BOARD OF HEALTH COMMISSION

MEETING MINUTES

September 29, 2022, 6:00 PM

Conducted Remotely

Commissioners Present: Judy Carter, Suzanne Feeney, Jennifer Fritz, Abigail Silva

Commissioners Excused: Noel Chavez (Chair), Susan Buchanan (Trustee Liaison)

Staff Present: Vanessa de la Mora, Cindy Hansen, Sara Semelka, Lisa Shelley, Dr. Danielle Walker

Guest presenter: Rachel Sacks, consultant, Leading Healthy Futures

**Call to order.** The meeting was officially called to order at 6:37 pm once a quorum was established.

**Agenda approval.** Commissioner Feeney moved to approve the agenda as presented; seconded by Commissioner Silva. All commissioners present voted in favor.

**Minutes approval.** Commissioner Feeney moved to approve the minutes of the August 25, 2022 meeting as presented; seconded by Commissioner Silva. All commissioners present voted in favor.

**Public comment.** No public comments were submitted for this meeting.

**Old Business.**

**Staffing update.** Ms. Semelka reported that the health department is hiring for an emergency preparedness & response coordinator and a sanitarian. Positions are posted on the Village website.

**Open positions on the commission.** Ms. Semelka reported that interviews are being conducted for the open position. Ms. Shelley added that the Clerk’s office will notify the commission when an appointment is ready to go before the Village President.

**MPV vaccinations and testing.** Ms. Semelka reported thatMPV cases and calls have slowed since August. The health department releases reports each Friday. To date we've screened 31 residents and connected 22 to the MPV vaccine. To date we’ve had four confirmed cases and four suspected cases of MPV in Oak Park. Our epidemiology fellow Clarissa Najera is continually monitoring cases and our nurse Kitty Monty attributes the decrease to the strong vaccination effort over the summer.

**COVID-19 vaccinations and testing.** Ms. Semelka reported that the health department is offering the new COVID-19 bivalent booster at our Tuesday clinics at Cheney Mansion, 10 am–12 noon and 4-7 pm. We’re holding steady at about 120 vaccinations each week.

The health department provides testing each week at Cheney Mansion, Main Fire House, Farmers’ Market, and events throughout the community. The health department attended five events in May, 18 in June, 11 in July, and 12 in August and administered 214 tests in May, 181 tests in June, 125 in July, 118 in August, and 72 in September. With the availability of rapid tests, PCR tests have decreased.

**Local schools tobacco policy coalition work.** Ms. Semelka reported that the Illinois Tobacco-Free Communities grant is to work with schools on tobacco policy. We are building the coalition and we connected with Positive Youth Development at Oak Park Township. They have a committee that reviews substance use among youth and are interested in reviewing the tobacco policies. Commissioners are welcome to join the coalition or stakeholders group. Ms. De La Mora added that the end product will be shared with commissioners next spring for their input.

**IPLAN presentation.** Leading Healthy Futures consultant Rachel Sackspresented the draft IPLAN. Every local health jurisdiction in Illinois must complete an IPLAN every five years to be a certified health department by IDPH. This is a planning process for the entire community and we are deeply engaged with individuals and organizations across the community.

The Mobilizing for Action through Planning and Partnerships (MAPP) process has six phases: organizing for success and partnership development, visioning, conducting four different types of community health needs assessments, identifying strategic issues, formulating goals and strategies, and the action cycle.

Phase one convened partners to lead the MAPP process. The core team has been meeting regularly for nearly a year, and includes Chair Chavez as the commission representative.

Phase two established a collective vision: “We envision a safe, thriving, and inclusive Oak Park and River Forest where everyone who lives, works, and plays in our communities can attain optimal health through proactive community strategies that promote equitable health outcomes.”

Phase three conducted four MAPP assessments (pages 13-52). The Community Health Status Assessment (CHSA) found that Oak Park and River Forest are demographically diverse, more affluent and educated than parts of Cook County, but include pockets of poverty and socioeconomic need.

Our community fares fairly well on health indicators of morbidity, mortality, and heath access, though there are some indicators for which the community is doing worse than state or national averages. There's also some variability across census tracts within Oak Park and River Forest for certain indicators, which points to disparities in access or other underlying root causes of inequity.

The Community Themes and Strengths Assessment (CTSA) takes a qualitative approach to gathering perspectives, including a community survey, a public comment period on our website, and one-on-one conversations and interviews. We also incorporated feedback from a survey conducted by the Community Mental Health Board of Oak Park Township.

In our community survey, 751 respondents answered a wide range of questions about overall health and access to care. We had great level of participation with a wide range of location, ages, races, ethnicities, genders, sexual orientations, and income levels.

Note this was a convenience sample survey and there may be biases and meaningful differences between those who choose to take a survey from a health department and those who do not.

Commissioner Silva inquired about the 30% whose location was unknown. Ms. Sacks believes that number represents people from neighboring communities who work and play in our community.

Ms. Sacks shared a few additional highlights from the CTSA, including responses to barriers to accessing health care, mental health and substance abuse, and community safety.

The Local Health Systems Assessment (LPHSA) helps us understand the weaknesses to improve and the strength to leverage within our local public health system and opportunities to improve system performance with an eye towards equity. We structured the LPHSA around the 10 essential public health services framework, which puts equity at the center of all public health services.

We held a facilitated meeting to assess the local public health system from an external perspective and we conducted an internal self-assessment among health department staff, required by IDPH.

