Partnership for a Healthy Community
Board Meeting

July 27, 2023
1:00pm-2:30pm
Teams

AGENDA

1. **Approve 5/25/23 meeting minutes** (Action) **(Pages 2-4)**

2. **Committee Updates**
    a. HEAL **(Pages 5-14)**
    b. Mental Health **(Pages 15-17)**
    c. Obesity **(Pages 18-25)**
    d. Data Team
    e. Website & Social Media
    f. Performance Management

3. **Healthcare Collaborative**

4. **Board Business**

5. **Miscellaneous/Announcements**

Next Meeting:
Thursday, August 24, 2023
1:00pm-2:30pm
OSF Center for Health/Teams

Partnership for a Healthy Community Board
Meeting Minutes
May 25, 2023

Members Present:	Phil Baer	Hillary Aggertt
	Sally Gambacorta	Lisa Fuller
	Larry Weinzimmer	Holly Bill
	Kate Green	Beth Crider
	Adam Sturdavant	Jay Collier
	Nicole Robertson	Craig Maynard
Others Present:	Amy Roberts	Sara Kelly

Approval of 04/27/23 Meeting Minutes

Ms. Robertson made a motion to approve the minutes from the April 27, 2023 meeting. Motion was seconded by Ms. Green. Motion carried (12,0).

Mr. Baer welcomed Mr. Collier to his first meeting and Mr. Collier introduced himself to the Board.

Committee Updates

HEAL

Ms. Aggertt stated in under the nutrition section they are trying to gather data. They are looking at the initiative, Nutrition Grow a Row, and implement across the tri-county. For physical activity, they are hosting focus groups on June 26th as a welcome introduction and trying to understand what their ask is. They would like anyone that is curricular or programing for physical activity to come and they hope that will have a data collection point moving forward. They have an opportunity with Bradley University for a tracking app, but still in discussion and figuring out the logistics. They are trying to do an educational campaign between now and September highlighting different programs surrounding nutrition. This will lead up to Hunger Action Month in September, leading up to 5 years for a 5k.

Mental Health

Ms. Bill stated the group just met on Tuesday; however, similar discussions were had from the past meeting. They are still trying to get the right people to the table. The group is still early, but Ms. Bill reminded them that we are about halfway through year 1 already. If you know of someone that is passionate, knowledgeable, and wants to help with culturally adaptive healthcare and telehealth services, please let Ms. Bill or Amy Roberts know. Over the next month, this group is doing homework to see what other communities have done and what has worked for them.

Obesity

Mr. Baer stated that both the sub-committees met in May (pediatric and adults). The adolescent group met with Dr. Kelly and Dr. Christianson and formulated strategies. Dr. Kelly did a deeper dive into other digital interventions that could be available or useful to this team. Her research also included effectiveness in the communities. The team is looking into these apps and interventions to

be worth time and effort and serve our community best. Dr. Kelly noted internet access availability, which means they need to gather more statistical information on internet access. Many of these programs have mixed approaches, some are resource heavy. They also need to make sure they target those most vulnerable in the community. Will need buy in from the healthcare community to help make this work. Parental involvement is key. Dr. Kelly added that black female teens in our community have higher prevalence of obesity and are in lower income zip codes, which could lead to possible issues of the parental component. They are making sure to include that health equity lens. She added that the group is heavy on OSF, but it would be helpful to have Carle or other healthcare clinicians attend and put their perspective and experience in as well.

For the adult side, Mr. Baer stated that Strong People, Healthy Hearts has been looked at. There was an initial contact issue with the developers. Meta had a meeting set up with those developers and there are training requirements. There is cost information included, but it appears that each facilitator has a fee (possibly $500). They would be looking into train the trainer options or multiple trainers discount, etc. She has good engagement from YMCA and U of I.

Data Team

Dr. Kelly did not have an update for the Data Team, however, needs guidance as to who should be on the committee. Mr. Baer stated that Amanda Sutphen would like to participate, and Ms. Aggertt stated the three Epidemiologists should also be included. Ms. Gambacorta stated she would also like to be included on the Data Team.

