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State Board of Health Policy Committee

November 18, 2021

1:00pm-3:00pm

Minutes

Locations

Recording can be viewed here:

<https://illinois.webex.com/illinois/ldr.php?RCID=fcbf8501ab4b0ce7463e13ad93d5fed6>

Minutes

1. Call to Order—1:03pm
 - a. Present: Damon Arnold, Patricia Canessa, Rashmi Chugh, Jack Herrmann, Joe O'Connor, Janice Phillips, Esther Sciammarella, Susan Swider, Sameer Vohra
 - b. Absent: Julie Pryde, Chris Woodrow
 - c. IDPH Staff Present: Cody McSellers-McCray, Allison Nickrent
 - d. Guests Present: Karen Phelan
2. Public Comment—n/a
3. Old Business
 - a. Review of SBOH Policy Safety Net Subcommittee Efforts
 - i. Thanks to all of the committee for their efforts to move this forward
 - ii. See addendum for slides
 - iii. Five primary findings from discussions
 - iv. Recommendations
 1. Accountability needs to be considered more seriously in these recommendations, as current systems do not have accountability for resources. Public health and healthcare industry are accountable to communities to change social determinants of health
 2. Some things are out of the purview of IDPH, such as non-profit and IRS status
 3. This is a very large and multi-faceted program, Medicaid and Medicare payment profile can often affect financial viability
 4. Reviewing structures that have been effective can be helpful for building partnerships
 5. Could ARPA funds be used to equitably fund hospitals?
 - v. Moved and seconded to move recommendations to the whole SBOH
4. New Business
 - a. COVID-19 Vaccination Efforts—Cody McSellers-McCray
 - i. See addendum for slides

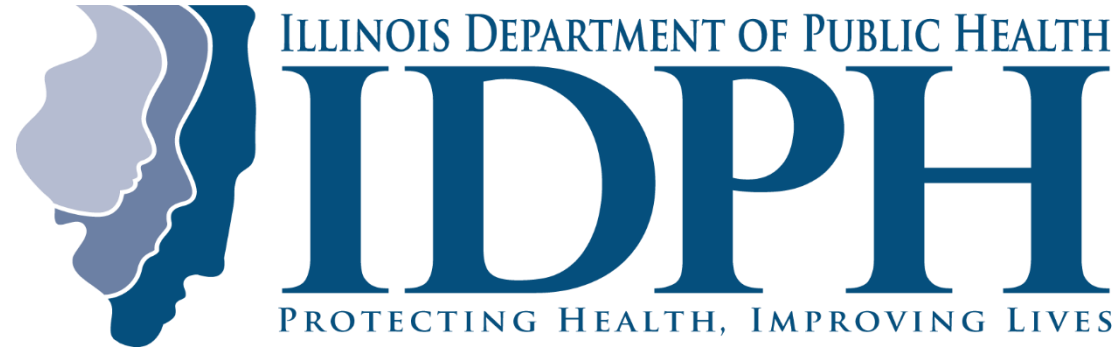
- ii. Cody shared resources in chat from the White House and Vaccine Equity Cooperative to combat vaccine hesitancy
 - iii. There is currently no plan to mandate vaccines for all school children, other states have been working on this
 - iv. Second to white population, Hispanic and Latinx population has taken up youth vaccines at state-run clinics
 - v. Most hesitancy is in the African-American population
 - vi. IDPH shares all information about vaccines and clinics in both Spanish and English
 - b. Reimagine Public Safety Act
 - i. Creates Office of Firearm Violence Prevention in DHS
 - ii. Aims to increase school attendance, performance, and reduce involvement in youth criminal justice system
 - iii. Will plan to hear from Violence Prevention Division at IDPH about work that is ongoing
 - c. Hypertension and End Stage Renal Disease
 - i. Possible IDPH campaign—get the word out to providers about chronic disease such as hypertension and end stage renal disease
5. Upcoming meetings:
- a. **STATE BOARD OF HEALTH 11:00 - 1:30 PM**
 - i. December 9
6. Adjournment—2:50pm

