm  
Teams



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

### Members Present via Microsoft Teams:

Monica Hendrickson	Lisa Fuller
Amy Fox	Beth Crider
Holly Bill	Tricia Larson
Kate Green	Kaitlyn Streitmatter
Adam Sturdavant	Hillary Aggertt
Nicole Robertson	Sally Gambacorta
Amelia Boyd	Chris Setti
Ann Campen	Craig Maynard
Jennifer Zammuto	

### Others Present:

Amanda Smith	Amy Roberts
Phillip Baer	

### 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.



# 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>Action teams are continuing to meet and make progress. Meeting in January 2022 reviewed each of the action team’s progress; it seems that each of the active teams are still moving forward –</p> <ul style="list-style-type: none"> <li>-MHFA (Increase by 10%); meeting as a cadre, need more instructors to teach for larch group 80-120 people and also could use volunteers to assist that are not MHFA trained</li> <li>-Suicide Prevention (Increase by 10%) meeting monthly and bringing recommendations to the group soon</li> <li>-Trauma-informed Schools- Pilot mode for new assessment tool in progress at HOIUW S3 schools</li> </ul>	
<b>Next Meeting:</b> Monday, March 28 @ 9:00 am – Microsoft Teams- Email co-chair to receive link to virtual meeting	
<b>Plan for Upcoming Month</b>	
Co-Chairs will use Dec/Jan to do partner touch-bases to see why they’re involved in the MH/SU committee and what they want to see moving forward; using HEAL’s template.	

<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>		
Create list of suicide prevention resources (both prevention and intervention) and put them on the website.		IP
Barrier to Everfi virtual substance use education- contract dropped by UPH, picked up by OSF; need to continue to collect this data		Paused at this time
Determine “award” name for schools who become ‘trauma-responsive’		IP
Update website to include trauma-informed trainings		IP
Reach out to Narcan group to have them present data to the MH/SU teams.		IP
<b>Issues/challenges</b>		
N/A		



# HEAL TEAM NEWS

## QUARTER 4 EDITION

### OCTOBER 2021 - DECEMBER 2021

## GARDEN OF HOPE - ST. MATTHEW'S GREENHOUSE

The fresh fruits and vegetables that are being produced in the newly built greenhouse, located at the Garden of Hope - St. Matthew's, is feeding people who don't have food. We identified that Peoria County exceeds both the national and state rates for food insecurity both overall and for children. Providing access to fresh fruits and vegetables is a key contributor to overall health and wellness in addition to the prevention and maintenance of chronic health diseases.

The greenhouse, located at the Center for Health Rt. 91, along with the gardens exists to engage and invest in the community by serving the physical and spiritual needs of the neighborhood through food and education that inspires, engages, beautifies the surroundings, and connects volunteers in the promotion of healthy lifestyles. It is our desire to provide fresh fruits and vegetable year round to individuals in our community who are experiencing food insecurity in addition to providing a space for health and wellness education.

The food harvested in the gardens and the greenhouse are distributed directly to residents and to local community agencies. Volunteers from OSF, local colleges, schools, and churches volunteer their time to tend to the gardens and the greenhouse. Planning, planting, watering, weeding, and harvesting are now done year round. We look forward to what the future holds as we navigate this new model of care.

-Susie Smith, OSF



*IF YOU ARE INTERESTED IN VOLUNTEERING OR PARTICIPATING IN EDUCATIONAL OPPORTUNITIES, PLEASE CONTACT MIKE AT [MICHAEL.A.BROOKS@OSFHEALTHCARE.ORG](mailto:MICHAEL.A.BROOKS@OSFHEALTHCARE.ORG).*



# 12 DAYS OF GIVING CAMPAIGN

19

Facebook posts

220

Facebook engagements

6682

Facebook reaches

Throughout the month of December, Food Pantry Network - HOI hosted their 2nd annual 12 Days of Giving campaign. The goal of this campaign is to encourage donations of items requested the most by pantries: shelf-stable food, hygiene products, and winter attire. The daily list of items was created by the Food Pantry Network advisory board and promoted via social media and various listservs. Each day, a graphic was shared to highlight the specific item being donated.

