

Tri-County MAPP
Reproductive Health &
Healthy Birth Outcomes
Meeting Minutes

Date: Wednesday, September 21, 2016
Time: 3:00 P.M.
Location: Peoria City/County Health Department

2116 N. Sheridan Rd.

Room LL100

Present: Erica Husser (TCHD), Bethany Hillman (PPH), Roberta Burns (ICC), Joyce Harant (Board of Health), Dr. Rahmat Na'Allah (Board of Health), Cozette Bradford (PCCHD), Jean Bellisario (PCCHD), Holly Bill (Hult), Beth Derry (ROE), Chris Wade (Central IL Friends), Monica Hendrickson (PCCHD), Nora Philbin (UnityPoint Health), Dr. Gauri Shevatekar (UnityPoint Health), Maureen Langholf (Peoria Public Schools)

## I. Finalizing Strategies:

Monica facilitated meeting in Melissa's absence. Discussion will be on finalizing strategies for each of the goals and objectives and how we want to structure group moving forward.

Goal 1: Improve the health and well-being of women, infants, children and families. Objective 1: Reduce percent of preterm births among black women to 11.4% by 2020.

### The strategies are as follows:

Centering Pregnancy Nurse Family Partnership (NFP) Earned Income Tax Credit Smoke Free Policies Tobacco Use and Secondhand Smoke Exposure

Monica stated that all strategies had to be scientifically supported and evidenced based. Discussion took place.

Centering pregnancy is a model for a group maternity care that incorporates health assessment, education and support. It gets women along the same gestational age to meet as a social support network and their prenatal care is planned as a group.

Nurse Family Partnership it's a type of medical intervention. It is a voluntary home visiting program for first time Moms where the needs aren't just health care but also resource needs as well.

The group thought that Centering Pregnancy and Nurse Family Partnership were similar but that the Nurse Family Partnership (NFP) one would be more attainable because it was nurse driven versus physician or clinical driven. They decided that the last two in regards to tobacco and secondhand smoke did not seem to fit the targeted population and that there were several programs and policies currently in

place. As far as the earned income credit this seemed to be something to make clients aware of during education but not as a standalone strategy.

Monica stated that the Health Department received a grant to do a collective impact approach around maternal child health. She said that part of it is talking about whether the services we provide are necessarily the services that are needed. For instance community partners could be providing nutrition, education, access etc. but the client may need housing and that's the prime issue. This may change how we do things as we maybe could use the resources to go towards housing which is the bigger issue. The idea is full access. There are five phases 1) coalition building, 2) backbone support 3) what agencies will keep this moving forward 4) identifying goals 5) strategy determination. The collective impact approach is where the whole community has a voice in how services are provided.

Goal 2: Improve the healthy development, health, safety, and well-being of adolescents and young adults.

Objective 1: Increase the proportion of 7th/8th graders who have received an HPV vaccine in the past 12 months.

## The Strategies are as follows:

Culturally adapted health care Medical homes FQHCs Telemedicine

Comprehensive clinic-based programs for pregnant and parenting teens

Discussion took place. **NOTE:** The goal of wellness checks for 7th/8th graders changed due to the lack of being able to get the data and HPV was something that data could be collected.

The Healthy People 2020 target coverage goal for HPV is 80%.

### Issues with this strategy:

 $7th/8th\ graders\ should\ have\ completed\ HPV\ series\ already.$ 

Data collected from the I-CARE system does not include those going to private physicians.

There is a lot of negative information online regarding the vaccine.

This measurement is to see how many kids are getting a discussion about health in a health care setting, but just getting them into a health care setting doesn't mean that healthcare providers will provide them with HPV vaccine.

State mandating would be the only way to improve this coverage.

Monica stated that if everyone feels this strategy doesn't adequately address the goal than we need to find another objective to measure.

Goal 3: Improve pregnancy planning and spacing, and prevent unintended pregnancy.

Objective 1: Reduce births among adolescent females 15-19 by 10% by 2020.

## The Strategies are as follows:

Service learning programs: Pregnancy and STIs Comprehensive clinic-based programs for pregnant and parenting teens Comprehensive risk reduction sexual education Early childhood home visiting programs Dropout prevention programs for teen mothers

#### Comments and suggestions were as follows:

Health literacy and doing an assessment on the population as to what they need instead of making goals and decisions without that information

Peoria Public Schools has revised their procedures this year. Staff members are to notify Maureen and the school nurses of who is pregnant and if possible delivery date and primary care physician's name. Administration staff will be monitoring this program more closely and making sure the ISBE form is completed by the physician so that child can be scheduled for home tutoring.

There needs to be a strategy on improving access to long term contraceptives and the goal of every Peoria Public High School having an in-school health clinic.

In the communities of 61603, 61604, and 61605 they need to be made more aware of the data and know the risks and health concerns.

Training in the schools needs to be more inclusive of the LGBT population

The Peoria County Board Strategic Plan has set Teen Pregnancy Rate Reduction as one of its goals for 2017.

Income equality should be added as objective along with food deserts and lack of healthy choices in the community.

Reverse statistics was a suggestion to be used in any promotional campaigns whether traditional or social media

# The strategy to put In-School health clinics in all the high schools was added.

Goal 4: Promote healthy sexual behaviors strengthen community capacity, and increase access to quality services to prevent sexually transmitted diseases (STDs) and their complications.

Objective 1: Reduce gonorrhea rates among black men and women aged 15-44. Reduce by 10%.

The group did not have time to discuss the strategies for the above goal.

Monica stated that she would be sending out links to the County Health Rankings of "What Works" and the Community Guide which takes all the findings from the task force for prevention and everyone can look through those and if they have any other suggestions or updates to send to Melissa by next week.

## II. Identify Key Stakeholders

In a previous year there was a group in our community known as The Partnership for Healthy Communities or aka Healthy HOI. They existed because of a grant from the CDC which its primary focus was Obesity. The grant has come and gone and the group has been trying to figure out their next steps. They have continued to maintain their website and their central location and with the Tri-County MAPP approach they're trying to reenergize it. They are looking to redo the board with some of the same members such as the local health department and members from the MAPP steering committee. It will be set up to where every health priority will be reporting back to this larger group.

Healthy Eating/Active Living have two chairs that take charge to keep the dashboard moving forward as well as the Cancer and Behavioral Health group of which has a steering committee of six people.

The Reproductive Health Workgroup need to figure out its next steps on how they want to structure the group with a singular person, two people or a steering committee to be the responsible parties for moving the dashboard forward.

Adjourn