



MINUTES

BOARD OF HEALTH Tuesday, October 26, 2021 at 7:30 P.M. Remote Participation

Special Note: The Board of Health conducted this regular meeting remotely with live audio available and optional video. The meeting will be streamed live and archived online for on-demand viewing at www.oak-park.us/commissiontv as well as cable cast on VOP-TV, which is available to Comcast subscribers on channel 6 and ATT U-verse subscribers on channel 99. The remote participation meeting is authorized pursuant to Section 7 € of the Open Meetings Act. The Village President has determined that an in-person public hearing is not practical or prudent due to the COVID-19 outbreak during Governor JB Pritzker's current disaster proclamation. It is also not feasible to have a person present at the public hearing due to the safety concern related to the COVID-19 outbreak.

- I. **CALL TO ORDER.** The meeting was called to order by Chair Noel Chavez at 7:45 pm.
- II. **ROLL CALL.** Members: Noel Chavez (NC), Jennifer Fritz (JF), Suzanne Feeney (SF), Abigail Silva (AS), Wynne Lacey (WL). Department Director: Dr. Theresa Chapple-McGruder (TC). Recording Secretary: Cindy Hansen (CH).

Brief introductions

NC - Associate professor emerita at UIC School of Public Health, nutritionist by discipline, has served on board for 5 years

JF - Physician assistant, works in family medicine at a federally-qualified health center in Humboldt Park, has served on board for 3 years

WL - Oak Parker since 2003, two teenagers at OPRF, this is her third board meeting

SF - Oak Parker for 10 years, two kids between 5 and 11, pharmacist by trade, did a residency program in community pharmacy practice, practices in a non-traditional and non-clinical setting now, new board member

AS - Oak Parker, has a high schooler and a Julian Jayhawk, UIC grad, epidemiologist by training, assistant professor at Loyola, has a decade of experience in public health departments and the Sinai Urban Health Institute doing applied epidemiology, new board member

JC (not present) – retired physician from Rush Oak Park Hospital, new board member

CH - Has worked previously in at the Smart Museum of Art and Planned Parenthood and has experience working with boards, UIC MPA grad, joined the Village last week

TC - Maternal and child health epidemiologist by training, UIC School of Public Health grad, has worked with state, local, or federal health departments, joined the Village May 2021

- III. **AGENDA APPROVAL** – Approved 1st by AS, 2nd by JF.
- IV. **APPROVAL OF MINUTES:** June 29, 2021, August 24, 2021, September 14, 2021 (special meeting) – all meetings were approved 1st by AS, 2nd by all.
- V. **PUBLIC COMMENTS:** No public comments
- VI. **OLD BUSINESS:**

IPLAN Planning

Dr. Chapple presented on our IPLAN planning to date and our application for the NACCHO grant opportunity up to \$20,000 which is due October 31. NACCHO is selecting five health departments to test a new process for doing the MAPP process for community needs assessments. NACCHO's timeline aligns with ours as our IPLAN is due July 2022.

We are likely going to ask for an extension so we can use clear and rigorous methods and have time to seek community input along the way. Our goal is to complete the IPLAN by September 2022. We have had meetings in September and October to set the scope for the topics we want the IPLAN to focus on and have identified partners.

NACCHO has a new MAPP process that includes community input and health equity. It is strongly steeped in sharing power with the community and a new method of calculation will ensure stakeholders have a voice in their community health needs assessment. One-fifth of the points for the application are geared towards health equity and our ability to examine disparities and collect data while ensuring a strong focus on social determinants of health and not just health



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outcomes.

NACCHO has created six different community forms to use in the community health needs assessment. We will meet monthly with NACCHO to discuss what is working and not working. We will also have new tools that are geared towards health equity that we can use to help inform our process. The benefit of looking at our community from a health disparities and health equity standpoint will outweigh any risks of using a new tool. We are not tied to only using their tools and we can create our own if we believe theirs don't meet the demographics or needs of our community.

VII. NEW BUSINESS:

IPLAN Planning

Dr. Chapple presented on new plans for IPLAN planning. We are meeting November 2 with the core group from the previous IPLAN, which includes Oak Park Township, River Forest Township, and the Mental Health Board. We're also including the new CEO at Rush Oak Park Hospital CEO, a member from Housing Forward, and the executive director of the Park District. This core group was recommended to us by the Village Manager and the Village President.

We will seek feedback on the previous IPLAN process and assess their interest in participating again. Once we determine our new core group, our next step will be to develop our vision and mission statement. The previous IPLAN was done with River Forest and we seek input from the board on what to consider when thinking about including River Forest again.

A board member noted that it is not insignificant that the Village Board President and Trustee recommended it, so there may be a political reason. As Oak Park is larger than River Forest, a question was raised whether our target populations are alike enough that we could do such a thing. Another board member acknowledged the jurisdiction of the Oak Park Public Health Department does not involve River Forest, so we should definitely seek justification.