"Food pantries tend to get a lot of the same types of donations that are not always the healthiest. We know how beneficial things like spices, household supplies, low-sodium soups, and unsweetened applesauce are to families. We would like to help donors think about healthier options when purchasing food pantry donations items" - Rebecca Crumrine, U of I Extension

# HEAL FOOD SYSTEM PARTNERS

HEAL Food System Partners (HEAL FSP) Team 5 recently conducted a Food Pantry Needs Assessment. In total, there were 105 responses from agencies in all 3 tri-counties (Peoria, Tazewell, and Woodford) as well as other counties such as Fulton, Knox, Mason, and Stark. The purpose of the assessment was to recognize what activities the agency conducts at their food pantry, training offered to the volunteers, and potential needs for the pantries.

Food pantries reported storing and distributing of shelf stable and temperature-controlled products, repackaging bulk foods, and a few organizations are preparing meals. 88% of pantries reported having enough refrigeration to store temperature-controlled foods.

Food pantries frequently utilize volunteers for their operations. According to the assessment, most pantries provide food safety training to their volunteers via in person, videos, handouts. Topics include:

- Hygiene – handwashing, clothing, and sick policies
- Sanitation – Cleaning, sanitizing equipment, glove/tong usage
- Food Safety – Accepting/Rejecting food, inspecting packages, sell by dates, labeling, temperatures

The final question of the assessment offered food pantries an opportunity to express any needs for their operations. The information collected will be used to seek opportunities to purchase additional supplies and equipment via grant funding, donations, etc.

As a result of our Food Pantry Needs Assessment, Team 5 is proud to share a success story: In November, HEAL chairs were approached by First Federated Church with an opportunity for pantries to receive new appliances through their Christmas Catalog program. Pantries needing refrigeration were identified through the need assessment results and 4 refrigerators were received by Hand Up Peoria, Hidden Manna, and St. Vincent De Paul-Pekin.

Thank you, First Federated Church!  
- Shanita Wallace, TCHD



# PRIORITY ACTION TEAM PROGRESS REPORT: DATA TEAM



<b>Priority Area</b>	Data Team
<b>Chair or Co-Chair</b>	Amanda Smith
<b>Description</b>	
<p>The data team supports the Partnership for a Healthy Community in the development and administration of the Community Health Needs Assessment Survey and provides information and decision support for Priority Action Teams. Additionally, the data team discovers insights, shares knowledge and tracks performance and progress to assist in achieving the goals and objectives identified in the Community Health Improvement Plan.</p>	

<b>Recap of Current Month</b>
<p>Conduent HCI Data Collection completed          Survey Data Collection completed          Dashboards updated</p>

<b>Plan for Upcoming Month</b>
<p>Determine next steps for use of Conduent HCI data collection</p>

<b>Goal</b>		
<b>Objectives</b>		
<b>What?</b>	<b>By When?</b>	<b>Measure?</b>

<b>Activities</b>	
<b>What? (C= Completed, NP= In progress, NS= Not started)</b>	
Priority team data dashboards	NP
Administer CHNA survey	C
Data resource guide	NP

<b>Issues/challenges</b>

## Mental Health

Goal: Improve mental health among tri-county residents through preventive strategies and increased access to services



Objectives	Source	Frequency	Baseline	2020	2021	2022
By December 31, 2022, decrease the number of suicides in the tri-county area by 10%.	IDPH Suicide Deaths <a href="#">lquery</a>	Annual	27 Peoria 22 Tazewell (2018)  26 Peoria 14 Tazewell (2019)	22 Peoria 16 Tazewell 4 Woodford	NA	
By December 31, 2022, decrease the number of residents in the tri-county areas who reported feeling depressed in the past 30 days by 10%.	CHNA survey	3 years	54% 0 28% 1-2 9% 3-5 9% 5+			
By December 31, 2022, decrease the number of residents in the tri-county areas who reported feeling anxious or stressed in the past 30 days by 10%.	CHNA survey	3 years	60% 0 25% 1-2 8% 3-5 7% 5+			
By December 31, 2022, decrease the number of residents in the tri-county areas who reported considering suicide in the past 12 months by 10%.	CHNA survey	3 years	17.17 Tri-County 18 Peoria 19.5 Tazewell 14 Woodford			
Strategies	Source		Baseline	2020	2021	2022
<b>Increase knowledge of mental health and reduce stigma by providing Mental Health First Aid (MHFA) and Youth Mental Health First Aid (YMHA):</b> <i>Establish baseline and increase certifications in the Tri-county by 10% (2,176)</i>	Mental Health First Aid Quarterly Report	Quarterly	1,227 MHFA 751 YMHFA 1,978 Total	1,264 MHFA 861 YMHFA 2,125 Total	1,300 MHFA 774 MHFA 2,074 Total (as of 9/30/21)	
<b>Universal school-based suicide awareness &amp; education programs:</b> <i>Establish baseline and increase number of students in the Tri-county receiving suicide prevention education by 10% (4,386)</i>	Hult Center for Healthy Living & Community Partners	Annual	3,988	968		

