

Minutes of the  
**Chicago Board of Health Meeting**  
**Wednesday, July 20, 2022**  
**9:00 A.M. – 10:30 A.M.**  
**DePaul Center**  
**333 S. State Street, 2<sup>nd</sup> Floor Boardroom (Room 2002)**  
**In-Person Meeting**

**I. Roll Call**

Quorum was established based upon the following:

**Present:** Carmen Vergara, MPH, RN-BSN  
Debra Wesley, MSW  
Horace E. Smith, MD  
Janet Lin, MD, MPH, MBA  
Matthew M. Davis, MD, MPP  
Oscar Ivan Zambrano, MPH, MBA, CDM  
Steve Rothschild, MD

**Absent:** Joel Johnson  
Rosa E. Martinez Colon

**For the Department**

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

**II. Call to Order**

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

**III. Approval of Minutes**

The Board voted and approved the July meeting minutes.

**IV. Commissioner's Update**

Commissioner Arwady provided the following department wide COVID and non-COVID updates:

- There will be an updated vaccine coming in the fall. Possibly in the late October to November range. We were hoping it would have come at the same time as the flu. There was a decision at the federal level to wait to be sure that the latest Omicron variants were covered. The updated version will cover Alpha, Beta, Delta, Omicron and including the A-Form.
- We would put a mask requirement back in place as a City and potentially even a vaccine requirement for high risk settings if we were seeing strain on the health care system. The strategy is to save mandates for when they are really needed.

- We have been doing a lot of messaging on Monkeypox. We will be putting out some more press releases and also a press conference. The City of Chicago almost has 200 diagnosed cases. Nearly all are cases of men who have sex with men which is consistent with what has been seen across the U.S. and Europe. Approximately 5% of Chicago cases have required hospitalization. There hasn't been any deaths in Chicago or the U.S. There is capacity to do 70,000 tests across the country. Treatment called TPOXX is also available that is for people who are higher risk for severe illness. It is still an investigational drug. It's not on shelves here, it comes from the federal government but we can get it for anyone who is high risk and needs that treatment. To date, in Chicago we have gotten about 5000 doses of vaccine. We expect to receive another 15,000 within the week.
- Anyone who is a contact of anyone who has been diagnosed with Monkeypox gets vaccinated. We do both doses of the vaccine. We have distributed the vaccine in low amounts (10 doses and 20 doses) to a lot of providers but not enough for every provider. We have setup the ability at our own sexually transmitted infection clinics as well as with our partners UIC, Rush, and others to make sure everyone gets vaccinated quickly. We've been trying to get vaccine into the highest risk populations. We've been working with LGTBQ outreach where riskier behavior is sometimes identified.
- One of the goals of our Family Connects program is to ensure that every baby born in the City of Chicago will get a nurse visit after being born and at home within three weeks to conduct a full assessment of family needs. We are making good progress with our first cohort of hospitals: St. Anthony's, UIC, Rush, Sinai, Humboldt Park Health, Swedish, Stroger and Roseland. In some cases, CDPH nurses are providing services and in other instance the hospital nurses are providing services. We are currently exploring what it would look like to work with Northwestern Hospital and Ascension.
- The Equitable Transit Ordinance passed zoning and is up for full City Council consideration today.
- For behavioral health, the department has been working with Chicago Public Libraries with our harm reduction work and have passed some good thresholds in distribution of our NARCAN, Fentanyl test strips. We have distributed more than 50,000 Fentanyl test strips and 500 NARCAN kits out of 27 libraries. We have plans for further expansion and have been doing a lot of training of CPL staff.
- We have also expand our Crisis Assistance Response and Engagement (CARE) program. Where we place CDPH mental health clinicians as part of the 911 response. CDPH teams are now in the 911 call center. They help screen calls and also provide support to the 911 call takers.
- We are heading into CDPH budget season. Most of the department's funding (more than 90%) comes directly from the federal government at this point. The vast majority of the funding comes from the CDC, some comes from Housing and Urban Development (HUD) and some from the state as well as a few other sources. The City funding (Corporate budget) is relatively smallest but is the part of the budget that we have the most flexibility over. A lot of our behavioral health budget is in the corporate

budget. We are putting forth a request to increase our funding in the sexual health space considering the Monkeypox outreach and the overturning of Roe v Wade. We are looking to provide funding and other supports for those seeking abortion care to come here from other states.

**Board Member Comments & Questions:**

- **Debra Wesley** – (Monkeypox) Is there a community education strategy in place? (911 Behavioral Health) What is the connection between the 911 and the 988? (COVID-19) The Family Connects program is a great program to communicate the with families about vaccinating children.
- **Dr. Smith** – (Monkeypox) With such a low supply of the Monkeypox vaccine, why are you not testing contacts and then vaccinating?
- **Dr. Rothschild** – (COVID-19) As we are anticipating new vaccine this fall, what are the lessons learned from the first wave that will be beneficial this time around to getting vaccines to those who need it most?
- **Dr. Lin** – (COVID-19) What is the top line messaging to people as we wait the new vaccine? At what point will COVID vaccination become part of the childhood immunization requirement?
- **Dr. Davis** – (COVID-19) Kids in Australia (southern hemisphere) have been an indicator for what we experience here (northern hemisphere). They are seeing a three-fold simultaneous epidemic now. We have an opportunity to be proactive to encourage children to mask this coming season in school.
- **Dr. Smith** – (COVID-19) I have concern about the numbers of children not vaccinated. We won't see a big change in that unless our strategy changes. The current messaging doesn't state that kids do get sick and how many. This may help parents see the importance of vaccinating their children.

**V. Board President's Comments**

- Dr. Lin welcomed visiting students from UIC and Northwestern.
- Introduced proposal for new Board of Health "hybrid" meeting format. The board voted and unanimously approved.
- Introduced proposal to change the ordinance and restructure the Board member term establishing review of membership for all members every three-years.

**VI. Presentation**

Title: Introduction to Health Equity in All Policies

Kate McMahon, MPH

Director, Health Equity in All Policies

Chicago Department of Public Health

The presentation provided an overview of the department's Health Equity in All Policies work. This collaborative policy and systems change approach to center health equity in decision-making across policy areas and sectors aims to create change and address the

structural and social drivers of health inequities. Information regarding social determinants of health, Healthy Chicago 2025, values that drive the work, strategies that drive the policy and systems was presented.

**Board Member Comments & Questions:**

- **Dr. Rothschild** – What are the measurable health outcomes that we should look for?
- **Dr. Smith** – There is much talk about what the issues are but you need to empower grassroots people for real change. The work you are doing is great but without people who are connected to the community you're just running another program.
- **Carmen Vergara** – How does the policy work invest in people and help the people behind the scenes stay true to these systems?

**VII. Public Comments**

There were no public comments for this meeting.

**VIII. New Business**

New “hybrid” meeting format was introduced.

Ordinance to change Board member term structure was discussed.

**IX. Old Business**

There was no old business.

**X. Adjourn**

The meeting was adjourned at 10:29 am by Dr. Janet Lin.