SAFETY NET HOSPITAL POLICY SUBCOMMITTEE FINDINGS

- **Communities served by safety net hospitals and critical access hospitals face significant health disparities, magnified by the financial challenges of the hospitals they serve.**
- **Safety net and critical care access hospitals with little to no profit margin have limited ability to address the unmet social needs of their patients. Challenges include inability to acquire appropriate data, inability to keep a specialized workforce, and an inability to provide follow-up services.**
- **The State of Illinois is aiming to help this problem with the Healthcare Transformation Collaborative grants funded through the Department of Healthcare and Family Services, which will provide \$150 million per year to reorient our healthcare delivery system in Illinois around people and communities.**
- **The large health care infrastructure and market share of academic medical centers and big health care systems make it difficult for safety net and critical access hospitals to compete for private insurance patients and for a robust health workforce.**
- **Communities served by safety net hospitals and critical access hospitals could be better served by hospital and public health partnerships working to create a more comprehensive health strategy to equitably address health disparities.**

SUBCOMMITTEE RECOMMENDATIONS

- The Department of Public Health should commission a study, in collaboration with university and healthcare partners, to assess the financial and healthcare impacts of struggling safety net and critical access hospitals on the health of the communities they serve.**
- The Department of Public Health, in partnership with the Illinois Public Health Association and other academic partners, should commission a report of models used by local health departments to address needs in traditionally underserved communities.**
- The Department of Public Health, in collaboration with other state agencies and healthcare partners, should recommend incentive structures that allow for large academic medical centers to share knowledge, resources, and infrastructure when possible with safety net and critical access hospitals.**
- In an effort to build greater partnership and coordination of health services, the Department of Public Health, in partnership with other states agencies, should incentivize greater partnerships between public health departments, hospitals, community stakeholders, local business, and professional associations to assess community need and implement community health improvement plans, and tracking and improving health outcomes.**
- The Department of Public Health, in partnership with the General Assembly and other state agencies, should launch an Illinois Health Equity Zone initiative in communities served by safety net and critical access hospitals. This effort would build on the Healthy Chicago Equity Zones already started by the Chicago Department of Public Health. This approach should use a braided funding modeling similar to the Rhode Island Health Equity Zone initiative with the technical assistance and convening provided by Public Health.**



COVID-19 Vaccine Strategies Youth Age 5-11

Goal: to provide access to vaccines for all youth

November 18, 2021

Cody McSellers-McCray, MPH, CHES

IDPH COVID-19 Vaccine Project Lead: Schools/Youth

5-11 age group | Pfizer EUA authorization November 2, 2021



Latest information on approval timeline

- ✓ On 9/20, Pfizer announced its vaccine is **safe and highly effective** in children ages 5-11
- ✓ Pfizer-BioNTech applied for EUA **by end of September**
- FDA review **10/26**
- CDC/ACIP review **11/2**

*2nd week of November is **earliest time horizon** for 5-11 age group to begin receiving vaccines by IEMA/IDPH*

1. Based on surveys and uptake in 12-17 year olds
Source: NYTimes, IDPH, I-CARE, Vaccine Sentiment Surveys

... but weekly demand likely to be low due to vaccine hesitancy



Demand estimation

1.1M children aged 5-11 in IL
(compared to ~980K for 12-17 age group)



~**40-50%** of age group likely to get vaccinated in first 2 months; **20-25%** during first 2 weeks of eligibility¹



Total first 2 weeks demand: ~**276K** children
Total first 2 months demand: ~**553K** children

Multi-layer activities led by IEMA/IDPH at school located vaccine events; some activities will be repeated from 12-17 plan, some will be new for 5-11



Provide access

- ✓ Simple application process for schools to request vaccination events
- **Pre-register schools for events through surveys**

Create toolkit

- ✓ Develop a toolkit that includes letters, flyers, FAQs
- Distribute toolkit to school districts, families, and staff

Multi-step outreach

- **Mass digital communication to spark interest**
- One-on-one calls with school superintendents followed by emails
- ✓ Individual school outreach
- **Equity-focused follow-up** based on SVI/CCVI