<b>School based social emotional instructions:</b> <i>Establish baseline and increase number of trauma-informed schools in the Tri-county by 10%</i>	Regional Offices of Education & Community Partners	Annual	0	3		
<b>Behavioral health primary care integration</b> <i>(Increase number of providers in primary care settings by 10%, increase number of providers in specialized care settings by 10%, and increase number of providers in prompt care settings by 10%)</i>	Community Partners-OSF and UPH	Annual	19 Primary 1 Specialty 0 Prompt	19 Primary 1 Specialty 0 Prompt		
<b>Poor Mental Health Days:</b> <i>Decrease the average number of mentally unhealthy days reported in past 30 days (age-adjusted) in the tri-county.</i>	County Health Rankings	Annual	4.0 Peoria 3.5 Tazewell 3.3 Woodford (2019)	3.9 Peoria 3.8 Tazewell 3.7 Woodford	4.3 Peoria 4.4 Tazewell 4.1 Woodford	
<b>Mental Health Provider Rate:</b> <i>Increase the mental health provider rate in providers per 100,000 population.</i>	County Health Rankings	Annual	450:1 Peoria 570:1 Tazewell 3,870:1 Woodford (2019)	420:1 Peoria 550:1 Tazewell 3,500:1 Woodford	400:1 Peoria 530:1 Tazewell 3,500:1 Woodford	

Last Updated: 4/26/2021

## Substance Use

Goal: Reduce substance use to protect the health, safety, and quality of life for tri-county residents.



Objectives	Source	Frequency	Baseline	2020	2021	2022
By December 31, 2022, reduce the rate of drug-induced deaths within the tri-county region by 10% from 22.2 per 100,000 tri-county residents to 20.0 per 100,000.	<a href="#">Vital Records Overdose Data</a>	Annual	49 Peoria 19 Tazewell 2 Woodford (2019)	40 Peoria 26 Tazewell 5 Woodford (2020)	NA	
By December 31, 2022, increase the proportion of adolescents reporting never using substance (alcohol, any tobacco/vaping, cigarettes, inhalants, marijuana) in the last year in the tri-county area by 5%	Illinois Youth Survey	Annual	33% Peoria 29% Tazewell 20% Woodford (2018)	25% Peoria 33% Tazewell 30% Woodford (2020)		
Strategies	Source		Baseline	2020	2021	2022
<b>Criminal Justice and Harm Reduction Efforts:</b> <i>Reduce overdoses by 10% through use of Narcan and stable housing for frequent utilizers</i>	<a href="#">IDPH, Fatal and Non-Fatal</a>	Annual	162 Peoria 66 Tazewell >10 Woodford (2019)	239 Peoria 88 Tazewell >10 Woodford (2020)	NA	
<b>Criminal Justice and Harm Reduction Efforts:</b> <i>Increase Narcan distribution in the Tri-county by 10%.</i>	<a href="#">Jessica Kinsel-UnityPoint Place</a>	Annual	1325 Peoria 347 Tazewell 73 Woodford	3616 Peoria 563 Tazewell 0 Woodford		
<b>Criminal Justice and Harm Reduction Efforts:</b> <i>Increase Narcan administrations in the Tri-county by 10%.</i>	Narcan Advisory Groups <a href="#">Opioid Data Summary</a>	Annual	755 (2019)	971 (2020)	477 (2022 Q1 & Q2)	
<b>Technology-Enhanced Classroom Instructions:</b> <i>Enroll nine Tri-County schools in Drugs Safety programs to increase knowledge</i>	UnityPoint Health & Everfi	Annual	0	11	NA	
<b>Mass Media Campaign:</b> <i>Implement mass media campaign against chemically impaired driving and underage drinking and binge drinking</i>	Tazewell County Health Department/Kerri Viets/ OSF	Annual	In progress			
<b>Youth Leadership Programs:</b> <i>Increase number of students certified as peer educators by 10%</i>	Hult Center for Healthy Living	Annual	0	5 Certified?		



