



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); Christopher Grunow (Stickney Public Health District); Lena Hatchett (Loyola University); Terry Mason (CCDPH); James McCalister (Village of Arlington Heights); Mary Passaglia (Northwest Municipal Conference/Health Directors); Itedal Shalabi (Arab American Family Services); Ronald Sherman (Community Member - West); Evonda Thomas-Smith (Evanston Health and Human Services Department); Griselle Torres (UIC-SPH); Apostle Carl White (Southland Ministerial Health Network).

Committee Members Present by Phone: Amanda Kelley (American Heart Association)

Committee Members Absent: Catherine Counard (Village of Skokie); Lynn Guibourdanche (Advocate Lutheran General Hospital); Mark Klaisner (West 40 ISC); Diane Logsdon (Logsdon Consultation Services); Jessica Madrigal (Community Member); Wendell Mosby (Prairie State Community College); Dolores Nobles-Knight (Community Member); Maria Oquendo-Scharneck (AgeOptions); Ranjana Paintal (Asian Health Coalition); Armando Smith (Housing Forward); Steve Weiler (Forest Park Police Department).

**CCDPH staff present:** Demian Christiansen, Deanna Durica, Gina Massuda-Barnett, Rachel Rubin, Stephen Seweryn, Thomas Varchmin, Valerie Webb.

I. Call to Order/Introductions

Yvette Alexander-Maxie, CHAC Co-Chair, called the meeting to order at 10:08 and asked for introductions of participants.

II. Public Comment

There was no public comment provided.

III. Approval of Minutes – October 14, 2015

Minutes were reviewed by members, but could not be approved because a quorum of members was not present.

IV. Items for Discussion

A. Food as a Public Health Issue

1. Food Recognition Study overview
2. Discussion: Change – How? Behavioral, systemic, environmental
3. Public Health/Health equity implications

Dr. Mason began with the critical importance of whole foods and a plant-based diet to intervene in the health impact of chronic disease and showed an introduction to the free film [ForksOverKnives](#). This was followed by a presentation on the Food Literacy Study, a collaboration between Loyola and CCDPH. Dr. Lena Hatchett described the findings which confirmed that food is complicated and is not just about access to healthy food but also food knowledge, preparation and consumption. By means of a slide presentation and lively discussion, Dr. Hatchett led the group through a series of questions about how food policy/food systems influence how



people are able to make choices about their food and health. See attachment *Health Equity Improvement Guiding Questions and Food Discussion Summary* for more information. It was clear from the study and the CHAC discussion that it is important to consider the systems that affect food policy issues which are beyond the control of the individual and create and contribute to health inequities. The discussion made clear that the community (immigrants, food insecure low income residents, food pantries, schools, etc.) must have a say/power to impact the systems making the decisions and controlling what food and how food is made available in communities.

Participants were asked to consider the changes they would like to see in their environment regarding food policy and how to maximize the impact on communities to eliminate and/or reduce health inequities.

## B. WePLAN Update

### 1. Review plan for priority setting and action planning

Dr. Steven Seweryn presented a progress update on WePLAN2020: Community Health Assessment and Community Health Improvement Plan. Steve presented the projected timeline for the assessment to the improvement planning phase and the four health assessments on which the priorities for the next five years will be based. The assessment findings were presented at two meetings of the Community Health Partner Committee on October 29<sup>th</sup> and November 19<sup>th</sup>.

*The Local Public Health System Assessment (LPHSA)* was conducted on September 1st and included 70 attendees representing diverse agency and community affiliations. Participants discussed and scored how well the public health system (not solely the health department) was providing the 10 Essential Public Health Services. Strengths included diagnosing and investigating health problems and hazards and enforcing laws and regulations. Lower performing areas included linking people to needed personal health services, assuring a competent public health and personal healthcare workforce and research for new insights and innovative solutions to health problems.

*The Forces of Change Assessment (FOCA)* was conducted in June and July with 26 people representing a diversity of constituents and organizations with knowledge of the social determinants of health. Participants met in 4 focus groups for in-depth conversations about the recent occurrences in the region and what drives or hinders community health. Themes discovered by analyzing the data (thanks to Dr. Lena Hatchett who advised on coding the conversations) included: (1) the Affordable Care Act and Il's lack of a state budget were viewed as both threats and opportunities affecting the public health system and the community; (2) patterns of decisions, policies, investments, rules and laws were identified as harming people of color, middle-class and working people while benefiting wealthy people, corporations, white people and men; (3) health inequity is impacted by power inequities between very wealthy people and corporations and the average person.

