

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24

STATE BOARD OF HEALTH
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIRECTOR'S CONFERENCE ROOM - 5TH FLOOR
535 WEST JEFFERSON STREET
SPRINGFIELD, ILLINOIS
DIRECTOR'S CONFERENCE ROOM - 35th FLOOR
69 W. WASHINGTON
CHICAGO, ILLINOIS

MEETING
THURSDAY, SEPTEMBER 10, 2015

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

A G E N D A

- I. SHIP Implementation
 - A. Healthy Illinois 2021 Presentation
- II. Call to Order
- III. Approval of 8/27/15 Rules Meeting Summary
- IV. Approval of 6/11/2015 Meeting Minutes
- V. Report from the Office of the Director
- VI. Rules Committee Report
 - A. 68 Ill. Adm. Code 750 Plumbing Licensing Code
 - B. Medical Marijuana
 - C. Raw Milk
- VII. Policy Committee Report
- VIII. New Business
 - A. Introduction of new board member, Jose Sanchez
 - B. Reappointments: Beth Fiorini, David Banaszynski, Julie Adkins
- IX. Announcements/Adjournment

1 MEMBERS PRESENT
2 Javette C. Orgain, MD, MPH (Chairperson)
Julie Adkins, DNP, APN, FNP-BC
3 David Banaszynski, LEHP, REHS, CP-FS
Pat Auveek Basu, MD, MBA
4 Vincent Bufalino, MD
Valarie Conrad, OD
5 Beth Fiorini, MS, BA, RN
John A. Herrmann, DVM, MPH
6 Carolyn Lopez, MD
Peter Orris, MD, MPH
7 Victoria Persky, MD
Karen Phelan
8 Jose Sanchez
Monica E. Schnack, DC, CCSP
9 Babette Seligmann Sanders, PT, DPT, MS
Tim J. Vega, MD
10 IDPH STAFF
11 Bill Dart
Laura Vaught
12 Elizabeth Paton
Kevin Jacobs
13 Justin DeWitt
Conny Moody
14 David Culp
Joshua Steinberg
15 Leticia Reyes
16
17
18 Court Reporter:
Jennifer L. Crowe, CSR
19 Illinois CSR #084-003786
Midwest Litigation Services
20 15 S. Old State Capitol Plaza
Springfield, Illinois 62701
21 217-522-2211
1-800-280-3376
22
23
24

1 (11:07 a.m.)

2 DR. ORGAIN: So I'd like to start the
3 meeting, and the first thing I'd like to do is to
4 make a motion to change the order of business on
5 the agenda to I, Call to Order, being the first
6 item, and item number I where it say SHIP
7 Implementation, move that to item number VII on the
8 agenda. I don't hear any objection. Any
9 objection?

10 (No response.)

11 DR. ORGAIN: Okay. Very good. So the order
12 of the agenda today is I, Call to Order, and then
13 item no. I, SHIP Implementation, goes to item
14 number VII on under the Policy Committee Report.

15 Okay. Thank you. So having done that, then
16 can I -- Laura, I just need to ensure that we have
17 a quorum.

18 MS. VAUGHT: Josh is going to take the roll.
19 He has the information. Josh?

20 MR. STEINBERG: Yes. Has anyone called in?

21 (No response.)

22 DR. ORGAIN: Is anyone on the line?

23 (No response.)

24 CHAIRPERSON ORGAIN: I don't hear anyone.

1 MR. STEINBERG: Okay.

2 MS. VAUGHT: Josh, you opened the line,
3 right?

4 MR. STEINBERG: Usually the line is opened
5 up in Springfield.

6 MS. VAUGHT: I know. Josh was going to open
7 the line. Okay.

8 DR. ORGAIN: Josh, while she opens the line
9 maybe we can at least see who is here, then go to
10 the line.

11 MR. STEINBERG: Okay. Great. So if we go
12 on, state their name.

13 DR. ORGAIN: Do you have the alphabetical
14 list?

15 MR. STEINBERG: Yes.

16 DR. ORGAIN: Maybe you can just call out the
17 name, then check people off.

18 MR. STEINBERG: Okay. Great. Thank you.
19 Julie Adkins?

20 (No response.)

21 MR. STEINBERG: I think she is calling in.

22 DR. ORGAIN: Keep moving.

23 MR. STEINBERG: Okay. We have David
24 Banaszynski?

1 (No response.)

2 MR. STEINBERG: Pat Basu?

3 (No response.)

4 MR. STEINBERG: Vince Bufalino?

5 DR. BUFALINO: Present.

6 MR. STEINBERG: Valarie Conrad?

7 (No response.)

8 MR. STEINBERG: Beth Fiorini?

9 MS. FIORINI: Hi. I'm here in Springfield.

10 MR. STEINBERG: Hello.

11 MS. FIORINI: With all the state people.

12 MR. STEINBERG: Jorge Girotti?

13 (No response.)

14 MR. STEINBERG: John Herrmann?

15 DR. HERRMANN: Here.

16 MR. STEINBERG: Carolyn Lopez?

17 DR. LOPEZ: Here.

18 MR. STEINBERG: Victoria Persky?

19 DR. PERSKY: Yes.

20 MR. STEINBERG: Karen Phelan?

21 (No response.)

22 MR. STEINBERG: Jose Sanchez?

23 (No response.)

24 MR. STEINBERG: Javette Orgain, sorry, Dr.

1 Orgain?

2 DR. ORGAIN: Here.

3 MR. STEINBERG: Mohammed Sahloul?

4 MR. DART: The court reporter would like us
5 to pause while we dial in the number.

6 (A break was taken.)

7 MS. VAUGHT: All right. The phone line is
8 connected, Josh.

9 We couldn't hear you after Dr. Orgain on the
10 roll.

11 MR. STEINBERG: Dr. Orgain, okay. Peter
12 Orris?

13 DR. ORRIS: Here.

14 MR. STEINBERG: Jose Sanchez?

15 MR. SANCHEZ: Present.

16 MR. STEINBERG: Babette Sanders?

17 DR. SANDERS: Here.

18 MR. STEINBERG: Monica Schnack?

19 DR. SCHNACK: Here.

20 MR. STEINBERG: And Tim Vega?

21 MR. VEGA: Here.

22 MR. STEINBERG: And sorry one more, Mohammed
23 Sahloul?

24 (No response.)

1 DR. ORGAIN: Is anyone else now on the
2 phone?

3 DR. ADKINS: Julie Adkins.

4 DR. BASU: Pat Basu.

5 DR. ORGAIN: Who else?

6 DR. CONRAD: Valarie Conrad.

7 DR. ORGAIN: Good. Anyone else?

8 MR. BANASZYNSKI: Dave Banaszynski.

9 DR. ORGAIN: Dave Banaszynski. Anyone else?

10 (No response.)

11 DR. ORGAIN: We have a quorum. So we will
12 proceed with the agenda. Do we have any persons
13 for public comment?

14 MS. VAUGHT: No public comment.

15 DR. ORGAIN: Thank you. I'd like to go to
16 item number III on the agenda, Approval of the
17 Rules Meeting Summary.

18 Dr. Orris, any amendments to the Rules
19 Meeting Summary that was received?

20 DR. ORRIS: No. Unfortunately I got caught
21 between a hearing and the meeting. So at the last
22 minute I couldn't be there, but I didn't mean --

23 Sorry, Peter Orris. I was apologizing for
24 having missed the Rules Committee Meeting and was

1 going to defer to somebody who was on the phone,

2 so --

3 DR. HERRMANN: Jack Herrmann. I move to
4 accept the rules minutes.

5 DR. ADKINS: Julie Adkins. I second.

6 DR. ORGAIN: Any corrections that you noted?

7 UNIDENTIFIED: None.

8 DR. ORGAIN: Okay. By consensus, if there
9 is no objection, then we will approve the Rules
10 Meeting Summary, item number III on the agenda.

11 Item IV on the agenda, Approval of the June
12 11th Meeting Minutes.

13 DR. ORRIS: So move.

14 DR. SANDERS: Babette Sanders. I second.

15 DR. ORGAIN: So we do have some corrections
16 for the June 11. The grammatical corrections we
17 will just forward. There are two items. One is
18 the approval of Dr. Lopez as the interim
19 co-chairperson versus the chair.

20 The other was as we approve rules, we
21 approve them to forward to JCAR by consensus. So
22 all of those where it says approval of the rules,
23 we are approving them to forward them to JCAR. So
24 those items should be corrected on the meeting

1 summary for the minutes.

2 DR. LOPEZ: This is Carolyn Lopez. And I
3 just have one correction. It is Carolyn with a Y,
4 not Caroline, I-N-E. So just if you can correct
5 the spelling of my name.

6 DR. ORGAIN: Hearing no other corrections to
7 the meeting summary, we can approve by consensus if
8 there is no objection.

9 Okay. So we will move on. Next is -- Bill,
10 I can't see you. Raise your hand.

11 MR. DART: Right here.

12 DR. ORGAIN: Thank you very much. Item
13 number V on the agenda is Report from the Office of
14 the Director.

15 MR. DART: Good morning. I was asked to
16 come. The director wasn't available today. We
17 have been, of course, very busy with the outbreak
18 of Legionnaires disease at the veterans home in
19 Quincy in Adams County.

20 As I'm sure many of you know, there's been
21 53 cases reported at that veterans home, nine
22 deaths to this point.

23 MS. VAUGHT: Ten.

24 MR. DART: Well, there is one additional

1 death outside of the veterans home outbreak. So
2 that's a separate community death that is not
3 considered part of this outbreak at the home.

4 So that's being investigated, the community
5 outbreak is being investigated, of course, to see
6 if the source of bacteria can be found and
7 eliminated.

8 Also, of course, there is the outbreak of
9 mumps at the U of I. So that's also being
10 monitored, and booster shots have been recommended
11 for students at that campus.

12 And then we have also been monitoring, of
13 course, West Nile Virus because the state has seen
14 one or two deaths now from West Nile Virus.

15 So we are monitoring all of these
16 situations, investigate, evaluate, remediate them
17 as we can assist our partners at the local level
18 and federal level.

19 Moving on from there, I guess I could pause
20 here if there is questions about it, although I
21 don't know I will be able to answer a whole lot of
22 them, but I will give it a try.

23 DR. ORGAIN: Yes, yes. We have two
24 questions. The first question, when you say

1 University of Illinois, is that Chicago or
2 Springfield or --

3 MR. DART: That's Champaign Urbana.

4 DR. ORGAIN: All right. Dr. Orris?

5 DR. ORRIS: For the Legionnaires outbreak in
6 the veterans home, did they identify the source?

7 MR. DART: I don't believe so.

8 MR. CULP: Dr. Orris, this is Dave Culp. So
9 no, that's still part of the investigation. We
10 still have not been able to match up a human
11 isolate and an environmental isolate with regards
12 to genetic patterns.

13 So at this point, to Bill's point, we have
14 -- of course, the number of outbreak cases has
15 significantly dropped off. We have been doing
16 environmental remediation, trying to take every
17 possible source out of potential exposure, danger.

18 DR. ORGAIN: Thank you.

19 DR. HERRMANN: This is Jack Herrmann. On
20 West Nile Virus, do you have a year-to-date case
21 count yet?

22 MR. CULP: We do. It is on -- I don't have
23 it immediately available to me, Dr. Herrmann. I
24 can tell you that we track the numbers. As far as

1 human and bird exposures, they are roughly
2 equivalent to last year. So it is a moderate year.

3 Of course, the wild card is at what point we
4 get additional hot, dry weather without a frost,
5 but it is running about like last year overall.

6 DR. HERRMANN: Okay. Thank you.

7 MR. CULP: Yep.

8 DR. ORGAIN: No further questions? Go
9 ahead, please.

10 MR. DART: I wanted to mention a large grant
11 opportunity that was posted on the Department's
12 site last week. It is for health care infection
13 control and assessment. The first-year award would
14 be almost a million dollars, and there is an option
15 for up to two more years of awards on that grant.

16 This is to address gaps in infection
17 preparedness at treatment and assessment centers.
18 This is related to funding that was approved at the
19 federal level after the Ebola outbreak and
20 controversies about preparedness, and we are also
21 -- another aspect of this is to assess general
22 infection prevention at health care facilities and
23 offer follow-up education and training.

24 So this is to bolster facilities' assessment

1 and response to these health care infections, and
2 it is a pretty large award at almost \$1 million. I
3 just wanted to get the word out about that
4 opportunity in case there is folks that you could
5 share it with. The application due date for that
6 is October 1.

7 There is more information at our web site,
8 the funding opportunity page or -- yeah, that's the
9 best place to go, the funding opportunity page of
10 the IDPH web site or idphgrants.com is the other
11 site.

12 Okay. If there are no questions?

13 DR. ORGAIN: Is that the end of your --

14 MR. DART: Sorry?

15 DR. ORGAIN: No. Please go ahead.

16 MR. DART: Okay. Then lastly I just wanted
17 to report on some staffing changes here at the
18 agency. Oh, no, I do have two more things.
19 Staffing changes is one. You may know that Dr.
20 Brenda Jones left the Office of Women's Health and
21 Family Services August 19th, and Michelle
22 Gentry-Wiseman, the assistant director, is Acting
23 Deputy Director right now. But I believe they are
24 -- that position may be filled. Can't say when.

1 Further, let's see Vicki Wilson as of June
2 1st became the Department's CFO, and also just
3 recently, September 1st, we have a new Chief
4 Information Officer, Michael McCarten.

5 DR. ORGAIN: Could you repeat the name?

6 Mr. DART: Michael McCarten,
7 M-C-C-A-R-T-E-N.

8 DR. ORGAIN: Who was in the position
9 previously?

10 MR. DART: Oh, previously it was John Seth.

11 DR. ORGAIN: Thank you.

12 MR. DART: Finally just wanted to, you
13 probably all are well aware that in early August
14 IDPH was accredited by PHAB for five years. So we
15 are very pleased about that and actually have a
16 little intra-agency celebration coming up shortly
17 next week.

18 DR. ORGAIN: In regards to staffing for the
19 State Board of Health, are there changes for that?

20 MR. DART: I believe Josh was at the last
21 meeting. I think we had -- I don't think from the
22 last meeting -- I think Josh was at the last
23 meeting.

24 DR. ORGAIN: Right. That's correct.

1 MR. DART: He will be assuming a larger
2 role, replacing a lot of what Laura had been doing
3 in the last few meetings.

4 So it will still be Josh and Laura, but Josh
5 will be more the primary person.

6 DR. ORGAIN: Okay. All right. Thank you.
7 Bill, is that your report?

8 MR. DART: That concludes my report. Thank
9 you very much.

10 DR. ORGAIN: Thank you. Are there -- from
11 the perspective of two things. We know we don't
12 have a state budget, so do we have a department
13 budget proposal that any items from that would be
14 of interest or that we could have information
15 about?

16 MR. DART: The General Assembly and Governor
17 approved some of our federal funding lines. Those
18 lines have been approved. We are able to expend
19 monies that we receive from federal grants in those
20 programs. Other lines, state special funds and
21 general revenue fund appropriations are not -- are
22 on hold.

23 DR. ORGAIN: Anything legislatively? We
24 also get any items from the legislature that would

1 be of interest to the Board and the Department.

2 Mr. DART: We were going to firm that up for
3 the next meeting. We didn't really have a firm
4 report today for that. A lot of these things have
5 just been approved, and there are still other items
6 pending. So we will have that at the next meeting.

7 DR. ORGAIN: Okay. Thank you. Dr. Persky?

8 DR. PERSKY: One, many of us may or may not
9 be here for the next meeting.

10 Is there any chance that before -- we may
11 leave November 1st. Can we get a legislative
12 report when you have time to put it together?

13 And two, what are you planning to do about
14 the unpasteurized milk?

15 DR. ORGAIN: What was your last question?

16 DR. PERSKY: Raw milk.

17 DR. ORGAIN: Yes, that's on the agenda.

18 DR. PERSKY: Separately? I mean, will he
19 answer it then?

20 DR. ORGAIN: He can add to it.

21 DR. PERSKY: Okay. All right.

22 DR. ORGAIN: Dr. Orris?

23 DR. ORRIS: I had a question about the
24 involvement of IDPH in the inter-agency discussions

1 around the response to President Obama's new
2 initiative with respect to clean air and the clean
3 power initiative from Washington.

4 There is a lot of that that is flexible and
5 up to the states. Each state is asked to make
6 responses, and I'm wondering if IDPH has been
7 involved in inter-agency discussions on it because
8 of the importance of health as one of the
9 components.