# Healthy Eating Active Living Priority Action Team

Goal: To foster and promote healthy eating and active living to reduce chronic disease and food insecurity in the tri-county area.



Objectives	Source	Frequency	Baseline	2020	2021	2022
By 2022, reduce the proportion of adults considered obese by 2%	County Health Rankings	Annual	33% Peoria 33% Tazewell 28% Woodford (2019)	36% Peoria 33% Tazewell 27% Woodford	39% Peoria 30% Tazewell 31% Woodford	
By 2022, reduce the proportion of youth, grade 8, who self-reported overweight and obese by 2%	Illinois Youth Survey	Annual	25% Peoria 27% Tazewell 17% Woodford (2018)	23% Peoria 25% Tazewell 18% Woodford		
By 2022, reduce the proportion of youth, grade 10, who self-reported overweight and obese by 2%	Illinois Youth Survey	Annual	31% Peoria 29% Tazewell 26% Woodford (2018)	30% Peoria 30% Tazewell 22% Woodford		
By 2022, reduce the proportion of youth, grade 12, who self-reported overweight and obese by 2%	Illinois Youth Survey	Annual	23% Peoria 26% Tazewell 21% Woodford (2018)	37% Peoria 28% Tazewell 23% Woodford		
By 2022, decrease food insecurity in populations residing in Peoria, Tazewell, and Woodford Counties by 1%	County Health Rankings	Annual	15% Peoria 10% Tazewell 9% Woodford (2019)	14% Peoria 9% Tazewell 8% Woodford	12% Peoria 9% Tazewell 7% Woodford	
Strategies	Source	Frequency	Baseline	2020	2021	2022
<b>Community-based social support for physical activity and nutrition:</b> <i>Increase the number of participants completing the Diabetes Prevention Program</i>	Tazewell County Health Department & Hult Center for Healthy Living	Annual	27 TCHD 80 Hult	22 TCHD 34 Hult		
<b>Community-based social support for physical activity and nutrition:</b> <i>Increase the number of times respondents participated in exercise that lasted for at least 30 minutes in the last week</i>	CHNA Survey	3 years	23% 0 33% 1-2 32% 3-5 12% 5+			
<b>Community-based social support for physical activity and nutrition:</b> <i>Increase the number of servings/separate portions of fruit and/or vegetables respondents eat on a typical day</i>	CHNA Survey	3 years	5% 0 55% 1-2 35% 3-5 5% 5+			