Work with partners

- ✓ Support schools/LHDs based on clinic option selected
- **Launch and deploy incentives & partnership programs** (e.g., Youth Ambassadors) *(awaiting approval to move forward)*
- **Collaborate with pediatrician offices, parents, school leaders**

Deploy mobile clinic

- ✓ Utilize existing mobile clinic team & resources
- ✓ Ensure vaccine supply at events
- ✓ Report and monitor vaccination data

4 key groups of strategies we intend to implement for 5-11 age group



Communication Strategies- Tailor messaging

- 1 Effective messages delivered by trusted messengers
- 2 Vaccine Ambassadors
- 3 Combatting misinformation



Leverage providers

- 4 Medical provider vaccine standardization
- 5 Provider recommendations



Partner with schools

- 6 School-located vaccination program
- 7 Vaccine mandates

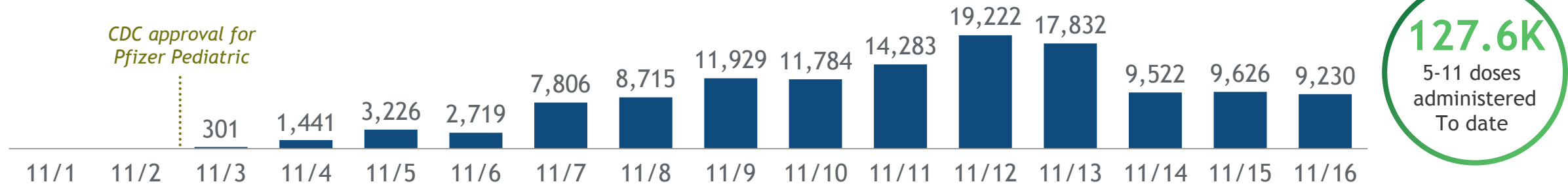


Incentivize vaccination

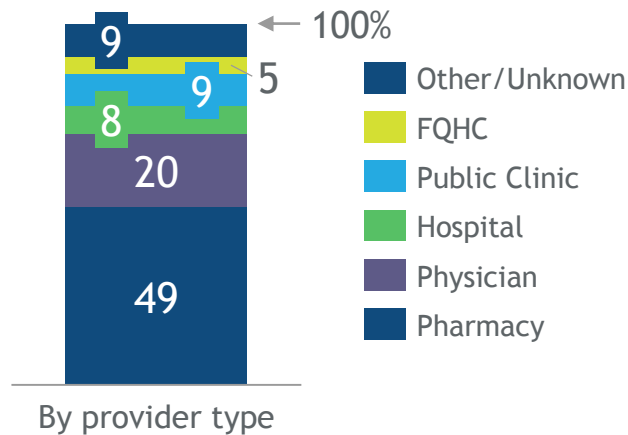
- 8 Financial incentives

5-11 age group administration: ~128K doses to date driven mostly by Greater Chicago residents, White and Asian populations

5-11 doses administered since 11/3



5-11 doses to date by provider type



5-11 doses to date by region

Region	Doses (K)	5-11 Pop. ¹ (K)	Per Capita (Per 1K)
1	3.0	58	51.7
2	8.9	111	79.9
3	2.4	46	52.4
4	4.7	57	82.7
5	0.9	33	27.3
6	3.9	60	64.3
7	6.6	76	87.3
8	16.9	134	126.0
9	15.2	94	161.5
10+11	63.1	436	144.7

5-11 doses to date by race

Race	Doses (K)	% of doses	% of Pop. ¹
Black & African American	8.6	7%	15%
Hispanic & Latino	19.7	15%	25%
White	75.8	60%	51%
Asian & Other ²	18.4	18%	9%
Total	127.6	100%	100%

