IDPH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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SHA/SHIP Partnership Meeting
Meeting July 15, 2025
1:00 – 3:00pm
Meeting can be viewed HERE
Passcode: 125915
***Minutes approved by majority vote during October 29, 2025 meeting**

- **Call to Order - Dr. Karen Phelan calls meeting to order**
  - VOTING Partnership Members Present
    - Chicago: Dr. Damon Arnold (State Board of Health), Dr. Tiffany Burnett (Illinois State Board of Education), Dr. Nicole Gastala (Illinois Department of Human Services), Joseph Harrington, (CAPRiCORN), Naila Al Hasni (Illinois Primary Health Care Association), James Miles (Resilient Village), Dr. Karen Phelan (Illinois State Board of Health), Dr. Janice Phillips (Illinois Department of Public Health)
    - Springfield: Teschlyn Woods (Illinois Environmental Protection Agency)
    - Virtual: Angela Bailey (Southern Illinois Healthcare), Ziyad Nazem (Abbvie)
  - **Staff Present**: Jasmine S. Deskins (Illinois Public Health Institute - IPHI), Laurie Call (IPHI), Samantha Lasky (IPHI),
    Tory Flack (Institute for Healthcare Delivery Design - IHDD), Ann Kauth (IHDD), Theresa Eagleson (IHDD), Jennifer Epstein (IDPH), Amanda Fogelman (IDPH), Jessica Link (IDPH)
  - **Invited Guests Present:** Dr. Tiosha Bailey (T. Bailey Consulting), Karen Reitan (Public Health Institute of Metropolitan Chicago), Stephanie Folkens (Lurie's Children), Dr. Jeanette Kowalik (Jael Solutions), Becky Gabany (ChangeBridge), Omayra Giachello (IDPH), Brenda O'Connell (Illinois Housing Development Authority), Chaundra Bishop (IDPH), Mark Stevens (IDPH), Amy Hall (IDPH)
  - **Members of the Public:** Kim Thorwegen (Washington University Siteman Cancer Center Program for the Elimination of Cancer Disparities)

11 voting members counted, Jessica Link confirmed quorum (10 voting members needed)

Meeting Begins

- Samantha Lasky welcomed everyone (records meeting beginning at 1:07 PM)
- Jenny Epstein welcomed everyone and commented about being happy to see everyone in person
- Jenny Epstein provided overview to Partnership Members
    - Jenny Epstein described available TA and evaluation trainings for anyone who wants to attend in Partnership with Jessica Link
    - Mentioned, Dr. Vohra (a former Partnership member when affiliated with SIU School of Medicine) the Director of IDPH couldn't attend but updates to come.
        - Shared, Dr. Vohra is focused on the plan and committed to the implantation of this plan and sees it as a driving tool for promoting public health across the state. Dr. Vohra sees the plan as guiding some of the policy work within the state
        - Dr. Vohra is also looking forward to hearing about all the great work being shared today.
    - Introduced Jessica Link as a part of the IDPH team as a Program Manager and SHIP Coordinator.
    - Introduced Dr. Janice Phillips, Assistant Director of IDPH

1) **Welcome, Assistant Director Phillips - 1:00–1:05pm**
    a) Introduced by Jenny Epstein, also introduced as the chair to all meeting members present
    b) Dr. Phillips provided her welcome – used to work here in the 1980s (Miles Square area)
        a) Mentioned we will be following Open Meetings Act (OMA); this is also going to be led by Jessica Link who is the planning and assessment chief. Thanked Jessica for keeping us on track.
        b) Shared that we will be hearing from the action teams today
        c) Mentioned we will be following Robert Robert's Rules of Order
        d) Served on RPHC and now on MIH action teams
        e) Thanked everyone for joining us today
        f) Samantha Lasky thanked Dr. Phillips and passed it to Laurie Call

