



CHAC Meeting

April 7, 2015

University of Illinois Extension

Enterprise Centers, 2205 Enterprise Dr., Suite 501, Westchester, IL

Committee Members Present: Yvette Alexander-Maxie (American Red Cross); Christopher Grunow (Stickney Public Health District); Lynn Guibourdanche (Advocate Lutheran General Hospital); Lena Hatchett (Loyola University Chicago); Mark Klaisner (West 40 ISC); Diane Logsdon (Logsdon Consultation Services); Terry Mason (CCDPH); James McCalister (Village of Arlington Heights); Mary Passaglia (Northwest Municipal Conference/Health Directors); Itedal Shalabi (Arab American Family Services); Armando Smith (West Suburban PADS); Steve Weiler (Forest Park Police Department).

Committee Members Present by Phone: Theresa Curran (Grand Prairie Services); Jenny Epstein (EverThrive Illinois); Amanda Kelley (American Heart Association); Joy Messinger (Illinois Caucus for Adolescent Health); Maria Oquendo-Scharneck (AgeOptions).

Committee Members Absent: Scott Allen (IL Chapter, American Academy of Pediatrics); Edwin Chandrasekar (Asian Health Coalition); Catherine Counard (Village of Skokie Health Department); Jennifer Heibert-Beine (UIC School of Public Health); Wendell Mosby (Prairie State Community College); Evonda Thomas-Smith (Evanston Health and Human Services Department); Apostle Carl White (Southland Ministerial Health Network).

CCDPH staff present: Demian Christiansen, Deanna Durica, Kiran Joshi, Dedra Ries, Rachel Rubin, Steven Seweryn

- I. Call to Order/Introductions: Terry Mason, CHAC Co-chair, called the meeting to order at 10:08 and asked for introductions of participants. A quorum of members was present.
- II. Public Comment: There was no public comment provided.
- III. Approval of Minutes – January 7, 2015: Lynn Guibourdanche moved to approve the minutes from the January 7, 2015 CHAC meeting. Itedal Shalabi seconded. Diane Logsdon asked to amend the minutes to note her abstention from all votes. Deanna Durica explained that a change in CCDPH TB services was discussed at the January meeting, but that the change is no longer being implemented. The minutes reflect the discussion but clarify that CCDPH will continue to provide services at its three TB clinical sites. The minutes were approved as amended.
- IV. Items for Discussion
 - A. WePLAN 2020 – Assessment implementation
 1. Review indicators, plans and timelines
 2. Update – CHNA collaborative



Steven Seweryn presented on the CCDPH-convened community health planning process (WePLAN), reviewing the four assessments that comprise the process and providing details on the strategies and timelines for completing each of them. After the presentation, there was a great deal of discussion regarding the need for CCDPH to ensure that diverse voices are included in the surveys and focus groups that will be held to gather community input. Diane Logsdon commented that an indicator on vaccine status should be included in the data. Itedal Shalabi remarked that language isolation, in addition to other cultural indicators, should be considered when reaching out to diverse groups. Yvette Alexander-Maxie commented on the need for understanding of cultural practices and perceptions, and stated that this should inform not only the selection of respondents but also be used in data analysis to better understand the data. Many members agreed that a deliberate outreach plan should be developed to include diverse cultures, experiences, educational status and economic status. Yvette suggested that the data collected can inform the broader work of the Department (ex: cultural influences that affect healthcare-seeking behaviors would be important for emergency preparedness to consider when planning for mass dispensing). Steve commented that CCDPH is committed to reaching out beyond the 'usual suspects' in the planning process, and asked members to share suggestions for key participants.

B. Health Equity Framework

1. Review document and approach

Deanna Durica presented the draft health equity framework to the members. Members were asked to provide comments and feedback via email. Meeting participants asked about sharing the draft document, and all participants were encouraged to use the document with their own agencies and networks as they saw fit, with the caveat that further revisions were forthcoming. Terry Mason said that a definition of health should be included. Lena Hatchett, member of the health equity subcommittee of the CHAC, suggested that a webinar be developed regarding basics of health equity and the use of the framework so that the principles could be shared widely.