Website & Social Media

Ms. Aggertt stated that Mr. Baer connected an intern to help with some of the marketing pieces. That intern will be able to help update the website once it's up and running, they will also be looking at template work for press releases coming out. Ms. Aggertt added the website is a lengthy process, she has met with the 3 priority areas and Substance Use and has reached out to Cancer. She had a conversation with the vendor and went through the requests for the site. They talked about making the home page more interactive and include a search feature, an event slide show, still having mission and vision, and the Facebook feed. Discussions on how to archive the great work done in the past and that it still needs to be available for the public to view. They are looking to have more visuals, if there are photos captured from any events from the past, please share with Ms. Aggertt. The vendor is creating templates, that way the new info can easily be plugged in. Ms. Aggertt asked for feedback by the end of the day. She added that there is a calendar feature to add any Partnership related events, including registrations for events that will even create a sign in sheet. Ms. Aggertt added that it's currently just herself working on the website currently but wanting to have one person from each priority group (and performance management groups) identified to be trained to edit the website.

Performance Management

Ms. Bill noted that teen pregnancy rates and probably STI rates have increased and asked if the Reproductive Health group needs to return. Ms. Robertson suggested having Reproductive Health back as a Performance Management team.

Cancer

Ms. Robertson stated they had their Community Wide Screening Day last week and for Carle it was held at Pekin Hospital. There was great attendance, screenings were higher than in past years across the board. She does not have OSF's number yet but will share them with the Board when she

has them. Ms. Robertson asked for clarification for what reporting dashboard to use for Cancer and will reach out to Mr. Baer directly.

Healthcare Collaborative

Ms. Hendrickson was not at the meeting; however, Mr. Weinzimmer is also on that Board and stated there was no update as the meeting was cancelled.

Board Business

Onboarding Packet

Mr. Baer stated that Ms. Bill, Ms. Aggertt, and Ms. Fox helped put the Onboarding Packet together that was in the packet. If you have any further feedback, please let Ms. Bill know by June 2nd. Ms. Aggertt asked where Reproductive Health should be housed if it comes back, and Mr. Baer and Ms. Robertson thought it should be under Performance Management. Amy Roberts noted that they are not currently meeting as they did not have a Chair. Ms. Aggertt asked the Board how it would be documented on the website and Onboarding Packet since they were meeting, then stopped, then possibly be brought back. There was discussion around defining and setting expectations for priority action teams verses performance management and that there is a lot of gray area. Ms. Aggertt suggested adding it to the next agenda. Mr. Baer made a motion to approve the Onboarding Packet. Motion was seconded by Ms. Robertson. Motion carried (12,0).

Miscellaneous/Member Announcements

Home for All's Strategic Planning Initiative

Ms. Green stated that Home for All's Continuum of Care has been tasked with leading the strategy to prevent and end homelessness, specifically in the tri-county area and Fulton County. They bring together different entities and talk about what they're seeing in the community, what gaps they have in services, what they're doing well, and what they need to prioritize moving forward. They have hired the Corporation for Support Housing to conduct the facilitated strategic planning effort. They have conducted focus groups and will be launching a community survey next week. It will be aimed at everyone, many different sectors, to get a broad response. Ms. Green will be sending this survey out to the Board early next week and asked the Board to share it within their networks as they navigate this process.

There were no further agenda items. The meeting adjourned at 1:47pm.

Healthy Eating and Active Living (HEAL) June 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. # of children/families accessing the community gardens	By January 2024, recruit Woodford County community gardens. April 2023 – Identify # of children and families that accessed the garden	Almost completed creating our list! Brought a few new partners in to help expand list some. Garden List - May 2023.xlsx – added to Teams Updates of note: GIS could be used following to add in what we learn and update map? Amy mentioned that Tazewell is looking to hire someone back again and Peoria may have someone on staff.	Mike going to add in the few missing addresses. Next steps – contacting gardens for baseline numbers of families/children accessing garden. Rebecca will check in with Mike to see when completed and then we will discuss how we want to do that outreach next step.	Just taking time to get everything updated, otherwise no issues.
HE 2: Implement garden-based learning sessions	# of children/families attending information	April 2023 – Identify # of children and	Gardening/nutrition education ideas are in our teams. Gardening Curriculum	Emily sending adult survey up to WIC for approval.	Planning heavily as we work to have good tri-county replicable

