

Chicago Board of Health
November 17, 2021
Virtual Meeting
By Remote Means

Pursuant to applicable law, the President determined that an in-person meeting was not practical or prudent. Accordingly, attendance at this meeting was via remote means only.

Roll Call

Board Members Present

Remote Participants

Carolyn C. Lopez, MD, President
Matthew Davis, MD, MPP
Steven K. Rothschild, MD
Debra Wesley, MSW
Carmen Vergara, MPH, RN-BSN
Janet Lin, MD, MPH, MBA
Joel Johnson, M.Ed
Horace E. Smith, MD

Absent

Rosa E. Martínez Colón, MS

For the Department

Allison Arwady, MD, Commissioner, Chicago Department of Public Health (CDPH)

Call to Order: The meeting was called to order at 9:03 am by Board President, Dr. Carolyn Lopez.

****Meeting is being recorded****

Approval of Minutes: BOH members accepted the October meeting minutes.

Commissioner's Update: Dr. Arwady provided an overview of current priorities for CDPH.

- COVID Update: Numbers are on the rise in Chicago. The increase is not particularly surprising as we transition into cold weather and respiratory virus season. The entire Midwest is leading the country in cases in terms of COVID infections and increases. Chicago has an average of about 465 cases diagnosed per day. We will continue to monitor cases and promote the vaccine. Dr. Arwady acknowledged Dr. Smith's participation in the weekly Tuesday press conference focused on Black and Latinx youth, a population with lagging vaccine numbers.
- The Chicago Day of Prayer was held on November 6th in more than 150 places around the City, with more than 8000 Chicagoans signing on to participate. One of the goals was

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to collaborate more with less traditional partners such as employers and faith-based institutions.

- City of Chicago employees currently have a vaccination or testing requirement and will move toward a vaccination requirement toward the end of the year unless employees have an approved medical or religious exemption. Excluding the police department, more than 90% of employees have reported their status, and more than 80% are vaccinated. Overall, employees have been receptive to the Employee Engagement and Vaccination Sessions. A City Hall vaccination clinic administered more than 500 vaccinations within a few hours. Employee vaccination events have also been held at Chicago Police Departments to address barriers.
- Large vaccination events will be held every Saturday and Sunday (except for Thanksgiving and Christmas weekends) through the middle of January at City Colleges.
- CDPH is merging the COVID Bureau into the Health Protection Bureau. This build-out will expand the focus to include other chronic diseases next year.
- With lessons learned from COVID, the City is preparing to play a more vital role in the non-police approach to violence prevention. Gun-related homicide is the number 2 driver of the racial life expectancy gap and is a Healthy Chicago 2025 priority. Dr. Rothschild encouraged Dr. Arwady to include other departments in these efforts and not limit the focus to the police department. He suggested using health in all policy approaches where workforce development, commerce, and other agencies can assist with job opportunities and preparedness. Dr. Rothschild recognized the importance of the labor force and training opportunities in addition to behavioral health. Dr. Arwady stated that pulling people from other departments is a part of the strategy. She believes there is an excellent opportunity to build upon partnerships established during COVID.
- Friday, November 12, was Vaccine Awareness Day and CDPH collaborated across the city to encourage residents to Protect Your Health on the Twelfth. Chicago Public Schools were closed, City employees received two hours off to take their children or themselves vaccinated. Special efforts were made to ensure that the vaccine was available throughout the city, emphasizing the south and west sides. The day was a success, with more than 20,000 vaccines given.
- There are increased efforts to promote vaccines in the schools due to uneven uptick in CPS schools, particularly High Schools. The health department's call center has been placing outbound calls to families at high schools with the lowest vaccination numbers to encourage vaccination and enrollment for the At Home vaccination program or refer out. Not much success with getting them to sign up. Dr. Arwady stated that the challenge is vaccine confidence and not accessibility.

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BOH members had several questions and suggestions:

Joel Johnson inquired about efforts or funding to address compassion fatigue as a need for mental health and substance abuse disorder treatment and intervention. How are we investing in the frontline force and ensuring they can support the populations they serve? Dr. Arwady acknowledged the importance and noted that some employees don't want mental health support through employee-based options, particularly in departments such as CPD. CDPH has done work to ensure that first responders can access free high quality, short-term mental health access, and treatment outside the system while helping agencies think about how to be more explicit about privacy and protection and what happens with records. Additionally, more mental health professionals are placed in districts.

Dr. Lopez stated that burnout might not result from what we are doing but from forgetting why we are doing it. She suggested reflecting on why the work is a choice to help reduce feeling burnout.

Board President's Comments: Dr. Lopez welcomed students in attendance and shared an overview of the Board of Health. The Board has been in existence for quite some time and serves as an advisory board, not a governing board. The Board provides advice and recommendations to the Mayor, Commissioner, and Department of Public Health. Members may wonder what happens to their comments or recommendations. The staff takes them back to their respective areas for feedback and action. The department is under no obligation to accept the suggestions. However, the department does take very seriously all observations and recommendations provided. In contrast, unlike a governing board, we do not have authority over personnel, discipline, or hiring. The Board meets regularly every third Thursday at 9:00 am. We are hoping to get back to in-person meetings as soon as possible.