<b>Community-based social support for physical activity and nutrition:</b> <i>Decrease the percentage of adults age 20 and over reporting no leisure-time physical activity.</i>	County Health Rankings	Annual	21% Peoria 25% Tazewell 23% Woodford (2019)	22% Peoria 25% Tazewell 23% Woodford	22% Peoria 26% Tazewell 21% Woodford	
<b>Community-based social support for physical activity and nutrition:</b> <i>Increase the percentage of population with adequate access to locations for physical activity.</i>	County Health Rankings	Annual	84% Peoria 83% Tazewell 75% Woodford (2019)	82% Peoria 84% Tazewell 75% Woodford	82% Peoria 84% Tazewell 75% Woodford	
<b>Breast Feeding Promotion Programs:</b> <i>Increase the number of mothers reporting ever breast feeding at 6 months.</i>	<a href="#">IDHS/WIC</a> WIC Breastfeeding Report From Food Packages Issued	Annual	618 Peoria 225 Tazewell 40 Woodford (WIC FY19)	446 Peoria 174 Tazewell 38 Woodford (WIC FY20 Q1-Q3)	NA	
<b>Family-based physical activity interventions:</b> <i>Decrease the percentage of youth self-reporting zero days of physical activity for the last 7 days. Grade 8.</i>	Illinois Youth Survey	Annual	3% Peoria 5% Tazewell 5% Woodford (2018)	7% Peoria 7% Tazewell 2% Woodford (2020)		
<b>Family-based physical activity interventions:</b> <i>Decrease the percentage of youth self-reporting zero days of physical activity for the last 7 days. Grade 10.</i>	Illinois Youth Survey	Annual	9% Peoria 8% Tazewell 5% Woodford (2018)	12% Peoria 10% Tazewell 4% Woodford (2020)		
<b>Family-based physical activity interventions:</b> <i>Decrease the percentage of youth self-reporting zero days of physical activity for the last 7 days. Grade 12.</i>	Illinois Youth Survey	Annual	15% Peoria 7% Tazewell 8% Woodford (2018)	11% Peoria 10% Tazewell 9% Woodford (2020)		
<b>Multi-component obesity prevention interventions:</b> <i>Decrease the percentage of youth self-reporting zero days of vegetable consumption in the last 7 days. Grade 8.</i>	Illinois Youth Survey	Annual	13% Peoria 12% Tazewell 8% Woodford (2018)	10% Peoria 12% Tazewell 16% Woodford (2020)		
<b>Multi-component obesity prevention interventions:</b> <i>Decrease the percentage of youth self-reporting zero days of vegetable consumption in the last 7 days. Grade 10.</i>	Illinois Youth Survey	Annual	9% Peoria 12% Tazewell 8% Woodford (2018)	8% Peoria 11% Tazewell 6% Woodford (2020)		

<b>Multi-component obesity prevention interventions:</b> <i>Decrease the percentage of youth self-reporting zero days of vegetable consumption in the last 7 days. Grade 12.</i>	Illinois Youth Survey	Annual	11% Peoria 10% Tazewell 8% Woodford (2018)	7% Peoria 12% Tazewell 8% Woodford (2020)		
<b>Multi-component obesity prevention interventions:</b> <i>Decrease the percentage of youth self-reporting zero days of fruit consumption in the last 7 days. Grade 8.</i>	Illinois Youth Survey	Annual	7% Peoria 7% Tazewell 4% Woodford (2018)	5% Peoria 7% Tazewell 8% Woodford (2020)		
<b>Multi-component obesity prevention interventions:</b> <i>Decrease the percentage of youth self-reporting zero days of fruit consumption in the last 7 days. Grade 10.</i>	Illinois Youth Survey	Annual	8% Peoria 6% Tazewell 6% Woodford (2018)	6% Peoria 8% Tazewell 5% Woodford (2020)		
<b>Multi-component obesity prevention interventions:</b> <i>Decrease the percentage of youth self-reporting zero days of fruit consumption in the last 7 days. Grade 12.</i>	Illinois Youth Survey	Annual	7% Peoria 8% Tazewell 8% Woodford (2018)	9% Peoria 10% Tazewell 6% Woodford (2020)		
<b>Create Multi-sector partnerships and networks:</b> <i>Increase the number of Good Food Recovery activities, including food drives, mobile food pantries, etc.</i>	Food Pantry Network/HEAL Food System Partners	Annual	12 activities	26 activities		
<b>Create Multi-sector partnerships and networks:</b> <i>Increase the number of food insecurity referrals (IRIS) in the tri-county</i>	Food Pantry Network/HEAL Food System Partners	Annual	NA	62		

Last Updated: 2/11/2022

## Cancer (breast, lung, colorectal)

Goal: Reduce the illness, disability and death caused by breast, lung, and colorectal cancer in the tri-county area



