



CHAC Meeting

July 14, 2015

University of Illinois Extension

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

Committee Members Present: Yvette Alexander-Maxie (American Red Cross); Nikki Briggs (for Maria Oquendo-Scharneck, AgeOptions); Jenny Epstein (EverThrive Illinois); Christopher Grunow (Stickney Public Health District); Lynn Guibourdanche (Advocate Lutheran General Hospital); Lena Hatchett (Loyola University Chicago); Jennifer Hebert-Beine (UIC School of Public Health); Jessica Madrigal (Community Member); Terry Mason (CCDPH); Dolores Nobles-Knight (Community Member); Mary Passaglia (Northwest Municipal Conference/Health Directors); Ronald Sherman (Community Member); Steve Weiler (Forest Park Police Department).

Committee Members Present by Phone: Catherine Counard (Village of Skokie Health Department); James McCalister (Village of Arlington Heights).

Committee Members Absent: Edwin Chandrasekar (Asian Health Coalition); Theresa Curran (Grand Prairie Services); Amanda Kelley (American Heart Association); Mark Klaisner (West 40 ISC); Diane Logsdon (Logsdon Consultation Services); Wendell Mosby (Prairie State Community College); Itedal Shalabi (Arab American Family Services); Armando Smith (Housing Forward); Evonda Thomas-Smith (Evanston Health and Human Services Department); Apostle Carl White (Southland Ministerial Health Network).

CCDPH staff present: James Bloyd, Debbie Brooks, LaToya DuBose, Deanna Durica, Percy Harris Kiran Joshi, Gina Massuda-Barnett, Rachel Rubin, Valerie Webb.

- I. Call to Order/Introductions:
Terry Mason, CHAC Co-chair, called the meeting to order at 1:10pm and asked for introductions of participants. A quorum of members was not present.
- II. Public Comment: There was no public comment provided.
- III. Approval of Minutes – April 7, 2015:
Minutes were reviewed by members, but could not be approved because a quorum of members was not present.
- IV. Items for Discussion
 - A. Quality Improvement and Performance Metrics

Dr. Rachel Rubin, Senior Medical Officer, presented (slides distributed) on CCDPH's Performance Management (PM) Framework beginning with the premise that it is good business and community practice to measure our work in objective ways. Dr. Rubin explained the reporting structure of the Cook County quality and performance management system, highlighting that the CCDPH COO reports the work of the department to the CCHHS Quality Committee. Within CCDPH, an expanded



Executive Team reviews performance metrics twice a year and discusses gaps or areas for improvement. A Quality Leadership Caucus of senior staff oversees and adjusts the PM framework. Broader staff are engaged in a departmental Quality Committee, composed of representatives from each service unit. Quality Committee members identify, initiate, monitor and implement quality improvement (QI) projects using a PDSA (Plan, Do, Study, Act) rapid cycle approach. Currently, CCDPH is a participant in the PHAB QI Leaders Academy. The program includes extensive training of key staff and studying and implementing a Kaizen quality improvement process to realize program change in a short period of time. August 10-14 twelve CCDPH staff will participate in a week-long quality improvement event, focused on reducing time to verify treatment of STI cases.

B. Public Health Accreditation Board (PHAB) Report and Summary 2014

Valerie Webb, Regional Health Officer, presented an abbreviated Strengths, Weaknesses, Opportunities and Threats (SWOT) analysis based on the first PHAB Annual Report submitted in April, 2015. Departmental strengths identified from the past year include a successful transition of categorical clinic clients to CCHHS ambulatory clinics for integrated primary care in a patient-centered medical home; receipt of PICH funding from CDC to expand partnerships addressing chronic disease prevention; QI Leadership Academy selection to improve health outcomes of STI clients; and expansion of the CHAC membership. Weaknesses identified included loss of department staff due to retirements, transitions to CCHHS clinics, resignations and turnover resulting in a loss of department wisdom and experience. Replacing/hiring staff has proven difficult and hindered the ability to fully implement the objectives in our Strategic Plan and CHIP. CCDPH's position as an affiliate in a large health and hospital system with a comparatively small budget was identified as a threat. CCDPH has experienced delays in hiring and limitations in purchasing due to other system affiliate priorities and limited resources. A more detailed report was distributed electronically with the meeting agenda packet.

