Cook County Department of Public Health

Toni Preckwinkle • President
Cook County Board of Commissioners

David Carvalho • Chairman
Cook County Health and Hospitals System

Jorge Ramirez • Vice Chairman
Cook County Health and Hospitals System

Ram Raju MD, MBA, FACS, FACHE • CEO
Cook County Health and Hospitals System

Terry Mason, MD, FACS • COO
Cook County Department of Public Health

Health & Hospitals System Board Members
Commissioner Jerry Butler
Quin R. Golden
Edward L. Michael
Rev. Calvin S. Morris, PhD
Luis Muñoz, MD
Heather E. O'Donnell
Carmen Velasquez
Dorene P. Wiese, PhD

#

Community Health Advisory Council

Minutes
Tuesday, June 4, 2013
1 pm – 3 pm

University of Illinois Extension
2205 Enterprise Dr., Suite 501
Westchester, IL

Committee Members Present	Yvette Alexander-Maxie (American Red Cross); Edwin Chandrasekar (Asian Health Coalition); Catherine Counard (Village of Skokie – Health Dept.); Theresa Curran (West Suburban PADS); Heather Gavras (American Heart Association); Christopher Grunow (Stickney Public Health / Stickney Township); Lena Hatchett (Loyola University Chicago); Diane Logsdon (Logsdon Consultation Services); Terry Mason (CCDPH); James McCalister (Village of Arlington Heights); Wendell Mosby (Prairie State Community College); Maria Oquendo-Scharneck (AgeOptions); Mary Passaglia (Northwest Municipal Conference/Health Directors); Margaret Provost-Fyfe (Oak Park Dept. of Public Health); Samantha Robinson (CMAP); Itedal Shalabi (Arab American Family Services); Evonda Thomas-Smith (Evanston Health Dept.); Apostle Carl White (Southland Ministerial Health Network); Erika Zacarias (Corazon Community Services)
Committee Members Absent	Roshanda Jackson (Aunt Martha's Youth Service); Kathy Chan (EverThrive Illinois/Formerly Illinois Maternal & Child Health Coalition); Yamani Hernandez (Illinois Caucus of Adolescent Health); Rob Humrickhouse (Metropolitan Chicago Healthcare Council)
CCDPH Staff Present:	Linda Rae Murray, Gina Massuda Barnett, Steve Seweryn, and Dedra Ries
Others Present:	Katrina Stumbras (CCDPH intern)

I. Welcome & Introductions

The meeting was called to order at 1:10 p.m. Gina Massuda Barnett, Council Liaison, welcomed everyone and reviewed the contents of the folder provided to each member that included a copy of the agenda, a feedback form, draft charter, proposed co-chair role and selection process, proposed meeting schedule, and CD with reference documents. Everyone that was present introduced themselves.

II. CCDPH Overview

Linda Rae Murray, CCDPH Chief Medical Officer, provided an overview of what public health is; highlighted CCDPH's relationship with the Cook County Health and Hospital System, the CCDPH 2015 Strategic Plan and its

incorporation of the agency's community health assessment known as wePLAN and public health accreditation; and reviewed the essential services of public health.

III. The Future of CCDPH

Terry Mason, CCDPH Chief Operating Officer, shared his vision for CCDPH's future. He emphasized how disease drives our current health system, and questioned what a system would look like if the driving force was health. He further highlighted the need to understand the Affordable Care Act and identify how we can access and leverage funding; the opportunity to maximize the use of Oak Forest in promoting health and preventing chronic disease; and the importance of community-based strategies.

Heather Gavras asked about the efforts that have been made to break down the hardened silos across CCDPH. Linda Rae Murray responded and described the cross-agency teams that were formed to address each health priority identified as part of wePLAN, and training opportunities provided to all staff, including Public Health 101 and Roots of Health Inequity using the on-line course developed by the National Association of City and County Health Officials. Dr. Murray shared how CCDPH needed ideas as to how to continue to break down the silos. Dr. Mason reiterated two points that have helped to maintain the silos. The first was that the silos are often a result of funding that is either categorical and/or dictates how we approach our work; and the second was the change in leadership in the last three years, with three Chief Operating Officers in the last three years.

Christopher Grunow inquired how Dr. Mason thought he would be able to access some of the resources from the "treatment of disease" industry (hospitals, physicians, insurers, etc.) for population-based public health interventions as counting on increased funding by the government seemed unlikely to happen. Dr. Mason shared that we need a creative review of the Affordable Care Act, which is the new money stream. Additionally, County will get $628 per member per month, whether treating a toe nail or doing a kidney transplant. Public health needs to demonstrate savings from population health initiatives, and take $5-$6, for example, a month.

Council members further discussed the need for collaboration in order to move work forward for both members and CCDPH, enabling all participants to share priority items and actions where appropriate. Members also discussed the need for a shared understanding of not only what data is being used to frame a discussion, but to share in the interpretation of the data to shape initiatives or establish priority issues. Members voiced concern over ways to challenge policies that do not support health equity or otherwise have an impact on vulnerable populations. Finally, Dr. Mason encouraged members to use their expertise to assist CCDPH in designing work that truly meets the needs of communities.

IV. Why an Advisory Council

Gina Massuda Barnett provided a high level overview of the purpose of the Community Health Advisory Council that includes serving as a champion of public health and population-based strategies; driving the community health assessment process; supporting implementation of the CCDPH health improvement plan; and supporting efforts to build CCDPH's organizational capacity to be a stronger partner in the public health system. CCDPH hopes that the indirect impacts of our efforts will also lead to building value for the work that we do in public health; being more responsive to community needs; identifying ways to work together, leveraging resources and minimizing duplication; and improving population health.

The Council members described characteristics of an effective advisory council, including, but not limited to, advice being used; facilitation allowing a variety of voices to be heard; authentic dialogue; participation from consumers; prioritized agenda items and materials provided at least five days in advance; contact information of all members; transparency; and communication between meetings. They also highlighted how their expectations aligned with the current draft charter, expressing excitement, sharing potential issues for

discussion (e.g., developing strategies to address silos that hinder advancement of public health and population health; so what session to determine how we evaluate the effectiveness of the Council); and asking questions (e.g., will the Council have any engagement outside of the scheduled meetings). They also made the following initial recommendations to the charter.

- Modify current language used in the Scope of Responsibilities and make it more visionary (current language makes it sound like this Council is temporary, rather than communicating the on-going nature of this work).
- Clarify relationships with other health departments.
- Limit number of times members can participate by phone.

V. Recap Next Steps Gina Massuda Barnett, MPH

Next steps include:

- Send the following to members: 1) draft charter to members for closer examination and opportunity to provide additional feedback, as well as co-chair role and selection process; and 2) Member Feedback Form.
- Revise proposed meeting schedule to alternate days/times.
- Next meeting is scheduled for October 2013. Co-chair will be selected at this time.

VI. Adjournment

Meeting was adjourned at 3:00 p.m.

Submitted by:
Gina Massuda Barnett, MPH
Council Liaison
06-10-13