



Chronic Disease Action Team Meeting Minutes

Draft

Friday, February 19, 2016

2:30– 4:00 PM

Active Living Workgroup

Present: Juana Ballesteros, Bill Dart, Karen Shoup, Melody Geraci, Noah Franklin, Richard Sewell

UIC MidAmerica Center for Public Health Practice (MCPHP) Staff: Christina Welter, Jamesetta Mator

Agenda Item	Discussion/Updates	Action Items/Decisions Made	Responsibility / Deadline
Welcome and Roll Call	SHA and Chronic disease Databook are posted on website	Attendees introduced themselves.	
Meeting Purpose	<p>Meeting objectives: Focus on Active living</p> <ol style="list-style-type: none"> 1. Assess agreement on health outcome and objectives 2. Build and analyze activities/initiatives to address the objectives 3. Brainstorm implementation steps where possible and time allows (e.g. recommended champion, launch steps, etc) that reflect the role of the public health system in plan implementation <p>We would like to review the draft of programs that have been matriculated by the work group and talk through them, add things that should be there and give feedback</p> <ol style="list-style-type: none"> a. are the programs listed/decision criteria appropriate? b. do we have the resources c. how could it address SDoH 		
Review Health Outcome objectives	<ol style="list-style-type: none"> a. The health outcome objectives are taken from the databook – Row 4 and 5 <ol style="list-style-type: none"> i. We will work with the department later to see what is 		



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	<p>considered a reasonable percent of improvement</p> <ul style="list-style-type: none"> ii. Should we add health outcome measures? b. We have to propose long term outcomes of how our work will be measured. c. We will also need short/mid-range measures of success that align with the health outcomes and initiatives. We will check the alignment at a future meeting d. At this time however, does anyone strongly disagree with the proposed health objectives? 		
Review Goal Objectives	<ul style="list-style-type: none"> a. Looking at these now, does anyone have questions, comments? <ul style="list-style-type: none"> 1. The goal objectives were reviewed and edited 2. Objective 2: revised and possibly changed b. Does anyone strongly disagree with these proposed objectives? <ul style="list-style-type: none"> 1. Changes were made in google drive where disagreement of proposed objectives were made 		
Review collected recommended strategies to meet the objectives	<p>Take time to read what is listed already for strategies</p> <ul style="list-style-type: none"> a. Do you have any questions about what is listed? b. Don't critique anything yet. What is missing/what would you add? For example, are community/clinical linkages addressed? c. Narrow down or clarify the list, if possible: How are these statewide strategies? Are the promising practice/evidence-based? How do they address SDOH? How might they be implemented statewide (e.g. data, clinical/community linkage etc)? Are these the 'right' strategies/Will these meet the objective/address the objective? <ul style="list-style-type: none"> 1. The strategies were edited in google drive 		



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Quick reflection check on objectives after strategy brainstorming	a. Given what you're seeing today, are there any objectives missing overall? None		
Next Steps	Next Friday – Meet February 26 th , 2016 March 4 th – entire committee will meet together March 14 th – 1-4pm at IDPH offices		
Public Comment	None		
Adjourn	Meeting adjourned at 4:00PM		

Tobacco-Free Living Workgroup

Present: CJ Metcalf, Gail DeVito, Tiffanie Pressley, Kathy Gray, Mark Peysakovich, Kristina Hamilton, Joanie Padilla, Jay Bhatt

UIC MidAmerica Center for Public Health Practice (MCPHP) Staff: Jennifer McGowan, Liz Fisher

Agenda Item	Discussion/Updates	Action Items/Decisions Made	Responsibility/ Deadline
Welcome/ Roll Call	<ul style="list-style-type: none"> • SHA and Databook are posted on the website • Also located on the Box account in Strategies & Resources folder 		