10 MR. DART: We will inquire about that, yeah.

11 MR. CULP: I think, Dr. Orris -- this is
12 Dave Culp. I'm not aware. I can check with
13 environmental health, but I would speculate that
14 Illinois Environmental Protection Agency may be
15 probably the lead on that and, as Laura alluded to,
16 the Clean Air Act and so on.

17 But we can check and confirm, but to my
18 knowledge the Division of Environmental Health from
19 IDPH is not being involved in any of that.

20 DR. ORRIS: Well, I'm sure that is the lead
21 agency, thank you, but it would do well if we could
22 exert out the importance of health within that
23 discussion and if we can get in the door, any of
24 you guys at IDPH, that would really be important I

1 think. I want to put that in.

2 MR. CULP: Thank you, Dr. Orris.

3 DR. ORGAIN: Bill, from the perspective of
4 something that Dr. Persky mentioned that we didn't
5 put on the, the part of the report from the office
6 is the reappointment of members. For our December
7 meeting, that would be the last meeting for at
8 least five of us including myself and the interim
9 co-chairperson, Dr. Orris, Dr. Persky.

10 There are five of us who would not be
11 reappointed to the Board, have not yet been
12 reappointed to the Board, and that would be our
13 last meeting, therefore, certainly not having a
14 quorum to move forward in terms of Board
15 activities.

16 So certainly we would want to have a
17 discussion with the director as well as with the
18 Office of the Governor. That's -- we view the role
19 of the Board as being important in terms of what
20 the state does, particularly with Healthy Illinois
21 going forward and the need to have Healthy Illinois
22 completed.

23 So we may need to have some discussions if
24 necessary with the Office of the Governor.

1 MR. DART: We are aware of these pending
2 vacancies and have been in contact with the
3 Governor's Office about the status of those and
4 concern about the need to fill those appointments.

5 DR. ORGAIN: Post-haste, right?

6 And what kind of -- well, certainly, then,
7 we take our responsibility and add to your concerns
8 to the Governor's Office.

9 MR. DART: Very good.

10 DR. ORGAIN: Thank you. Okay. Item number
11 VI on the agenda.

12 DR. ORRIS: Well, again, I would like to --
13 Peter Orris here. If I could defer to Jack, I was
14 not able to be on the call. So I think if you are
15 able to chair this piece of this, that would be
16 helpful.

17 DR. HERRMANN: Sure. This is Jack Herrmann.
18 Who else was on that call? I'm forgetting now.

19 MS. PHELAN: I was not involved in the
20 plumbing but was involved in the medical marijuana
21 and raw milk. Karen Phelan.

22 MR. BANASZYNSKI: This is Dave Banaszynski:
23 I was on the call.

24 DR. ORGAIN: Who spoke?

1 MR. BANASZYNSKI: Dave Banaszynski. I was
2 on the call.

3 DR. HERRMANN: Okay. Good, David. Well,
4 you can fill in the blanks, then, on the things
5 that I forget.

6 The meeting was very short. It was only
7 about, what, 10 or 12 minutes long?

8 MR. BANASZYNSKI: Yeah, only -- yeah, there
9 was only one correction made to the rules
10 committee, and that had to do with just the web
11 site link. As per the code itself there was
12 opposition that was rectified before we moved
13 forward.

14 DR. HERRMANN: Right. It came up during the
15 meeting on why, I think it was the plumbers union
16 that was in opposition to the proposed rule changes
17 if I am remembering correctly.

18 MR. BANASZYNSKI: This is Dave Banaszynski.
19 You are correct. What it was is the one union said
20 they wanted a rule before a law, the other one said
21 they wanted a law before a rule. But in the end
22 they both wanted the same thing, and that's why we
23 moved forward.

24 DR. HERRMANN: And we did vote as a

1 committee to move the rule change to the entire
2 State Board.

3 DR. SANDERS: This is Babette Sanders. I
4 just have a procedural question. And in looking at
5 what the proposed rule changes were, I was not
6 clear why this was coming in the State Board of
7 Health versus Professional Regulation or another
8 state agency because I didn't identify anything in
9 the law other than that I understand that the qualified
10 plumber is big picture, the safety of the public,
11 but I was not clear.

12 So if somebody could help me put those
13 pieces together as to why this came to the State
14 Board of Health versus another regulatory agency,
15 I'd appreciate it.

16 MR. JACOBS: This is Kevin Jacobs. I am
17 Assistant General Counsel. The Department
18 regulates all plumbing in the state, and the rule
19 change that, the rule changes that were proposed,
20 we had actually put those in front of the Plumbing
21 Advisory Council which gave a thumbs up on it
22 earlier this summer.

23 So we typically take changes and rules to
24 the State Board of Health. So that's why we are

1 here.

2 MS. PATON: Right. Elizabeth Paton, Rules
3 Coordinator, Assistant General Counsel. The
4 statute that governs this rule is under the
5 jurisdiction of the Department, and any rule that
6 is not assigned to a specific board comes to the
7 State Board of Health. So that's why you have it
8 before you.

9 DR. SANDERS: Thank you. That's helpful.

10 DR. ORGAIN: That's helpful to new members
11 of the Board as well, so thank you for asking the
12 question. And thank you for your assisting in the
13 answer. It is very much appreciated.

14 DR. HERRMANN: Well, the recommendation of
15 the policy committee was, I'm sorry, the rules
16 committee was to pass it onto the full Board for
17 approval.

18 DR. ORGAIN: Okay. If there is no
19 objection, then we will move this rule to JCAR.
20 Okay. All right. Approval and move onto JCAR.

21 Okay. That takes care of item number A.
22 under VI.

23 Item number B, Conny Moody?

24 MR. DART: I apologize. Conny Moody has

1 been pulled for an emergency meeting as she was
2 here and just had to go. So we won't be able to
3 cover that item today. So we can revisit that for
4 a future meeting. Unfortunately she has been
5 called away due to an emergency meeting.

6 DR. ORGAIN: Item number C?

7 MS. PATON: Elizabeth Paton, Rules
8 Coordinator. You had asked for an update on the
9 raw milk rule. Since you met in June, the
10 Department filed that rule for second notice in
11 early July. The Department made changes to the
12 draft rule that had been previously approved by
13 this body as a result of public comments that we
14 received, and I do believe you received a copy of
15 that second notice filing. So you should have
16 received everything that we filed with JCAR.

17 As you will note, we received approximately
18 500 comments. The department staff very carefully
19 reviewed and considered each comment and made
20 revisions accordingly and felt that the rule we
21 presented for second notice was a good compromise.

22 When we file for second notice the rule goes
23 before the body known as JCAR. JCAR has several
24 options.

1 One is they can file a no objection which
2 means they approve the rule, and the Department can
3 adopt the rule as presented.

4 Another option is to file either a
5 recommendation or an objection. It means the rule
6 can still go forward as presented, but the
7 Department has -- there is something procedurally
8 the Department may not have done correctly or that
9 JCAR has a concern about, and we have to file a
10 response before we can adopt the rule.

11 The third option is extension which means
12 that JCAR will decide not to consider it, for
13 example, at its August meeting and will extend the
14 rule until the meeting the following month.
15 Generally it is 45 days, and it just gives JCAR and
16 the agency more time to work out any issues that
17 may be available with the rule.

18 Then the last option is prohibition. A lot
19 of people have a misconception that prohibition
20 means the rule just dies. It doesn't necessarily
21 mean that. It can be used as a procedural tactic.

22 So when we filed the rule in early July, the
23 rule was assigned to the JCAR August agenda. The
24 JCAR August agenda was very full and not just full

1 in terms of the number of rules. It was full of
2 controversial rules, not just raw milk, but there
3 was smoke free on that agenda as well as some
4 controversial rules from other sister state
5 agencies.

6 Because of the rule and the number of
7 comments that had been received and there was still
8 a lot of opposition between the two very strong
9 opposing sides, the JCAR staff and membership felt
10 it did not have enough time to properly analyze and
11 review the revisions as well as hear from the
12 opposition regarding the rule.

13 So because a rule has a one-year calendar
14 life, we were coming up -- the raw milk rule was
15 scheduled to expire on September 5. Because JCAR
16 did not have the ability to extend the rule to the
17 September meeting, the only option available to
18 them was to prohibit the rule.

19 So in this instance prohibition does not
20 mean death, it just, it means that it tolls the
21 timing of that, the ticking of that one-year
22 calendar.

23 So JCAR has six months to review the rule
24 without the clock ticking. The clock is just

1 tolled right now.

2 So during the next six months JCAR will be
3 completing its analysis of the rule. They will be
4 hosting a joint meeting with the opposing sides and
5 getting, trying to get a better idea.

6 Department staff have met with JCAR staff
7 including Dr. Shah personally meeting with Vicki
8 Thomas. We are still very positive that the rule
9 will be adopted in some form within the next six
10 months, and we are just waiting for JCAR to call
11 that joint meeting, and we will receive our
12 direction from JCAR. And that's where we are at
13 right now.

14 DR. ORGAIN: So six months began September
15 5th?

16 MS. PATON: No, it began August 11th. So
17 basically we have until -- in practical terms we
18 have until the end of December because it will need
19 to be considered again at January, no later than
20 the January JCAR meeting for us to be able to adopt
21 the rule sometime no later than February.

22 DR. ORGAIN: Dr. Persky?

23 DR. PERSKY: Will there be an opportunity
24 for the Board of Health, this Board, to weigh in

1 with JCAR at that meeting or before or at any
2 point?

3 I'm assuming that the Director does not want
4 to have another discussion with us. We have had
5 some, and there doesn't seem to be a positive
6 response to the discussions we have had.

7 MS. PATON: I don't know who JCAR's -- I
8 know that there is the side of the local health
9 departments and there are sides of the advocates,
10 and JCAR will be calling those parties to the table
11 so to speak.

12 I'm not sure who JCAR will be inviting to
13 that table, but it is under the control of JCAR in
14 that meeting. If you are personally interested in
15 attending that meeting, you would need to reach out
16 in your individual capacity to JCAR.

17 DR. PERSKY: There is not a way for the
18 Board of Health to reach out?

19 MS. PATON: Well, it is -- the Board of
20 Health is an advisory body of the Department. So
21 the Department would be represented by Dr. Shah.

22 DR. ORGAIN: So essentially that means that
23 we need to speak with Dr. Shah.

24 I believe that we spoke with the former

1 director.

2 DR. PERSKY: We have also spoke with --

3 DR. ORGAIN: Oh, you did at the June
4 meeting. I was not here. Okay.

5 DR. PERSKY: I made --

6 DR. ORGAIN: Okay. We will take our
7 concerns to the Director. Thank you very much.

8 MS. FIORINI: Can I ask a question?

9 DR. ORGAIN: Who is asking?

10 MS. FIORINI: Beth Fiorini.

11 DR. ORGAIN: Hi, Beth.

12 MS. FIORINI: Yeah, Beth Fiorini. As the
13 representative of local public health
14 administrators, I just want to make sure. So the
15 proponent is us, I mean the advocates -- we are the
16 ones -- it is not the pro milk, raw milk people
17 that you are now in any discussion with, it is just
18 they are there, too.

19 MS. PATON: They are there, too. My
20 understanding is JCAR will call the pro raw milk
21 people to the table and anyone in opposition to the
22 rule going forward. Both will be sitting at the
23 same table at the same time and talking to each
24 other.

1 MS. FIORINI: Then IDPH is just --

2 MS. PATON: We are just sitting there. It
3 is JCAR working it out.

4 MS. FIORINI: Okay. Thank you.

5 MS. PATON: That's my understanding of how
6 -- it's basically been taken out of our hands and
7 now sitting in the hands of JCAR. They will be
8 talking to --

9 MS. FIORINI: I didn't know if it was local
10 public health against IDPH or local health against
11 pro raw milk but it is --

12 MS. PATON: When the rule came to JCAR, the
13 local health and pro raw milk, both were asking,
14 both were approaching JCAR membership and JCAR
15 staff in strong opposition to the rule.

16 MS. FIORINI: Tow different directions.

17 MS. PATON: JCAR and the Department are
18 caught in the middle.

19 MS. FIORINI: Right. I have got it.

20 MS. PATON: So JCAR is -- they see that, but
21 JCAR, from my understanding, sees the importance of
22 the rule. The rule needs to go forward, and they
23 are going to try to make every attempt possible to
24 get a rule forward and on the books. That's our

1 understanding of it at this point in time.

2 Both sides are in opposition to the rule for
3 different reasons, but you will both be brought to
4 the same table on the same date at the same time
5 and have to talk to each other.

6 MS. FIORINI: Okay. Thank you.

7 MS. PATON: That's my understanding.

8 MS. FIORINI: Thank you.

9 DR. ORGAIN: Dr. Herrmann?

10 DR. HERRMANN: Jack Herrmann. Elizabeth,
11 you had mentioned that someone had sent out the
12 rules proposed to JCAR prior to the August meeting.

13 MS. PATON: When we filed our second notice
14 with JCAR in early July, all of that packet was
15 sent to every State Board of Health member that was
16 appointed at that time. You received it in early
17 July.

18 DR. HERRMANN: That would have been July we
19 should have gotten an email from you?

20 MS. PATON: I believe it came from Laura.

21 MS. VAUGHT: Uh-huh.

22 MS. PATON: It contained a memo we wrote to
23 JCAR along with what was called Attachment A and
24 Attachment B stating a summary of all the public

1 comments that we had received and our responses to
2 those comments as well as the changes we proposed
3 to make.

4 DR. HERRMANN: Okay.

5 MS. PATON: It was sent --

6 DR. HERRMANN: I must, I must have
7 completely bypassed that email because I sure don't
8 remember getting it.

9 MS. PATON: Right. That was my
10 understanding. Based on the June meeting, the body
11 requested to receive a copy of our JCAR filing, and
12 we did do that.

13 DR. HERRMANN: Right, right.

14 DR. ORGAIN: I'm hearing some members say
15 that it was on or about July the 14th. So take a
16 look at your email and should you not find it in
17 your spam, whatever, then you can email Laura.

18 DR. HERRMANN: Okay. Thank you.

19 DR. ORGAIN: And as a advisory group to the
20 Director, Bill, we certainly would like to be
21 involved, a representative or two involved with
22 that meeting. So we will seek contact in that
23 regard. So we would be very interested in
24 participating and providing comment to the Director

1 in regards to the raw milk rule currently on the
2 books. Okay.

3 DR. VEGA: Javette?

4 DR. ORGAIN: Yes?

5 DR. VEGA: This is Tim Vega. So I think,
6 from what I can gather from the phone here, we are
7 -- there are some directors who were not on the
8 Board when we had a thorough discussion of this,
9 and it was the -- there was no regulation prior,
10 and the regulation is the response of the Board and
11 Public Health. So I think the legislation or the
12 rules are the proposition that the health
13 department is putting forward.

14 So I think that that is -- the whole
15 enterprise is a public health response or public
16 health stance, but there is a lot of minutes
17 involved with this. So if we can identify some of
18 those, at least they can review the discussion that
19 took place over many meetings.

20 DR. ORGAIN: I understand. In terms of
21 bringing new members on board in regard to the
22 information related to the rules, there is a lot
23 of --

24 DR. VEGA: There is a lot of information

1 there, correct.

2 DR. ORGAIN: I will work with Laura on that.

3 DR. VEGA: I had one more question for
4 Elizabeth. Will JCAR -- you know, this has been
5 going on for almost two years now.

6 Is there information being gathered about
7 infection rates and economic development and
8 looking at it from many different views, or are we
9 still using the information provided two years ago?

10 MS. PATON: It is my understanding JCAR is
11 doing some of its own research. They have asked
12 questions, and when they ask questions, we do
13 provide the information that we have and what we
14 used to base the rule on.

15 I know there has been questions regarding
16 somatic cell count size and economic information,
17 and we have provided responses with information as
18 the Department knows it.

19 But they are -- it is my understanding they
20 may also be seeking outside information and input
21 from outside entities, too.

22 DR. VEGA: Okay. Thank you.

23 DR. ORGAIN: Any additional questions from
24 anyone on the phone? Any concerns? Anyone who

1 joined us that was not part of the roll call?

2 (No response.)

3 DR. ORGAIN: Thank you. All right. So I
4 appreciate that Conny wasn't able to be here for
5 medical marijuana, and since we don't meet again
6 until December, it would be helpful to send maybe a
7 summary to the Board, if that's possible, of
8 anything, updates on medical marijuana.

9 I had asked for some information in regards
10 to the dispensaries because that's a question that
11 has been asked in regards to where the dispensary
12 is going to be, what is going on with that,
13 although that has not been a purview of this Board.