focused on gardening and healthy eating.	sessions about gardening and healthy foods. Increase healthy eating knowledge through pre/post test evaluation per session by 75%	families that attended garden-based learning	Beth Beachy will share PLANT curriculum with Rebecca so we can add as an option in our folder. Rebecca, Emily & Michelle worked to draft up an adult nutrition survey and shared with HE team for feedback. Updated and final version of survey is here: HE Adult Survey FINAL_6-8.docx. Mike shared about education this summer at the garden and trends they have seen in their evaluations. Rebecca asked if they could share so we could potentially utilize a similar set up of class and evaluation for out of school programming in gardens.	Beth Beachy to reach out to Epi's to see if they can put survey online for our team. Distribution of the survey – will take place as soon as approval is received, and survey can go online. Becca will work on a quick one page/half page option to invite people to take the survey. Becca to attend St Ann's education and see about replicating the program tri-county wide in out of school time programming. Evaluations for programming – may be able to use some of what OSF has developed and build on it to create our evaluations for classes to healthy eating knowledge and inform future classes.	programming across different ages & sectors. Just taking time to get everything done so we can have successful educational opportunities.
HE 3: Promote campaigns focused on healthy eating and access to healthy foods.	# of healthy eating and community gardening campaigns in the Tri-County Region.	April 2023- Identify number of campaigns completed in 2022.	Talked about first steps when it comes to campaigns. Can we utilize pre-made campaigns to count towards this? WIC has national campaign upcoming that we would love to highlight. Utilizing pre-made things and not re-inventing the wheel is encouraged. Team can then identify missing campaigns or items that we would like to work on together. If funds are necessary to	Need to inventory some of what we already have. Then see if there are any campaign ideas anyone	Just time and need to inventory what has been created/nationally could be used. Then we could see what maybe needs

			complete campaign – especially if we try to do a larger community level message. Then we can write up that ask and take it to the board. Locally created may have greater standing when we can add our Partnership Logo on. Campaigns to look at now? Using Produce? – OSF intern has started doing this at the farmer's market. Maybe we could see if we can ask to utilize and package into series? Rebecca brought up starting with a gardener mike tips video series? Short series that shows gardening tips and tricks to help people grow their own garden.	is particularly invested in and would like to help with. Involvement of possible interns/help from Bradley could be a great way to move this forward. Rebecca had a good conversation with Dr Drake about opportunities.	created in greater detail.

Additional comments

- WIC Farmers Market toolkit available.
- Hispanic Mobile Food Pantries are being planned.
- Grow A Row has 19 gardens registered to donate produce to the emergency food system.

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.		Would like to host county specific focus groups to identify how best to promote PA and capture data within the tri-county. Would like to partner with Bradley University to create tracking App.	Amy/Shanita to draft focus group questions. Counties to host focus groups. Hilary to continue conversation.	N/A
PA 2: Recruit additional Tri-County partner participation in the HEAL action team	Increase # of partners recruited by 6.	*Baseline: 9 partners (different organizations)*	HEAL orientation powerpoint for 2023-2025 available for recruitment. For data and evaluation - identify definition of "partner participation"	Add to PFHC website	N/A

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.	*Baseline: 1 campaign*	Will add to the Tri-County Hunger Walk campaign to include PA information.	Next month, discuss possible winter campaigns	N/A
PA4: Create social support events focused on increasing physical activity in the Tri-County Region.	Increase the number of adults attending each event by 50%	*Baseline – 4 events*	Planning for Tri-County Hunger Action Walk has begun. Tentative date: September 30, 2023, 9-11am Location: TBD	Finalizing location. Seeking sponsorships, DJ,	N/A
Additional comments • Complete Streets Pop up demonstration equipment available.					

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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.	Need to finish out the full list of gardens There has been help in adding on school gardens by PPS foundation Mike and Becca will meet ahead of next meeting to confirm what is missing and try to get that added	Contact gardens to gain a sense of their baseline measures	Just timing for gardens currently and trying to work through busy season
	# of children/families accessing the community gardens	April 2023 – Identify # of children and families that accessed the garden			
HE 2: Implement garden-based learning sessions focused on gardening and healthy eating.	# of children/families attending information sessions about gardening and healthy foods.	April 2023 – Identify # of children and families that attended garden-based learning	Garden education survey has been approved all HEAL partners if you could help by sharing the post or half sheets that would be great.	School starts soon – identifying some champions to use either in school or out of school curriculums will be an important step of	Evaluations – hard to get younger kids onboard with evaluations and get real reliable data. Mike worried about what they