2) **Meeting Overview, Laurie Call - 1:05–1:10pm**
   a) **Introductions**
      a) Laurie Call is in the Springfield office and provided an overview for Healthy Illinois 2028 Priorities
      b) Mentioned Regional Health Officers (RHO) have been actively engaged in Partnership meetings and action teams
      c) Laurie Call introduced the IPHI team
      d) Laurie Call introduced the IHDD team
      e) Partnership members introduced themselves after showing the current voting members list
         (1) All present members introduced themselves via chat, virtually, and in Springfield and Chicago
3) **Meeting Objectives, Agenda, and Group Agreements**
      a) Laurie shared intentions of this meeting, shared the agenda, and meeting objectives from shared slide presentation
         (1) Draft of Bylaws
         (2) Prioritized strategies
      b) Group agreements shared to have a productive meeting
         (1) Also added that individuals share their names when having any questions
   b) Healthy Illinois 2028 Progress and Vision
      a) Laurie provided brief overview
4) **SHIP Partnership Roles and By-laws, Jessica Link - 1:10–1:35pm**
   a) Jessica mentioned we won't have a break and provided directions to individuals if they needed to leave at any time
   b) Jessica Link thanked Jenny Epstein for the introduction. Jessica Link introduced herself and explained her new role (she has been in it for 2 months) and how she will function. Then she mentioned she would briefly recenter us on Partnership and bylaws we need to establish.
      a) Jessica Link mentioned the previous slide and Samantha Lasky shared a list of all voting SHA/SHIP members
   c) SHIP Partnership Roles and Responsibilities
      a) Jessica Link explained updates and the importance of including people with lived experience
         (1) Jessica Link explained legislative updates, purpose, and current role and responsibilities

(a) Mentioned review of the prioritized strategies
(b) Jessica mentioned review is needed before publication this fall or at least by the end of the year regarding all prioritized strategies through December 2027
(c) Mentioned to Partnership members that their expertise is valued and that their voice is needed

d) Presentation of the By-laws

a) Jessica Link discussed OMA updates and then launched into the bylaws
b) Jessica Link shared we need to tighten how our board and meetings are run in per the OMA
c) Jessica Link mentioned that some people may have taken OMA training, but if they have not an OMA training is up and coming so that we can ensure we are following requirements per legal whom Jessica Link is working with
(1) Appointed members are also required to do an ethics and a sexual harassment training, within 30 days of the initial appointment and annually. This is located within the bylaws.
d) Jessica Link explained the OMA guidelines state
(1) A quorum needed to be established among voting members to conduct business
(2) Explained voting and motion process, and that the meeting minutes will need to be approved
e) There were no questions for Jessica Link

e) Open Discussion on the By-laws

a) Jessica Link shared that bylaws were emailed last week
b) Jessica Link explained that we used SHIP planning team bylaws and that today we would review edits and make additions
(1) Updated on what it is called, State Health Assessment and State Health Improvement Plan (SHIP)
(2) State government representatives will have ongoing terms
(3) Other members will have 5-year terms
(4) Absent members may not be represented by proxies or surrogates at meetings
(5) Jessica mentioned she was out last week, so edits were made after email

(a) Removing non-members as allowable on committees – can still attend as guests (NEW) - suggests they are not officially appointed as members they will be guests
(b) Ethics and Conduct section added with training requirement
(c) Sexual Harassment section added with training requirement

c) Jessica Link encourages review before October meeting, asked for any questions
(1) Dr. Phillips had a comment/question about the agenda being prepared, preparation of the agenda is shared between co-chair and also Jessica Link as the liaison, and partners IPHI and IHDD (section 2-5)
(2) Dr. Karen Phelan, noted a typo, a space is needed between Article V *Partnership/may (typo)*
(3) Dr. Damon Arnold asked if chair or co-chair is not here then who prepares the agenda, because there is a majority vote, what is the mechanism for this and how this would be addressed
(a) Jessica Link shared it may not need to be spelled out
(i) We would reschedule if they cannot attend
(ii) It is shared that in section 4.3 of the bylaws this is addressed
(b) Dr. Phillips mentioned in her experience one of them had to be available, the chair or co-chair
(c) Jessica Link mentioned someone could be appointed for this section, but shared we will choose a different date if we see chairs are unavailable
(d) Non-voting member Chaundra Bishop (RHO) asked question about section 4.3 of the bylaws on establishing agenda
(i) Jessica Link mentioned there is a question about establishing an agenda. Then they shared that the agenda is created in collaboration with chairs and that anything that needs to be voted on will be starred. She also added that the agenda is shared 10 days prior to meeting and posted at IDPH
(ii) Dr. Damon Arnold agreed verbally agreed and then adds how it is a safety belt.
(iii) Samantha confirmed there were no additional questions in Chicago and there were no questions in Springfield.