14 But there is some discussion currently on --
15 I'm a south sider. In the Avalon Chatham
16 neighborhood there is an attempt to have a
17 dispensary in that neighborhood that has been met
18 with some opposition and some concern.

19 So I ask if anyone had any information and
20 although it is not within the purview of the Board,
21 I understand there are three on the north side of
22 Chicago, none on the south side Chicago, and that
23 one is the one that's being proposed and has met
24 with some opposition. That's information for some

1 members.

2 Let's go onto item number VII on the agenda,
3 Policy Committee Report.

4 MS. PHELAN: Karen Phelan. We do not have
5 any minutes for approval at this time. We used the
6 time allocated for our Policy Committee Meeting on
7 July 8th for Leticia's Healthy Illinois 2021
8 presentation.

9 We welcome, of course, any new members that
10 are joining the Board to be part of our committee
11 and, of course, we are available to the Board
12 whenever needed. Happy to help.

13 So Leticia, I will turn it over to you which
14 was your SHIP Implementation, Healthy Illinois 2021
15 presentation.

16 MS. REYES: Great. Thank you very much.

17 So the presentation at that time was really about
18 the process and telling, you know, what we were
19 doing, what our approach is and addressing the need
20 to develop the new State Health Improvement Plan.

21 We are currently -- just to bring everyone
22 up to speed, we are currently going through a state
23 health assessment in looking at all of the data we
24 have that we can pull together around the state to

1 kind of get a temperature, kind of get a sense of
2 where we are, what is the state of health in
3 Illinois.

4 So that's the process we are in right now,
5 and just to give you a quick timeline, we are
6 working -- we worked through the summer to do focus
7 groups all across the state. We did 11 focus
8 groups across the state, and we have covered many
9 regions, you know, all regions of the state. Of
10 course, there is always opportunity to do more.
11 We received feedback and are processing the data.

12 We also had three SHIP Planning Council
13 meetings. One was a webinar. The Director also
14 did a webinar presenting the data and information
15 that will be presented today. We had over -- we
16 had 100 participants. That was the maximum number
17 of people that we could get on that line.

18 We offered all of those participants to
19 provide feedback very similar to this survey that
20 you have. They had an online survey they could
21 respond to, and we have been going around, and we
22 have been talking to a variety of groups and
23 offering presentations in communities all over this
24 state. We will have 10 to 15 presentations

1 completed by the end of October.

2 So we are really working hard to have a lot
3 of engagement on this state health assessment
4 piece. That was an area for improvement in our
5 previous, our previous SHIP efforts. So we really
6 want to ensure that we have that engagement.

7 So in the -- we will have a SHIP meeting
8 coming up September 28. It is a webinar, and we
9 will be -- at that webinar you are all invited. It
10 is an open meeting. You are all invited to attend
11 the webinar. That webinar will actually be
12 presenting the data we have collected. We will be
13 pushing out what we've learned through all of these
14 sessions.

15 And at that time we will -- after that
16 meeting, our October 5th meeting with the SHIP
17 council, we will be working to prioritize some
18 areas of focus for the State Health Improvement
19 Plan.

20 The State Health Assessment is scheduled to
21 be completed by January 1st. We should have a
22 completed State Health Assessment. We will bring
23 -- we will give you all a version in December to
24 provide feedback and input from this body, and we

1 will be presenting that to you, provide that
2 information to you before it goes final, and it
3 will go final January 1st.

4 So again, just to emphasize for us we really
5 value that input on the front end of the State
6 Health Assessment so we can have the information we
7 need to prioritize the areas of focus for the State
8 Health Improvement Plan.

9 The State Health Improvement Plan process,
10 as we identify those priorities, we will break into
11 action teams, and we will be working on developing
12 action plans for those priority areas.

13 So that's just a quick summary of where we
14 are, and I'm going to turn it over to my colleague,
15 Jennifer McGowan, who is with the UIC School of
16 Public Health MidAmerican Center for Public Health
17 Practice.

18 Long title, but they are working very
19 diligently on this State Health Assessment,
20 analyzing the data, helping us identify indicators
21 for the State Health Improvement Plan, and she will
22 be going through the state, the state health
23 presentation, and the intention here is to, you
24 know -- much of this like you will already know, a

1 lot of this information and data. The idea is we
2 want to be able to get feedback from you all so we
3 can input into the process and ensure that it is
4 reflected and move forward as we get to a point
5 where we identify key priorities.

6 So I will turn it over to my colleague,
7 Jennifer.

8 MS. MCGOWAN: Thank you. Thank you all for
9 hearing this presentation today. I'm just going to
10 reiterate the importance for us to get your
11 feedback before we sort of present the results at
12 the end of September to the Healthy Illinois 2021
13 Planning Council.

14 I look at this as an opportunity, although
15 short. I'm going to move pretty quickly, and I
16 might skip over a few slides, but you have the full
17 deck hopefully in front of you.

18 Sorry, Springfield, can you see the slides?

19 MR. DART: Yes.

20 MS. MCGOWAN: Great. And so we will move
21 here through this quickly. You do have a feedback
22 sheet in front of you also. I will give you my
23 email address at the end of the presentation in
24 case you want to take some more time to look at the

1 slides before you fill that out. That's definitely
2 fine with me. Or feel free to do it today.

3 So I'm going to sort of set the stage. As
4 Leticia mentioned, Director Shah provided a
5 presentation similar to this a couple weeks ago,
6 and this is also sort of the deck that we have gone
7 across the state with. And the main purpose of
8 presenting this information is to identify high
9 level commonalities for best practices for health
10 improvement.

11 We are also communicating Healthy Illinois
12 2021, what that is to folks around the state with
13 the goal of establishing a common agenda towards
14 health improvement that uses local and regional
15 strengths.

16 So that's the big picture of what we are
17 doing in this process right now, as Leticia
18 mentioned, the phase that we are in at the moment.

19 Today I want just to do a process check-in
20 and make sure that the Board of Health knows where
21 we are and knows where we are going. I'm going to
22 review the subset of health indicators that we are
23 using as sort of a snapshot of the current state of
24 health. That's what we have brought to folks

1 around the state. We have been asking them to
2 respond to this current set, snapshot of health
3 data.

4 I will talk a little bit about some
5 identified gaps, assets and barriers, opportunities
6 with the opportunity for you all to respond to that
7 and then just make sure everyone knows what the
8 next steps are.

9 So briefly I know I presented some of these
10 slides in particular to the Policy Committee, but
11 for the benefit of new members, Healthy Illinois
12 2021 is the collective name for three statewide
13 initiatives that are geared towards health
14 improvement that are currently underway in
15 Illinois.

16 So the State Health Improvement Plan or
17 State Health Assessment is an assessment of the
18 current state of health that focuses on mobilizing
19 community health needs, the State Health
20 Improvement Plan collects strategies to implement
21 the -- to implement the drive on health
22 improvement, and the State Innovation Model is
23 another statewide initiative that's looking
24 specifically to really drill it down between

1 clinical and preventative intervention, how that
2 can come together to transform the health care
3 system.

4 So we are looking at Healthy Illinois 2021
5 as all of these initiatives together, and they sort
6 of build on each other. The current state of
7 health informs the strategies which informs the
8 direction of population health outcomes, and this
9 whole process is guided by the Planning Council, a
10 couple of members of the Planning Council on the
11 State Board of Health as well.

12 So I will sort of just stick this piece on
13 slide 5, what is SHA and what is the SHIP. I think
14 a lot of you are familiar with this, but they are
15 both systematic approaches to collecting
16 information and then identifying strategies that
17 focus on communities and agencies working together
18 to improve the health of the population.

19 And then I think this is also familiar to
20 most of you, but this, the SHA and SHIP are
21 required under statute in Illinois, and under that
22 statute there is an explicit focus on prevention
23 and elimination of health disparities. That's
24 something we are keeping in mind as we move through

1 the process and as we present information.

2 Then just wanted to mention population
3 healthy because this is an important part of the
4 state health or State Innovation Model. These are
5 just a couple of definitions, but as I mentioned,
6 we really think that the SHA and SHIP align around
7 integration, integration of clinical and preventive
8 services, how that comes together to improve
9 population health.

10 So that's how we are thinking about sort of
11 the three phases of the State Health Assessment,
12 the State Health Improvement Plan and then
13 ultimately the plan for population health that lies
14 under the State Innovation Model.

15 So we are going through this basic planning
16 process. On a lot of questions here you will kind
17 of see we need guidance toward these questions as
18 we move through the data, but we will just try to
19 get to that piece.

20 Then just to highlight -- I know Leticia
21 talked about this earlier -- phase four which
22 includes conducting focus groups, an organizational
23 presentation, getting feedback from across the
24 state, analyzing this information and then taking

1 it back to the Planning Council so they can sort of
2 make prioritization decisions on health issues to
3 focus on, strategies to select beyond that.

4 So we have framed all of our conversations
5 in the field sort of looking at this picture and
6 saying this is, this is the current state of health
7 in Illinois.

8 We have a shift from, a shift to chronic
9 disease from infectious disease, experiencing high
10 rates of obesity. We know that our community
11 affects these health outcomes. And so this is what
12 we are looking at the current state, and if we can
13 imagine a future state, this is what we hope it
14 will look like.

15 So the purpose of this planning, of this
16 planning process in general is to help us think
17 about moving from one place to the next.

18 But an important component on slide 12 right
19 now, an important principle is that we think that
20 there is a lot of innovative activity happening at
21 the local level and at the regional level. We
22 really want to capitalize on that. So that's one
23 of the reasons we have been moving across the state
24 to talk about what are your strategies, what's

1 working and how can we replicate that as a
2 framework or an agenda at the state level.

3 So moving right into the health data, I want
4 to preface this by saying, again, this is just a
5 snapshot of data that we expect to be in the State
6 Health Assessment. The MidAmerican Center is
7 working very closely with the Department of Public
8 Health to identify a broader set of health
9 indicators that will be included in the State
10 Health Assessment and will be much more
11 comprehensive. It includes trends so we can see
12 what that big picture is. I'm just doing a small
13 piece of that, especially because we don't have a
14 ton of time today.

15 But the way that we have organized this
16 health data is to sort of start from the population
17 prospective, who is in Illinois, what does that
18 look like, talk about some life span indicators.
19 So we will talk about some infants, adolescents,
20 then adults, indicators that impact health and also
21 set that in a context of the component of the
22 health care system.

23 So I will do that just really briefly today,
24 but in the State Health Assessment you will see

1 that more broadly. This is sort of the direction
2 those indicators and the health data will be
3 presented to tell a story really.

4 But we are keeping the socially (audio cut
5 out) model in mind throughout this process because
6 we know there are a multitude of factors that
7 impact health.

8 So when we think about the life span, we are
9 also thinking about how that relates to the society
10 that we live in or community that we live in and
11 what that community looks like, how it impacts
12 people's health.

13 So I will just start very briefly with the
14 demographics in Illinois. The most current data we
15 have right now is in 2014 Illinois was home to 13
16 million people and the fifth most populous state.
17 We have seen an increase in population between 2000
18 and 2010 by about 3.3%. Chicago is the third
19 largest city in the nation with about 2.7 million
20 residents.

21 Just a brief racial breakdown of the
22 demographics in Illinois, Cook County and Chicago.
23 You'll see that Illinois on the whole has a larger
24 proportion of non-Hispanic whites. As we look at

1 Cook County, then Chicago even further, it just
2 becomes more diverse.

3 Illinois has a young population. The median
4 age is about 37 years old, and it is also, as I
5 mentioned, very ethnically diverse. There is many
6 -- 1 in 5 Illinoisans speak a language other than
7 English at home.

8 Here is just some basic information about
9 education and employment in Illinois. The high
10 school education rates in Illinois overall are
11 about 87% with 31% -- and then 31% college
12 graduates, 66% of adults are in the labor force.
13 In 2013 the unemployment rate was 9.5.

14 An interesting piece I think here is that
15 the median income is about \$30,000. On average an
16 hourly wage of about \$17 is needed to afford a
17 two-bedroom apartment. So you can see a
18 discrepancy in sort of the ability of minimum wage
19 workers to have all things they need to fulfill
20 their needs.

21 So moving very quickly from demographics to
22 some of the contextual factors such as poverty,
23 this slide, slide 20, represents a composite
24 indicator called the county well being index which

1 combines poverty, unemployment, teen births and
2 high school graduation rates.

3 You will see like some of the State of
4 Illinois is covered here, but we have sort of a
5 gradient in green shown on this slide. There are
6 42 Illinois counties that are in that medium green
7 which they account for a watch list, and then there
8 are four Illinois counties that are the darkest
9 green which are indicated as a warning list. Those
10 are Montgomery, Morgan, Union and Wayne.

11 You can see some, some regionalization of
12 this indicator, and also it is sort of spread out
13 across the, across the State of Illinois when it
14 comes to this particular composite indicator.

15 Then one other thing I wanted to mention
16 about poverty is just to show this poverty trend
17 line. So you will notice in 1960 the Illinois
18 poverty rate was 17 or 14.7. Sorry. Kind of
19 dipped down, and then by 2013 it is at the same
20 rate as it was in 1960 at 14.7 again.

21 Also to note here one in five children live
22 in poverty, and the poverty rates in the
23 African-American community is about three times
24 that of whites.

1 So that's sort of to show, and, again, the
2 State Health Assessment will include other
3 indicators, social determinants of health which is
4 to give a picture of some of the factors that are
5 affecting Illinois residents.

6 Now moving into some of the mortality
7 factors, the leading cause of death in Illinois are
8 heart disease and cancer, and you will also note
9 here if you put some of the chronic diseases
10 together, you get a very high proportion of the
11 deaths in Illinois.

12 It is also important to note that there is
13 about 1,000 Illinois babies that die each year and
14 a similar number of Illinoisans that commit
15 suicide.

16 DR. PERSKY: Aren't all accidents, are they
17 higher than they are nationally, or what am I not
18 understanding?

19 Usually it is heart, cancer, COPD and
20 stroke. How did that -- is there something kooky
21 about how this was done?

22 MS. MCGOWAN: You know, I'm not sure. This
23 comes from the vital statistics at the Department,
24 and I don't think we did any further analysis. I

1 think we just took it from them. But I can look
2 into --

3 DR. PERSKY: It looks --

4 MS. MCGOWAN: So that is the accidents?

5 UNIDENTIFIED: National, American Heart
6 Association statistics which are just as you said,
7 heart, cancer, COPD, stroke.

8 DR. PERSKY: There is something odd about
9 this.

10 MS. MCGOWAN: Okay. I will take a look at
11 that. I will also note that the indicators that we
12 are working with the Department to create a track
13 for the State Health Assessment model or the State
14 Health Assessment all include national benchmarks.
15 So we will be able to spot if things look different
16 than with the national data and recheck. So that's
17 kind of built into that plan as we move forward
18 with the Department.

19 DR. ORGAIN: In other words, this is a great
20 idea. If it is the same, if it remains the same in
21 terms of numbers, then what would be helpful would
22 be to put the US column right next to that.

23 MS. MCGOWAN: Right, put that benchmark in.
24 Okay. Thank you.

1 So this slide on infant mortality we use
2 because it is a good indicator of the overall
3 health of the society.

4 I will note just it was pointed out to me,
5 very sorry, there is a typo on the first line which
6 should be infant mortality, not morality. But
7 Chicago has a higher rate of infant mortality than
8 other areas in the state, and black infants are
9 about 2.8 times likely as white infants to die in
10 their first year of life.

11 So you can see, we do show some racial
12 differences in the rate and then differences by a
13 couple of the counties, suburban and then rural
14 counties as well.

15 And one thing to note is although we are not
16 showing all indicators that relate to the health
17 status of society, the disparities are pretty
18 common for a wide array of indicators if we were to
19 look at them.

20 So low birth weight shows us similar -- it
21 is also useful as indicating the health status of
22 the society. You can see from the graph that
23 Illinois meets the Healthy People, Healthy People
24 2020 objective for low birth weight, but there are

1 certain segments of the population within Illinois
2 that do not meet that objective. So there still
3 remains a significant black/white disparity for low
4 birth weights in Illinois.

5 Unsafe neighborhoods, we wanted to show some
6 more information about the community. Here we see
7 that Hispanics and African-American children are
8 much more likely to live in an unsafe neighborhood
9 than their white non-Hispanic counterparts.