	Increase healthy eating knowledge through pre/post test evaluation per session by 75%		Emily Kelly shared that at WCHD they have a tablet with the survey up and people can take it there. If you have that ability this could help remove a barrier to participating! Survey is set to run through the end of July. If we are missing certain areas/populations by July 31, we can try to do some more targeted pushing in those areas. Survey: go.illinois.edu/healsurvey Other education updates St Ann's Garden of Hope has been using the Growing Gardens curriculum with Friendship House kids this summer. Group talked about how this has been going and the potential for the curriculum and set up to be replicated by out-of-school and afterschool programs as it is created for these settings. Lessons are long and have had to be tailored to fit the needs of the students. Some adjusting done by presenters. Rebecca is going to reach out to Dylan to see about having a debrief about how it went, what worked well, lessons learned and evaluations. Took a look at PLANT curriculum that will be used by TWHS next year potential to add in to pre-k here?	piloting some of what we have across our tri-county Evaluations – needing to find what we can use a standardized evaluation for different curriculums to make sure that we are gathering numbers of people as well as healthy eating knowledge pre + post	got from the young kids at Friendship house. Dr Amy agreed that most evaluations with super little kiddos may need to be done one-on-one Want to gather similar data for all our projects across the tri-county so may need to see if there is a team member of HE willing to lead this or if we should bring someone in to orchestrate/lead this piece.
HE 3: Promote campaigns focused on healthy eating and access to healthy foods.	# of healthy eating and community gardening campaigns in the Tri-County Region.	April 2023- Identify number of campaigns completed in 2022.	Did not discuss at length – still want to utilize already prepared things as possible and continue work that is going on Hunger Action Month Toolkit is being drafted by our HEAL subcommittee Tri-county hunger walk/education that meets bi-weekly Hope to have a rough draft of the completed item by end of the month	For future consideration - nterest in a healthy beverage drive for the summer next year from FPN-HOI – Beat the Heat and do bottled drinks that could be handed out at our charitable food	Need a marketing person devoted to helping – just capacity for our team to do something like this is mostly the issue

			Need to reach out about the produce videos that OSF is doing at the farmer's market Interest in doing a gardening tips and tricks series still	Utilize what we learn from our survey to also develop some HE/Garden Campaign info?	

Additional comments

- Hispanic Cooking school planned for July 17-20th that still had capacity shared by U of I Ext
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PA 2: Recruit additional Tri-County partner participation in the HEAL action team	Increase # of partners recruited by 6.	*Baseline: 9 partners (different organizations)*	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	N/A
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.	*Baseline: 4 campaigns*	Will add to the Tri-County Hunger Walk campaign to include PA information. Raquel will be developing a campaign about the benefits of walking.	Kim to verify with TPHF if completing Tri-Co Trek in 2024 Kim to share DPP information with	N/A

			Diabetes Prevention Program Cohort at HopeChest Pekin beginning October 3 2023. Campaigning on City Link buses for 150 minutes of PA/week. Move it Mondays beginning 1/1/24 – end of March 2024 Explore Spring options – Tri-Co Trek, Health Tri-ad education.	partners to disseminate to their clients.	
PA4: Create social support events focused on increasing physical activity in the Tri-County Region.	Increase the number of adults attending each event by 50%	*Baseline – 1 events*	Planning for Tri-County Hunger Action Walk date: September 30, 2023, 9-11am Location: OSF Route 91	Marketing approval needed from partners. Need Sponsorship ($200) for Bridge Lighting.	N/A
Additional comments • Complete Streets Pop up demonstration equipment available. • Tazewell County Health Department to begin Move Your Way Campaign in September 2023.					

ADD YOUR VOICE!

WHAT?

Give YOUR input to help create free nutrition class opportunities for adults across Peoria, Tazewell & Woodford Counties.

HOW?

Fill out a short survey to share your thoughts through the QR code/link below!

go online:

OR

go.illinois.edu/healsurvey

Partnership for a Healthy Community
healthyhoi.org

RC 7/23

ADD YOUR VOICE!

ARE YOU INTERESTED IN LEARNING ABOUT

- Increasing health for you/your family
- Nutritious foods & recipes
- Growing food for you/your family

Give YOUR input to help create free nutrition class opportunities for adults across Peoria, Tazewell & Woodford Counties.

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SCAN ME

OR

go online:

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Partnership for a Healthy Community
healthyhoi.org

RC 7/23

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		*May 2023 meeting held at Hult Center with 12 attendees *Dr. Sara Kelly attended and provided data related to mental health, adding that LGBTQ+ populations should be considered as a focus for mental health, in addition to priority populations identified	*Healthcare team members are learning of training plans for each healthcare entity *Other team members are researching CAHC to bring findings back to next meeting on June 27th *Team members are reaching out to Jolt, CI Friends, NAMI, and other missing partners; A.Sturdavant is connecting peds physicians to the group	*This strategy is healthcare-led and oftentimes not influenced by boots-on-the-ground staff who often attend the meeting; we need to gather data first, but may need assistance moving this to leadership priority for each healthcare entity *If you are aware of any existing efforts for CAHC or good resources for future efforts please let the team know
	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%			*Researching what is already being done	
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					

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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	
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					

Obesity

Obesity is defined in the CHNA as overweight and obese.