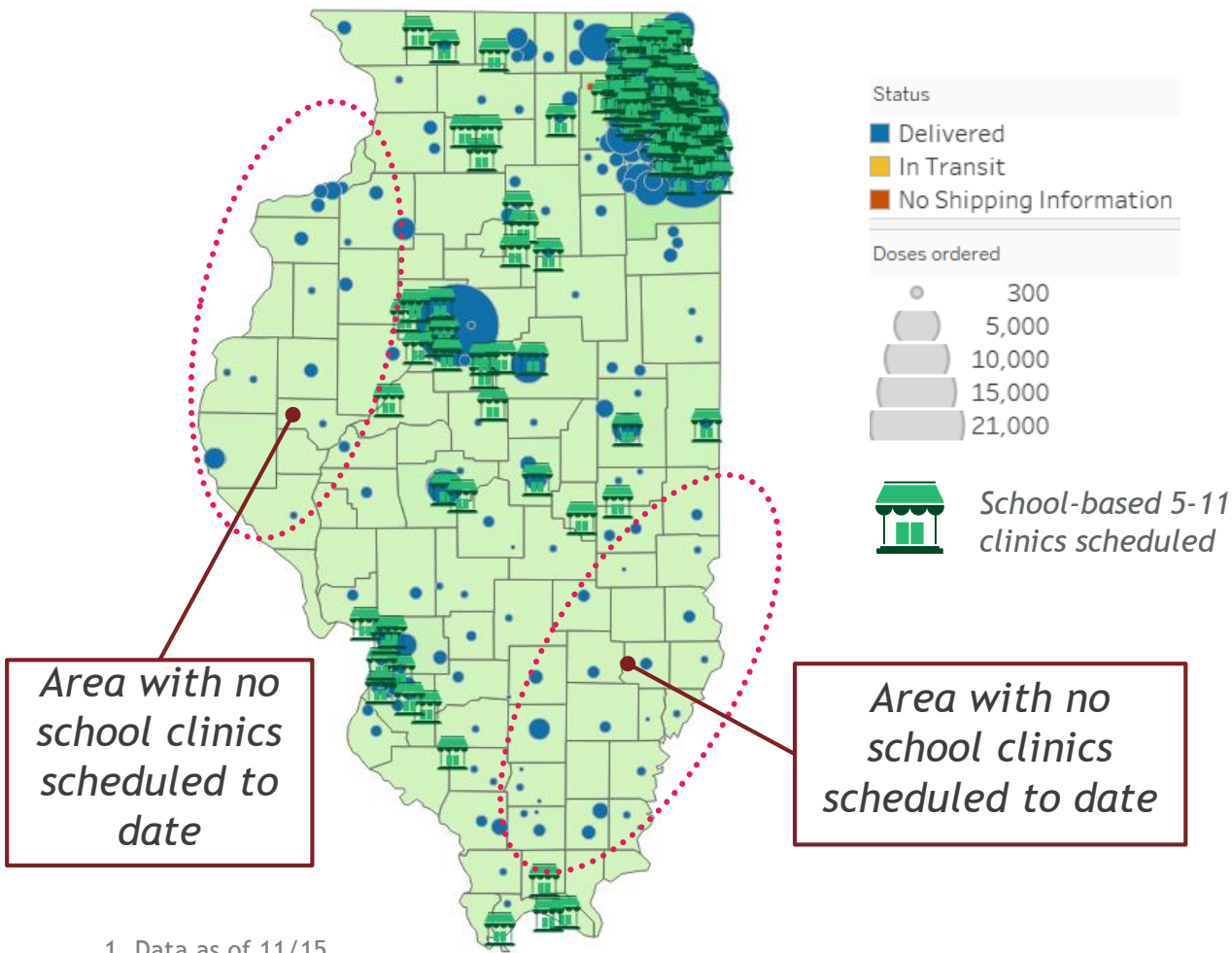
1. Estimated share of 5-11 population based on 2018 Census Estimates 2. Category includes all recipients with unreported race/ethnicity data

Note: numbers may not foot due to rounding

Source: I-CARE, Census Data (2018 American Community Survey, 1 year estimate)

5-11 events: ~400+ school clinics scheduled or requested to date; continuing to target areas with lower coverage with ongoing outreach

5-11 doses delivered, in transit, or in backlog



60+
5-11 events
completed to
date

Events started on 11/10, representing ~5.5K+ doses administered¹

400+
additional
school clinics
requested or
scheduled

Most were scheduled through inbound process; outbound calling effort started in earnest on 11/10