10 Then some quick information about unhealthy
11 behaviors. Adolescent smoking and alcohol use,
12 substance use and abuse among Illinois teens is
13 very similar to that of the overall US rate. The
14 data shows that 40% of teens drank at least once in
15 a month before the survey, and over 20% drank more
16 than five times in a row in that month. Also
17 almost 20% of teens smoked in that month and over
18 half tried to quit.

19 DR. ORGAIN: Let me just add here that today
20 there was a press conference to taxing
21 E-cigarettes, and that ended at eleven, just for
22 information purposes.

23 MS. MCGOWAN: I believe that's proposed in
24 Chicago.

1 DR. ORGAIN: Chicago to taxing E-cigarettes,
2 yes.

3 MS. MCGOWAN: So we also obviously wanted to
4 include in this snapshot an indicator of mental
5 health or mental illness. Here we find or here we
6 are talking about adverse childhood experiences
7 such as physical, sexual, mental abuse, substance
8 abuse by a parent, divorce, death.

9 We know that children who experience an
10 adverse childhood or have these adverse child
11 experiences have a higher proportion of a wide
12 range of health outcomes later in life.

13 So what we are seeing here in particular is
14 that adults who reported four or more adverse
15 childhood experiences in their childhood average
16 about a week of poor mental health a month, and the
17 graph on the left shows that racial and ethnic
18 information for how many days a month do you
19 experience poor mental health or mental health is
20 not good, and you will see there is not a huge
21 disparity as we see in other indicators for this
22 one in particular.

23 Just to touch on obesity, these are the
24 obesity rates from 2004 to 2012. In 2013 nearly

1 30% of Illinois adults were obese. That rate for
2 African-Americans is 39%. This trend line is
3 within a 10% range if you go across --

4 (Technical difficulty with audio)

5 UNIDENTIFIED: Bill, can you mute the other
6 room?

7 MR. DART: Can I mute the other room? I
8 can't mute your side. You might turn down the
9 volume.

10 DR. ORGAIN: Mute your side.

11 MR. DART: Okay.

12 MS. MCGOWAN: Give me a thumbs up if you can
13 still hear me. Great.

14 DR. ORGAIN: Thank you.

15 MS. MCGOWAN: So we know that there are
16 enormous societal and personal burdens that are
17 experienced from diabetes and obesity, and what I
18 want --

19 MR. DART: My mistake. Excuse me.

20 (Technical difficulty with audio.)

21 MR. DART: Can you guys turn up your volume?
22 We are having a hard time hearing now after that,
23 whatever the system did here.

24 MS. MCGOWAN: (Inaudible)

1 MR. DART: We cannot hear you very well.

2 MS. McGOWAN: How about now?

3 MR. DART: Sounds a little better.

4 MS. McGOWAN: I will try and talk loud.

5 Sorry.

6 I think you guys will have to go back on
7 mute, though.

8 Okay. So what I just wanted to draw your
9 attention to in this slide is the disparity between
10 blacks and whites as it relates to the age of
11 diagnosis of diabetes.

12 So blacks are about two times as likely to
13 be diagnosed at an earlier (inaudible). So I think
14 what this says is we know that at a younger age, if
15 a diagnosis happens at a younger age, it can affect
16 quality of life and outcomes at a later date. So
17 we are seeing a much higher proportion of blacks
18 being diagnosed at that early age, and that's
19 affecting their life span.

20 Then just to dive a little deeper into heart
21 disease mortality which we saw was a leading cause
22 of death in Illinois. One thing to note here is
23 that these deaths are occurring at a younger point
24 in life, and so the preventative strategies or

1 other strategies that would sort of prevent that
2 diagnosis at such an early age but also affect the
3 life span (inaudible)

4 Maternal mortality, I just wanted to point
5 out here we have on this graph pregnancy-associated
6 and pregnancy-related mortality. Pregnancy-related
7 mortality is directly related to the pregnancy.
8 Pregnancy-associated mortality might be a death
9 within a year of pregnancy for another reason such
10 as cancer or an accident. That is why that rate is
11 a bit higher than pregnancy-related mortality.

12 But here you will see that the rate for
13 black women in Illinois is three and a half times
14 higher than that of white women, and two and a half
15 times higher than that of healthy people --

16 (Technical difficulty with audio.)

17 MR. DART: We are trying to hear the
18 questions.

19 DR. ORGAIN: Repeat the question.

20 MS. MCGOWAN: So the question is did the
21 definition change for pregnancy-associated or
22 related mortality.

23 I said that I am not aware of a change, but
24 we can look into it. But I know that this slide in

1 particular has been something of interest to
2 Director Shah and one of the reasons we have been
3 talking about maternal mortality as you will see
4 the health issues that we are thinking about.

5 Then just quickly to touch on some of the
6 health care environment issues, this slide shows
7 adult ED visits for diabetes, and you will notice a
8 large discrepancy, black/white discrepancy in the
9 graph and then pediatric ED visits or asthma where
10 you will also note a similar discrepancy, a large
11 discrepancy between whites and blacks.

12 And this is just some information on the
13 access to primary care. So you will note here that
14 on the left, percents of adults without regular,
15 without a regular doctor. The United States was at
16 (inaudible). Illinois is just about 18%, Cook
17 County is in the middle with 20%.

18 So here on the right side you can see that
19 Hispanics, Latinos, more Hispanics and Latinos than
20 blacks do not have a consistent source of care.

21 DR. PERSKY: On the number on the slide
22 (inaudible)

23 MS. MCGOWAN: Thank you. The question was
24 has the -- when is the data from for the chart on

1 the left side, and I think it is twenty -- yeah,
2 that's definitely for the graph on the right. That
3 comes from Illinois (inaudible). The graph on the
4 left comes from a different source, but I don't
5 think it includes from ACA data.

6 (Technical difficulty with audio.)

7 MS. MCGOWAN: -- but for this in particular
8 it is even -- it is difficult to find reliable post
9 ACA data as far as I can tell. But certainly I
10 agree that if it is a totality changed environment,
11 it would be more useful to have more current data
12 than not.

13 So I'm not going to talk about the next
14 steps, I am just going to tell you at the end what
15 the next steps are. Going to kind of read through
16 the next couple of slides.

17 What I did is the take-away message here is
18 that based on the information that I presented just
19 now and based on a couple of other assessments the
20 MidAmerican Center did looking at state agency
21 strategic plans, operational plans and needs
22 assessment, we presented information to the
23 Planning Council, and they came up with a couple
24 early, early health issues to think about. That is

1 sort of what we asked people to think about when
2 they are giving feedback to us.

3 So just to rewind for a second, that
4 assessment that we did looking at, looking at the
5 state agency data -- where was it? Okay. So in
6 addition to looking at state agency regional
7 (inaudible) the Department of Public Health did an
8 assessment of the IPLANs. That's the local needs
9 assessment that local health departments complete
10 to see what their priorities were.

11 What we really wanted to do along the
12 principle, you know, using what we have and
13 thinking about leveraging what we have, we looked
14 at what the current priorities across the state
15 are. You will see the most top ten here fall under
16 chronic disease.

17 We did the same thing looking at community
18 health needs assessment that are completed by
19 not-for-profit hospitals, a subset of critical care
20 hospitals, and they had similar priorities, mental
21 health wellness, prevention, access to care.

22 And then we did a broader look at additional
23 not-for-profit hospitals, about 120, looking for
24 their top priorities in their community health need

1 assessment. They fall in sort of the same pattern,
2 access to care, mental health.

3 So given that --

4 (Inaudible)

5 MS. MCGOWAN: So the question was do all of
6 the plans assume that disparities are interwoven in
7 their community and that's why they are not
8 identified specifically as a priority.

9 So I can't speak specifically to that
10 (inaudible) assumption that health disparities
11 exist, but I think that we at the planning council
12 level at the stage that we were in, in June and
13 July, it was decided that social determinates of
14 health should be elevated as an early issue to make
15 sure that that is something that is explicit.

16 (Inaudible)

17 MS. MCGOWAN: So I will try my best, though
18 I am probably not the best person. But the
19 question was in this data we are seeing a lot of
20 information (inaudible) disease, are we thinking
21 about in our data collection what the risk for
22 early mortality and morbidity is and how that
23 affects the Illinois population overall.

24 So again, I'm probably not the best person

1 to answer this, but we are collecting raw data by
2 age range. I suppose that will help think about
3 the risks or the early, early -- Leticia, do you
4 have any thoughts?

5 (Inaudible)

6 MR. DART: We are unmuted. We have a
7 comment here if we can get in, if you guys can
8 understand what we are saying.

9 MS. FIORINI: Can you guys hear us?

10 Hi, this is Beth Fiorini. I just finished
11 the Whiteside IPLAN or map I did for a county in
12 rural Illinois, and I just wanted to make the
13 comment that we found the highest diagnosis outside
14 of OB in rural hospitals, especially, specifically
15 in Whiteside were mental health diagnoses for the
16 number of stays and number of ED visits, the number
17 of discharges.

18 So I think, in having talked with some other
19 local rural health departments, mental health,
20 substance abuse is really rising to the top.
21 That's all.

22 MS. MCGOWAN: Thanks, Beth.

23 (Inaudible)

24 MS. FIORINI: Can I respond just because I

1 just did the map. What I think was asked, I think
2 the thing you all have to remember when we do the
3 map process, it is a community process, and the
4 partners in the community are pulled in.

5 So it is not necessarily an academic or
6 intellectual process, if I can say that. It is
7 very much roots community. So things that you may
8 want or think are important may not be what the
9 community actually thinks is important.

10 And one of the things that we consider when
11 we do a map process or IPLAN is what can you make a
12 difference in and, you know, pick the things you
13 can make a difference in.

14 A lot of times social determinates, violence
15 or that kind of stuff, although it is important,
16 gets pushed to the side for the actual medical or
17 in this case medical or mental health things that
18 are worked on with that group of people who are in
19 the IPLAN process.

20 Does that -- is that a fair comment,
21 Leticia?

22 MS. REYES: Yes. I think that, I mean, I
23 have heard that from other locals, but I think that
24 there is (inaudible). I think we are hearing a lot

1 --

2 (Technical difficulty with audio.)

3 DR. LOPEZ: This is a question, not a -- it
4 is not a question as much as a comment. Healthy
5 (inaudible) 2.0 plan in, I believe either October
6 or November, and I think that will reflect a lot of
7 the discussion that we have had which is going to
8 include (inaudible).

9 DR. ORRIS: Peter Orris. Mortality
10 (inaudible).

11 MS. MCGOWAN: Okay.

12 (Technical difficulty with audio.)

13 MS. MCGOWAN: Great question. So no, this
14 is not a final list. It is a proposed early list
15 based on the conversations that we had through June
16 and July.

17 So what we have done, as Leticia mentioned,
18 is doing focus groups and organizational
19 presentations and getting feedback on these topics,
20 and one thing we ask is, is this anything that you
21 would add to this list, anything you would subtract
22 from this list. Those results are what we will
23 present on September 28 to give the Planning
24 Council and anyone who attends the webinar a better

1 sense of, you know, what the consensus is on the
2 list of what health priorities could be.

3 And then on October 5th we are going to go
4 through a prioritization process to identify the
5 top priorities. That will be both embedded in the
6 State Health Assessment and specifically addressed
7 in terms of selecting strategies in the State
8 Health Improvement Plan.

9 DR. BUFALINO: Let me say this with respect
10 to the early deaths. I mean, chronic disease is a
11 big box here. So I just speak up for the fact that
12 heart and cancer are still half of the deaths in
13 the state, and if you add obesity, diabetes and
14 stroke in, you know, the cardiovascular component
15 of that is pretty sizeable.

16 And at least from my perspective, it is an
17 opportunity for us to be helpful in the
18 preventative aspects of these diseases, gives us an
19 opportunity here both on the nutrition side and the
20 exercise side. I mean, simple things like
21 sugar-sweetened beverages, taking that, you know,
22 out of access, reducing access to that. I mean,
23 there is a whole list of things.

24 So I think our opportunity there is to put a

1 pitch in that I think, you know, we have a chance
2 there, and some of the things that I would ask in
3 terms of data, it would be nice to have a little
4 more drill down around cardiovascular, how many
5 heart attacks do we have, how many sudden cardiac
6 deaths are on the street, what is the mortality, a
7 little bit of that, are we moving the needle or
8 not.

9 The most surprising to me is maternal
10 mortality. I think it doubled over that time
11 period, over those dozen years. I mean, what
12 doubled the mortality?

13 I mean, there is nothing, and yet on the
14 cardiovascular side we know from heart data that we
15 are down 30% in the last decade mortality, 30%
16 drop.

17 UNIDENTIFIED: Did it drop in Illinois?

18 DR. BUFALINO: You know, that's a good
19 question.

20 I mean, are we doing the same job we are
21 doing nationally or not or are we falling down?

22 It would be an interesting question.

23 MS. MCGOWAN: Thank you. So I think one
24 thing I will mention in the prioritization process,

1 we certainly -- I don't -- I'm not sure which
2 method we are going to use yet, but there will
3 certainly be criteria and like opportunity,
4 resources, those that are certainly potential for
5 the criteria when we actually do the section.

6 But then I will also note just many focus
7 groups are very in line with what we have heard
8 across the state is that these are really big
9 pockets, and it is hard to, hard to think so
10 broadly. Might need to be a little more specific.
11 Thank you.

12 Anyone on the phone that has comments,
13 questions?

14 UNIDENTIFIED: (Inaudible) I think it was
15 Madison, Wisconsin (inaudible) county health
16 ranking, and they had criteria and prioritized
17 healthy behaviors, social and economic factors and
18 environment and had pretty good algorithms, come up
19 with these high level determinates of what makes
20 somebody healthy.

21 I would take a look at the county health
22 ranking, go back to the initial documents on how
23 they, how they prioritize percentages of
24 contributions to somebody's health.

1 We have been using that in the population
2 evaluation for our (inaudible) scoring and using
3 some of that because they do the collection already
4 automatically. (Inaudible)

5 MS. MCGOWAN: Thank you. Thank you very
6 much. For the county health rankings, I will say
7 that we have sort of -- the indicators I have not
8 presented but talked a little bit about is
9 organized in a similar way to the county health
10 rankings in terms of health behaviors, outcomes,
11 morbidity, mortality.

12 So we have definitely found that to be a
13 resource, but I will look at it further for the
14 percentages that you were discussing.

15 Okay. I'm going to shoot through the end of
16 this here just to quickly touch on some of the
17 areas that we found to be statewide assets,
18 opportunities and barriers to see if you had
19 anything to add in your feedback form.

20 So based on our meetings with planning
21 councils and some early interviews with planning
22 councils, we sort of identified these large pockets
23 of statewide assets; services, innovation, state
24 (inaudible) and partnerships.

1 I will give a quick example. Services, the
2 state does provide services under a number of
3 programs.

4 Innovation meaning there is a -- the state
5 uses best practices and evidence-based practices in
6 some areas, and state (inaudible).

7 Then partnerships there is a perception that
8 the state maintains a good partnership with
9 stakeholders.

10 So this is something that we would talk
11 about that I bring up, and when we are talking
12 about community, I just ask do you have any -- it
13 is right here -- what would you add as a local or
14 regional asset. And again, this is for the purpose
15 of matching those assets to opportunities and
16 opportunities to needs.

17 We found that people think that the
18 statewide opportunities fall into these five
19 pockets; partnerships, data, prevention, leveraging
20 resources and innovation.

21 Partnerships is kind of similar. You can
22 see these kind of cross areas.

23 Data includes technological infrastructure,
24 data collection that's available in the state.

1 Prevention refers to expanding preventative
2 activities, services.

3 Leveraging resources, there is talk around
4 leveraging planning processes that have already
5 been done to influence this process in particular.

6 Then innovation, opportunity to standardized
7 care coordination and other health delivery system
8 reform issues.

9 So think about if there is anything else you
10 would add as an opportunity.

11 Then finally these big pockets of barriers
12 include resources, of course includes budget and
13 funding.

14 Health literacy, consumers still have a ton
15 of issues navigating the health care system.

16 Coordination and collaboration, specifically
17 there is lack of coordination and collaboration in
18 areas, certain areas.

19 Then work force, the work force development
20 is a challenge, and then is there a robust work
21 force to meet the needs of the population.

22 So just to end, thank you for letting me
23 take up so much of your time. Please fill out the
24 feedback forms. I will give you my email address.