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Meeting Purpose	<ul style="list-style-type: none"> • Building and analyzing activities to address the objectives • 		
Review Objectives	<ul style="list-style-type: none"> • Health outcomes measure: <i>Reduce percentage of Illinois adults reporting smoking by 3%</i> <ul style="list-style-type: none"> ○ Data retrieved from Databook <ul style="list-style-type: none"> ▪ BRFSS will be revisited for further data ○ Information that was looked at when assessing core indicators ○ Propose long term outcomes of how work will be measured <ul style="list-style-type: none"> ▪ This outcome is measurable ▪ Can be addressed in 5 year period of the SHIP ○ No strong opposition <ul style="list-style-type: none"> ▪ Comments related to the measure: ▪ Data sources typically used are collected by the department <ul style="list-style-type: none"> • Peysakovich: BRFSS has been incorrect at times and there are additional data sources that may be beneficial to corroborate whether progress has been made • DeVito: The department conduct a survey yearly on tobacco use that will also be a good data source • Objective 1: Adopt comprehensive tobacco control programs • Objective 2: Pursue passage of state and local legislation that would raise Illinois’ legal age to purchase tobacco products from 18 to 21 • Objective 3: Increase the unit price for tobacco products <ul style="list-style-type: none"> ○ No strong opposition ○ Bhatt: We are doing a Lobby Day in Springfield on the 13th 	<ul style="list-style-type: none"> • Mid- and short-range outcomes will be discussed at future meetings 	



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	<p>and the Quality Conference on the 14th along with additional Quality Control events that may serve as a good platform for expressing objectives and legislative action</p> <ul style="list-style-type: none"> ▪ Leverage existing activities 		
Review Strategies	<ul style="list-style-type: none"> • Objective 1: Adopt comprehensive tobacco control programs <ul style="list-style-type: none"> ○ Program 1: Funding to conduct Evidence-based- best practice cessation programs ○ Program 2: Acquire funding for tobacco prevention/cessation efforts statewide according to CDC best practices <ul style="list-style-type: none"> ▪ Hamilton: Combine Programs 1 and 2 ○ Program 3: Maintain funding for the Illinois Tobacco Quitline ○ Program 4: Enhance enforcement of the Smoke-Free Illinois Act <ul style="list-style-type: none"> ▪ ICAT can't do many of these things – it will have to be IDPH ▪ Peysakovich: Government should be the enforcing agency not a nonprofit (ICAT) ○ Program 5: Grassroots campaign to encourage adults to stop smoking in cars with minors ○ Additional comments: <ul style="list-style-type: none"> ▪ Illinois State Medical Society is mentioned frequently but I'm not sure how engaged they are – we might want to consider who are the right specialty organizations to get involved outside of medical societies <ul style="list-style-type: none"> • Choose organization with history, specialty, 	<ul style="list-style-type: none"> ○ Program 1 and Program 2 combined: Funding to conduct Evidence-based- best practice cessation programs/Acquire funding for tobacco prevention/cessation efforts statewide according to CDC best practices ○ “ Continue to work to denormalize smoking” in Objective 2 is moved to Objective 1 ○ IDPH serves as champion role for Program 4 	



