



Community Health Advisory Council Meeting Minutes July 11, 2016

CHAC Meeting
Berwyn Public Library,
2701 S. Harlem Ave, Berwyn, IL

Committee Members Present: Yvette Alexander-Maxie (American Red Cross); Susan Brady (Community Member- North); Mike Charley (Oak Park Health Dept); Nancy Dawkins (Grand Prairie Services); Christopher Grunow (Stickney Public Health District); Diane Logsdon (Logsdon Consultation Services); James McCalister (Village of Arlington Heights); Terry Mason (CCDPH); Rebecca Medina (West 40 Intermediate Service Center); Dolores Nobles-Knight (Community Member); Maria Oquendo-Scharneck (AgeOptions); Brielle Osting (EverThrive IL); Ranjana Paintal (Asian Health Coalition); Heidi Persaud (CMAP); Betsy Rogers for Armando Smith (Housing Forward); Kathy Sanabria (IL Chapter American Academy of Pediatrics); Itedal Shalabi (Arab American Family Services); Ronald Sherman (Community Member - West); Steve Weiler (Forest Park Police Department).

Committee Members Absent: Catherine Counard (Village of Skokie); Lena Hatchett (Loyola University); Amanda Kelley (American Heart Association); Jessica Madrigal (Community Member); Wendell Mosby (Prairie State Community College); Mary Passaglia (Northwest Municipal Conference/Health Directors); Evonda Thomas-Smith (Evanston Health and Human Services Department); Griselle Torres (UIC-SPH); Apostle Carl White (Southland Ministerial Health Network).

CCDPH Staff Present: James Bloyd, LaToya DuBose, Deanna Durica, Rachel Rubin, Stephen Seweryn, Valerie Webb.

Invited Panel Speakers: Melody Geraci (Active Transportation Alliance); Allen Sandusky (The South Suburban Council on Alcoholism and Substance Abuse); Felipe Tendick-Matesanz (Restaurant Opportunities Centers United).

I. Call to Order/Introductions

Yvette Alexander-Maxie, CHAC Co-Chair, called the meeting to order at 10:06 and asked for introductions of participants.

II. Public Comment

There was no public comment provided.

III. Approval of Minutes – April 11, 2016

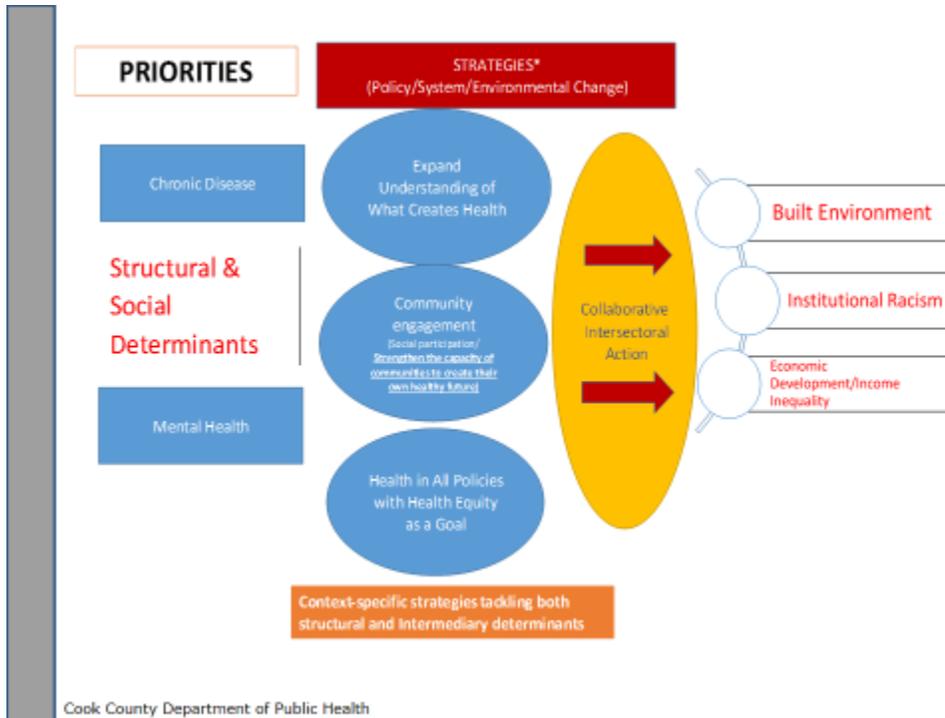
Minutes were reviewed by members and a motion to approve the April minutes was introduced by James McCalister, seconded by Itedal Shalabi and approved by the members with no abstentions.