Our local public health system was seen as performing best at investigating, diagnosing, and addressing health hazards and root causes. We heard a lot of positive things as it relates to COVID-19 work and other hazards. Other strong areas are improving and innovating through evaluation, research, and quality improvement; creating, championing, and implementing policies, plans, and laws; and communicating effectively to inform and educate.

The service that was seen as the weakest locally was utilizing legal and regulatory actions, of which the health department doesn't have jurisdiction. Building a diverse and skilled workforce also ranked lower. Again with a smaller jurisdiction, workforce development occurs at the city and county level.

Commissioner Silva asked how these findings match with other health departments. Ms. Sacks agreed it would be interesting to compare our findings to Evanston and Skokie. Chicago’s and Cook County’s plans are available online.

Strengths build upon include the many partners and local resources in this community; outbreak investigation, vaccination efforts, and policy work; and the opportunity to build greater awareness of public health. Weaknesses that emerged include challenges with staff retention, recruitment, and diversity and the limited role of the health department and overlap with other jurisdictions.

The Forces of Change Assessment (FCA) helps consider what external forces exist that will impact how we take action. The core team brainstormed 125 forces of change categorized into 13 groups: mental health and substance use, workforce wages in the economy, politics and policy, COVID-19 pandemic, climate change, health care access and utilization, violence and safety, community collaboration, housing and community infrastructure, seniors and people with disabilities, technology, racial equity and health equity, and emerging global issues and their local impact.

Threats included the weakening of public health laws and the public's willingness to listen to public health guidance; workforce shortages and the impact of the great resignation; the economic climate and inability for many people to meet basic needs, causing a need for greater social and public services; limited ability of access to safety net providers; heightened grief, anxiety, and hopelessness around COVID-19, climate change, gun violence, and politics; the rapid spread of misinformation online; racism, stereotyping, and stigma.

Opportunities include a greater awareness of public health; new funding for public and mental health; new programs and modalities like the suicide hotline, telehealth, new community center and senior facility; renewed activism around gun violence, climate change, abortion; greater interest in collaboration across agencies; increased attention to equity and to systemic and institutional racism.

Commissioner Feeney asked how this great information will be shared with the public. Ms. Sacks responded there is an IPLAN page on the Village website that includes summaries. Once approved and submitted to IDPH, we will post the final IPLAN online in its entirety. We also conducted webinars to share this information with the public and posted the recording online. Ms. Semelka added that we would like to have more community meetings to share our findings and perhaps doing a video to share on social media and presenting to the Board of Trustees and other commissioners.

Commissioners are encouraged to share their ideas as well. Commissioner Silva suggested including smaller portions of the IPLAN in the *Wednesday Journal* and *OP/FYI*. Ms. Semelka will work with the Communications team to include it in the *OP/FYI* October issue. Ms. Sacks said a next step will be to develop a communications plan to roll it out to the community.

Phase four identified strategic issues that emerged from the assessments. We held a community meeting in July to share findings. We identified 15 potential strategic issues and used questions to help us prioritize: Which issues are most aligned with advancing our vision? Which issues will cause the greatest long-term negative consequences if we don't address them? Which issues are most feasible to address? We prioritized down to four strategic issues: natural and built environment, mental health and substance use, gun violence, and access to care.

Phase five formulated goals and strategies around each strategic issue. The core team convened a working group for each of the four strategic issues and they met twice to develop goals, outcomes, strategies, and indicators, which were shared with the leaderships of their organizations. The goals and strategies for each of the four strategic issues go into detail starting on page 57.

We also engaged subject matter experts, Village commissions, and other nonprofits and key stakeholders. Existing plans from other groups were also reviewed, including the Climate Ready Oak Park Plan and last year’s homelessness coalition plan to look for areas of alignment.

Regarding access to care and social determinants of health, Commissioner Feeney suggested engaging with the pharmacy profession and specifically the Illinois Pharmacy Association.

Commissioner Silva feels the IPLAN is super ambitious and asked if we are supposed to implement all of the strategies. Ms. Sacks responded that the IPLAN is where we want our focus to be over the next four years and we’ll choose what to tackle and who will be responsible. It does not have to be all the health department. There will be more detailed planning, assignment of responsibilities, timelines, implementation, and evaluation. It will evolve over time and we’ll use continuous improvement. We want to remain focused on the four priorities but our strategies may change.

Commissioner Carter suggested choosing one priority to focus on each year. Ms. Sacks agrees that we can prioritize one but recommends we continue working on the others in parallel. We could do a quarterly public meeting or webinar that showcases one area and do that every year to space them out so that we don’t overwhelm people.

Moving forward, feedback from commissioners is needed by next week. The draft will be presented to the Village Board for approval at their October 17 meeting. The formal submission to IDPH will include a letter from Chair Chavez affirming the Board of Health Commission has reviewed the IPLAN and organizational self-assessment and supports the health department in its implementation. Ms. Sacks welcomed Dr. Walker’s feedback to ensure the draft reflects our intentions toward DEI. Ms. Semelka thanked Ms. Sacks and Leading Healthy Futures for their work on the IPLAN.

**IPLAN draft approval.** Commissioner Carter moved to approve the draft IPLAN as presented and recommend it to the Village Board; seconded by Commissioner Silva. All commissioners present voted in favor.

**Adjourn.** With no new business, Commissioner Silva moved to adjourn; seconded by Commissioner Carter. All commissioners present voted to adjourn. The meeting was adjourned at 7:34 pm.