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	<p>roots with topic area</p> <ul style="list-style-type: none">▪ Environmental changes – smoke-free houses, hospitals, schools<ul style="list-style-type: none">• Not difficult to do and has a lot of impact• Hamilton: Agreed, in Objective 2 continue to denormalize smoking – which is in line with smoke-free buildings• Consensus: Fits better in Objective 1○ Decision-criteria for strategies<ul style="list-style-type: none">▪ If you add it into the ITFC Grant – most health departments have the tobacco free community track so that gets implemented statewide▪ How do these strategies meet our over-arching criteria?<ul style="list-style-type: none">• The one related to environments should be correlated with addressing social determinants of health.• Bhatt: In what part of the state are some of these strategies working well? This is possibly a precursor.• Bhatt: Campaign, reinforce messaging – design could encompass the denormalization or smoking or social determinants related to smoke• Bhatt: Consider illegal retail of cigarettes – without tax being paid related to a reward program<ul style="list-style-type: none">○ Increase price for tobacco products and ensure unit price and tax price are being		
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	<ul style="list-style-type: none">○ paid<ul style="list-style-type: none">○ DeVito: Elimination of multi-pack discounts and coupons● Should goal be to make tobacco products cost more prohibitive?<ul style="list-style-type: none">○ Especially products like little cigars and other products that are taxed less than cigarettes○ Consensus is there is no disagreement. All can be implemented state-wide, are evidence-based, address environmental issues and social determinants<ul style="list-style-type: none">▪ Kathy: Smuggled and counterfeit cigarettes – though we work to pass laws to deal with that it’s the Department of Revenue who should take on that roll – do we work with them?▪ SHIP is a broad plan beyond the department. Something should not be disregarded because it involves another state agency.● Objective 2: Pursue passage of state and local legislation that would raise Illinois’ legal age to purchase tobacco products from 18 to 21<ul style="list-style-type: none">○ Educate Local Leaders and State Legislators○ Continue to work to denormalize smoking○ Program 1: Pass Tobacco 21 law in Illinois<ul style="list-style-type: none">▪ Changed to: Policy advocacy around passing Tobacco 21 law○ Program 2: Highlight Tobacco 21 initiatives at the local level○ Raise cigarette taxes statewide besides Cook County○ Raise other tobacco product taxes statewide		
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	<ul style="list-style-type: none">○ Raise e cigarette taxes statewide○ Additional comments/questions:<ul style="list-style-type: none">▪ Kathy: Unsure why taxes are listed under Obj. 2 because they're not related▪ Hamilton: Originally it was under Obj. 3▪ Hamilton: Educate local leaders and state legislators (Program 1) is integral to expressing the essence of the law that is in consideration and garnering support<ul style="list-style-type: none">• Activity vs. Strategy<ul style="list-style-type: none">○ More of an activity/tactic○ Think of the way you leverage media and messaging as a strategy OR the high-level strategy IS to develop a campaign and speak to legislators<ul style="list-style-type: none">▪ Can't it be both? Media advocacy would be the strategy and working with the media would be the activity – or letters to the editor would be the activity. The broad description of “media advocacy” would be the strategy and activities are “write a letter to the editor” and more▪ Media advocacy, Policy advocacy• Objective 3: Increase the unit price for tobacco products<ul style="list-style-type: none">○ Program 1: Raise cigarette taxes statewide besides Cook		
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	<p>County</p> <ul style="list-style-type: none"> ○ Program 2: Introduce Legislation to increase and create equal taxation on ALL types of tobacco/e-cigarettes/Tobacco derived Products ○ Program 3: Elimination of discounts for tobacco products, ensuring taxes are paid on tobacco products ○ Program 4: Loosies = the single sale of cigarettes on the street corner ○ Program 5: Address issues of tax evasion/smuggling/counterfeit <ul style="list-style-type: none"> ▪ Activity: Ensure compliance in general/ ensure compliance by retailers not selling to underage individuals/Department of Revenue agents are aware, trained, and have appropriate funding ▪ Tobacco enforcement, compliance checks receive a very small amount of funding in comparison to work that needs to be done/has been done ○ Additional comments/questions <ul style="list-style-type: none"> ▪ Kathy: The reason why we put to raise taxes outside of Cook County – it will be almost impossible to do it statewide because it’s so much higher in Cook County – or make the entire state equal in terms of taxes <ul style="list-style-type: none"> • Not sure if we can do that – it’s not something we’ve talked about. Should we raise taxes outside of the city of Chicago to match Chicago? <ul style="list-style-type: none"> ○ Is it realistic? • Move higher on the list of states – might be 	<ul style="list-style-type: none"> ○ Program 2 changed to Policy advocacy around passing Tobacco 21 law in Illinois ○ Additional Program (3): Leveraging media, messaging in support of Pass Tobacco 21 Law (media advocacy) 	
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	<p>easier to compare Illinois to another state that has higher taxes</p> <ul style="list-style-type: none">○ Smoking rate might be lower, part of alternate state's taxes might be used for PH○ Wisconsin has highest tax among states that border Illinois but their smoking rates are higher○ They don't have a lot of the youth access laws that we have○ Would legislature be interested in doing this – they will lose a lot of money. <ul style="list-style-type: none">● Tax increase doesn't need to meet Chicago but percentage of taxes should be the same on all tobacco products<ul style="list-style-type: none">○ Chew, cigars, e-cigs, etc.● Do we need two different programs? 1) increasing taxes 2) balance of tax on products● Hamilton: Make a goal percentage for whole state to raise taxes by X%		
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	<p style="text-align: center; font-size: 48px; opacity: 0.3; transform: rotate(-30deg);">DRAFT</p>	<ul style="list-style-type: none">○ Changes made to Program 1: Raise cigarette taxes	
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		statewide by X% besides (outside Chicago) ○ Addition of Program 3, 4	
Reflection	○ Given what you're seeing today, are there any objectives missing overall? ○ Kathy: E-cigarette flavors addressed in Objective 1		
Next Steps	○ Survey <i>may</i> be sent out so that we can be sure of opinions and comments given today ○ Email will describe specifics of what is necessary for next week ○ No public comment		
	Adjourned 3:58 PM		

