

Chicago Board of Health  
Meeting Summary: December 21, 2016  
DePaul Center, 333 South State Street

**Roll Call**

Board Members Present

Carolyn C. Lopez, M.D., President  
Adele Joy Cobbs, M.D.  
Melanie Dreher, RN, PhD.  
Victor M. Gonzalez  
Steven Rothschild, M.D.  
Joseph B. Starshak

Board Members Absent

Caswell A. Evans, Jr., DDS, MPH  
Horace E. Smith, M.D.

For the Department

Julie Morita, M.D., Commissioner

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**Call to Order:** The meeting was called to order at 9:08 a.m.

**Approval of Minutes:** October and November 2016 minutes were approved.

**Commissioner's Update:** Julie Morita, Commissioner provided the following updates:

**Food Protection**

- Chicago retail food establishments are safe. The Chicago Department of Public Health innovative approach to food safety and improvements to food inspections protocols put public safety first. Recently, the Inspector General released a report that highlighted CDPH's need for more funding to meet state requirements for inspections of food establishments. Being the nation's third largest city, it is no surprise that Chicago has more food establishments than any other state municipality. Yet, Chicago does not receive proportionate funding to achieve the state's own requirements. Despite the funding obstacle, CDPH has increased the number of inspections by 9% since 2012, and inspected every high-risk food establishment at least once in 2015 and are on track to do the same in 2016.

Although the IG report acknowledged our many improvements and innovations (e.g., predictive models to identify establishments at greatest risk for critical and serious violations, self-inspection program for low risk establishments) which have resulted in improved efficiency and increased inspections, they concluded that CDPH needs additional resources to meet the state mandates. The City of Chicago and the state have a shared goal of protecting all of our residents from food-borne illnesses. An unfunded mandate is not the solution, instead we believe in an honest dialogue about finding innovative solutions to improve public safety. Our goal is to work with the state to find common ground and identify additional funding and/or modifications of the requirements in order to achieve full compliance with the mandates they set forth.

**Extreme Weather Response**

CDPH's role has been to work with hospitals to get data on which patients are coming into emergency rooms due to the cold. The patients might be there for frostbite or simply to get warm. We then pass that information on to OEMC to coordinate the response with other City departments. This year we have already had very low temperatures and we will continue to work closely with OEMC to help protect Chicago residents.

**CDPH Strategic Plan**

- CDPH recently finalized our four-year plan to improve internal operations and strengthen our workforce. Following input from staff, the plan provides deliverables around six goals that, once completed, will help our team perform better and improve health across Chicago. The plan includes an update to our departmental vision and mission, bringing them in line with Healthy Chicago 2.0's focus on health equity, community development and resident engagement.

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**Flavored Tobacco Ordinance Revisions**

- The City Council made a revision to the flavored tobacco ordinance, and Jesse will provide details.

**Health Advocacy**

In late November, 11 other City and County Health Commissioners and Commissioner Morita

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representing 31 million residents, signed on to a letter to Vice President Mike Pence and the members of the Presidential Transition Team strongly advocating for critical public health priorities:

- Opioid Addiction and Overdose
- Public Health Preparedness
- Health Babies and Children
- Mental Health
- Violence prevention
- Healthcare Cost Reduction

### **Enroll Chicago**

City of Chicago efforts to enroll residents in quality, affordable health coverage continues with coordination from CDPH's Enroll Chicago initiative. The 4<sup>th</sup> open enrollment period for the private insurance Marketplace under the Affordable Care Act (ACA) began on November 1<sup>st</sup> and ends on January 31.

- This past Monday was the extended deadline to complete enrollment for coverage effective January 1, 2017 in the private insurance Marketplace.
- Enrollment in Illinois Medicaid for low and moderate income residents is year around. CDPH is closely coordinating with City Departments, Sister Agencies, and community stakeholders on resident engagement, education and enrollment. These efforts align with the Health Chicago 2.0 strategic priorities.
- The U.S. Department of Health & Human Services has recently released a report on the Affordable Care Act's impact on Illinois. Copies of the report are available at the sign-in table. Chicago specific data should be released in the next several weeks.

### **Board of Health Member Anniversaries (falling before the next Board meeting)**

- Horace Smith, M.D. January 18 (2012 - 5 years)

Commissioner Morita thanked him for his years of dedicated service to residents of the City of Chicago.

### **CDPH Year End Wrap Up**

Commissioner Morita provided an overall of CDPH's 2016 accomplishments.

**Comments by the Board President:** Dr. Lopez welcomed the students and provided an overview of the board's history and explained the board's advisory role in matters of infectious disease and health issues affecting public health. Dr. Lopez wished everyone a great holiday and thanked the department for their accomplishments throughout the year. She provided everyone with a quote from Winston Churchill, "success is not final, failure is not fatal: it is the courage to continue that counts."

**Policy Update:** Jesse Lava provided the following updates:

#### **Flavored tobacco**

At the last City Council meeting, aldermen passed a revision to the flavored tobacco ban within 500 feet of schools. The administration is committed to preventing youth from getting addicted to tobacco, and the new ordinance reflects a compromise reached with aldermen who were concerned about businesses in their wards. Aldermen had originally discussed repealing the ban,

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or removing menthol from the list of flavors. However, the ordinance was passed will ensure that stores within 500 feet of high schools are still prohibited from selling flavored tobacco products, including menthol. The measurement remains property line to property line—not the less expansive door to door standard that was also proposed. In addition, the ordinance includes a number of new measures designed to strengthen the fight against Big Tobacco. It:

- Bans new tobacco licenses within 500 feet of high schools, so there is likely to be gradual attrition over time.
- Requires that clerks selling tobacco be at least 21, given research that underage clerks are far more likely to sell to underage customers.
- Doubles or in some cases more than doubles the potential fines for illegal tobacco sales like selling to minors or concealing unstamped cigarettes.
- Invest new dollars in prevention efforts to keep youth from getting hooked.

### **Pharma Rep License**

Last month the City Council passed a license for drug reps that will help hold the industry accountable for its marketing practices while freeing up revenue for heroin addiction treatment. The next step is to create rules implementing this ordinance, addressing issues such as ethical standards, a process for physicians to file complaints, and topics for continuing education. We plan to be rolling out a draft in the early part of 2017.

### **IRS Letter**

Mayor Emanuel sent a letter in November to the IRS, co-signed by numerous hospitals and advocates, asking the IRS to modify a tax form to clarify its definition of a hospital community benefit to explicitly include investments in supportive housing and other programs that address the social determinants of health. Some hospitals are unclear on exactly which activities the IRS would count as community benefits to help justify their tax-exempt status. We believe greater clarity from the IRS could help enable greater investments in the kinds of things we talk about in Healthy Chicago 2.0—community factors that affect health even more than individual medical treatment and behavior. Unfortunately, the IRS has replied and does not plan to change the form. But they did affirm and clarify that investments in community health and social determinants of health can be consistent with community benefits, based on the circumstances that individual hospitals face, so we will continue working with hospitals and philanthropic partners to secure investments in needed areas. Co-signers included Mercy, Trinity, Presence, U of I, Cook County, Rush, Saint Anthony, Roseland, Swedish Covenant, Catholic Health Association, EverThrive, Aids Foundation, Thresholds, Chicago Coalition of the Homeless, and others.

**Old Business:** None

**New Business:** None

**Public Comment:** None

**Adjourn:** The meeting adjourned at 10:25 a.m.

**Next Board Meeting: Wednesday, January 18, 2017 at 9:00 a.m.**