(iv) Jessica mentioned we will revisit these bylaws, and they will be voted on at the next meeting because we are 3 minutes behind, passed it back to Samantha.

5) **SHIP Progress Update, Samantha Lasky - 1:35–1:45pm**
   a) **Goals and Milestones**
      a) Wins and Gaps Assessment
         (1) Provided overview of assessment completion to understand baseline progress of SHIP within the state
         (2) Celebrated accomplishments since creating action plans, data collection was done, was compiled and analyzed and placed into dashboard to identify recommendations in 2024
   b) **Action Team Process**
      a) The launch of action teams described that we worked to come together for people who lead and focus on this work. Explained the process of interviewing and selecting Action Team Coordinators (ATC) who are leading and facilitating this work with the action teams for each priority.
         (1) Four stages of action team process:
            (a) Team development
            (b) Deep drive into priority
            (c) Prioritization of strategies
            (d) Implementation plan development
         (2) Discussion of Phase I
            (a) Prioritization of strategies and prioritization criteria
         (3) Discussion of Phase 2 in process is focused on development of individual implementation plans
            (a) Work plan
            (b) Needed Resources and barriers
            (c) Calls to Action
            (d) What does success look like
         (4) Samantha Lasky paused to see if we had comments or questions before moving in
            (a) Jenny Epstein mentioned the amount of work that has been done and wanted to share that in celebration of the great work going on
            (b) Becky Gabany asked about the RPHC Action Team and the change in active members

(c) Samantha Lasky suggested Dr. Jeanette Kowalik, RPHC Action Team Coordinator, could speak on it and Dr. Kowalik spoke to their active roles in the movement preventing them from having capacity to brainstorm or plan over the lunch hours
(d) Samantha Lasky asked if there were any additional questions
(e) Dr. Damon Arnold commented on challenges of the political arena right now, mass firing of healthcare employees, and navigation through these current issues
(f) Tory Flack mentioned Forces of Change conversation was had and that it is an ongoing conversation
(g) Dr. Dr. Damon Arnold made another comment about Texas and East coast storms and considered the context of weather in an unpredictable way and how this can influence things as well, not just geopolitical
    (i) Samantha Lasky mentioned addressing these concerns and Goal 3 of Environmental Justice
(h) Joseph Harrington mentioned reality vs. artificial context of racism mentioned racism being addressed explicitly because it is not the race, of the person but the social political or systemic barriers. Racism as a social construct.
(i) Janice Phillips mentioned she would like to see RPHC be addressed across all priorities, a crosswalk (synergy)
(j) Samantha Lasky mentioned how it is interwoven throughout all strategies and within each action plan as well
(k) Asked if there are any other comments or questions in Chicago and Springfield, there were none

6) Presentation of Prioritized Strategies*, Action Team Coordinators - 1:45–2:35pm

a) Samantha provided welcome to all action team members, and they go in order

b) Summary Presentations

a) **Racism as a Public Health Crisis**

(1) Dr. Jeanette Kowalik noted she sees a lot of skittishness from other orgs and is happy that Illinois is still focused on this work