C. Healthy HotSpot Initiative

Gina Massuda-Barnett, Director of Chronic Disease Prevention and Health Promotion, presented an update on the Healthy HotSpot initiative and communications campaign. The branding of both print and media ads focus on partnerships that make communities healthier and demonstrate the link between place and health. Gina described findings from focus groups held to better understand how the public links place and health and elicit feedback on the advertisements. Focus group key findings include finding that: a gap exists between what public health is and how it is perceived (not place but people); Cook County doesn't always resonate favorably with the public; to some participants, "Healthy HotSpot" was unclear and conjured up negative impressions, and "one spot at a time" messaging was not perceived favorably. Imagery will not change but findings will be helpful in creating messaging efforts going forward.

A question was asked whether all Healthy HotSpots (HHS) were accessible for people with disabilities. Gina explained that not all HHS are places and accessibility depended on the site. Another question was asked about tracking and evaluation of PICH efforts. Gina explained a formal evaluation is part of the funded grant activities, and described an example of baseline data collection for some activities. Members asked about who the PICH website intended to reach. The website



(<http://www.cookcountypublichealth.org/healthy-hotspot>) is intended for the public and the consumer.

The broader PICH strategies were presented focusing on efforts to address health equity. A map was distributed of the suburban priority communities for the grant work.

CHAC members were requested to promote the HHS website to their constituencies as well as assist in identifying more HHS partners, e.g., multi-unit buildings that would like to go smoke free.

D. Health Equity Framework and Tool

Jim Bloyd, Regional Health Officer, presented the subcommittee's work and the document, Framework and Practices to Advance Health Equity at the Cook County Department of Public Health, July 2015. The document's purpose is to assist in the understanding of the origins of health equity, and to be used as a tool to guide public health practice. Jim walked through the contents of the document and presented slides on the distinctions and differences between structural and intermediary determinants of health and provided examples of the importance of prioritizing actions that address the structural determinants (education, housing, finance policy, etc.) to achieve the greatest health improvement.

Jim asked CHAC participants to promote the document and the concepts of health equity, and to make recommendations to CCDPH on the best approaches and partners within their communities to advance health equity together. A small group exercise using the document was postponed until next meeting to allow sufficient discussion.

V. CCDPH Updates

A. COO Report

1. CCDPH HR Update

Dr. Mason reported some positive news on the hiring process. Nineteen positions were filled over the past year but there are still 44 open positions. Dr. Mason requested CHAC members to refer candidates to the CCHHS job opportunities webpage (<http://www.cookcountyhhs.org/about-cchhs/human-resources/careers/>). Jobs are posted on the website for only 2 weeks and the process can be lengthy.

2. Legislative update

Dr. Catherine Counard explained the development and passage of the Medical Reserve Corps Liability Protection legislation developed by the Northern Illinois Public Health Consortium (NIPHC) and supported by a number of state and national health entities. This legislation amends the Good Samaritan Act to provide liability protection for Volunteer Medical Reserve Corps members assisting certified local health departments during emergencies that are not declared disasters. As of this date, it has not been signed by the Governor. Senate Bill 1410 – Improve Immunization Rates in IL by Creating a “Certificate of Religious Exemption” was discussed. This bill preserves a parent's option to exempt their child from immunizations, but also ensures that such a decision is an informed and that the parent is aware of the individual and public health risks not to immunize a child.



3. WePLAN update

A handout on the WePLAN2020 community health assessments progress (on schedule) and a timeline for completing the process and report development (currently January 2016) was provided. An update of the CHNA (Cook County hospital collaborative) process and alignment with CCDPH's and CDPH's (Chicago) assessments was also provided.

VI. New Business

- A. EverThrive Illinois will be posting a perinatal education toolkit on their website with galleries and a prenatal preconception webinar (<http://www.everthriveil.org/resources/perinatal-education-toolkit>).
- B. Dr. Mason reported that the 3rd year of PICH grant funding is at risk of being reduced or defunded due to federal legislative action.
- C. Dr. Mason initiated a conversation about the impact on community organizations due to the state budget impasse. Many organizations including those providing essential and emergency services do not have contracts or resources. Many services are asking patients for payments, laying off workers or completely shutting down programs. Some community and faith-based organizations are providing emergency services to fill the void. Question was asked if anyone was tracking the financial, service and health impacts on a regional level. The Shriver Center's Responsible Budget Coalition and trade groups were mentioned as trackers. Dr. Mason offered through his weekly Sunday radio show to provide a forum to tell the stories of how people are affected by budget problems especially nonprofits providing emergency assistance.
- D. Next meeting –Wednesday, October 14, 2015, 10:00am – 12:00pm.

VII. Meeting Adjourned

The meeting was adjourned at 3:05pm.