Objectives	Source	Frequency	Baseline	2020	2021	2022
By 2022, reduce the female breast cancer age-adjusted death rate by 1%	<a href="#">National Cancer Institute</a>	Annual	22.7 Peoria 18.7 Tazewell 24.4 Woodford (2011-2015)	19.7 Peoria 19.9 Tazewell 26.7 Woodford (2014-2018)	20.6 Peoria 20.6 Tazewell 22.9 Woodford (2015-2019)	
By 2022, reduce the colorectal cancer age-adjusted death rate by 1%	<a href="#">National Cancer Institute</a>	Annual	17.6 Peoria 17.6 Tazewell 20.7 Woodford (2011-2015)	10.5 Peoria 12.7 Tazewell 15.0 Woodford (2014-2018)	11.6 Peoria 13.8 Tazewell 12.1 Woodford (2015-2019)	
By 2022, reduce the lung cancer age-adjusted death rate by 1%	<a href="#">National Cancer Institute</a>	Annual	86.9 Peoria 84.3 Tazewell 56.6 Woodford (2011-2015)	42.8 Peoria 43.3 Tazewell 38.5 Woodford (2014-2018)	39.2 Peoria 41.8 Tazewell 36.9 Woodford (2015-2019)	
Strategies	Source	Frequency	Target	2020	2021	2022
<b>Breast cancer screenings:</b> <i>Increase the percentage of women aged 50-74 who have had a mammogram in the past two years</i>	<a href="#">CDC - PLACES</a>	Annual	77.1 (HP 2030 Target)	71.6 Peoria 70.5 Tazewell 72.6 Woodford (2018)	NA	
<b>Colorectal cancer screenings:</b> <i>Increase percentage of respondents aged 50-75 who have had either a fecal occult blood test in the past year, a sigmoidoscopy in the past five years AND a fecal occult blood test in the past three years, or a colonoscopy exam in the past ten years</i>	<a href="#">CDC - PLACES</a>	Annual	74.4 (HP 2030 Target)	63.8 Peoria 66.0 Tazewell 69.9 Woodford (2018)	NA	
<b>Lung cancer screenings:</b> <i>Increase the number of low-dose CT lung cancer screenings provided to qualifying individuals in the tri-county</i>	OSF Saint Francis Medical Center UnityPoint Health Carle Eureka	Annual	↑ 2,203	2,976		
<b>Adult tobacco use cessation:</b> <i>Increase the number of tri-county adults accessing Illinois Tobacco Quitline</i>	Illinois Tobacco Quitline- Nancy Martin	Annual	NA	590 total calls 221 unique callers 149 Peoria 58 Tazewell 14 Woodford		

<b>Adult tobacco use cessation:</b> <i>Reduce the percentage of adults in the tri-county who are current smokers</i>	County Health Rankings	Annual	18% Peoria 14% Tazewell 14% Woodford (2019)	17% Peoria 15% Tazewell 14% Woodford	19% Peoria 19% Tazewell 18% Woodford	
<b>Youth tobacco use cessation:</b> <i>Increase the percentage of 8<sup>th</sup> graders who report NOT using any tobacco products in the past year*</i>	Illinois Youth Survey	Annual	88% Peoria 87% Tazewell 95% Woodford (2018)	98% Peoria 94% Tazewell 96% Woodford (2020)		
<b>Youth tobacco use cessation:</b> <i>Increase the percentage of 10<sup>th</sup> graders who report NOT using any tobacco products in the past year*</i>	Illinois Youth Survey	Annual	84% Peoria 76% Tazewell 79% Woodford (2018)	96% Peoria 96% Tazewell 97% Woodford (2020)		
<b>Youth tobacco use cessation:</b> <i>Increase the percentage of 12<sup>th</sup> graders who report NOT using any tobacco products in the past year*</i>	Illinois Youth Survey	Annual	70% Peoria 61% Tazewell 68% Woodford (2018)	89% Peoria 93% Tazewell 94% Woodford (2020)		
<b>Tobacco free policies:</b> <i>Increase the number of tobacco free policies in the tri-county area</i>	Peoria City/County, Tazewell County & Woodford County Public Health	Annual	22	19	Andrea?	
<b>Smoke Free Illinois Act compliance checks:</b> <i>Increase the number of compliance checks to ensure compliance with the Smoke Free Illinois Act completed in the tri-county area</i>	Peoria City/County, Tazewell County & Woodford County Public Health	Annual	241 Peoria 114 Tazewell 112 Woodford	183 Peoria 226 Tazewell 100 Woodford	Andrea?	
<b>Radon mitigation systems:</b> <i>Increase the proportion of tri-county homes with an operating mitigation system</i>	Illinois Emergency Management Association (IEMA)	Annual	14,933 Peoria 9,998 Tazewell 2,937 Woodford (Sites tested from 2003-2018)	TBD		

\*In 2020, wording changed from “tobacco and vaping products” to “tobacco products”

Last Updated: 2/11/2022