1 It is jlmcgow -- not my full last name -- @uic.edu.

2 So if you would like just to hand those back
3 to me, feel free to. Otherwise I will take them
4 today.

5 Springfield, I don't know if someone can
6 compile and send them to me, that would be great.

7 MR. DART: What did you want scanned?

8 Ms. McGOWAN: The feedback forms.

9 MS. FIORINI: I have one. I can scan it and
10 send it.

11 MR. DART: Will do.

12 MS. McGOWAN: Okay. Thank you so much.

13 (Inaudible)

14 MS. McGOWAN: Just for your own next step so
15 you all know, of course, you are welcome to the
16 September 28th webinar. The next meeting is also
17 an open meeting, but the next time we will present
18 to you will be with a draft of the State Health
19 Assessment that we have planned to get to you by
20 the end of November. You will have a couple weeks
21 to look at that, and we, hopefully at the December
22 17th meeting, will have an opportunity to take your
23 feedback and incorporate it into the final
24 document.

1 UNIDENTIFIED: (Inaudible) should be
2 connected to the state. You would think maybe, you
3 know, this is the place to facilitate that. We
4 found (inaudible).

5 MS. MCGOWAN: Yeah, that's a great example
6 for two reasons. One, it kind of bolsters the idea
7 of coalition that is a strategy that can be used if
8 it is not already being used in the state.

9 Two, it is an example of where we can
10 connect the State Health Improvement Plan to work.
11 That's a perfect example.

12 UNIDENTIFIED: (Inaudible)

13 DR. ORGAIN: We absolutely must have some
14 best practices.

15 UNIDENTIFIED: (Inaudible) from the last
16 five years so we have pretty good (inaudible) in
17 the last five years that shows you that even in an
18 affluent community there is still a fair amount of
19 obesity (inaudible)

20 DR. ORGAIN: (Inaudible). Move onto item
21 number VIII on the agenda. I want to recognize and
22 congratulate (inaudible) Beth Fiorini reappointed.

23 MS. FIORINI: Thank you.

24 DR. ORGAIN: And then lastly, not lastly but

1 introduce Jose Sanchez who (inaudible). So Jose
2 tell us about yourself.

3 (Technical difficulty with audio.)

4 MS. FIORINI: Doctor, can you hear me?

5 This is Beth Fiorini.

6 DR. ORGAIN: Yes.

7 MS. FIORINI: I just want to say I have not
8 been on a committee yet. So if -- I don't know if
9 you appoint, but I will be happy to serve on a
10 committee if it is your wish.

11 DR. ORGAIN: Do you have a preference?
12 There is rules and policies?

13 MS. FIORINI: Did I hear policy needs? So
14 policies would be great, but I don't really care.

15 DR. ORGAIN: Rules would be preferable.

16 MS. FIORINI: Okay. That's fine.

17 Dr. ORGAIN: Thank you very much. All in
18 favor? No objection?

19 (No response.)

20 DR. ORGAIN: You are appointed.

21 (Inaudible). Thank you very much. See you then.

22 Without objection we are adjourned.

23 (Meeting concluded at 12:50 p.m.)

24

FULL BOARD MEETING 9/10/2015

A				
ability 26:16 48:18 74:6	29:14 Adolescent 53:11	alluded 18:15	24:17	35:16
able 11:21 12:10 16:18 20:14,15 24:2 27:20 35:4 40:2 51:15	adolescents 46:19 adopt 25:3,10 27:20 adopted 27:9	alphabetical 5:13	area 38:4	attend 38:10
absolutely 72:13	adult 58:7	amendments 8:18	areas 38:18 39:7 39:12 52:8 68:17 69:6,22 70:18,18	attending 28:15
abuse 53:12 54:7 54:8 62:20	adults 46:20 48:12 54:14 55:1 58:14	American 51:5	array 52:18	attends 64:24
ACA 59:5,9	adverse 54:6,10 54:10,14	amount 72:18	asked 10:15 18:5 24:8 34:11 35:9 35:11 60:1 63:1	attention 56:9
academic 63:5	advisory 22:21 28:20 32:19	analysis 27:3 50:24	asking 23:11 29:9 30:13 42:1	attorney 74:12
accept 9:4	advocates 28:9 29:15	analyzing 39:20 44:24	assessment 13:13 13:17,24 36:23 38:3,20,22 39:6 39:19 42:17,17 44:11 46:6,10 46:24 50:2 51:13,14 59:22 60:4,8,9,18 61:1 65:6 71:19	audio 47:4 55:4 55:20 57:16 59:6 64:2,12 73:3
access 58:13 60:21 61:2 65:22,22	advertisements 29:15	Announcemen... 2:16	assess 13:21	August 14:21 15:13 25:13,23 25:24 27:16 31:12
accident 57:10	affect 56:15 57:2	answer 11:21 17:19 23:13 62:1	aspect 13:21	automatically 68:4
accidents 50:16 51:4	affluent 72:18	apartment 48:17	aspects 65:18	Auveek 3:3
account 49:7	afford 48:16	APN 3:2	Assembly 16:16	available 10:16 12:23 25:17 26:17 36:11 69:24
accredited 15:14	African-Ameri... 49:23 53:7	apologize 23:24	assess 13:21	Avalon 35:15
Act 18:16	African-Ameri... 55:2	apologizing 8:23	assessment 13:13 13:17,24 36:23 38:3,20,22 39:6 39:19 42:17,17 44:11 46:6,10 46:24 50:2 51:13,14 59:22 60:4,8,9,18 61:1 65:6 71:19	average 48:15 54:15
Acting 14:22	age 48:4 56:10,14 56:15,18 57:2 62:2	application 14:5	asset 69:14	award 13:13 14:2
action 39:11,12 74:10,14	ages 26:5 43:17	appoint 73:9	assets 42:5 68:17 68:23 69:15	awards 13:15
activities 19:15 70:2	agency 14:18 18:14,21 22:8 22:14 25:16 59:20 60:5,6	appointed 31:16 73:20	assigned 23:6 25:23	aware 15:13 18:12 20:1 57:23
activity 45:20	agenda 4:5,8,12 8:12,16 9:10,11 10:13 17:17 20:11 25:23,24 26:3 36:2 41:13 46:2 72:21	appointments 20:4	assist 11:17	a.m 4:1
actual 63:16	ago 34:9 41:5	appreciate 22:15 35:4	assistant 14:22 22:17 23:3	B
Adams 10:19	agree 59:10	appreciated 23:13	assisting 23:12	B 2:9,14 23:23 31:24
add 17:20 20:7 53:19 64:21 65:13 68:19 69:13 70:10	ahead 13:9 14:15	approach 36:19	Association 51:6	BA 3:5
addition 60:6	air 18:2,16	approaches 43:15	assume 61:6	Babette 3:9 7:16 9:14 22:3
additional 10:24 13:4 34:23 60:22	alcohol 53:11	approaching 30:14	assuming 16:1 28:3	babies 50:13
address 13:16 40:23 70:24	algorithms 67:18	appropriations 16:21	assumption 61:10	back 45:1 56:6 67:22 71:2
addressed 65:6	align 44:6	approval 2:5,6 8:16 9:11,18,22 23:17,20 36:5	asthma 58:9	bacteria 11:6
addressing 36:19	allocated 36:6	approve 9:9,20 9:21 10:7 25:2	Attachment 31:23,24	Banaszynski 2:15 3:3 5:24 8:8,8,9 20:22 20:22 21:1,1,8 21:18,18
adjourned 73:22		approved 13:18 16:17,18 17:5 24:12	attacks 66:5	
Adkins 2:15 3:2 5:19 8:3,3 9:5,5		approving 9:23	attempt 30:23	
Adm 2:8		approximately		
administrators				

<p>barriers 42:5 68:18 70:11 base 34:14 based 32:10 59:18,19 64:15 68:20 basic 44:15 48:8 basically 27:17 30:6 Basu 3:3 6:2 8:4 8:4 began 27:14,16 behaviors 53:11 67:17 68:10 believe 12:7 14:23 15:20 24:14 28:24 31:20 53:23 64:5 benchmark 51:23 benchmarks 51:14 benefit 42:11 best 14:9 41:9 61:17,18,24 69:5 72:14 74:6 Beth 2:14 3:5 6:8 29:10,11,12 62:10,22 72:22 73:5 better 27:5 56:3 64:24 beverages 65:21 beyond 45:3 big 22:10 41:16 46:12 65:11 67:8 70:11 Bill 3:11 10:9 16:7 19:3 32:20 55:5 Bill's 12:13 bird 13:1 birth 52:20,24 53:4 births 49:1 bit 42:4 57:11</p>	<p>66:7 68:8 black 52:8 57:13 blacks 56:10,12 56:17 58:11,20 black/white 53:3 58:8 blanks 21:4 board 1:1 2:13 15:19 17:1 19:11,12,14,19 22:2,6,14,24 23:6,7,11,16 27:24,24 28:18 28:19 31:15 33:8,10,21 35:7 35:13,20 36:10 36:11 41:20 43:11 body 24:13,23 28:20 32:10 38:24 bolster 13:24 bolsters 72:6 books 30:24 33:2 booster 11:10 box 65:11 break 7:6 39:10 breakdown 47:21 Brenda 14:20 brief 47:21 briefly 42:9 46:23 47:13 bring 36:21 38:22 69:11 bringing 33:21 broader 46:8 60:22 broadly 47:1 67:10 brought 31:3 41:24 budget 16:12,13 70:12 Bufalino 3:4 6:4 6:5 65:9 66:18 build 43:6</p>	<p>built 51:17 burdens 55:16 business 2:12 4:4 busy 10:17 bypassed 32:7</p> <hr/> <p style="text-align: center;">C</p> <hr/> <p>C 2:10 3:2 24:6 calendar 26:13 26:22 call 2:4 4:5,12 5:16 20:14,18 20:23 21:2 27:10 29:20 35:1 called 4:20 24:5 31:23 48:24 calling 5:21 28:10 campus 11:11 cancer 50:8,19 51:7 57:10 65:12 capacity 28:16 capitalize 45:22 Capitol 3:20 card 13:3 cardiac 66:5 cardiovascular 65:14 66:4,14 care 13:12,22 14:1 23:21 43:2 46:22 58:6,13 58:20 60:19,21 61:2 70:7,15 73:14 carefully 24:18 Caroline 10:4 Carolyn 3:6 6:16 10:2,3 case 12:20 14:4 40:24 63:17 cases 10:21 12:14 caught 8:20 30:18 cause 50:7 56:21 CCSP 3:8</p>	<p>celebration 15:16 cell 34:16 Center 39:16 46:6 59:20 centers 13:17 certain 53:1 70:18 certainly 19:13 19:16 20:6 32:20 59:9 67:1 67:3,4 CERTIFICATE 74:1 Certified 74:3 certify 74:5 CFO 15:2 chair 9:19 20:15 Chairperson 3:2 4:24 challenge 70:20 Champaign 12:3 chance 17:10 66:1 change 4:4 22:1 22:19 57:21,23 changed 59:10 changes 14:17,19 15:19 21:16 22:5,19,23 24:11 32:2 chart 58:24 Chatham 35:15 check 5:17 18:12 18:17 check-in 41:19 Chicago 1:8 12:1 35:22,22 47:18 47:22 48:1 52:7 53:24 54:1 Chief 15:3 child 54:10 childhood 54:6 54:10,15,15 children 49:21 53:7 54:9 chronic 45:8 50:9</p>	<p>60:16 65:10 city 47:19 clean 18:2,2,16 clear 22:6,11 clinical 43:1 44:7 clock 26:24,24 closely 46:7 coalition 72:7 code 2:8,9 21:11 collaboration 70:16,17 colleague 39:14 40:6 collected 38:12 collecting 43:15 62:1 collection 61:21 68:3 69:24 collective 42:12 collects 42:20 college 48:11 column 51:22 combines 49:1 come 10:16 43:2 67:18 comes 23:6 44:8 49:14 50:23 59:3,4 coming 15:16 22:6 26:14 38:8 comment 8:13,14 24:19 32:24 62:7,13 63:20 64:4 comments 24:13 24:18 26:7 32:1 32:2 67:12 commit 50:14 committee 2:8,11 4:14 8:24 21:10 22:1 23:15,16 36:3,6,10 42:10 73:8,10 common 41:13 52:18 commonalities 41:9</p>
--	---	--	---	---

communicating 41:11	10:7 65:1	counsel 22:17 23:3 74:8,12	D 2:1	deck 40:17 41:6
communities 37:23 43:17	consider 25:12 63:10	count 12:21 34:16	danger 12:17	deeper 56:20
community 11:2 11:4 42:19	considered 11:3 24:19 27:19	counterparts 53:9	darkest 49:8	defer 9:1 20:13
45:10 47:10,11	consistent 58:20	counties 49:6,8	Dart 3:11 7:4	definitely 41:1 59:2 68:12
49:23 53:6	consumers 70:14	52:13,14	10:11,15,24	definition 57:21
60:17,24 61:7	contact 20:2 32:22	county 10:19	12:3,7 13:10	definitions 44:5
63:3,4,7,9	contained 31:22	47:22 48:1,24	14:14,16 15:6	delivery 70:7
69:12 72:18	context 46:21	58:17 62:11	15:10,12,20	demographics 47:14,22 48:21
compile 71:6	contextual 48:22	67:15,21 68:6,9	16:1,8,16 17:2	department 1:2 16:12 17:1
complete 60:9	contributions 67:24	couple 41:5	18:10 20:1,9	22:17 23:5
completed 19:22 38:1,21,22	control 13:13 28:13	43:10 44:5	23:24 40:19	24:10,11,18
60:18	controversial 26:2,4	52:13 59:16,19	55:7,11,19,21	25:2,7,8 27:6
completely 32:7	controversies 13:20	59:23 71:20	56:1,3 57:17	28:20,21 30:17
completing 27:3	conversations 45:4 64:15	course 10:17	62:6 71:7,11	33:13 34:18
component 45:18 46:21 65:14	Cook 47:22 48:1 58:16	11:5,8,13 12:14	data 36:23 37:11	46:7 50:23
components 18:9	coordination 70:7,16,17	13:3 36:9,11	37:14 38:12	51:12,18 60:7
composite 48:23 49:14	Coordinator 23:3 24:8	37:10 70:12	39:20 40:1 42:3	departments 28:9 60:9 62:19
comprehensive 46:11	COPD 50:19 51:7	71:15	44:18 46:3,5,16	Department's 13:11 15:2
compromise 24:21	copy 24:14 32:11	court 3:18 7:4	47:2,14 51:16	Deputy 14:23
concern 20:4 25:9 35:18	correct 10:4 15:24 21:19	cover 24:3	53:14 58:24	determinants 50:3
concerns 20:7 29:7 34:24	corrected 9:24	covered 37:8 49:4	59:5,9,11 60:5	determinates 61:13 63:14
concluded 73:23	correction 10:3 21:9	co-chairperson 9:19 19:9	61:19,21 62:1	67:19
concludes 16:8	corrections 9:6 9:15,16 10:6	CP-FS 3:3	66:3,14 69:19	develop 36:20
conducting 44:22	correctly 21:17 25:8	create 51:12	69:23,24	developing 39:11
conference 1:3,6 53:20	council 22:21 37:12 38:17	criteria 67:3,5,16	date 14:5 31:4 56:16	development 34:7 70:19
confirm 18:17	40:13 43:9,10	critical 60:19	Dave 8:8,9 12:8	DeWitt 3:13
congratulate 72:22	45:1 59:23	cross 69:22	18:12 20:22	diabetes 55:17
connect 72:10	61:11 64:24	Crowe 3:18 74:3	21:1,18	56:11 58:7
connected 7:8 72:2	councils 68:21,22	CSR 3:18,19	David 2:14 3:3	65:13
Conny 3:13 23:23,24 35:4		Culp 3:14 12:8,8	3:14 5:23 21:3	diagnosed 56:13 56:18
Conrad 3:4 6:6 8:6,6		12:22 13:7	days 25:15 54:18	diagnoses 62:15
consensus 9:8,21		18:11,12 19:2	DC 3:8	diagnosis 56:11 56:15 57:2
		current 41:23 42:2,18 43:6	death 11:1,2 26:20 50:7 54:8	62:13
		45:6,12 47:14	56:22 57:8	dial 7:5
		59:11 60:14	deaths 10:22 11:14 50:11	die 50:13 52:9
		currently 33:1 35:14 36:21,22	56:23 65:10,12	dies 25:20
		42:14	66:6	difference 63:12
		cut 47:4	decade 66:15	
			December 19:6 27:18 35:6	
			38:23 71:21	
			decide 25:12	
			decided 61:13	
			decisions 45:2	