(2) Samantha Lasky asked if anyone had questions:
  (a) Joseph Harrington stated he did not have a question, but an observation on what the working definition of racism is because it may not mean the same thing to everyone
  (b) Dr. Jeanette Kowalik explained the definition she uses, as a tool of oppression
    (i) Mentioned focusing on things being about making a difference
  (c) Joseph Harrington mentioned genetically and biologically, also mentioned the social construct of race. Then emphasized it is not about race but how people are treated because of their race
  (d) Dr. Jeanette Kowalik mentioned various arguments, also getting in front of these responses and seeing as an opportunity of preparing
  (e) Dr. Jeanette Kowalik agreed with Joe, it is not race it is racism and that she works form race is a social construct lens and that it is a too
  (a) Dr. Jeanette mentioned that we do not allow what is happening now to change things
  (b) Mentioned Dr. Kowalik's work in 2018 in Milwaukee, declared Racism as a Public Health Crisis
    (i) That this work began with Dr. Camara Jones, APHA
  (c) She also mentioned changes in the work and how the membership of the action team has changed due to a lot of what is going on and capacity
    (i) 11 out of 18 members as of today
  (d) Dr. Janice Phillips asked will there be a definition and will it be shared
    (i) Dr. Jeanette Kowalik confirmed.
  (e) Dr. Damon Arnold mentioned work on the SBOH and individuals working to push the work forward

b) **Mental Health and Substance Use Disorder**
  (1) Karen explained similarities to the other groups about the process
  (2) People in government talk about government, funding, politics, federal, state, and local
  (3) Mentioned conversation that happened in group
    (a) Emphasize on both data and data sharing use of various groups
    (b) Focus on equity in urban vs. rural
    (c) Considering a different way to see equity in the group

(d) Strong commitment to change, long-lasting systems change which is harder, takes more time, and costs more
  (i) Talked about when they evolve and change for the better that is impact over a long period of time best practices, system transformation, training, and technical assistance
  (ii) What uplifted the group
    1. Strategies that focus on having everyone at the table
    2. Emphasize on centering the voices of clients
    3. What do patients, people receiving services, and families need
  (iii) The action team members loved the relationship of bottom-up vs top down

(4) Samantha asked if there are any questions
  (a) Karen Phelan asked if slides will be given
    (i) Samantha Lasky answered yes and shared all prioritized strategies that were going around the room
  (b) Dr. Damon Arnold commented that mental health prevention and treatment being used together and mentioned the differences – and that they are monsters on their own
    (i) Mentioned Big Beautiful Bill (BBB) and if there is a strategy or is there a way to focus on more prevention and stopping the impact of what it is going to do when it hits, wants to know if there is a way to focus on prevention
    (ii) Karen Reitan mentioned that we can only focus on the poor which is short sighted in a time where things are diminished
    (iii) Karen Reitan mentioned only focusing on the emphasis of it being it not just about treatment and how prevention can often be sacrificed because we want to get meds to people and that they looked at intersection
      1. Mental health crisis teams vs. police
      2. Virtual options to expanding access
      3. How do we bring more people in if we build through Medicaid,
      4. Karen Reitan mentioned BBB is much bigger than the Action Team or even this (discussion around the room on this) because people will be sicker and pass away

a. James Miles asked more questions and how the BBB ripples out in relation to this work

5. Dr. Nicole Gastala, asked if any Medicaid representatives were from HFS
   a. Jenny Epstein also added, goals and doing outreach for more members and of legislative affairs liaisons work on this
6. Dr. Damon Arnold added a comment about the police being involved in the action teams from a community violence prevention and mental health perspective
7. Jessica Link reminded members that the next phase, is really going to be answered on fleshing out action steps

c) **Maternal and Infant Health**

(1) Samantha introduced Dr. Tiosha Bailey

(2) Explained process and teams formed

(a) Formal approach, broad criteria

(b) 60 to 29 strategies

(c) It looked at more than the patient but also systems, infrastructure and the need for funding

(3) Jenny Epstein commented on alignment with a lot of efforts across the state

(a) Dr. Tiosha Bailey, also the intentionality behind this, to lean on what is happening. The gaps that exist and where can they make an impact on the work happening within this space. It was about where we can get the most compact and tell the story around the work.