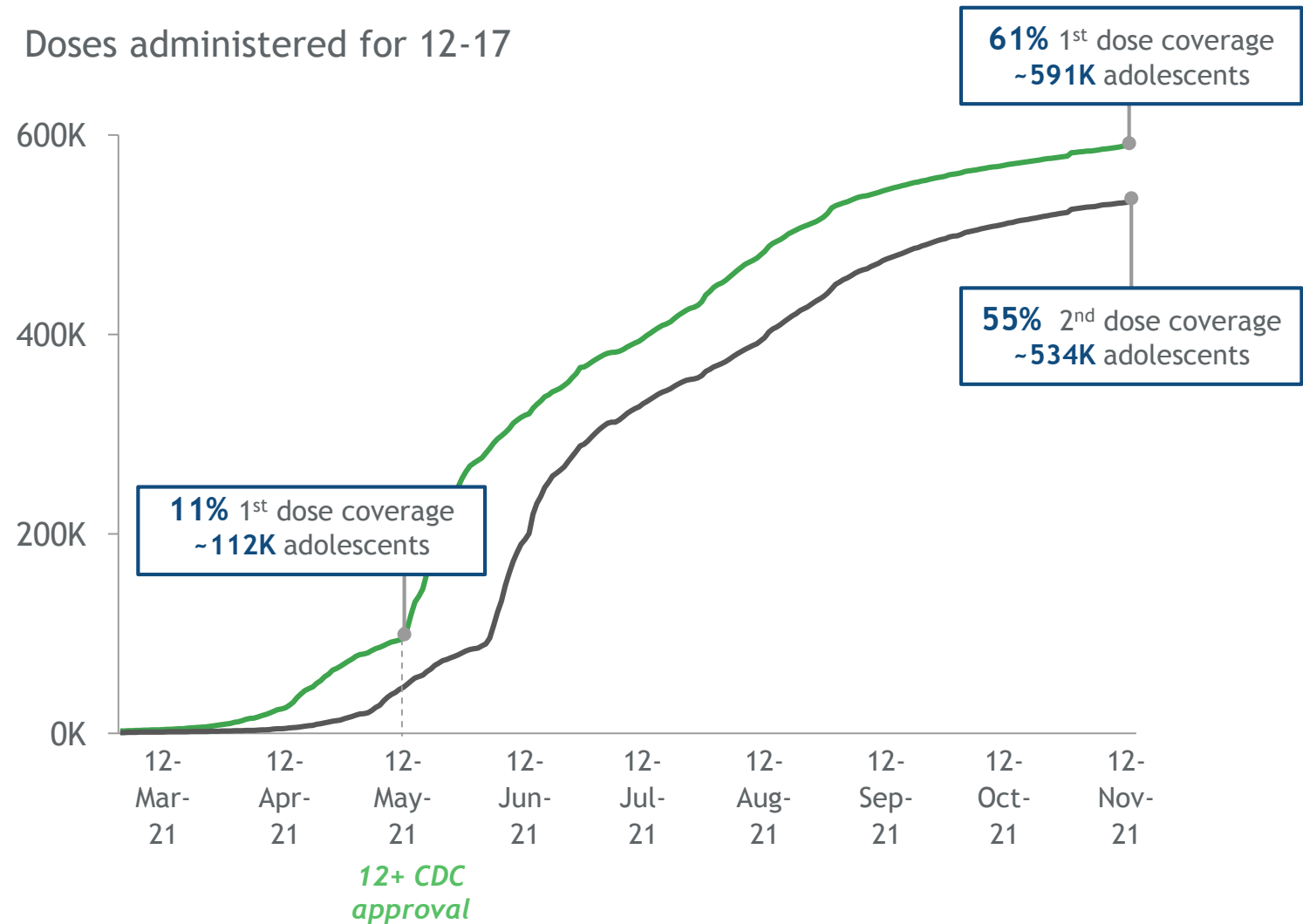
Targeting future outreach to districts and schools in areas with fewer providers to enhance access