63:13	35:10	31:9,9,10,18	43:23	exert 18:22
differences 52:12	dispensary 35:11	32:4,6,13,14,18	Elizabeth 3:12	exist 61:11
52:12	35:17	32:19 33:3,4,5	23:2 24:7 31:10	expanding 70:1
different 30:16	dive 56:20	33:20,24 34:2,3	34:4	expect 46:5
31:3 34:8 51:15	diverse 48:2,5	34:22,23 35:3	email 31:19 32:7	expend 16:18
59:4	Division 18:18	50:16 51:3,8,19	32:16,17 40:23	experience 54:9
difficult 59:8	divorce 54:8	53:19 54:1	70:24	54:19
difficulty 55:4,20	DNP 3:2	55:10,14 57:19	embedded 65:5	experienced
57:16 59:6 64:2	doctor 58:15	58:21 64:3,9	emergency 24:1	55:17
64:12 73:3	73:4	65:9 66:18	24:5	experiences 54:6
diligently 39:19	document 71:24	72:13,20,24	emphasize 39:4	54:11,15
dipped 49:19	documents 67:22	73:6,11,15,17	employed 74:9	experiencing
direction 27:12	doing 12:15 16:2	73:20	74:12	45:9
43:8 47:1 74:8	34:11 36:19	draft 24:12 71:18	employee 74:11	expire 26:15
directions 30:16	41:17 46:12	drank 53:14,15	employment 48:9	explicit 43:22
directly 57:7	64:18 66:20,21	draw 56:8	ended 53:21	61:15
director 2:7	dollars 13:14	drill 42:24 66:4	engagement 38:3	exposure 12:17
10:14,16 14:22	door 18:23	drive 42:21	38:6	exposures 13:1
14:23 19:17	doubled 66:10,12	drop 66:16,17	English 48:7	extend 25:13
28:3 29:1,7	dozen 66:11	dropped 12:15	enormous 55:16	26:16
32:20,24 37:13	DPT 3:9	dry 13:4	ensure 4:16 38:6	extension 25:11
41:4 58:2	Dr 4:2,11,22 5:8	due 14:5 24:5	40:3	E-cigarettes
directors 33:7	5:13,16,22 6:5	DVM 3:5	enterprise 33:15	53:21 54:1
DIRECTOR'S	6:15,17,19,24		entire 22:1	
1:3,6	7:2,9,11,13,17	E	entities 34:21	F
discharges 62:17	7:19 8:1,3,4,5,6	E 2:1 3:8	environment	facilitate 72:3
discrepancy	8:7,9,11,15,18	earlier 22:22	58:6 59:10	facilities 13:22
48:18 58:8,8,10	8:20 9:3,5,6,8	44:21 56:13	67:18	13:24
58:11	9:13,14,15,18	early 15:13 24:11	environmental	fact 65:11
discussing 68:14	10:2,6,12 11:23	25:22 31:14,16	12:11,16 18:13	factors 47:6
discussion 18:23	12:4,4,5,8,18	56:18 57:2	18:14,18	48:22 50:4,7
19:17 28:4	12:19,23 13:6,8	59:24,24 61:14	equivalent 13:2	67:17
29:17 33:8,18	14:13,15,19	61:22 62:3,3	especially 46:13	fair 63:20 72:18
35:14 64:7	15:5,8,11,18,24	64:14 65:10	62:14	fall 60:15 61:1
discussions 17:24	16:6,10,23 17:7	68:21	essentially 28:22	69:18
18:7 19:23 28:6	17:7,8,15,16,17	Ebola 13:19	establishing	falling 66:21
disease 10:18	17:18,20,21,22	economic 34:7,16	41:13	familiar 43:14,19
45:9,9 50:8	17:22,23 18:11	67:17	ethnic 54:17	Family 14:21
56:21 60:16	18:20 19:2,3,4	ED 58:7,9 62:16	ethnically 48:5	far 12:24 59:9
61:20 65:10	19:9,9 20:5,10	education 13:23	evaluate 11:16	favor 73:18
diseases 50:9	20:12,17,24	48:9,10	evaluation 68:2	February 27:21
65:18	21:3,14,24 22:3	efforts 38:5	evidence-based	federal 11:18
disparities 43:23	23:9,10,14,18	either 25:4 64:5	69:5	13:19 16:17,19
52:17 61:6,10	24:6 27:7,14,22	elevated 61:14	example 25:13	feedback 37:11
disparity 53:3	27:22,23 28:17	eleven 53:21	69:1 72:5,9,11	37:19 38:24
54:21 56:9	28:21,22,23	eliminated 11:7	Excuse 55:19	40:2,11,21
dispensaries	29:2,3,5,6,9,11	elimination	exercise 65:20	44:23 60:2

64:19 68:19 70:24 71:8,23 feel 41:2 71:3 felt 24:20 26:9 field 45:5 fifth 47:16 file 24:22 25:1,4 25:9 filed 24:10,16 25:22 31:13 filing 24:15 32:11 fill 20:4 21:4 41:1 70:23 filled 14:24 final 39:2,3 64:14 71:23 finally 15:12 70:11 financially 74:13 find 32:16 54:5 59:8 fine 41:2 73:16 finished 62:10 Fiorini 2:14 3:5 6:8,9,11 29:8 29:10,10,12,12 30:1,4,9,16,19 31:6,8 62:9,10 62:24 71:9 72:22,23 73:4,5 73:7,13,16 firm 17:2,3 first 4:3,5 11:24 52:5,10 first-year 13:13 five 15:14 19:8 19:10 49:21 53:16 69:18 72:16,17 flexible 18:4 FLOOR 1:3,6 FNP-BC 3:2 focus 37:6,7 38:18 39:7 43:17,22 44:22 45:3 64:18 67:6	focuses 42:18 folks 14:4 41:12 41:24 following 25:14 follow-up 13:23 force 48:12 70:19 70:19,21 forget 21:5 forgetting 20:18 form 27:9 68:19 former 28:24 forms 70:24 71:8 forward 9:17,21 9:23 19:14,21 21:13,23 25:6 29:22 30:22,24 33:13 40:4 51:17 found 11:6 62:13 68:12,17 69:17 72:4 four 44:21 49:8 54:14 framed 45:4 framework 46:2 free 26:3 41:2 71:3 front 22:20 39:5 40:17,22 frost 13:4 fulfill 48:19 full 23:16 25:24 25:24 26:1 40:16 71:1 fund 16:21 funding 13:18 14:8,9 16:17 70:13 funds 16:20 further 13:8 15:1 48:1 50:24 68:13 74:11 future 24:4 45:13	gather 33:6 gathered 34:6 geared 42:13 general 13:21 16:16,21 22:17 23:3 45:16 Generally 25:15 genetic 12:12 Gentry-Wisem... 14:22 getting 27:5 32:8 44:23 64:19 Girotti 6:12 give 11:22 37:5 38:23 40:22 50:4 55:12 64:23 69:1 70:24 given 61:3 gives 25:15 65:18 giving 60:2 go 5:9,11 8:15 13:8 14:9,15 24:2 25:6 30:22 36:2 39:3 55:3 56:6 65:3 67:22 goal 41:13 goes 4:13 24:22 39:2 going 4:18 5:6 9:1 17:2 19:21 29:22 30:23 34:5 35:12,12 36:22 37:21 39:14,22 40:9 40:15 41:3,21 41:21 44:15 59:13,14,15 64:7 65:3 67:2 68:15 good 4:11 8:7 10:15 20:9 21:3 24:21 52:2 54:20 66:18 67:18 69:8 72:16 gotten 31:19	Governor 16:16 19:18,24 Governor's 20:3 20:8 governs 23:4 gradient 49:5 graduates 48:12 graduation 49:2 grammatical 9:16 grant 13:10,15 grants 16:19 graph 52:22 54:17 57:5 58:9 59:2,3 great 5:11,18 36:16 40:20 51:19 55:13 64:13 71:6 72:5 73:14 green 49:5,6,9 group 32:19 63:18 groups 37:7,8,22 44:22 64:18 67:7 guess 11:19 guidance 44:17 guided 43:9 guys 18:24 55:21 56:6 62:7,9	27:24 28:8,18 28:20 29:13 30:10,10,13 31:15 33:11,12 33:15,16 36:20 36:23 37:2 38:3 38:18,20,22 39:6,8,9,16,16 39:19,21,22 41:9,14,20,22 41:24 42:2,13 42:16,17,18,19 42:19,21 43:2,7 43:8,11,18,23 44:4,9,11,12,13 45:2,6,11 46:3 46:6,8,8,10,16 46:20,22,24 47:2,7,12 50:2 50:3 51:13,14 52:3,16,21 54:5 54:12,16,19,19 58:4,6 59:24 60:7,9,18,21,24 61:2,10,14 62:15,19,19 63:17 65:2,6,8 67:15,21,24 68:6,9,10 70:7 70:14,15 71:18 72:10 healthy 2:2 19:20 19:21 36:7,14 40:12 41:11 42:11 43:4 44:3 52:23,23 57:15 64:4 67:17,20 hear 4:8,24 7:9 26:11 55:13 56:1 57:17 62:9 73:4,13 heard 63:23 67:7 hearing 8:21 10:6 32:14 40:9 55:22 63:24 heart 50:8,19 51:5,7 56:20
			<hr/> H <hr/>	
			half 53:18 57:13 57:14 65:12 hand 10:10 71:2 hands 30:6,7 happening 45:20 happens 56:15 happy 36:12 73:9 hard 38:2 55:22 67:9,9 health 1:1,2 13:12,22 14:1 14:20 15:19 18:8,13,18,22 22:7,14,24 23:7	
	<hr/> G <hr/>			
	G 2:1 gaps 13:16 42:5			

65:12 66:5,14 Hello 6:10 help 22:12 36:12 45:16 62:2 helpful 20:16 23:9,10 35:6 51:21 65:17 helping 39:20 Herrmann 3:5 6:14,15 9:3,3 12:19,19,23 13:6 20:17,17 21:3,14,24 23:14 31:9,10 31:10,18 32:4,6 32:13,18 Hi 6:9 29:11 62:10 high 41:8 45:9 48:9 49:2 50:10 67:19 higher 50:17 52:7 54:11 56:17 57:11,14 57:15 highest 62:13 highlight 44:20 Hispanics 53:7 58:19,19 hold 16:22 home 10:18,21 11:1,3 12:6 47:15 48:7 hope 45:13 hopefully 40:17 71:21 hospitals 60:19 60:20,23 62:14 hosting 27:4 hot 13:4 hourly 48:16 huge 54:20 human 12:10 13:1	51:20 72:6 identified 42:5 61:8 68:22 identify 12:6 22:8 33:17 39:10,20 40:5 41:8 46:8 65:4 identifying 43:16 IDPH 3:10 14:10 15:14 17:24 18:6,19,24 30:1 30:10 idphgrants.com 14:10 II 2:4 III 2:5 8:16 9:10 III 2:8 Illinois 1:2,5,8 2:2 3:19,20 12:1 18:14 19:20,21 36:7 36:14 37:3 40:12 41:11 42:11,15 43:4 43:21 45:7 46:17 47:14,15 47:22,23 48:3,9 48:10 49:4,6,8 49:13,17 50:5,7 50:11,13 52:23 53:1,4,12 55:1 56:22 57:13 58:16 59:3 61:23 62:12 66:17 74:5 Illinoisans 48:6 50:14 illness 54:5 imagine 45:13 immediately 12:23 impact 46:20 47:7 impacts 47:11 implement 42:20 42:21 Implementation	2:2 4:7,13 36:14 importance 18:8 18:22 30:21 40:10 important 18:24 19:19 44:3 45:18,19 50:12 63:8,9,15 improve 43:18 44:8 improvement 36:20 38:4,18 39:8,9,21 41:10 41:14 42:14,16 42:20,22 44:12 65:8 72:10 inaudible 55:24 56:13 57:3 58:16,22 59:3 60:7 61:4,10,16 61:20 62:5,23 63:24 64:5,8,10 67:14,15 68:2,4 68:24 69:6 71:13 72:1,4,12 72:15,16,19,20 72:22 73:1,21 include 50:2 51:14 54:4 64:8 70:12 included 46:9 includes 44:22 46:11 59:5 69:23 70:12 including 19:8 27:7 income 48:15 incorporate 71:23 increase 47:17 index 48:24 indicated 49:9 indicating 52:21 indicator 48:24 49:12,14 52:2 54:4	indicators 39:20 41:22 46:9,18 46:20 47:2 50:3 51:11 52:16,18 54:21 68:7 individual 28:16 infant 52:1,6,7 infants 46:19 52:8,9 infection 13:12 13:16,22 34:7 infections 14:1 infectious 45:9 influence 70:5 information 4:19 14:7 15:4 16:14 33:22,24 34:6,9 34:13,16,17,20 35:9,19,24 37:14 39:2,6 40:1 41:8 43:16 44:1,24 48:8 53:6,10,22 54:18 58:12 59:18,22 61:20 informs 43:7,7 infrastructure 69:23 initial 67:22 initiative 18:2,3 42:23 initiatives 42:13 43:5 innovation 42:22 44:4,14 68:23 69:4,20 70:6 innovative 45:20 input 34:20 38:24 39:5 40:3 inquire 18:10 instance 26:19 integration 44:7 44:7 intellectual 63:6 intention 39:23 interest 16:14 17:1 58:1	interested 28:14 32:23 74:13 interesting 48:14 66:22 interim 9:18 19:8 intervention 43:1 interviews 68:21 interwoven 61:6 inter-agency 17:24 18:7 intra-agency 15:16 introduce 73:1 Introduction 2:13 investigate 11:16 investigated 11:4 11:5 investigation 12:9 invited 38:9,10 inviting 28:12 involved 18:7,19 20:19,20 32:21 32:21 33:17 involvement 17:24 IPLAN 62:11 63:11,19 IPLANs 60:8 isolate 12:11,11 issue 61:14 issues 25:16 45:2 58:4,6 59:24 70:8,15 item 4:6,6,7,13 4:13 8:16 9:10 9:11 10:12 20:10 23:21,23 24:3,6 36:2 72:20 items 9:17,24 16:13,24 17:5 IV 2:6 9:11 IX 2:16 I-N-E 10:4
<hr/> I <hr/> idea 27:5 40:1				