*The Community Themes & Strengths Assessment (CTSA)* is an online and paper-based health survey conducted with 1200 panelists and community residents. Extensive outreach was conducted to reach residents from all geographic, economic and racial/ethnic groups. Additionally, work in partnership with sister agencies yielded completed surveys from community health center patients and low-income public housing residents. Key findings included (1) a majority of respondents rated SCC as a very good place to live, work, raise children and grow old. Communities rated Fair or Poor were located primarily in South and West suburbs; (2) Overall health and mental health status was rated positively. Those who rated their health status as Fair or Poor were more often low income and Non-Hispanic Black, Asian or Hispanic; (3) quality of life and conditions that support health were determined most often by where a person lived, their race and/or ethnicity and income.



The *Community Health Status Assessment (CHSA)* is an extensive compilation of health indicators available by geography, race/ethnicity, age, gender. Data reports and maps will be available in February. CCDPH's CHSA will align 60 health indicators with the Health Impact Collaborative of Cook County (HICCC) efforts which includes the 25 hospital's completing their Community Health Needs Assessments (CHNAs) and all the local health departments in the county.

Meeting materials including summaries of the assessments can be found on the CCDPH [webpage](#).

The question was posed if there was a tool being used to assure health equity in the planning. Steve responded that upstream structural and social determinants would be major considerations in the prioritization process and documents such as the CHAC health equity framework and health equity spectrum would be highlighted. Also, it is planned for at least 1 equity determinant to be prioritized (e.g., education, racism, income, housing, jobs, etc.) or they could be integrated in all priorities.

**Discussion:** To retain CCDPH's accreditation status, PHAB requires that the CHA is shared with the community and that there be a documented process to raise awareness about the CHA and to get community feedback/ input and incorporation into the assessment. CCDPH will be posting the CHA on the webpage but in addition, Steve asked the participants to brainstorm additional ways that this requirement could be met. The following were suggested:

- CHAC members could share the CHA with their boards;
- Use social media such as Facebook and Twitter;
- Share with regional associations such as Arab American Medical Association (I. Shalabi);
- Link with large systems like public school systems (public/private)(Mark Klaisner West ISC and a member of the CHAC might assist contacting Superintendents to post on their communications) or RAILS (Regional Library System) or park districts;
- Link with small scale newspapers like Village Free Press
- Request feedback using Survey Gizmo
- Outreach to the faith community and organized clergy groups, which can communicate with their parishioners on their website, or use the help of health ministry directors. Needs of the immigrant community and those speaking languages other than English. The suggestion was to summarize the information into a 1 pager and translate into several languages.
- Go where people congregate (other than churches or libraries).

Steve ended by asking for 2-3 volunteers to help with strategizing an action plan as part of the community health improvement plan (CHIP). Apostle White volunteered.

## V. CCDPH Updates

### A. COO Report

#### 1. Healthy HotSpot update

A proper update was postponed till the next meeting due to time constraints. Gina Massuda-Barnett thanked CHAC members for providing valuable feedback to the HHS fliers. Gina highlighted a recent "win" for chronic disease prevention with the Cook County Housing Authority implementing smoke-free protections on December 1, 2015.

#### 2. Lead Poisoning Prevention

Dr. Mason discussed the recent news reports of elevated blood lead levels, resulting cognitive loss in children and the lead contaminated water in Flint, MI. CCDPH is recommending a change in the current intervention policy moving to reset the level of intervention from the current state level of 10 mg/dL to 5 mg/dL. It is



estimated that to accomplish this CCDPH would need \$1m in additional resources (for inspection and abatement, etc.) to serve 2,000 more children at the lower blood lead levels. Finding funding for increased interventions is difficult at best considering lead funding isn't currently being replenished. Current activities to address this change include collaborating with advocates for children including school personnel where children requiring special education has increased, calling for a state administrative change to increase payments to health providers testing for lead, engaging health care partners to develop one required lower lead intervention standard, e.g., EPSDT, WIC, Early Learning Council, etc.

### 3. CCDPH HR Update

Dr. Mason reported that 54 positions remain open. Many of the open positions are management positions and have been difficult to fill because the assigned salaries are less than staff are currently making.

### 4. Legislative Update

Dr. Mason and NIPHC members will establish a legislative agenda to address policy initiatives or respond to proposed legislation.

Other areas of legislative action are raw milk sales and increasing the smoking age (including e-cigs) to 21 yoa.

## VI. New Business

A. Members were reminded of the change in location of subsequent meetings. Next meeting scheduled for Monday, April 11, 2016, 10:00 am – 12:00 pm at Berwyn Public Library.

## VII. Meeting ended at 12:10pm.

Next meeting – Monday, April 11, 2016, 10:00am – 12:00pm  
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