



**University of Illinois Extension, 2205 Enterprise Dr., Suite 501, Westchester, IL**

Committee Members Present: Yvette Alexander-Maxie, (American Red Cross); Theresa Curran (West Suburban PADS); Lynn Guibourdanche (Advocate Lutheran General); Lena Hatchett, (Loyola University Chicago); Jennifer Hebert-Beirne, (UIC School of Public Health); Diane Logsdon (Logsdon Consultation Services); Terry Mason (CCDPH); James McCallister (Village of Arlington Heights); Wendell Mosby, (Prairie State Community College); Mary Passaglia (Northwest Municipal Conference/Health Directors); Steve Weiler, (Forest Park Police Department).

**Committee Members Absent:** Edwin Chandrasekar (Asian Health Coalition); Catherine Counard (Village of Skokie Health Department); Christopher Grunow (Stickney Public Health /Stickney Township); Yamani Hernandez (Illinois Caucus for Adolescent Health); Amanda Kelley (American Heart Association); Maria Oquendo-Scharneck (AgeOptions); Margaret Provost-Fyfe (Village of Oak Park – Dept. of Public Health); Samantha Robinson (CMAP); Itedal Shalabi (Arab American Family Services); Evonda Thomas-Smith (Evanston Health Department); Apostle Carl White (Southland Ministerial Health Network).

**CCDPH staff present:** Deanna Durica, Gina Massuda-Barnett, Amy Poore-Terrell, Steven Seweryn

**I. Call to order:** The meeting was called to order by Dr. Mason at 1:20pm.

**II. Public Comment:** There was no public comment.

**III. Approval of Minutes - April 9, 2014**

Wendell Mosby moved to approve the minutes from the April 9, 2014 Community Health Advisory Council meeting. The motion was seconded by Lynn Guibourdanche and unanimously passed by the membership.

**IV. Discuss and make recommendations that will support:**

- a. Development and implementation of guiding principles and processes that will ensure the integration of a social justice lens in improving population health

Lena Hatchett facilitated a discussion regarding health equity and ways that the CHAC can implement social justice principles to guide its work. (See presentation slides). She stated that it is important for members to engage this discussion in order to focus resources and ensure the use of health strategies that focus on health equity. Jennifer Hebert-Beirne emphasized that an equity lens changes the focus from the individual to the population level – from that of individuals experiencing issues to the conditions within which an individual lives. Lena agreed and reiterated that with an equity approach often the community is the unit of identity. She asked the group to consider ways to promote health equity in our work, remembering to consider ways to be strategic so that the work not only benefits individuals but also helps the community at the root level. Yvette Alexander-Maxie stated that we must be sure that community is ready to receive information and to consider that they may have different priorities.

Gina Massuda-Barnett reminded the group that when discussing WePLAN in a previous meeting, community engagement rose to the top in the discussion regarding where we can improve. If we are committed to health equity and community engagement, then establishing guiding principles and processes will be a key component in ensuring that we do that. She asked the group to consider what principles should be included in a guiding document, and what other issues should be considered. Lena reiterated that the document would serve to guide the services, programs, and client engagement of the agency and be the benchmark by which information on these activities is reviewed. Steven Seweryn suggested that the document will benefit CCDPH because it will guide the Council in WePLAN work, and will inform the agency strategic plan renewal. The group suggested including principles such as using innovative ways to disseminate information, authentically engaging the community, co-learning, and allowing community solutions to be heard and implemented.



Gina suggested that, in addition to member feedback, both the community research principles and the CDC model for incorporating health equity could be used to create a draft document for the group to review at the next meeting. She summarized the conversation as fitting into four broad conceptual areas: Communication – create meaningful information for assessment, planning and action; Partnerships – think outside the usual; Processes; and Strategies to improve health.

**b. CHAC Community Member Recruitment**

Deanna Durica presented a draft community CHAC member application and recruitment process for the group's consideration. Members questioned the need to include any socio-demographic characteristics and supported the use of open-ended questions through which prospective members could describe their interests and backgrounds. Jennifer suggested adding a way to assess for corporate interests, and Yvette stressed the need to develop standard review criteria so that new members would be assessed fairly. Steve Seweryn suggested that an interview of prospective members could be a tool for vetting candidates. The group also suggested providing information about the recruitment and selection process on the CCDPH website.