Obesity includes individuals who are overweight or obese. A weight that is higher than considered healthy for a given height, determined by Body Mass Index, is classified as overweight or obese. Prevalence of overweight and obesity is a risk factor for chronic disease and raises the risk of developing diabetes, heart disease or hypertension. **Reducing overweight and obesity, preventative screenings and clinical therapies can reduce the risk of chronic disease.**

Goal: Reduce the proportion of residents with obesity in the Tri-County Region.

Objective O1: By December 31, 2025, reduce the proportion of adolescents with obesity in the Tri County Region by 1%.

Intervention Strategy: Digital Health Interventions for Adolescents with Obesity (DHIAO)

Tasks & Tactics	Evaluation Plan	Target/Data	Monthly Recap	Upcoming Work	Issues/Challenges
DHIAO 1: Identify baseline data, definitions and programming for digital health interventions in the tri-county area.	# of data points collected	Review Move Spring	First meeting, Staci, Sarah, Sara, Meta, Phil. Discussed timeline. Reviewed terms and actual intervention chosen. Defined adolescents 13-17	How to collect baseline data. Review matrix and notes from Sara and Dr. Christensen.	Clarification on Heal vs Obesity when choosing an intervention.
	Define "Digital Health Interventions"	How Clinical?			
	Identify programming currently being offered.	To be reviewed and researched			
DHIAO 2: Promote through education and awareness utilizing social media communication.	# of promotional campaigns performed through the TriCounty Region.	Task 1 needs to be completed prior.			
DHIAO 3: Collaborate with healthcare providers for enrollment.	% of individuals completing digital health program report improved weight related measures.				

	10-15% improvement in BMI				
	% retention of registered individuals for one month of the program				
DHIAO 4: Promote behavioral change through use of technology devices.	Pre / Post changes is behavior				
DHIAO 5: Personalize program with Text Messaging, Health coaching calls, or Tele Visits	Pre/ Post changes in Biometrics				

Additional Comments

Next Steps from Dr Kelly review: further review of type of ehealth intervention (app, wearable, virtual), review mixed approach (virtual & inperson), Engagement with health professionals and parents, Time Frame of Program, Focus – health habits vs weight loss, target vulnerable populations, what other resources will be required – providers, RN, dietician etc…
Will need buy in from providers to support this initiative and organizational partners OSF & Carle
6/16/23 – Dr. Christison has been out of town so meeting time has been limited.

Goal: Reduce the proportion of residents with obesity in the Tri-County Region.

Objective O2: By December 31, 2025, reduce the proportion of adults (women) with obesity in the Tri County Region by 2%.

Intervention Strategy: Strong People Healthy Weight (SPHW)

Tasks & Tactics	Evaluation Plan	Target/Data	Monthly Recap	Upcoming Work	Issues/Challenges
SPHW 1: Collect Baseline data	# of establishments collecting adult physical activity data in the Tri-County Region.		Multiple attempts to schedule meeting with SPSB Added 3 new team members from Carle Health Review program information from US Department of HHS called "Move Your Way"		Clarification on HEAL vs Obesity when choosing intervention Difficult to connect with spokesperson from SPSB Cost of facilitator training for SPSB $500 per person

SPHW 2: Develop recruitment campaign in the tri-county area.	Increase # of individuals registering for programs				
	# of promotional campaigns performed in the tri-county area.				
SPHW 3: Provide a Leadership workshop to educate and inform about program.	# of participants in the workshop				
SPHW4: Partner with community resources to establish class locations.	% of retention of registered individuals through completion of program.				
	# of individuals completing SPHW program report having improved weight related measures.				
	Enrollment of 25 participants quarterly within the tri-county area.				
SPHW5: Share success stories of the program within the tri-county program	# of pre/post test changes in biometrics and behavior.				

Additional Comments

Meet with program developers. Acquire information regarding facilitator training, develop cost analysis for implementation in tri county.

Obesity

Obesity is defined in the CHNA as overweight and obese.

Obesity includes individuals who are overweight or obese. A weight that is higher than considered healthy for a given height, determined by Body Mass Index, is classified as overweight or obese. Prevalence of overweight and obesity is a risk factor for chronic disease and raises the risk of developing diabetes, heart disease or hypertension. **Reducing overweight and obesity, preventative screenings and clinical therapies can reduce the risk of chronic disease.**

Goal: Reduce the proportion of residents with obesity in the Tri-County Region.