J	31:14,17,18 32:15 36:7 61:13 64:16 June 9:11,16 15:1 24:9 29:3 32:10 61:12 64:15 jurisdiction 23:5 Justin 3:13	language 48:6 large 13:10 14:2 58:8,10 68:22 larger 16:1 47:23 largest 47:19 lastly 14:16 72:24,24 Latinos 58:19,19 Laura 3:11 4:16 16:2,4 18:15 31:20 32:17 34:2 law 21:20,21 22:9 lead 18:15,20 leading 50:7 56:21 learned 38:13 leave 17:11 left 14:20 54:17 58:14 59:1,4 Legionnaires 10:18 12:5 legislation 33:11 legislative 17:11 legislatively 16:23 legislature 16:24 LEHP 3:3 Leticia 3:15 36:13 41:4,17 44:20 62:3 63:21 64:17 Leticia's 36:7 letting 70:22 let's 15:1 36:2 level 11:17,18 13:19 41:9 45:21,21 46:2 61:12 67:19 leveraging 60:13 69:19 70:3,4 License 74:18 Licensing 2:8 lies 44:13 life 26:14 46:18 47:8 52:10	54:12 56:16,19 56:24 57:3 line 4:22 5:2,4,7 5:8,10 7:7 37:17 49:17 52:5 55:2 67:7 lines 16:17,18,20 link 21:11 list 5:14 49:7,9 64:14,14,21,22 65:2,23 literacy 70:14 Litigation 3:19 little 15:16 42:4 56:3,20 66:3,7 67:10 68:8 live 47:10,10 49:21 53:8 local 11:17 28:8 29:13 30:9,10 30:13 41:14 45:21 60:8,9 62:19 69:13 locals 63:23 long 21:7 39:18 look 32:16 40:14 40:24 45:14 46:18 47:24 51:1,10,15 52:19 57:24 60:22 67:21 68:13 71:21 looked 60:13 looking 22:4 34:8 36:23 42:23 43:4 45:5,12 59:20 60:4,4,6 60:17,23 looks 47:11 51:3 Lopez 3:6 6:16 6:17 9:18 10:2 10:2 64:3 lot 11:21 16:2 17:4 18:4 25:18 26:8 33:16,22 33:24 38:2 40:1 43:14 44:16	45:20 61:19 63:14,24 64:6 loud 56:4 low 52:20,24 53:3
	K		M	
J 3:9 Jack 9:3 12:19 20:13,17 31:10 Jacobs 3:12 22:16,16 January 27:19 27:20 38:21 39:3 Javette 3:2 6:24 33:3 JCAR 9:21,23 23:19,20 24:16 24:23,23 25:9 25:12,15,23,24 26:9,15,23 27:2 27:6,10,12,20 28:1,10,12,13 28:16 29:20 30:3,7,12,14,14 30:17,20,21 31:12,14,23 32:11 34:4,10 JCAR's 28:7 JEFFERSON 1:4 Jennifer 3:18 39:15 40:7 74:3 jilmcgow 71:1 job 66:20 John 3:5 6:14 15:10 joined 35:1 joining 36:10 joint 27:4,11 Jones 14:20 Jorge 6:12 Jose 2:13 3:8 6:22 7:14 73:1 73:1 Josh 4:18,19 5:2 5:6,8 7:8 15:20 15:22 16:4,4 Joshua 3:14 Julie 2:15 3:2 5:19 8:3 9:5 July 24:11 25:22	Karen 3:7 6:20 20:21 36:4 Keep 5:22 keeping 43:24 47:4 Kevin 3:12 22:16 key 40:5 kind 20:6 37:1,1 44:16 49:18 51:17 59:15 63:15 69:21,22 72:6 know 5:6 10:20 11:21 14:19 16:11 28:7,8 30:9 34:4,15 36:18 37:9 39:24,24 42:9 44:20 45:10 47:6 50:22 54:9 55:15 56:14 57:24 60:12 63:12 65:1,14 65:21 66:1,14 66:18 71:5,15 72:3 73:8 knowledge 18:18 known 24:23 knows 34:18 41:20,21 42:7 kooky 50:20	Madison 67:15 main 41:7 maintains 69:8 map 62:11 63:1,3 63:11 marijuana 2:9 20:20 35:5,8 match 12:10 matching 69:15 maternal 57:4 58:3 66:9 maximum 37:16 MBA 3:3 McCarten 15:4,6 McGowan 39:15 40:8,20 50:22 51:4,10,23 53:23 54:3 55:12,15,24 56:2,4 57:20 58:23 59:7 61:5 61:17 62:22 64:11,13 66:23 68:5 71:8,12,14 72:5 MD 3:2,3,4,6,6,7 3:9 mean 8:22 17:18 25:21 26:20 29:15 63:22 65:10,20,22 66:11,13,20 meaning 69:4 means 25:2,5,11 25:20 26:20 28:22 median 48:3,15 medical 2:9 20:20 35:5,8 63:16,17		

medium 49:6	Michelle 14:21	morbidity 61:22	19:23 20:4	50:14 58:21
meet 35:5 53:2	MidAmerican	68:11	27:18 28:15,23	62:16,16,16
70:21	39:16 46:6	Morgan 49:10	36:19 39:7	69:2 72:21
meeting 1:14 2:5	59:20	morning 10:15	44:17 48:19	numbers 12:24
2:6 4:3 8:17,19	middle 30:18	mortality 50:6	60:24 67:10	51:21
8:21,24 9:10,12	58:17	52:1,6,7 56:21	needed 36:12	nutrition 65:19
9:24 10:7 15:21	Midwest 3:19	57:4,6,7,8,11	48:16	
15:22,23 17:3,6	milk 2:10 17:14	57:22 58:3	needle 66:7	O
17:9 19:7,7,13	17:16 20:21	61:22 64:9 66:6	needs 30:22	OB 62:14
21:6,15 24:1,4	24:9 26:2,14	66:10,12,15	42:19 48:20	Obama's 18:1
24:5 25:13,14	29:16,16,20	68:11	59:21 60:8,18	obese 55:1
26:17 27:4,7,11	30:11,13 33:1	motion 4:4	69:16 70:21	obesity 45:10
27:20 28:1,14	million 13:14	move 4:7 9:3,13	73:13	54:23,24 55:17
28:15 29:4	14:2 47:16,19	10:9 19:14 22:1	neighborhood	65:13 72:19
31:12 32:10,22	mind 43:24 47:5	23:19,20 40:4	35:16,17 53:8	objection 4:8,9
36:6 38:7,10,16	minimum 48:18	40:15,20 43:24	neighborhoods	9:9 10:8 23:19
38:16 71:16,17	minute 8:22	44:18 51:17	53:5	25:1,5 73:18,22
71:22 73:23	minutes 2:6 9:4	72:20	neither 74:8	objective 52:24
meetings 16:3	9:12 10:1 21:7	moved 21:12,23	new 2:12,13 15:3	53:2
33:19 37:13	33:16 36:5	moving 5:22	18:1 23:10	obviously 54:3
68:20	misconception	11:19 45:17,23	33:21 36:9,20	occurring 56:23
meets 52:23	25:19	46:3 48:21 50:6	42:11	October 14:6
member 2:13	missed 8:24	66:7	nice 66:3	38:1,16 64:5
31:15	mistake 55:19	MPH 3:2,5,6	Nile 11:13,14	65:3
members 3:1	mobilizing 42:18	multitude 47:6	12:20	OD 3:4
19:6 23:10	model 42:22 44:4	mumps 11:9	nine 10:21	odd 51:8
32:14 33:21	44:14 47:5	mute 55:5,7,8,10	non-Hispanic	offer 13:23
36:1,9 42:11	51:13	56:7	47:24 53:9	offered 37:18
43:10	moderate 13:2	M-C-C-A-R-T...	north 35:21	offering 37:23
membership	Mohammed 7:3	15:7	note 24:17 49:21	office 2:7 10:13
26:9 30:14	7:22		50:8,12 51:11	14:20 19:5,18
memo 31:22	moment 41:18	N	52:4,15 56:22	19:24 20:3,8
mental 54:4,5,7	Monica 3:8 7:18	N 2:1	58:10,13 67:6	Officer 15:4
54:16,19,19	monies 16:19	name 5:12,17	noted 9:6	Oh 14:18 15:10
60:20 61:2	monitored 11:10	10:5 15:5 42:12	notice 24:10,15	29:3
62:15,19 63:17	monitoring	71:1	24:21,22 31:13	okay 4:11,15 5:1
mention 13:10	11:12,15	nation 47:19	49:17 58:7	5:7,11,18,23
44:2 49:15	Montgomery	national 51:5,14	not-for-profit	7:11 9:8 10:9
66:24	49:10	51:16	60:19,23	13:6 14:12,16
mentioned 19:4	month 25:14	nationally 50:17	November 17:11	16:6 17:7,21
31:11 41:4,18	53:15,16,17	66:21	64:6 71:20	20:10 21:3
44:5 48:5 64:17	54:16,18	navigating 70:15	number 4:6,7,14	23:18,20,21
message 59:17	months 26:23	nearly 54:24	7:5 8:16 9:10	29:4,6 30:4
met 24:9 27:6	27:2,10,14	necessarily 25:20	10:13 12:14	31:6 32:4,18
35:17,23	Moody 3:13	63:5	20:10 23:21,23	33:2 34:22
method 67:2	23:23,24	necessary 19:24	24:6 26:1,6	51:10,24 55:11
Michael 15:4,6	morality 52:6	need 4:16 19:21	36:2 37:16	56:8 60:5 64:11

<p>68:15 71:12 73:16 old 3:20 48:4 once 53:14 ones 29:16 one-year 26:13 26:21 online 37:20 open 5:6 38:10 71:17 opened 5:2,4 opens 5:8 operational 59:21 opportunities 42:5 68:18 69:15,16,18 opportunity 13:11 14:4,8,9 27:23 37:10 40:14 42:6 65:17,19,24 67:3 70:6,10 71:22 opposing 26:9 27:4 opposition 21:12 21:16 26:8,12 29:21 30:15 31:2 35:18,24 option 13:14 25:4,11,18 26:17 options 24:24 order 2:4 4:4,5 4:11,12 Orgain 3:2 4:2 4:11,22,24 5:8 5:13,16,22 6:24 7:1,2,9,11 8:1,5 8:7,9,11,15 9:6 9:8,15 10:6,12 11:23 12:4,18 13:8 14:13,15 15:5,8,11,18,24 16:6,10,23 17:7 17:15,17,20,22</p>	<p>19:3 20:5,10,24 23:10,18 24:6 27:14,22 28:22 29:3,6,9,11 31:9 32:14,19 33:4,20 34:2,23 35:3 51:19 53:19 54:1 55:10,14 57:19 72:13,20,24 73:6,11,15,17 73:20 organizational 44:22 64:18 organized 46:15 68:9 Orris 3:6 7:12,13 8:18,20,23 9:13 12:4,5,8 17:22 17:23 18:11,20 19:2,9 20:12,13 64:9,9 outbreak 10:17 11:1,3,5,8 12:5 12:14 13:19 outcome 74:14 outcomes 43:8 45:11 54:12 56:16 68:10 outside 11:1 34:20,21 62:13 overall 13:5 48:10 52:2 53:13 61:23</p> <hr/> <p style="text-align: center;">P</p> <hr/> <p>packet 31:14 page 14:8,9 parent 54:8 part 11:3 12:9 19:5 35:1 36:10 44:3 participants 37:16,18 participating 32:24 particular 42:10</p>	<p>49:14 54:13,22 58:1 59:7 70:5 particularly 19:20 parties 28:10 74:9,12 partners 11:17 63:4 partnership 69:8 partnerships 68:24 69:7,19 69:21 pass 23:16 Pat 3:3 6:2 8:4 Paton 3:12 23:2 23:2 24:7,7 27:16 28:7,19 29:19 30:5,12 30:17,20 31:7 31:13,20,22 32:5,9 34:10 pattern 61:1 patterns 12:12 PATTON 30:2 pause 7:5 11:19 pediatric 58:9 pending 17:6 20:1 people 5:17 6:11 25:19 29:16,21 37:17 47:16 52:23,23 57:15 60:1 63:18 69:17 people's 47:12 percentages 67:23 68:14 percents 58:14 perception 69:7 perfect 72:11 period 66:11 Persky 3:7 6:18 6:19 17:7,8,16 17:18,21 19:4,9 27:22,23 28:17 29:2,5 50:16 51:3,8 58:21</p>	<p>person 16:5 61:18,24 personal 55:16 personally 27:7 28:14 persons 8:12 perspective 16:11 19:3 65:16 Peter 3:6 7:11 8:23 20:13 64:9 PHAB 15:14 phase 41:18 44:21 phases 44:11 Phelan 3:7 6:20 20:19,21 36:4,4 phone 7:7 8:2 9:1 33:6 34:24 67:12 physical 54:7 pick 63:12 picture 22:10 41:16 45:5 46:12 50:4 piece 20:15 38:4 43:12 44:19 46:13 48:14 pieces 22:13 pitch 66:1 place 14:9 33:19 45:17 72:3 plan 36:20 38:19 39:8,9,21 42:16 42:20 44:12,13 51:17 64:5 65:8 72:10 planned 71:19 planning 17:13 37:12 40:13 43:9,10 44:15 45:1,15,16 59:23 61:11 64:23 68:20,21 70:4 plans 39:12 59:21,21 61:6</p>	<p>Plaza 3:20 please 13:9 14:15 70:23 pleased 15:15 plumber 22:10 plumbers 21:15 plumbing 2:8 20:20 22:18,20 pockets 67:9 68:22 69:19 70:11 point 10:22 12:13,13 13:3 28:2 31:1 40:4 56:23 57:4 pointed 52:4 policies 73:12,14 policy 2:11 4:14 23:15 36:3,6 42:10 73:13 poor 54:16,19 population 43:8 43:18 44:2,9,13 46:16 47:17 48:3 53:1 61:23 68:1 70:21 populous 47:16 position 14:24 15:8 positive 27:8 28:5 possible 12:17 30:23 35:7 post 59:8 posted 13:11 Post-haste 20:5 potential 12:17 67:4 poverty 48:22 49:1,16,16,18 49:22,22 power 18:3 practical 27:17 Practice 39:17 practices 41:9 69:5,5 72:14 preface 46:4</p>
--	--	---	--	--

preferable 73:15	60:20,24 65:2,5	46:17	quick 37:5 39:13	45:23 58:2 72:6
preference 73:11	prioritization	Protection 18:14	53:10 69:1	receive 16:19
pregnancy 57:7,9	45:2 65:4 66:24	provide 34:13	quickly 40:15,21	27:11 32:11
pregnancy-ass...	prioritize 38:17	37:19 38:24	48:21 58:5	received 8:19
57:5,8,21	39:7 67:23	39:1 69:2	68:16	24:14,14,16,17
pregnancy-rel...	prioritized 67:16	provided 34:9,17	Quincy 10:19	26:7 31:16 32:1
57:6,6,11	priority 39:12	41:4	quit 53:18	37:11
preparedness	61:8	providing 32:24	quorum 4:17	recheck 51:16
13:17,20	pro 29:16,20	PT 3:9	8:11 19:14	recognize 72:21
present 3:1 6:5	30:11,13	public 1:2 8:13	<hr/> R <hr/>	recommendation
7:15 40:11 44:1	probably 15:13	8:14 22:10	racial 47:21	23:14 25:5
64:23 71:17	18:15 61:18,24	24:13 29:13	52:11 54:17	recommended
presentation 2:2	procedural 22:4	30:10 31:24	Raise 10:10	11:10
36:8,15,17	25:21	33:11,15,15	range 54:12 55:3	rectified 21:12
39:23 40:9,23	procedurally	39:16,16 46:7	62:2	reduced 74:7
41:5 44:23	25:7	pull 36:24	ranking 67:16,22	reducing 65:22
presentations	proceed 8:12	pulled 24:1 63:4	rankings 68:6,10	refers 70:1
37:23,24 64:19	proceeding 74:5	purpose 41:7	rate 48:13 49:18	reflect 64:6
presented 24:21	74:10	45:15 69:14	49:20 52:7,12	reflected 40:4
25:3,6 37:15	process 36:18	purposes 53:22	53:13 55:1	reform 70:8
42:9 47:3 59:18	37:4 39:9 40:3	purview 35:13	57:10,12	regard 32:23
59:22 68:8	41:17,19 43:9	35:20	rates 34:7 45:10	33:21
presenting 37:14	44:1,16 45:16	pushed 63:16	48:10 49:2,22	regarding 26:12
38:12 39:1 41:8	47:5 63:3,3,6	pushing 38:13	54:24	34:15
President 18:1	63:11,19 65:4	put 17:12 19:1,5	raw 2:10 17:16	regards 12:11
press 53:20	66:24 70:5	22:12,20 50:9	20:21 24:9 26:2	15:18 33:1 35:9
pretty 14:2 40:15	processes 70:4	51:22,23 65:24	26:14 29:16,20	35:11
52:17 65:15	processing 37:11	putting 33:13	30:11,13 33:1	regional 41:14
67:18 72:16	Professional 22:7	p.m 73:23	62:1	45:21 60:6
prevent 57:1	programs 16:20	<hr/> Q <hr/>	reach 28:15,18	69:14
preventative	69:3	qualified 22:9	read 59:15	regionalization
43:1 56:24	prohibit 26:18	quality 56:16	really 17:3 18:24	49:11
65:18 70:1	prohibition	question 11:24	36:17 38:2,5	regions 37:9,9
prevention 13:22	25:18,19 26:19	17:15,23 22:4	39:4 42:24 44:6	regular 58:14,15
43:22 60:21	properly 26:10	23:12 29:8 34:3	45:22 46:23	regulates 22:18
69:19 70:1	proponent 29:15	35:10 57:19,20	47:3 60:11	regulation 22:7
preventive 44:7	proportion 47:24	58:23 61:5,19	62:20 67:8	33:9,10
previous 38:5,5	50:10 54:11	64:3,4,13 66:19	73:14	regulatory 22:14
previously 15:9	56:17	66:22	reappointed	REHS 3:3
15:10 24:12	proposal 16:13	questions 11:20	19:11,12 72:22	reiterate 40:10
primary 16:5	proposed 21:16	11:24 13:8	reappointment	relate 52:16
58:13	22:5,19 31:12	14:12 34:12,12	19:6	related 13:18
principle 45:19	32:2 35:23	34:15,23 44:16	Reappointments	33:22 57:7,22
60:12	53:23 64:14	44:17 57:18	2:14	74:8
prior 31:12 33:9	proposition	67:13	reason 57:9	relates 47:9
priorities 39:10	33:12		reasons 31:3	56:10
40:5 60:10,14	prospective			relative 74:11