**V. CCDPH updates**

Amy Poore-Terrell provided an update on agency communications by reviewing the Healthy HotSpot (HH) proposal that members received. She reminded members that Healthy HotSpot is an overarching campaign linking place and health. The visual identity will allow us to identify and highlight partner agencies that have already worked to become a HH (implementing baby friendly or smoke-free policies, for example). Dr. Mason then provided a legislative update. He stated the local health protection grant was flat funded. He also called attention to the unpasteurized milk bill, stating that IDPH promulgated rules to which many stakeholders, including NIPHIC offered amendments in order to ensure safe conditions for selling this product.

**VI. New Business**

Wendell Mosby began a discussion about recent gun violence in the news, and asked about CCDPH's involvement in violence prevention. Dr. Mason and Gina highlighted CCPDH's current work focused on bullying prevention and domestic violence, as well as the policy, systems, and environmental change work focused on neighborhood conditions. It was suggested that this be considered for a topic for a subsequent meeting.

**VII. Next meeting**

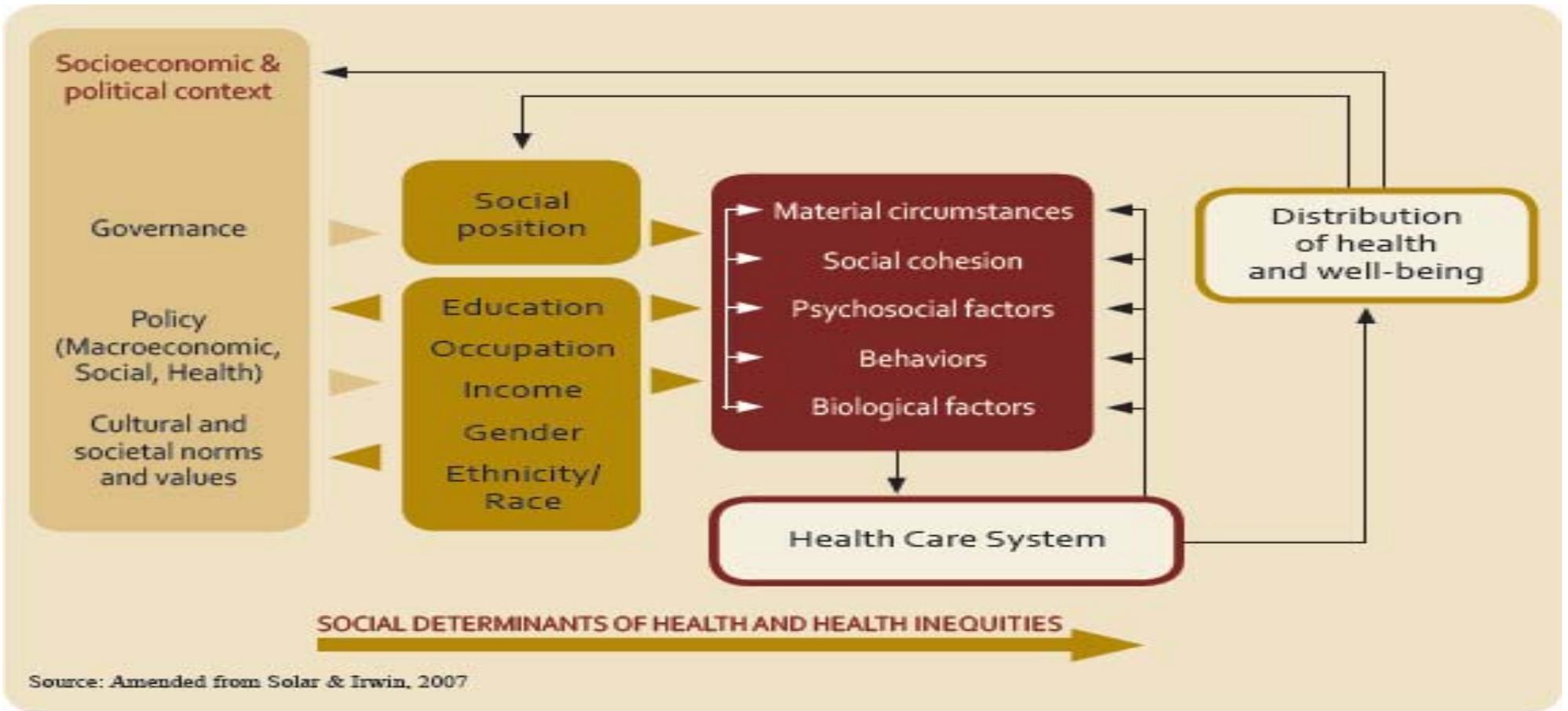
The next meeting of the CHAC will be held on Wednesday, October 15, from 10:00am – 12:00pm at the University of Illinois Extension, 205 Enterprise Dr., Suite 501, Westchester, IL.