C. Violence-related issues and activities

1. CCDPH strategic plan priority activities

2. Police use of force study

Dedra Ries, CCDPH Assistant Director of Chronic Disease Prevention and Health Promotion, presented on the Department's activities focused on violence prevention. She provided an overview of the CCDPH school bullying toolkit, and a resource for reviewing the evidence base and rating the effectiveness of positive youth behavior interventions (Blueprints for Healthy Youth Development: <http://www.colorado.edu/cspv/blueprints/>); (CCDPH violence prevention toolkit: <http://www.cookcountypublichealth.org/bullying-prevention-resources>). Lena Hatchett commented on the value of this work, and that CCPDH's convening of community violence prevention groups catalyzed local work on this issue. Suggestions for adding information to the toolkit related to sexual violence and elder abuse was made by members.

Next, Steven Weiler discussed a study on police use of lethal force that he shared with CHAC members. He mentioned that the study provided facts on the prevalence of police use of force and provided thoughtful questions for ways communities and law enforcement can work together to build relationships and trust. Members commented on the complexity of the issue, and added that the effects of racism, inequities, fear, etc. contribute to perceptions of and actions taken to address violence. Terry Mason noted that he and co-chair Apostle Carl White are very interested in continuing



a deeper conversation of the issue with the CHAC at a future meeting, and will work to set a structure and plan for this discussion that will allow the CHAC to delve into the multidimensional factors that influence both the perpetration of violence and cultural reactions to violence.

D. Council Membership

1. Review community member submissions
2. Discuss Sector-based membership and address needs/gaps

Deanna Durica presented four community member applications for CHAC membership for the group's consideration. Itedal Shalabi moved to accept their applications for membership, and Diane Logsdon seconded. During the discussion, Diane questioned whether it was prudent to take action on the applications at the meeting, suggesting more time was needed to consider the appropriateness of the applications. No further discussion ensued; members voted to approve the community member participants 8 to 2.

Members then considered the current service provider/community partner organization membership in the CHAC to identify gaps in representation. Fire service personnel and representatives from the DeVry School of Nursing were suggested. Lena Hatchett suggested using the tool in the health equity framework to review membership. Deanna asked members to respond via email with suggestions for membership.

E. Meeting content and agenda planning: What suggestions for agenda topics would you like to offer?

1. CCDPH Units
2. Emerging Issues

Deanna requested that all members review the CCDPH Service Unit Overview document and provide feedback via email regarding which CCDPH activities/units they would like to understand better. She also asked for feedback regarding any emerging issues that members are interested in exploring.

V. CCDPH Updates

A. COO Report

1. Measles

Dr. Mason provided the COO report. He first asked Dr. Rachel Rubin to report on the suburban Cook County outbreak of measles. She stated that the cases in Palatine/northwest Cook County appear to be contained. She reported that immunization clinics were conducted in the area, and that CCDPH provided follow-up once cases were identified.

2. Annual Report

Dr. Mason pointed out that the CCDPH Annual Report was provided for members in their meeting packets. He asked members to review and send any feedback they may have.

3. Departmental Reorganization

Dr. Mason discussed the reorganization of the CCDPH that he has implemented. He provided an organizational chart of the Department, and reviewed the leadership that Dr. Joshi and Dr. Rubin will provide to the Service Units in the Department.

4. CCDPH staff capacity and HR issues



Dr. Mason highlighted that several staff are retiring, and cited the challenges facing the department due to the loss of experienced staff, and the long timeline for hiring new employees.

5. Legislative update

Dr. Mason discussed concern over funding given the current climate in Springfield, remarking that even flat funding translates as a cut for local health departments, because it doesn't account for the staff salary increases necessary due to collective bargaining agreements. He also discussed CCDPH's work with JCAR to ensure adequacy of rules governing raw milk sales.

6. PHAB annual report and QI Leaders Academy

Deanna Durica reported that, through a competitive process, CCDPH was chosen to participate in the Public Health Accreditation Board's Quality Improvement Leaders Academy. CCDPH proposed a quality improvement project to address shortening the time it takes verify treatment for sexually transmitted infections. The training program provides intensive QI training for two staff members, which will result in a 5-day quality improvement "event" where a larger CCDPH staff team will apply the QI methods to address our STI project.

VI. New Business

A. Next meeting –Tuesday, July 14, 2015, 1:00pm – 3:00pm

Diane Logsdon requested meeting materials one week in advance of the meeting.

VII. Adjourn

James McCalister moved to adjourn the meeting at 12:05. Steven Weiler seconded; the motion passed unanimously.