

State Board of Health Rules Committee

August 15, 2024

1:00 PM – 3:00 PM

Minutes

Meeting can be viewed [here](#).

1. Call to Order - Rules Committee

Members present: Rodney Alford, Damon Arnold, Dawn Brown, Rashmi Chugh, David Chung, John Herrmann, Yvette Johnson-Walker, Abel Kho, Juleigh Konchak, Angela Oberreiter, Karen Phelan, Erica Salem, Esther Sciammarella, Susan Swider

Members not present: N/A

IDPH Members present: Janice Phillips, Jason Copelin, Joan Ehrhardt, Tate Kappell, Andrea Perez, Maura Quinlan, Emily Spangler, Melissa Stalets, Tracey Trigillo

Guests:

2. Public Comment

- a. N/A
- b. Karen Phelan recognized Assistant Director Janice Phillips and asked her if she would like to speak. The Assistant Director provided an update to the Rules Committee on current activities. She stated she will have a Presentation for the State Board of Health meeting on September 5th.

3. Review of Administrative Rules

- a. [77 IAC 661](#) – Newborn and Infant Screening Treatment Code – Joan Ehrhardt
 - Minor edits and clarification were requested to uphold JCAR standards. Inserting “one” while striking “1” in the definition of “infant” and inserting “principles” while striking “principals” where appropriate.
 - Most significant changes were adding the definitions of “physician” and physician assistant”.
 - Karen Phelan requested a motion to forward this rule for filing with the Secretary of State for first notice. Jack Herrmann moved. Esther Sciammarella seconded.
- b. [77 IAC 692](#) – AIDS Drug Assistance Program Code – Andrea Perez
 - No edits or clarification were requested to uphold JCAR standards.
 - The Board inquired about the federal poverty level (FPL) and whether it was required and if the persons eligible may change because of the amendments regarding the FPL. Presenter advised that the rulemaking is a federal requirement, and the amendment of FPL will change participant eligibility.

- Karen Phelan requested a motion to forward this rule for filing with the Secretary of State for first notice. Damon Arnold moved. Dawn Brown seconded.
- c. [77 IAC 693](#) - Control of Notifiable Diseases and Conditions Code – Maura Quinlan, MD MPH
 - Minor edits and clarification were requested to uphold JCAR standards. The Board requested Inserting a hyphen in “AIDS defining” so that the text is” AIDS-defining illness” where appropriate. The Board also requested in the definition of "Human immunodeficiency virus" or "HIV", that “virus” be stricken and replaced with “retrovirus” in the body of the definition. Additionally, the Board requested that “While Paper” eliminate the type in “White Paper” throughout.
 - Most significant change was a cleanup revising the proposed amendments in Subsection 693.40(g)(2)(H) to refer to guidelines.
 - Karen Phelan requested a motion to forward this rule for filing with the Secretary of State for first notice. Damon Arnold moved. Rashmi Chugh seconded.

4. New Business

- a. Communication and Community Engagement (Final Presentation) – David Chung and Susan Swider
 - See Addendum
 - Karen Phelan requested a motion to forward this Presentation to the Director. Motion unanimously passed. The Committee applauded the efforts of David and Susan on behalf of the SBOH. They were directed to prepare a cover letter (with copies to Assistant Director Janice Phillips, Allison Nickrent, and Karen Phelan) and forward Presentation to the Director.
- b. 2024 SUMMIT – John Herrmann
 - The 2024 Summit will be held in Urbana-Champaign, December 4th and 5th. It will focus on how the State of Illinois can address human, animal, and ecosystem health issues through a One Health perspective. Included in those topics are climate change and health equity.

5. Upcoming meetings:

- a. **STATE BOARD OF HEALTH 11:00 AM - 1:30 PM**
 - i. September 5
 - ii. December 12
- b. **STATE BOARD OF HEALTH RULES COMMITTEE 1:00 – 3:00 PM**
 - i. November 7
- c. **STATE BOARD OF HEALTH POLICY COMMITTEE 1:00 - 3:00 PM**
 - i. August 22
 - ii. November 14

Karen Phelan requested a motion to adjourn the Rules Committee. The Rules Committee adjourned.

Communication and Community Engagement Task Force

Charge: Develop recommendations for improving community engagement, i.e., communication, awareness and involvement in public health policies and activities

Co-chairs: David Chung and Susan Swider

Timeline: September 1, 2024

Plan

- Review literature on community engagement and communication in public health for best practices and potential measurable outcomes-**done**
- Develop interview questions/survey on best practices and challenges in communication and community engagement with the public for Local Health Department (LHD) leaders and residents, ensuring representation from rural and urban counties: **done**
 - Methods used for communication
 - Measures of impact
 - Examples of effective communication and/or community engagement from past
- Interview LHD leaders from SBOH: **4 interviews**
- Interview/survey a convenience sample of select county residents-Community Ambassadors- **1 interview**
- Connect with ASTHO and NACCHO for similar efforts **-done**
- Compile findings of literature and interviews/surveys and use to develop recommendations for IDPH Director-**done**
- Review by SBOH members and Assistant Director IDPH-**done**
- Present final revisions to SBOH-**8/15/24**
- Submit to IDPH Director-**pending, after SBOH final approval**

Report Recommendations

1. Recognize that communication and community engagement are separate aspects of outreach to communities and develop long-term strategies in both areas.

2. Communication

- a. Develop measures for effectiveness of communication methods, and prioritize usage based on the issue and the most effective methods.
 - i. IDPH to support LHDs in these tracking efforts. One specific suggestion for this would be an IDPH-developed education and outreach campaign with LHD participation, roll-out, and tracking (e.g., statewide campaign on vaccine confidence with tracking and public reporting of MMR and COVID-19 vaccination coverage levels in schools [students and staff] and long-term care facilities [residents and staff], respectively).
 - ii. Partner with local educational institutions for assistance with data gathering and analysis.
- b. Use community assessment data to identify unique segments of the community that will require tailored efforts for outreach and communication.
- c. Include information to help the public understand the evolving nature of research, and that recommendations will change as new data becomes available.
- d. Identify the “face” of the LHD and let that person lead the messaging.
 - i. Consider a designated Public Health Information Officer—perhaps supported by IDPH or shared across counties for optimal use of resources.
 - ii. Consider employing Community Health Workers (CHWs) as staff as “trusted messengers” to build trust and serve as a conduit for communication.
- e. Work with key community stakeholders to ensure consistent messaging and communications as much as possible.
- f. Communication efforts need sustainable funding and well-trained staff, with support from the state and federal government as needed.
- g. Communicate positive public health messages on a regular basis: help the community see when public health works.

Recommendations

Community engagement

- a. Identify key community groups and develop ongoing relationships with them.
- b. Track community encounters, such as meetings, press events, health events where the LHD is represented.
- c. Develop methods to foster positive community discussions of challenging issues with concrete outcomes for the community.
 - i. State support for training and conducting such efforts as needed.
 - ii. Partner with local colleges and universities to support these efforts.
- d. Identify effective methods and measures for ongoing community engagement and prioritize their usage as part of the LHDs' strategic planning process.
- e. Recruit strong community members to serve on LHDs and act as trusted messengers for the LHD.
- f. Consider employing Community Health Workers (CHWs) as staff as “trusted messengers” to build trust and serve as a conduit for communication.
- g. Establish a community advisory board to create, critique and disseminate public health messaging