Objective O1: By December 31, 2025, reduce the proportion of adolescents with obesity in the TriCounty Region by 1%.

Intervention Strategy: Digital Health Interventions for Adolescents with Obesity (DHIAO)

Tasks & Tactics	Evaluation Plan	Target/Data	Monthly Recap	Upcoming Work	Issues/Challenges
DHIAO 1: Identify baseline data, definitions and programming for digital health interventions in the tri-county area.	# of data points collected Define "Digital Health Interventions" Identify programming currently being offered.		Discussed Primary, Secondary, and Tertiary Levels of Prevention and Treatment. Outlined upcoming Goals, questions, timeline	• Ensure whatever intervention we use can be used tri-county and not just one hospital, for example • YEAR 2 • Pilot chosen intervention	Need to follow up with Dr. Christison for further review and guidance. Discussed desire to have Pediatrician input into group to include Dr. Sturdavent?
DHIAO 2: Promote through education and awareness utilizing social media communication.	# of promotional campaigns performed through the TriCounty Region.			• YEAR 1 • Coordinate with HEAL to share messages for primary prevention • Draft social media campaigns to target adolescents with obesity - can advertise for WELL and Healthy Kids U • Include HEAL and obesity messages in Hult Center's adolescent health education programs	

				• YEAR 2 • Continue efforts from Year 1	
DHIAO 3: Collaborate with healthcare providers for enrollment.	% of individuals completing digital health program report improved weight related measures.			• YEAR 1 • Identify care pathways and gaps • Develop evidence-based practice toolkit for tri-county use • YEAR 2 • Protocols and plan in place for sustainability • Provide education/training to providers to increase their comfort level in managing patients with obesity • YEAR 3 • Maintain and update toolkit • Offer continuing education/training as requested • Add more resources to address patients' health-related social needs and other health concerns	
	10-15% improvement in BMI				
	% retention of registered individuals for one month of the program				
DHIAO 4: Promote behavioral change through use of technology devices.	Pre / Post changes is behavior			• Ask Dr. Kelly if she came across any interventions that may work for our target population	

DHIAO 5: Personalize program with Text Messaging, Health coaching calls, or Tele Visits	Pre/ Post changes in Biometrics			Explore MyChart as an option for delivering digital health interventions for patients enrolled in Healthy Kids U (OSF) and/or WELL Program (Hult)	

Additional Comments

Goal: Reduce the proportion of residents with obesity in the Tri-County Region.

Objective O2: By December 31, 2025, reduce the proportion of adults (women) with obesity in the TriCounty Region by 2%.

Intervention Strategy: Strong People Healthy Weight (SPHW)

Tasks & Tactics	Evaluation Plan	Target/Data	Monthly Recap	Upcoming Work	Issues/Challenges
SPHW 1: Collect Baseline data	# of establishments collecting adult physical activity data in the Tri-County Region.		Meta, Phil, and Nick A. met with Dr. Rebecca Seqwil-Fowler, creator of the SPSB programs to better understand requirements for participation and which program would be suitable for to implement in Tri County. Plan to obtain benchmark info from additional communities that have implemented Montana State: Lynn Paul Strong Heart Wisconsin: trained leader	Core SPSB programs Living well (aerobic & diet) Strong People (strength train) Strong Hearts (weight loss)	Cost $500 for each instructor. There is no option for train the trainer. You must go through the training to teach the classes. Online workshop includes: manuals, competence quizes, safety, evidenced based program with marketing materials. In-person traing starts at $6k w/ travel. Other considerations are equipment used for classes, hand or ankle weights Collecting baseline data—SPSB does not require any data collection.
SPHW 2: Develop recruitment campaign in the tri-county area.	Increase # of individuals registering for programs		Increase more entities within the Tri-county area. As of now we have Peoria Y, PPD, U of I.		
	# of promotional campaigns performed in the tri-county area.				
SPHW 3: Provide a Leadership workshop to educate and inform about program.	# of participants in the workshop				
SPHW4: Partner with community resources to establish class locations.	% of retention of registered individuals through completion of program.				
	# of individuals completing SPHW program report				

	having improved weight related measures.				
	Enrollment of 25 participants quarterly within the tri-county area.				
SPHW5: Share success stories of the program within the tri-county program	# of pre/post test changes in biometrics and behavior.				
Additional Comments					