1. Data as of 11/15
Source: CDC Tiberius, IEMA

To date, ~61% of 12-17 population in Illinois has received their 1st dose

~55% has received a 2nd dose

Doses administered for 12-17

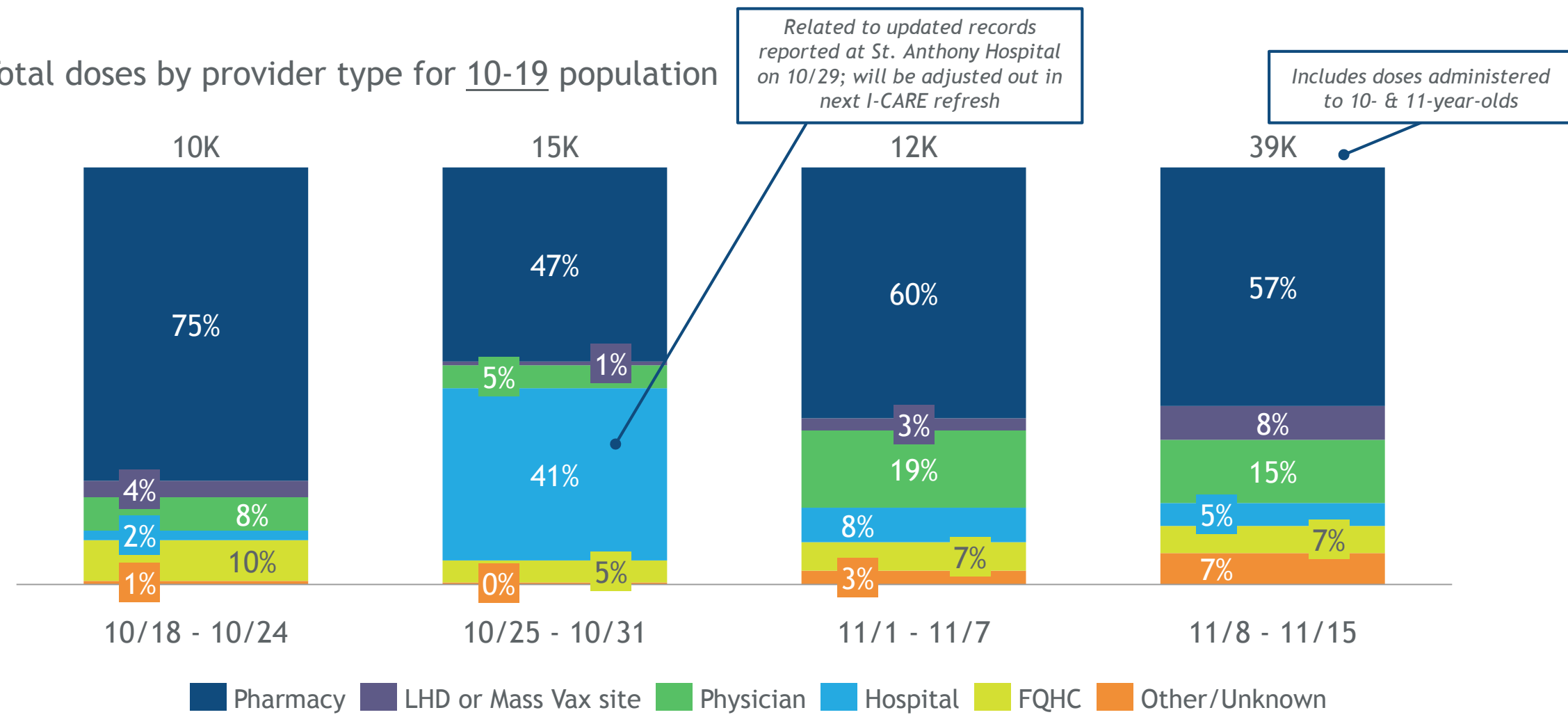


Note: Does not include federally administered doses; expected to be 1-5% lower than CDC data; historical and cumulative figures restated based on I-CARE data updates biweekly; reflects doses administered in IL to IL residents only

Source: I-Care, US Census (American Community Survey 2019 estimates)

Adolescents are receiving vaccinations at various provider sites

Total doses by provider type for 10-19 population



Note: historical and cumulative figures restated based on I-CARE data updates; reflects doses administered in IL to IL residents only
Source: I-Care