

**Minutes of the
Chicago Board of Health
Wednesday, February 15, 2023
9:00 AM – 10:30 AM
DePaul Center
333 S. State Street, 2nd Floor Boardroom (Room 2002)
*Amended on 4/19/2023 by Dr. Steven Rothschild***

I. Roll Call

Quorum was established based upon the following:

Present In-Person: Janet Lin, MD, MPH, MBA
Steven Rothschild, MD
Joel Johnson, MEd
Óscar Iván Zambrano, MPH, MBA, CDM
Matthew M. Davis, MD, MAPP
Debra Wesley, MSW
Rosa Martínez Colón, MS

Virtual Participation: Horace E. Smith, MD

Absent: Carmen Vergara, MPH, RN-BSN

For the Department: Megan Cunningham, Managing Deputy Commissioner
Chicago Department of Public Health

II. Call to Order

The meeting was called to order by Janet Lin, M.D. President.

III. Approval of the Minutes

The Board voted and approved the January minutes.

IV. Commissioner's Update

Managing Deputy Commissioner Cunningham provided the following department wide COVID and non-COVID updates:

- **American Heart Month:** February is American Heart Month. CDPH's Community Health Response Corp has been involved in addressing this issue. Previously, these were individuals hired to conduct COVID-19 contact tracing employed by local Community Based Organizations (CBOs), serving as CDPH's community public ambassadors. To recognize that heart disease is the leading cause of death in the United States and Chicago, CDPH mobilized this group to take action on this critical issue. CDPH implemented a CPR training to train the trainer, to bring this training back to their communities.
- **National Black HIV/AIDs Awareness Day:** Last week, February 7th, was National Black HIV/AIDs Awareness Day. CDPH has been re-orientating HIV programming to more intentionally and equitably address the disparities within communities most vulnerable to HIV. Additionally, CDPH premiered

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their own movie, “HIV and the Journey to Zero”, on this day. This documentary can be located on CDPH’s YouTube channel, and more information can be found on: Journeytowardszero.com.

- **Internal Need:** CDPH has been working internally to minimize the vacant percentage. CDPH hiring got off to a strong start in 2023, with the department welcoming 26 candidates into new roles in January. CDPH is pushing to significantly reduce the vacancy ratio in 2023, with a very ambitious goal to bring the vacancy rate under 15% (from a current 50%) in 2023.
- **Policy Updates:** Dr. Arwady continues to be active at the federal level of advocacy regarding sustaining and flexible funding for Public Health. She takes part in the Big Cities Health Coalition, where in a few weeks she will be in Washington to educate lawmakers on widening the focus from emergency funding.
- **Labor Peace Agreement:** Human Services Workforce Advancement Ordinance has not been formally introduced but is in active negotiations. This would require CDPH and DFSS delegate agencies to enter into a labor peace agreement with a labor organization, should an organization approach the delegate.
- **The Clean and Affordable Buildings Ordinance:** This would require all newly constructed or majorly renovated buildings in the city of Chicago to be all-electric through new indoor emissions standards. This applies to all buildings residential and commercial, with limited exceptions. The ordinance came out of the Building Decarbonization Working Group created by the Mayor’s Office of Climate and Environmental Equity (OCEE) in June 2021.
- **COVID-19 Public Health Emergency:** President Biden has expressed the intention to end the emergency COVID-19 declaration on May 11th. None of these services will go away immediately, but overtime this will change. In the future, there may be a time when those who are not insured, or under-insured will have less access to services that they had during COVID. CDPH continues to work towards strategizing on how to address a more equitable approach to this. Additionally, CDPH continues to advocate for “vaccines for adults” program. Medicaid enrollment currently covers about 1 in every 4, people have become to rely on this. With the ending of the funding, each State, as of April, will be able to remove ineligible people from Medicaid. SNAP Benefits were, also, expanded during the height of COVID, but this expansion will also end with the Public Health Emergency ending. CDPH anticipates that food insecurity will likely go with the ending of this as well and encourages those with the ability to donate to local food pantries.

Board Member Comments and Questions:

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- **Debra Wesley:** There has been a lot of talk of moving the COVID vaccine to an annual vaccine. What are the thoughts on that and how do we move people to do that?
- **Dr. Lin:** Speaking about the “Vaccine for Adult Program”, will this be a citywide recommendation for all health care entities, or will this be specifically for only CDPH-run clinics?
- **Dr. Davis:** Does the Labor Peace Ordinance directly affect CDPH as a health care entity? Additionally, are there any updates on Xylazine within Chicago?
- **Joel Johnson:** Law enforcement can screen seized narcotics, including, Xylazine during any official seizure. If law enforcement does conduct a seizure, this would allow for a dataset of the amount of Xylazine present in Chicago.
- **Dr. Rothschild:** How many people are currently employed at CDPH? Is CDPH aware of how many people left in 2022 from CDPH?
- **Dr. Lin:** Has CDPH noticed a specific gap that have been hard to fill in terms of hiring? Is the HR process a major component of the vacancy percentage?
- **Debra Wesley:** Is CDPH aware of increases of Syphilis that we need to be aware of and/or worried about?
- **Dr. Smith:** Commented on being worried about the ending of COVID-19 Emergency Funding and how it will affect poor and marginalized people to access of care.