Healthy Eating Workgroup

Present: Vincent Bufalino, Emily Hendel, Jennifer Herd, Cheri Hoots, Thomas Hornshaw, Kathy Lahr, Poonam Mahajan, Cheryl Metheny

UIC MidAmerica Center for Public Health Practice Staff: Karli Greene, Guddi Kapadia, Geneva Porter

Topic	Discussion/Updates	Responsibility/ Deadline
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Welcome/Logistics	Attendees on call confirmed their presence by acknowledging when his/her name was called.	
Agenda	<p>Welcome and roll call</p> <ul style="list-style-type: none"> • SHA and Databook are posted on website <p>Meeting Purpose</p> <p>Review health outcome objectives</p> <p>Review goal Objectives</p> <p>Review collected recommend strategies to meet the objectives</p> <p>Quick reflection check on objectives after strategy brainstorming</p> <p>Next Steps</p>	
Objective 1	<p>-Consensus on goal, outcomes measures, and all objectives.</p> <p>Objective 1</p> <ul style="list-style-type: none"> • Elements of HEAL initiative <ul style="list-style-type: none"> ○ Who is accountable for ensuring the funds are directed appropriately to public health initiatives? ○ Is the tax going to be paid by the distributor/retailer or by the producer? ○ What is the goal? If we are trying to change consumer behavior, 1 cent is not going to make an impact. ○ Measures of success: 3 relate to sugar industry and 1 relates to 	



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	<p style="text-align: center;">purchasing, so the goal should be targeted towards changing the industry</p> <ul style="list-style-type: none"> • Public Opinion Polling and Fundraising <ul style="list-style-type: none"> ○ Important strategies of other states to get the legislature and community to take notice of initiatives ○ IAPO did this in early stages through state-wide focus groups, so this can be taken off as a strategy. • Combine initiatives that ensure funds generated by the tax are dedicated to public health • Enhance the food label program includes: menu labeling, make labels more understandable, add % of sugar to the label • Food label program, cooking class strategy, and promoting local healthy eating programs may fall under a different objective • Launching a statewide “Rethink your Drink” Campaign in schools can help people understand the harms of sugar sweetened beverages • Healthy eating programs should be moved to the communications objective. • Health care institutions restricting SSBs could be moved to objective #3 	
<p>Objective 2</p>	<ul style="list-style-type: none"> • Combine strategies surrounding data collection and environmental scans of healthy food pricings • Add School Nutrition Association as a champion organization in improving public school lunch standards • Combine SNAP strategies • IAPO, CLOCC, and AHA, already work on double-buck incentive programs and improving public school lunch standards • Expand double bucks program to include purchasing healthy foods in grocery 	



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	<p>stores</p> <ul style="list-style-type: none"> • “Establishing other areas of funding for healthier food retail” aims to improve funding for city/rural communities that have smaller retails, through incentive programs 	
Objective 3	<ul style="list-style-type: none"> • Modify the built environment to decrease access to unhealthy foods <ul style="list-style-type: none"> ○ Utilize cafeteria space to promote healthy foods: switch unhealthy items to healthy items, post educational advertisements like Myplate that encourages filling up plates/trays with fruits and vegetables • “Marketing strategies” should move to the communication objective • Combine “healthy vending” strategies and expand to also include procurement • Move nutrition education in public schools and marketing technique strategies to objective 4. 	
Objective 4	<ul style="list-style-type: none"> • Move “Price healthier foods cheaper than unhealthy foods” to objective 2 or 3 	
Next Steps	<p>-Meet Feb 26 and hold March 4</p> <p>-Planning Council and Action Teams: March 14 1-4 at IDPH offices</p>	<p>Link to box will be provided to action team members.</p>
Public Comment	<p>None</p>	
Adjourn	<p>Meeting Adjourned at 3:45PM.</p>	