IV. Items for Discussion

A. WePLAN 2020 Community Health Improvement Plan Update and Discussion: Health equity-promoting strategies.

Dr. Steven Seweryn presented on the conceptual components of health equity and the importance as the underlying principle of the WePLAN2020 approach. Healthy People 2020 defines health equity as the “attainment of the highest level of health for all people.” Health inequity is the “differences in population health status and mortality rates that are systemic, patterned, unfair, unjust and actionable, as opposed to random or caused by those who become ill.” (Whitehead, 1992).

Steve further described the proposed framework for addressing the WePLAN2020 priorities using the Triple Aim of Health Equity. The following schematic describes the framework and identifies proposed interventions/actions (far right column) for improving the social/structural determinants of health: built environment, institutional racism and economic development/income inequality.



Cook County Department of Public Health

Participants worked in small groups to discuss the proposed interventions/actions and the following is a summary of comments with a focus on **Education, Outreach, Housing, Collaboration across broader geographical areas and Inequities in the Built Environment:**

	Structural Racism	Income Inequity	Built Environment	
What strategies or approaches can address these determinants?	<p>More funding is needed</p> <p>Focus, increase and enhance Resources and reimbursement</p> <p>Behavioral health – Care management, focus on ACEs, addressing lack of capacity and housing</p>	<p>Advocate for new funding systems for school funding, e.g., market options in schools</p> <p>Bring jobs, e.g., manufacturing</p> <p>What can schools do to prepare kids for future</p> <p>Community Resource Mapping to bring more programs to impoverished areas</p> <p>Asset based community development</p> <p>Repository of translated pieces</p>	<p>Income equity related to built environment:</p> <ul style="list-style-type: none"> - Parks & recs - Transportation access - Health facilities - Public services <p>How do we reconcile the inequities and get resources to the under-resourced</p>	<p>Outreach to municipalities and townships for town hall style gatherings</p> <p>Incorporate sociology and critical thinking at all levels of K-12.</p> <p>Identify ways to increase communication across geographical lines – centralization of community resource information.</p> <p>Centralized data base of resources</p>



<p>What opportunities exist or what work is ongoing that addresses these determinants?</p>	<p>HUD \$ Focused on families with kids and homeless</p>	<p>School choice policies</p> <p>Economic development using TIF</p> <p>Reduce professional licensing to Increase business opportunities</p> <p>Storybanking, EverThrive</p> <p>Social movements like Minimum Wage (\$15/h); sick time ordinance; Black Lives Matter</p> <p>PCC, Children’s Clinic</p> <p>Guidelines for food insecurity</p> <p>LINK – double coupon at farmer’s markets</p>		<p>Include a public health requirement in legislation to move the needle</p> <p>Provide info to community groups for them to discuss these issues in their groups give feedback to CCDPH through an open portal.</p> <p>United Way Hub</p>
<p>Who/what needs to be engaged and what initial steps are needed for collaboration?</p>	<p>Housing Forward: Network of housing related organizations</p>	<p>School choice policies</p> <p>The community</p> <p>Nontraditional partners like realtors</p> <p>Healthy Chicago 2.0</p> <p>Encouraging culturally competent municipal/township staff: does the workforce reflect the community?</p>		<p>Schools, Senior Centers, Village Hall, Libraries, townships, realtors, municipalities, legislators, failing state?</p>

B. Community Partner Panel

A panel of 3 representatives from partner agencies presented on their initiatives and ways they that are working to achieve better health outcomes and increased health equity in suburban Cook County.

- **Allen Sandusky (President/CEO, The South Suburban Council on Alcoholism and Substance Abuse):** Allen provided a historical perspective on IL’s behavioral health (bh) system (and lack of a system) and how it has functioned focusing on the South suburbs where behavioral health inequities are prominent:
 - Without a bh system the question is “who is in charge” and “who is making decisions?”. There’s been a crumbling of publicly funded services and for those left providing bh services there’s been a shifting of populations served.
 - There’s a disconnect between the rhetoric of importance of bh services and the lack of supportive funding. Talk is about bh being a priority effecting mass shootings, the opiate epidemic, heroin and overdose deaths.
 - Stigma related to bh still remains.



Some positive developments addressing health inequities include:

- WePLAN bh priority designation / inclusion of feedback from bh providers who were surveyed for input into the plan
- CCHHS has responded to bh providers in South suburbs (as well as areas in the city) and is partnering with EDs, court system, DCFS, and other social services. Elements of the approach include care management, development of guidelines for efficient and effective services, and evidence based practices to help move towards prevention to keep people out of courts and EDs.