V. Board President’s Comments:

- **Academic Engagement:** How can we better engage our educational settings to tap into these spaces?
- **Black History Month:** Acknowledgment of this month and the accomplishments that have been achieved by those who are black.

VI. Presentations:

Title: CDPH Office of the CMO: Healthcare Systems Coordination
Jennifer Seo, MD, JD
Chief Medical Officer
Chicago Department of Public Health

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- **Debra Wesley:** Is there any interaction or intersection with the Department of Children and Family Services?
- **Dr. Rothschild:** Are you partnering with Cook County Department of Public Health to address the disparities of access to Medicare?
- **Dr. Davis:** Encouraged the team to identify fewer number of roles that the Office of CMO has and focus on these points. Stated that overcommitting can make the team spread themselves too thin. Further emphasized the fragmentation that exists in Cook County.
- **Óscar Zambrano:** Community Healthcare Systems are often treating community needs as checklists and there is often a disconnect of what services they are providing and what the community health assessments state their needs are.
- **Dr. Lin:** We should not be focusing on the “easy” activities, ideas, projects, and impacts but rather looking more comprehensively where the areas with the biggest impact are.

VII. Public Comments

- **Dr. Judy King:** At the end of his November 16, 2022, CDPH Behavioral Health Programming Update, Matthew Richards said that there had been eight street outreach worker deaths in the past year and that there was a need to acknowledge and honor, the lives lost, their work, and sacrifice for others, and better support street outreach workers going forward. Specifically, I heard Matthew Richards say, in part, the following:

This is very difficult and dangerous work. We've had, I think, eight street outreach workers die in the past year. Unfortunately, the losses-- and we've talked about how we can do better as a health department --of those lives ... we don't acknowledge the loss of life of this very heroic workforce in the same way, I would say, that we honor police officers, for instance, who certainly deserve recognition as well. But we want to make sure that these folks are recognized for the incredible work that they do and also think about how you create ladders of opportunity. When you're 25 or 30 and you're up at 4 o'clock in the morning doing this work...you may not want to do later in life ...and so creating ladders of opportunity is going to be a big part of this -- growing the workforce and continuing to standardize the work. I think the third part is scale. We know that this workforce is not at scale in the communities that we're most focused on...

Horace Smith:...eight people have been killed in the line of duty, is that true?

M Richards: That's the number that I was told recently.

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What are the Chicago Board of Health's recommendations to the city and the mayor about responding to and acknowledging these street outreach workers' lives?

In Baltimore, after street outreach workers were killed this past year, the workers were acknowledged by the mayor, the community, and the press and their deaths prompted a reevaluation of the operations of the city's Safe Streets program.

When Chicago Police complained about job related stress and anxiety, they got the Chicago City Council Committees on Health and Human Services and Public Safety to hold a hearing on a specialized medical treatment nicknamed the "God Shot" (stellate ganglion block).

When Chicago firefighters and paramedics said that they were increasingly under attack on the job, within two weeks after its introduction, the City Council approved an ordinance that imposes fines and incarcerates anyone who would attempt to devalue the lives and interrupt the work of these first responders.

But when the city pays a group of mostly black men to risk their lives as first responders, day in and out as violence interventionists, and the Chicago Department of Public Health reports that eight (8) of them have lost their lives doing this work in the last year or so, there's silence. Chicago's health department and its Board of Health apparently do not even seem to believe they need to "clarify" their report of lives lost to the public who heard it. This is black history and it's now.

The well-being of Chicago's street outreach workers deserves serious attention.

I note further that despite the seriousness of street outreach worker deaths, you chose not to mention these deaths or the apparent questions about the number of lives lost in the November 16, 2022, meeting minutes. Instead, you wrote: "Dr. Smith: Asked clarification on a statistic that was provided in the presentation."

Did CDPH ever "clarify" the "statistic" that was provided in Matthew Richards' November 16, 2022, meeting presentation? When will you provide clarification on the statistic for the public?

Matt Richards (CDPH): "The wellbeing of Chicago's community violence intervention (CVI) workforce is a critical priority for CDPH to support as this important work moves forward. CDPH funds the Metropolitan Peace Institute which

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is in the process of launching a wellness center to support the City's CVI workforce. In addition, CDPH is in regular conversation with multiple Chicago-based researchers who are doing ongoing work on the health and wellbeing of the CVI workforce. CDPH has engaged CVI leaders and researchers to better understand how data related to injuries sustained by CVI workers is collected, maintained, and used to increase safety. When CDPH has additional information to share on this injury data, we will share it with the BOH and members of the public."

VIII. Standing Business

- **Policy Update:** This was covered within the Managing Deputy Commissioner's updates.

IX. New Business

- **Dr. Rothschild:** Request was made for the Environmental Permitting and Inspections presentation next month to include CDPH's analysis on the Healthy Homes Ordinance.

X. Old Business

- **Delegate Agency Voucher Update:** The Board requested an update on financials regarding the Delegate Agency Vouchers. This was brought up from a presentation that was made in the prior year.

XI. Adjourn

The meeting was adjourned at 10:27 am by Dr. Janet Lin.