reliable 59:8	responsibility 20:7	26:16,18,23	48:17 49:3,11	43:20 44:6
remains 51:20	result 24:13	27:3,8,21 29:22	52:11,22 53:6	shoot 68:15
53:3	results 40:11	30:12,15,22,22	54:20,21 57:12	short 21:6 40:15
remediate 11:16	64:22	30:24 31:2 33:1	58:3,18 60:10	Shorthand 74:4
remediation	revenue 16:21	34:14	60:15 68:18	shortly 15:16
12:16	review 26:11,23	rules 2:5,8 8:17	69:22 73:21	shots 11:10
remember 32:8	33:18 41:22	8:18,24 9:4,9	seeing 54:13	show 49:16 50:1
63:2	reviewed 24:19	9:20,22 21:9	56:17 61:19	52:11 53:5
remembering	revisions 24:20	22:23 23:2,15	seek 32:22	showing 52:16
21:17	26:11	24:7 26:1,2,4	seeking 34:20	shown 49:5
repeat 15:5 57:19	revisit 24:3	31:12 33:12,22	seen 11:13 47:17	shows 52:20
replacing 16:2	rewind 60:3	73:12,15	sees 30:21	53:14 54:17
replicate 46:1	Reyes 3:15 36:16	running 13:5	segments 53:1	58:6 72:17
report 2:7,8,11	63:22	rural 52:13 62:12	select 45:3	side 28:8 35:21
4:14 10:13	right 5:3 7:7	62:14,19	selecting 65:7	35:22 55:8,10
14:17 16:7,8	10:11 12:4	S	Seligmann 3:9	58:18 59:1
17:4,12 19:5	14:23 15:24	S 3:20	send 35:6 71:6,10	63:16 65:19,20
36:3	16:6 17:21 20:5	safety 22:10	sense 37:1 65:1	66:14
reported 10:21	21:14 23:2,20	Sahloul 7:3,23	sent 31:11,15	sider 35:15
54:14	27:1,13 30:19	Sanchez 2:13 3:8	32:5	sides 26:9 27:4
reporter 3:18 7:4	32:9,13,13 35:3	6:22 7:14,15	separate 11:2	28:9 31:2
74:1,4	37:4 41:17	73:1	Separately 17:18	significant 53:3
representative	45:18 46:3	Sanders 3:9 7:16	September 1:15	significantly
29:13 32:21	47:15 51:22,23	7:17 9:14,14	15:3 26:15,17	12:15
represented	58:18 59:2	22:3,3 23:9	27:14 38:8	similar 37:19
28:21	69:13	saw 56:21	40:12 64:23	41:5 50:14
represents 48:23	rising 62:20	saying 45:6 46:4	71:16	52:20 53:13
requested 32:11	risk 61:21	62:8	serve 73:9	58:10 60:20
required 43:21	risks 62:3	says 9:22 56:14	services 3:19	68:9 69:21
research 34:11	RN 3:5	scan 71:9	14:21 44:8	simple 65:20
residents 47:20	robust 70:20	scanned 71:7	68:23 69:1,2	sister 26:4
50:5	role 16:2 19:18	scheduled 26:15	70:2	site 13:12 14:7,10
resource 68:13	roll 4:18 7:10	38:20	sessions 38:14	14:11 21:11
resources 67:4	35:1	Schnack 3:8 7:18	set 41:3 42:2 46:8	sitting 29:22 30:2
69:20 70:3,12	room 1:3,6 55:6	7:19	46:21	30:7
respect 18:2 65:9	55:7	school 39:15	Seth 15:10	situations 11:16
respond 37:21	roots 63:7	48:10 49:2	sexual 54:7	six 26:23 27:2,9
42:2,6 62:24	roughly 13:1	scoring 68:2	SHA 43:13,20	27:14
response 4:10,21	row 53:16	second 9:5,14	44:6	size 34:16
4:23 5:20 6:1,3	rule 21:16,20,21	24:10,15,21,22	Shah 27:7 28:21	sizeable 65:15
6:7,13,21,23	22:1,5,18,19	31:13 60:3	28:23 41:4 58:2	skip 40:16
7:24 8:10 14:1	23:4,5,19 24:9	section 67:5	share 14:5	slide 43:13 45:18
18:1 25:10 28:6	24:10,12,20,22	see 5:9 10:10	sheet 40:22	48:23,23 49:5
33:10,15 35:2	25:2,3,5,10,14	11:5 15:1 30:20	shift 45:8,8	52:1 56:9 57:24
73:19	25:17,20,22,23	40:18 44:17	SHIP 2:2 4:6,13	58:6,21
responses 18:6	26:6,12,13,14	46:11,24 47:23	36:14 37:12	slides 40:16,18
32:1 34:17			38:5,7,16 43:13	41:1 42:10

<p>59:16 small 46:12 smoke 26:3 smoked 53:17 smoking 53:11 snapshot 41:23 42:2 46:5 54:4 social 50:3 61:13 63:14 67:17 socially 47:4 societal 55:16 society 47:9 52:3 52:17,22 somatic 34:16 somebody 9:1 22:12 67:20 somebody's 67:24 sorry 6:24 7:22 8:23 14:14 23:15 40:18 49:18 52:5 56:5 sort 40:11 41:3,6 41:23 43:5,12 44:10 45:1,5 46:16 47:1 48:18 49:4,12 50:1 57:1 60:1 61:1 68:7,22 Sounds 56:3 source 11:6 12:6 12:17 58:20 59:4 south 35:15,22 spam 32:17 span 46:18 47:8 56:19 57:3 speak 28:11,23 48:6 61:9 65:11 special 16:20 specific 23:6 67:10 specifically 42:24 61:8,9 62:14 65:6 70:16 speculate 18:13 speed 36:22</p>	<p>spelling 10:5 spoke 20:24 28:24 29:2 spot 51:15 spread 49:12 Springfield 1:5 3:20 5:5 6:9 12:2 40:18 71:5 staff 3:10 24:18 26:9 27:6,6 30:15 staffing 14:17,19 15:18 stage 41:3 61:12 stakeholders 69:9 stance 33:16 standardized 70:6 start 4:2 46:16 47:13 state 1:1 3:20 5:12 6:11 11:13 15:19 16:12,20 18:5 19:20 22:2 22:6,8,13,18,24 23:7 26:4 31:15 36:20,22,24 37:2,7,8,9,24 38:3,18,20,22 39:5,7,9,19,21 39:22,22 41:7 41:12,23 42:1 42:16,17,18,19 42:22 43:6,11 44:4,4,11,12,14 44:24 45:6,12 45:13,23 46:2,5 46:9,24 47:16 49:3,13 50:2 51:13,13 52:8 59:20 60:5,6,14 65:6,7,13 67:8 68:23 69:2,4,6 69:8,24 71:18 72:2,8,10 74:4 states 18:5 58:15</p>	<p>statewide 42:12 42:23 68:17,23 69:18 stating 31:24 statistics 50:23 51:6 status 20:3 52:17 52:21 statute 23:4 43:21,22 stays 62:16 Steinberg 3:14 4:20 5:1,4,11 5:15,18,21,23 6:2,4,6,8,10,12 6:14,16,18,20 6:22,24 7:3,11 7:14,16,18,20 7:22 step 71:14 steps 42:8 59:14 59:15 stick 43:12 story 47:3 strategic 59:21 strategies 42:20 43:7,16 45:3,24 56:24 57:1 65:7 strategy 72:7 street 1:4 66:6 strengths 41:15 stroke 50:20 51:7 65:14 strong 26:8 30:15 students 11:11 stuff 63:15 subset 41:22 60:19 substance 53:12 54:7 62:20 subtract 64:21 suburban 52:13 sudden 66:5 sugar-sweetened 65:21 suicide 50:15 summary 2:5</p>	<p>8:17,19 9:10 10:1,7 31:24 35:7 39:13 summer 22:22 37:6 suppose 62:2 sure 10:20 18:20 20:17 28:12 29:14 32:7 41:20 42:7 50:22 61:15 67:1 surprising 66:9 survey 37:19,20 53:15 system 43:3 46:22 55:23 70:7,15 systematic 43:15</p> <hr/> <p style="text-align: center;">T</p> <hr/> <p>table 28:10,13 29:21,23 31:4 tactic 25:21 take 4:18 12:16 20:7 22:23 29:6 32:15 40:24 51:10 67:21 70:23 71:3,22 taken 7:6 30:6 74:6,10 takes 23:21 take-away 59:17 talk 31:5 42:4 45:24 46:18,19 56:4 59:13 69:10 70:3 talked 44:21 62:18 68:8 talking 29:23 30:8 37:22 54:6 58:3 69:11 taxing 53:20 54:1 teams 39:11 Technical 55:4 55:20 57:16 59:6 64:2,12</p>	<p>73:3 technological 69:23 teen 49:1 teens 53:12,14,17 tell 12:24 47:3 59:9,14 73:2 telling 36:18 temperature 37:1 ten 10:23 60:15 terms 19:14,19 26:1 27:17 33:20 51:21 65:7 66:3 68:10 thank 4:15 5:18 8:15 10:12 12:18 13:6 15:11 16:6,8,10 17:7 18:21 19:2 20:10 23:9,11 23:12 29:7 30:4 31:6,8 32:18 34:22 35:3 36:16 40:8,8 51:24 55:14 58:23 66:23 67:11 68:5,5 70:22 71:12 72:23 73:17,21 Thanks 62:22 thereto 74:13 thing 4:3 21:22 49:15 52:15 56:22 60:17 63:2 64:20 66:24 things 14:18 16:11 17:4 21:4 48:19 51:15 63:7,10,12,17 65:20,23 66:2 think 5:21 15:21 15:21,22 18:11 19:1 20:14 21:15 33:5,11 33:14 43:13,19</p>
---	---	---	--	---

44:6 45:16,19 47:8 48:14 50:24 51:1 56:6 56:13 59:1,5,24 60:1 61:11 62:2 62:18 63:1,1,8 63:22,23,24 64:6 65:24 66:1 66:10,23 67:9 67:14 69:17 70:9 72:2 thinking 44:10 47:9 58:4 60:13 61:20 thinks 63:9 third 25:11 47:18 Thomas 27:8 thorough 33:8 thoughts 62:4 three 35:21 37:12 42:12 44:11 49:23 57:13 thumbs 22:21 55:12 THURSDAY 1:15 ticking 26:21,24 Tim 3:9 7:20 33:5 time 17:12 25:16 26:10 29:23 31:1,4,16 36:5 36:6,17 38:15 40:24 46:14 55:22 66:10 70:23 71:17 timeline 37:5 times 49:23 52:9 53:16 56:12 57:13,15 63:14 timing 26:21 title 39:18 today 4:12 10:16 17:4 24:3 37:15 40:9 41:2,19 46:14,23 53:19 71:4	tolled 27:1 tolls 26:20 ton 46:14 70:14 top 60:15,24 62:20 65:5 topics 64:19 totality 59:10 touch 54:23 58:5 68:16 Tow 30:16 track 12:24 51:12 training 13:23 transform 43:2 treatment 13:17 trend 49:16 55:2 trends 46:11 tried 53:18 try 11:22 30:23 44:18 56:4 61:17 trying 12:16 27:5 57:17 turn 36:13 39:14 40:6 55:8,21 twenty 59:1 two 9:17 11:14 11:23 13:15 14:18 16:11 17:13 26:8 32:21 34:5,9 56:12 57:14 72:6,9 two-bedroom 48:17 typewriting 74:7 typically 22:23 typo 52:5	62:8 understanding 29:20 30:5,21 31:1,7 32:10 34:10,19 50:18 underway 42:14 unemployment 48:13 49:1 Unfortunately 8:20 24:4 unhealthy 53:10 UNIDENTIFI... 9:7 51:5 55:5 66:17 67:14 72:1,12,15 union 21:15,19 49:10 United 58:15 University 12:1 unmuted 62:6 unpasteurized 17:14 unsafe 53:5,8 update 24:8 updates 35:8 Urbana 12:3 use 52:1 53:11,12 67:2 useful 52:21 59:11 uses 41:14 69:5 Usually 5:4 50:19	version 38:23 versus 9:19 22:7 22:14 veterans 10:18 10:21 11:1 12:6 VI 2:8 20:11 23:22 Vicki 15:1 27:7 Victoria 3:7 6:18 view 19:18 views 34:8 VII 2:11 4:7,14 36:2 VIII 2:12 72:21 Vince 6:4 Vincent 3:4 violence 63:14 Virus 11:13,14 12:20 visits 58:7,9 62:16 vital 50:23 volume 55:9,21 vote 21:24	way 28:17 46:15 68:9 Wayne 49:10 weather 13:4 web 14:7,10 21:10 webinar 37:13 37:14 38:8,9,11 38:11 64:24 71:16 week 13:12 15:17 54:16 weeks 41:5 71:20 weigh 27:24 weight 52:20,24 weights 53:4 welcome 36:9 71:15 wellness 60:21 West 1:4 11:13 11:14 12:20 we've 38:13 white 52:9 53:9 57:14 whites 47:24 49:24 56:10 58:11 Whiteside 62:11 62:15 wide 52:18 54:11 wild 13:3 Wilson 15:1 Wisconsin 67:15 wish 73:10 women 57:13,14 Women's 14:20 wondering 18:6 word 14:3 words 51:19 work 25:16 34:2 70:19,19,20 72:10 worked 37:6 63:18 workers 48:19 working 30:3 37:6 38:2,17
			W	
			W 1:7 wage 48:16,18 waiting 27:10 want 19:1,16 28:3 29:14 38:6 40:2,24 41:19 45:22 46:3 55:18 63:8 71:7 72:21 73:7 wanted 13:10 14:3,16 15:12 21:20,21,22 44:2 49:15 53:5 54:3 56:8 57:4 60:11 62:12 warning 49:9 Washington 1:7 18:3 wasn't 10:16 35:4 watch 49:7	
		V		
		V 2:7 10:13 vacancies 20:2 Valarie 3:4 6:6 8:6 value 39:5 variety 37:22 Vaught 3:11 4:18 5:2,6 7:7 8:14 10:23 31:21 Vega 3:9 7:20,21 33:3,5,5,24 34:3,22		
	U			
	U 11:9 Uh-huh 31:21 UIC 39:15 uic.edu 71:1 ultimately 44:13 understand 22:9 33:20 35:21			

FULL BOARD MEETING 9/10/2015

39:11,18 43:17 46:1,7 51:12 wrote 31:22	11:07 4:1 12 21:7 45:18 12:50 73:23 120 60:23 13 47:15 14th 32:15 14.7 49:18,20 15 3:20 37:24 17 49:18 17th 71:22 18% 58:16 19th 14:21 1960 49:17,20	<hr/> 4 <hr/> 40% 53:14 42 49:6 45 25:15 <hr/> 5 <hr/> 5 26:15 43:13 48:6 5th 1:3 27:15 38:16 65:3 500 24:18 53 10:21 535 1:4 <hr/> 6 <hr/> 6/11/2015 2:6 62701 3:20 66% 48:12 68 2:8 69 1:7 <hr/> 7 <hr/> 750 2:8 <hr/> 8 <hr/> 8th 36:7 8/27/15 2:5 87% 48:11 <hr/> 9 <hr/> 9.5 48:13		
<hr/> Y <hr/> Y 10:3 yeah 14:8 18:10 21:8,8 29:12 59:1 72:5 year 13:2,2,5 50:13 52:10 57:9 years 13:15 15:14 34:5,9 48:4 66:11 72:16,17 year-to-date 12:20 Yep 13:7 young 48:3 younger 56:14,15 56:23 <hr/> \$ <hr/> \$1 14:2 \$17 48:16 \$30,000 48:15 <hr/> # <hr/> #084-003786 3:19 <hr/> 0 <hr/> 084.003786 74:18 <hr/> 1 <hr/> 1 14:6 48:6 1st 15:2,3 17:11 38:21 39:3 1,000 50:13 1-800-280-3376 3:21 10 1:15 21:7 37:24 10% 55:3 100 37:16 11 9:16 37:7 11th 9:12 27:16	<hr/> 2 <hr/> 2.0 64:5 2.7 47:19 2.8 52:9 20 48:23 20% 53:15,17 58:17 2000 47:17 2004 54:24 2010 47:18 2012 54:24 2013 48:13 49:19 54:24 2014 47:15 2015 1:15 2020 52:24 2021 2:2 36:7,14 40:12 41:12 42:12 43:4 217-522-2211 3:21 28 38:8 64:23 28th 71:16 <hr/> 3 <hr/> 3.3 47:18 30% 55:1 66:15 66:15 31% 48:11,11 35th 1:6 37 48:4 39% 55:2			