Dr. Chapple wondered about the proposed changes to the MAPP process and how including River Forest might impact the some of the health disparity and health inequity points. She recalled the previous community health needs assessment being a general expression of needs that was not broken out by specific communities. If we decide to include River Forest again, it may be something we call out and make clear where we align and where we differ in terms of health needs.

When asked if it is feasible to ask the Village President why she wants River Forest included, Dr. Chapple responded that following up on that would be a great role for the Board of Health and coming back to us prior to the next meeting with an explanation via email would be helpful in moving forward with next steps. Dr. Chavez agreed to follow up with Susan Buchanan who is the Board of Health's liaison to the Board of Trustees.

Other board members commented that if we are going to include River Forest, we should include all of our neighboring communities, especially if we are talking about equity. While working with allies is great, our responsiveness should be to Oak Park residents. We may be similar demographically, but Oak Park is much more diverse socioeconomically and politically so finding out the reasoning makes sense as we feel like such different communities.

PHAB Accreditation

Dr. Chapple explained that we are not an accredited health department by the Public Health Accreditation Board (PHAB). About 88% of U.S. health departments are PHAB-accredited so we are in the minority. One of Dr. Chapple's two-year goals is for our health department to become PHAB-accredited and we would love board support to help push this forward.

As part of the accreditation process, PHAB will want to know we have a community health needs assessment in place and the IPLAN MAPP process matches what PHAB is seeking. So the IPLAN, which will keep us a state-certified public health department, will also be a contributing document for us to become an accredited health department.

One example of something that is necessary for PHAB accreditation is to include the public health logo on our work, which is not how the Village tends to do things. Everything has the Village's logo. We will need to make changes that will impact the community, which could have political implications that we would need support on at all levels.

Another example is making the health education information on our website accessible in multiple languages. The Village

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only post things in English, so the health department cannot just add multiple languages to our content. It would take efforts at the Village level to put changes like these in place.

Dr. Chapple will keep board members updated and informed about the roles the board can play and suggested we add this to our workplan. We seek input from the board on whether we wish to become accredited, and if so, how we can make all of the necessary structural changes to the health department in order to pass the accreditation.

When asked by a board member what the benefits are of becoming PHAB-accredited, Dr. Chapple responded that PHAB sets national standards for what health departments should do. If we are not PHAB-accredited, we may not be meeting basic community health structures we should be, such as having health education information available in multiple languages. That is a basic need and we should be able to reach members in our community in their native languages, which is something we do not currently do.

PHAB also assesses epidemiologic capacity. Before Dr. Chapple joined the staff, there had not been an epidemiologist in the health department for many years. Being accredited would require us to keep epidemiologic support available to the community, which is something every health department should provide. Without accreditation, no one is holding us accountable for not having an epidemiologist on staff.

When asked if it would be helpful for the board to review what is required for PHAB accreditation in order to be supportive, Dr. Chapple responded affirmatively that we will be laying out the requirements between now and January. We will condense PHAB's requirements into a summary that we will share with the board.

A board member likes the process that is being proposed and agrees that we need to know what it will entail so we can weigh the pros and cons and assess if it will meet our needs. It is good to be aspirational, but we will need to know what resources will be required. Having an epidemiologist in a health department should definitely be a requirement.

10 Essential Public Health Services

Board members were sent a document and link of the 10 Essential Public Health Services, which are divided into assessment, policy development, and assurance. Assessment is the role of an epidemiologist, to assess and monitor population health, investigate diseases, and address health hazards and root causes. Policy development is a huge part of public health and we should be striving to have policies come out of the health department. A great example is the work the board did with tobacco in the schools. Assurance raises the questions of what are we doing to build a diverse and skilled workforce? What are we doing to enable access? What are we doing to improve and innovate through evaluation, research, and policy improvement?

For more information, there is a video on the CDC's website and you can learn more about each of these parts so as we continue to work together as a board and a health department, we are grounded in the 10 essential services of what public health is supposed to do.

Hiring / Org Chart

We sent board members an updated org chart so you can see what the team looks like and which positions are open. The structure is permanent except for three positions that are COVID-related and will likely end when COVID is endemic.

We are finalizing hiring for the community health manager who will take over the IPLAN process. We hired three staff this month and there are five open positions. It is extremely difficult to do work while being half-staffed and all of our positions are key because we are a small department. We seek board assistance with recruitment and we will send the job descriptions to please share with university connections, job boards, and anywhere else.

Workplan

We will send board members our workplan for review. Most of the elements will be continued as we weren't able to work on them last fiscal year. Suggestions can be made for things that can be eliminated.

VIII. **OTHER BUSINESS** – None

IX. **ADJOURN at 8:32 pm**– Motion to adjourn by AS, 2nd by JF.

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NEXT MEETING: Tuesday, November 23, 2021, 7:30 pm