Presentation: Legislative Update: Jesse Lava, MPP Chief of Policy & Strategic Initiatives, introduced Todd Fraley, who gave an overview of food equity. Jesse Lava presented a resolution to adopt Healthy Chicago 2025. Every five years, the state requires the department to complete a community health assessment, develop a community health improvement plan, and have the Board of Health approve it. CDPH partnered with numerous partners and

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hundreds of stakeholders to complete the Healthy Chicago 2025. The plan focuses on racial and health equity to reduce the life expectancy gap between White and Black Chicagoans.

Dr. Rothschild commented that it was good to the importance of being an anti-racist health department and that we are asset-based in the resolution. He added that health departments could sometimes be deficit-based, and he thought noting our difference was an important framing for the work.

Debra Wesley noted that the Healthy Chicago 2025 plan captures where we are right now, where we need to go, and the lens we need to operate from.

Dr. Lopez asked for the motion to adopt. Joel Johnson gave the first motion to adopt; the resolution received several second motions (Dr. Lin and Dr. Rothschild). The motions to adopt the resolution passed unanimously.

Presentation: Syndemic Infectious Diseases: New Opportunities for Programs and Planning:

Dave Kern, Deputy Commissioner, provided an overview of the work with Syndemic infectious diseases. CDPH recently consolidated its HIV/STI Bureau and Viral hepatitis and Tuberculosis programs. The Bureau engaged stakeholders to elicit better ways to address whole-person needs. The merger's rationale is that the diseases have similar behaviors and conditions that lead to risk for these diseases; they have reciprocal and interdependent factors, a common condition with common solutions, and diseases are often managed by the same institution. The Syndemic ID Bureau consists of the Public Health Services Division, Community Health Services Division, STI Clinical Health Services Division, and TB Division.

Dr. Smith asked, how are residents being connected to these services? Who in particular (stakeholders) are you connecting with? What is your confidence level of the people at highest risk who will know about these services? Dave responded that the answer also provides another rationale for why these conditions work well together. Federal funders for HIV require us to participate in proactive community engagement and planning since the mid-1990s. To actively implement that from 2016 to 2019, we have worked with hundreds of residents to advise how best to organize and allocate HIV resources. Based on the feedback, we implement the 43 million HIV services portfolio informed by community members, other residents, and providers. We have not been as effective at promoting the availability of services for STIs,

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Hepatitis, and TB. Additionally, providing general awareness about the conditions has room for improvement.

Dr. Lin asked about outreach strategies for high-risk populations; what role will Syndemic play in collaboration with groups conducting harm reduction work? Additionally, she noted that universal screening is supported for ages 18 and above. CMS restricts the locations of which reimbursement of HCV testing and explicitly excludes some areas where most vulnerable people show up. Dr. Lin stated that they do not have a mechanism to account for the reimbursement. She suggested looking at what has worked for HIV and leveraging that not only with Hepatitis but also with STIs, TB, etc. Dave stated that he and Jesse Lava would be working together to create an agenda policy for Syndemic infectious diseases. He has flagged several issues to address and build out a more robust infectious disease policy.

Joel Johnson asked if there was an existing program that could help with the public education and prevention of STI infections. He also inquired whether health educators can be dispatched to schools earlier than high school and whether parts of the earlier funding can be for staffing.

Dave explained that with the federal youth funding entitled Ending the HIV Epidemic Initiative though it's not a lot of funding, it supplements the core work of the grants that the department has had for many years. Local schools are one of our welcomed partners. We will be connecting with CPS around the role that public schools can play in providing students information, awareness, and knowledge. We currently have some funded programs in some CPS schools, such as our project CHAT. For awareness, we will be releasing an RFP for a marketing brand and identity book of work next year. It will create a single brand identity across Syndemic infectious diseases and then sub-campaigns that focus on specific populations. Dave also explained that the Health Homes help address the capacity issue and serve as one-stop-shop services to meet all needs at one place instead of navigating various locations.

Dr. Davis state that he hopes that the department will be able to learn from the Sydemic approach and see how it can be replicated across the department in other areas of need.

Dr. Rothschild inquired how TB exposure or Hep C through needles in the occupational sector fits into the Syndemic approach. Dave explained that the funding received is specifically targeted to groups with the greatest disease burden, and none of them include occupational exposure. The Bureau does fund numerous health care institutions in this space, and he is

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confident that they have an occupational program in place that addresses the occupational hazard issue.

Dr. Lopez mentioned coming up with alternate way to explain or short phrase to refer to Syndemic. Many people may not be familiar.

Public Comments: No public comments were submitted.

New business: There wasn't any new business.

Adjourn: Meeting adjourned at 10:37 AM.