**VIII. Adjournment**

Wendell Mosby moved to adjourn the meeting at 3:15. The motion was seconded by Diane Logsdon and approved unanimously.

# Health Disparity

- *Healthy People 2020* defines a *health disparity* as “a particular type of health difference that is closely linked with social, economic, and/or environmental disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater obstacles to health based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation or gender identity; geographic location; or other characteristics historically linked to discrimination or exclusion.”<sup>1</sup>



# CDC Social Determinants of Health<sup>2</sup>

# Health Equity

- *Healthy People 2020* defines *health equity* as the “attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.”<sup>3</sup>

# References

- <sup>1</sup>U.S. Department of Health and Human Services. The Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020. Phase I report: Recommendations for the framework and format of Healthy People 2020. Section IV. Advisory Committee findings and recommendations. Available at: [http://www.healthypeople.gov/hp2020/advisory/PhaseI/sec4.htm#\\_Toc211942917](http://www.healthypeople.gov/hp2020/advisory/PhaseI/sec4.htm#_Toc211942917).
- <sup>2</sup> CDC. Social Determinants of Health. Available at: <http://www.cdc.gov/socialdeterminants/faq.html>
- <sup>3</sup> U.S. Department of Health and Human Services, Office of Minority Health. National Partnership for Action to End Health Disparities. The National Plan for Action Draft as of February 17, 2010. Chapter 1: Introduction. Available at: <http://www.minorityhealth.hhs.gov/npa/templates/browse.aspx?&lvl=2&lvlid=34>

**Community-Based Participatory Research Principles (CBPR)\***  
*Fundamentos de la Investigación Participativa Basada en la Comunidad*

1. CBPR facilitates collaborative, equitable partnerships in all phases of the research.  
*Facilita la colaboración equitativa en todas las fases de la investigación.*
2. CBPR integrates and achieves a balance between research and action for the mutual benefit of all partners.  
*Integra y logra un equilibrio entre la investigación y las acciones para el beneficio mutuo de todas las partes.*
3. CBPR recognizes community as a unit of identity.  
*Reconoce a la comunidad como unidad con identidad.*
4. CBPR builds on strengths and resources within the community.  
*Se fundamenta en las fortalezas y recursos de la comunidad.*
5. CBPR promotes co-learning and capacity building among all partners.  
*Promueve aprendizaje mutuo y desarrolla capacidad entre todas las partes.*
6. CBPR involves a long-term process and commitment.  
*Implica un proceso a largo plazo y compromiso.*
7. CBPR emphasizes local relevance of public health problems and ecological perspectives that recognize and attend to the multiple determinants of health and disease.  
*Enfatiza la relevancia local de los problemas de salud pública y enfoques ecológicos que reconocen y atienden los múltiples determinantes de la salud y de la enfermedad.*
8. CBPR disseminates findings and knowledge gained to all partners and involves all partners in the dissemination process.  
*Disemina resultados y el conocimiento ganado a todas las partes e involucra a todas las partes en el proceso de la diseminación.*
9. CBPR involves systems development through a cyclical and iterative process.  
*Implica el desarrollo de sistemas a través de un proceso cíclico e iterativo.*

Israel, B.A., Schulz, A.J., Parker, E.A., Becker, A.B., Allen, A.J., and Guzman, J.R. Critical issues in developing and following community-based participatory research principles. In M. Minkler, N. Wallerstein (eds.), *Community-Based Participatory Research for Health*. San Francisco: Jossey-Bass, 2003, pp. 56-73. Translation to Spanish by Detroit Hispanic Development Corporation, Detroit, MI; Carlos Rodriguez-Diaz, School of Public Health, University of Puerto Rico; and community members in Puerto Rico.