

**Peoria City/County**

**Health Department**

**Tri-County MAPP**

**Reproductive Health**

**Meeting Minutes**

Date: Wednesday, May 24, 2017

Time: 3:00 P.M.

Location: Peoria City/County Health Department

2116 N. Sheridan Rd.

**Room LL100**

**Present:** **Melissa Adamson** (PCCHD), **Monica Hendrickson** (PCCHD), **Michelle McCormick** (PCCHD), **Chris Wade** (Central IL Friends), **Cozette Bradford** (PCCHD), **Joyce Harant** (Board of Health), **Rahmat Na'Allah** (UICOMP/Board of Health), **Edi Janes** (Heartland), **Terica Smith-Spiller** (Molina), **Betty Dixon** (PCCEO), **Kathryn Murphy** (City of Peoria), **Nicolette Lovingood** (Positive Health Solutions/UICOMP), **Holly Bill** (Hult), **Roberta Burns** (ICC), **Beth Derry** (ROE), **Mary Knutson** (TASC), **Becca Mathis** (Hult), **Alyssa Inskeep** (Hult), **Nora Philbin** (UnityPoint Methodist), **Maureen Langholf** (PPS)

1. **Welcome & Introductions**

The meeting started with introductions of those present.

1. **CDC Dash Project in Peoria Public Schools**

Melissa noted that the agenda had been revised. She reminded the group that one reproductive health initiative in the community is the implementation of the FLASH curriculum in Peoria Public Schools (PPS)—a component of the CDC DASH Grant. Hult is one of two current community partners providing lessons to PPS. The Center for Prevention of Abuse teaches Erin's Law and Body Safety. Children's Home had been a partner, but has had to drop out due to grant restrictions. As a result, and without additional resources, we lack the capacity to teach all six lessons. Hult shared a scope and sequence chart of lessons. The group was asked to prioritize lessons by grade level.

If an additional partner can be recruited, then all six lessons can continue being taught. In order to be eligible to teach the curriculum, a community partner would have to make a commitment to teaching 6-8th grades, and sign the partner agreement with PPS. Another option is to have teachers do some of the lighter lessons; that's currently being discussed.

Monica volunteered to put the information into survey monkey to get the group's input. Becca would like it to be completed and sent back to her before the next meeting so she can compile and bring back results.

1. **Data Presentation**

Monica did a presentation on the updated rates for STIs and birth outcomes for 2016. All the data is accessible on the health department website ([www.pcchd.org](http://www.pcchd.org)) under Administration, then data and reports.

For 2016 the data has not changed much; Gonorrhea is still twice the state and national averages. The high risk zip codes are 61603, 61604 and 61605. Emergency departments are the #1 place to get tested. Chlamydia rates are higher in women than men, and women are getting closer to having the same rates as men with Gonorrhea. Looking closely at Peoria Public Schools, and specifically15-19 yr olds at Peoria/Manual high schools (approximately 2000 kids) there were 100 cases per 1,000; meaning, 1 out of 10 will get an STI this next year. The good news is that 15-19 year olds rates did not go up, but rates for 25-29 year olds did.

Teen birth rates are slightly down, which is a national trend, but as a county we are 3x that of the state and national averages. There were 125 births in Peoria Public Schools. Peoria High School had only 80 last year which was a decrease.

Preterm births were 8.7% in Peoria County compared to 7.9% nationally. Of the preterm births, very preterm (babies born prior to 32 weeks of gestation) was 18.8%. Late preterm births (babies born between 34-36 weeks) were 71.2% of all preterm births.

This is the first year that preterm births included mother's health, as it was noted that sometimes it may be more advantageous for a mother to deliver between 34-36 weeks in order not to put her at greater risk past that period.

Information gathered about the mother's health included STIs, gestational diabetes, and hypertension. Of mothers who had a preterm birth, 10% had gestational diabetes, and 13.5% had hypertension. Of mothers who had a late preterm birth, 85% had gestational diabetes, and 60% had hypertension. Data is being collected to compare moms on WIC with those who aren't to see if there are differences in birth outcomes. Also, addresses are being collected in order to see if there are any hot zones within a particular zip code.

There was a suggestion to collect data on which months teens are having the most births to see if there are clusters at certain times in the year (e.g., during the school year, breaks, or summer months). Also it was mentioned that there is new research that chemicals put into the agricultural fields may be negatively impacting birth weight. Also recognizing food deserts, but we already have a map on those.

There was discussion on how PPS handles teen pregnancy so that it doesn't become status quo to have children in high school. The first step is making sure the high schools get the form signed by an Ob/Gyn and get an expected due date in order for that child to get tutoring. This is being monitored more closely this year. They do not have the resources to provide supportive services, but there are a couple of teen mom groups operating in the community.

One group, Young Lives, has reached out to the different high schools and works with teen moms to develop their parenting skills, and help them in making choices about college and careers instead of being a teen mom. Westminster Church offers childcare to teen moms and takes them to school. TASC is going into Heartland with Better Birth Outcomes and family case management programs—calling pregnant women who have an appointment and providing bus passes get them to their appointments. A RN does home visits for high risk mothers. TASC is also involved in Health Works and is notified when there is a foster child that's pregnant in order to make sure they get the best of care.

Our end goal is to understand which factors are affecting this issue (e.g., where you live, who you are, your education, something within your neighborhood, safety, access, or something else).

1. **Survey Monkey Review**

At the previous meeting, it was decided that a survey would go out to organizations previously identified to assess how their programs/services fit our identified strategies. Melissa reviewed the survey. An email will go out with the link to survey monkey along with an introduction to the workgroup, and why we're requesting this information.

For each strategy we're asking if the program/service meets the definition, who it serves, where it's delivered, and what the expected outcomes are: reduce STIs/HIV, improve prenatal care, improve birth outcomes, reduce risky sexual behavior, increase condom usage, etc. We're also asking about amount and sources of funding.

It was decided that the definitions for the strategies needed to be listed first. Questions to add include: how do clients pay for services? And will the program continue to be offered. Any agencies that are funded by the State of Illinois were instructed to state they are not being funded, or do not have a budget.

A follow-up phone call will be made to each agency once the survey is completed.

1. **Action Plan/Workplan Continued**

Everyone broke into groups for each strategy to brainstorm action planning steps and Melissa will bring the results back to the next meeting.

1. **Next Steps**

It was noted that Beth Derry is coordinator of Strategy 2 - Service Learning Programs and Chris Wade is coordinator of Strategy 4 - Behavioral and Biomedical Interventions.