- **Melody Geraci (Deputy Executive Director, Active Transportation Alliance):** Melody explained the mission of Active Trans as the advocacy voice for better biking, walking and transit to create healthy, sustainable and equitable communities. Melody explained that a HealthyBuilt Environment includes a transportation systems that includes abundant walking, biking and public transit options, compact, missed land uses and urban design, affordable housing, free and accessible recreational and green space and water and sanitary systems. The built environment impacts on health in the following ways:
 - Physical activity – physical inactivity and lack of access to healthy foods increases probability of obesity; culture around cars: driving is sedentary behavior.
 - Respiratory health - air quality is measurably better with less transit; children with asthma benefit when less driving;
 - Unintentional injury – 2014 IL crash facts: 800 crashes/day (over 50% in Cook County); 9/hour injuries; 1000 deaths and \$6b economic cost in 1 year.
 - Mental health – longer driving times means more stress, road rage, and other emotional problems.
 - Health equity – all people should have right to get to where they want to go; transportation inequity facts include: 1/3 poor minorities lack access to car (having a car is a privilege); pedestrian death rates are up to 70% higher for minorities than whites; people with disabilities, children, older adults experience discrimination due to lack of transportation access.

- **Felipe Tendick-Matesanz (Restaurant Opportunities Centers United/ROC):** Felipe described the founding of ROC after 9/11 to provide support to restaurant workers displaced as a result of the fall of the World Trade Center. ROC now supports restaurant workers across the country. ROCs work also includes working on systematic changes for owners and customers. ROC's work on inequities and the connection to health includes:
 - The restaurant industry is one of the largest and fastest growing industries and has become one of the major employers in the United States—The same is true of the Chicago Metro Area (more than 500,000 workers).
 - Despite its size and growth, the industry suffers from pervasively low wages and wage theft—7 of the 10 lowest paid positions are in the restaurant industry.
 - The pervasive lack of benefits in the industry strains workers and puts consumers at risk.—96% of workers surveyed didn't have paid sick days, 76% reporting working while sick.
 - Occupational segregation and discrimination on the basis of race and gender has resulted in people of color, and women of color in particular, being concentrated in the industry's lowest-paid positions—\$5 difference in average wages between white workers and workers of color.
 - Gender inequality is widespread- 70% of tipped workers are women; female tipped workers earn 68% of what their male counterparts earn; restaurant industry single largest source of sexual harassment cases in US. These issues often lead to mental health and emotional problems.

ROC is a member of the Collaborative for Health Equity: Cook County; Where People, Place and Power Matter. The Collaborative has created a compliance circle – a safe space for restaurant owners and public health to talk about issues like how to build power for this sector. There has been some progress in Chicago where they now have paid sick days (.5d/m) and hope to make it countywide.

V. CCDPH Updates

A. COO Report – Dr. Mason reported on the following:

1. Operations update – CCDPH will not be providing flu vaccine distribution to community partners as in the past. Letters were sent to community partners explaining the decision and providing CCHHS clinic sites where vaccine is available to residents.



Community Health Advisory Council Meeting Minutes July 11, 2016

2. Legislative Update: A Legislative Update handout was distributed and the following were discussed:
 - a. Senate Bill 2300 is awaiting the Governor's signature and makes changes to the Lead Poisoning Prevention Act. The changes are to a provision concerning an owner's obligation to give notice of a lead hazard. Provides that before the owner of a facility subject to a mitigation notice enters into a new lease or sales contract that they shall mitigate the lead hazard and obtain a specified certificate of compliance.
 - b. A Summary sheet on the Cook County Lead Hazard Reduction Demonstration Grant, funded by HUD was distributed explaining the \$2m over 3 year award. Over 95% of grant funds will be used for direct lead hazard control activities in 9 low-income target communities.
 - c. CCDPH participated in a June exercise practicing distribution of the strategic national stockpile. The exercise included collaboration with transportation, homeland security, EMS, and municipalities.
 - d. The County budget is estimated at 174m\$ (doesn't include HHS system); layoffs are being considered; 85% of budget is personnel, input from public is encouraged.
3. Food Summit Update: The **Summit is scheduled for September 30 and October 1st** with national speakers, break out groups, and networking opportunities advocating for the right nutrition to build and sustain healthier communities. Go to <http://www.cookcountypublichealth.org/events-view/245> for further details and registration information.

VI. New Business
No new business to report.

VII. Adjourn
A. Meeting Adjourned at 12:06 pm.
B. Next Meetings: **Monday, October 3, 2016, 10:00am-12:00pm**
Berwyn Public Library
2701 S. Harlem Ave, Berwyn, 60402