(b) Dr. Janice Phillips mentioned the state, not IDPH is bringing Reproductive Health Chief is being brought on

(c) Dr. Nikki Gastala asked if there is a DCFS representative, because to support the work and work with the legislative taskforce

(i) Dr. Phillips mentioned their legislative taskforce

(ii) Jessica Link mentioned DCFS and HFS are vacant positions within the Partnership, so they are actively recruited

(d) Dr. Damon Arnold made an observation, mentioned the bridges between priorities and considering the integration between priorities

(e) Jessica Link asked Dr. Nicole Gastala, was she talking about Action Teams or The Partnership
  (i) Dr. Nicole Gastala confirmed a larger Partnership
(f) Jessica Link shared with Action Team Coordinators and stated she can assist with Action Team recruitment that they just needed to reach out to her

d) **Emerging Diseases**
  (1) Becky Gabany gave an introduction to her background in community needs assessment
  (2) The process used was multi-phase, data-informed, and consensus-driven
  (3) 61 to 23 strategies
  (4) Samantha asked if anyone has questions
    (a) Dr. Damon Arnold asked a question about a response team within IDPH related to emergency management and there may be a further need to integrate hospitals and clinics when people come in with diseases or have outbreak responses with weather changes, flooding (mentioned mosquitoes and mosquito borne illness West Nile).
    (b) And there needs to be a way to intervene and alert the public about what to do. Asked about office of emergency management at the state level and or with farms and those kinds of things
      (i) Becky answered that they recognized early on that they needed more representation from the regional community health groups to ask about what is going on in their geographical areas or what is popping up and it was something they paid attention to and looking at what are the unique needs that might show up and how to your point
      (ii) Considered hospital staff, surge staffing models
      (iii) How do we show up, if they do not know how to anticipate needs or what disease they might be so how do reallocate people in the way that best serves the community
      Hospital representation is on the action team confirmed by Becky Gabany and many community-based groups
      (iv) Dr. Damon agreed about not knowing what kind of emerging diseases might pop up because everything is going on in the world and considering what is happening with public health

e) **Chronic Disease**
(1) Stephanie Folkens introduced herself as the Action Team Coordinator.
(2) Mentioned similarity in their process, the dashboard was very helpful to this work
(a) Alignment with exiting work
(b) Feasibility
(c) Population level
(3) Mentioned close to 40 members, IDPH, IDHS, Regional Health Officers, food banks, community organizations, hospitals and more
(4) There was a strong preference in supporting and sustaining existing work. New work was not a popular focus
(5) Shared Oct. 1st, SNAP Ed is ending
(a) They have launched a transition taskforce out of the Action Team
(6) Samantha asked individuals to store questions, because we had to vote so we moved on

b) Discussion
a) Jessica Link noted that the SHIP is a living breathing document, the non-prioritized strategies are not gone away they just not going to be action planned or have data collection.
(1) Dr. Phillips asked for clarification on question

2) Approval of Strategies, Jessica Link

a) Motion
a) Jessica Link,
(1) 1st motion - Joseph Harrington made a motion contingent that it is a plan and considering funding and this administration
(2) 2nd motion – Dr. Damon Arnold

b) Vote
a) **10 yays**
b) **0 Nays**

3) Next Steps, *Laurie Call* - 2:45 – 2:55pm
a) Provided overview of the next steps for Action Teams
a) Next Steps for Action Teams
b) Next Meeting - October 21, 2025

(1) Voting on bylaws for approval
(2) Voting to approve the implementation plans of all five priority areas

c) Meeting Evaluation
(1) Shared by Samantha Lasky

d) Dr. Phillips had nothing more to add

4) Public Comment - 2:55 – 3:00pm

a) **Jessica Link asked if there was any final comment from the person**

a) Kim Thorwegen - Washington University Siteman Cancer Center Program for the Elimination of Cancer Disparities
(1) 42 counties southern Illinois Coordinator
(a) Mentioned types of services offered and how they can support

B) Dr. Damon Arnold mentioned Big Beautiful Bill (BBB) impact on families
(2) Suggested Illinois Veterans of Foreign Wars and American Legion and how he can support

5) Jessica Link, called for the meeting to end

a) Dr. Karen Phelan 2nd motion

a) Motions to end followed