



525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.dph.illinois.gov

State Board of Health

December 3, 2020

11:00AM

Minutes

Call in # 312-535-8110

Code: 177 500 6282

Locations

WebEx Video Conference Service

Recording of meeting can be viewed here:

<https://illinois.webex.com/illinois/ldr.php?RCID=f68409454e584e41a30fb747f2d69535>

Minutes

1. Call to Order –11:01am
 - a. Members present: Damon Arnold, Patricia Canessa, Rashmi Chugh, Pilar Guerrero, Jack Herrmann, Nathan Hoffman, Joe O’Connor, Angela Oberreiter, Karen Phelan, Julie Pryde, Esther Sciammarella, Sameer Vohra, Chris Woodrow
 - b. Members absent: Janice Phillips, Melissa Storck, Susan Swider
 - c. IDPH staff present: Nelson Agbodo, Heidi Clark, Allison Nickrent, Amaal Tokars
 - d. Guests present: Elissa Bassler
2. Public Comment—n/a
3. New Business
 - a. Esther and Julie were reappointed to the Board by the Governor
 - b. COVID-19 Vaccination Distribution Update—Heidi Clark
 - i. Slides attached to minutes
 - ii. What is timeline for communications? Not sure yet, but we will keep stakeholders updated.
 - iii. How will this be handled for women who are pregnant or might be pregnant? We do not know that yet. When FDA makes materials available to the public, we have more information.
 - iv. Mobile units to vaccinate? We are working with the testing team to utilize infrastructure
 - v. More information will become part of the messaging, that will be important.
 - vi. What happens after phase 1A in regards to CVS and Walgreens? Will they be opening up their pharmacy? More information to come.
 - vii. What about getting the second dose to people? What is the thought on how to trace administration of second dose? IDPH has plans: vaccine card with date information, ICARE, provider reminders.

- viii. What about reallocation of unused vaccines to make sure they do not go to waste? If nearing end of quality—can redistribute or go past the phase we are currently on.
- ix. What about staggering employees? We want workforces to still be functional.
- x. Can those giving vaccinations do it before being vaccinated? We are waiting on FDA guidance.
- xi. CDC has indicated that they do not recommend co-administration with other vaccines.
- c. State Health Improvement Plan Update—Illinois Public Health Institute, Elissa Bassler
 - i. Slides attached to minutes
 - ii. Working on update of law to be better in keeping with process and regulations.
 - iii. Workforce development: there is going to be a great need for supporting healthcare infrastructure. This conversation will be continued.
- d. SHIP Implementation Coordination Council—Nelson Agbodo
 - i. Slides attached to minutes
- e. IDPH Update—Amaal Tokars, Assistant Director
 - i. Travel advisory map update: <http://dph.illinois.gov/covid19/travel>
 - ii. COVID ambassadors will be normal people in the community.
 - iii. Tell Karen if you are interested in insurance access to care committee. Amaal needs one to two more volunteers.
 - iv. Amaal reached out to our last public speaker. Schools have own governance; schools are required to offer choices to families. Very satisfied.
 - v. Suicide: we are not yet seeing a continued rise in Illinois, but the numbers are too high, no matter what. We may be seeing higher numbers for youth, black, and young adults. Highest that we continue to see is middle-aged Caucasian men
 - vi. Prevention ideas: facilitate peer dialogue what were different ways to celebrate milestones
 - 1. Include salon and barber shops to help distribute knowledge of resources
 - vii. Work with at-risk youth for those that don't have healthy connections
 - viii. Provide info on local community support
 - ix. Specific messaging for those who need it
 - x. Message from Amaal:

Dear Colleagues,

Recently, I had facilitated some dialogue sessions on suicide prevention with you. You are receiving this note because you contributed to one or more of these dialogue sessions. I want to now give back to you some of the important local targeted suicide prevention strategies ideas that we had shared with one another. Jennifer Martin has also shared some important information on protective factors. Please consider this information / these strategies as you prepare to serve your communities in the new year. There is always more good to be done...

- Facilitate a peer dialogue on altered traditional milestones and the ways forward

- Engage Barber/Beauty Salons to provide contacts of community resources for customers
- Develop understanding of trauma-informed work
- Work with at-risk youth
- Work with young people that may not have healthy connections
- Provide information on local community support
- Prepare targeted messaging for elders, parents, teens, veterans, and persons in-recovery
- Facilitate *Question, Persuade, and Refer* training
- Study local data for contextual anomalies and trends
- Encourage schools to refer students to community resources, even when in virtual session
- Utilize social media and /or the local media to reach each community sector
- Facilitate the sharing of lived narrative and potent stories
- Encourage educators to refer students to local family resources
- Facilitate mental health first aid to support system navigation for underlying conditions
- Target messaging for populations with **suicide rate increases**; black, youth, young adults
- Target messaging for population with **high suicide rates**; Caucasian, middle-aged, males
- Educate entire community on risk factors for suicide
- Educate entire community on protective factors for suicide
- Engage faith-based communities and community employers
- Engage local leaders and public officials

Protective Factors for Suicide Prevention

[CDC](#) Protective Factors for Suicide

Protective factors buffer individuals from suicidal thoughts and behavior. To date, protective factors have not been studied as extensively or rigorously as risk factors.

Identifying and understanding protective factors are, however, equally as important as researching risk factors.

- Effective clinical care for mental, physical, and substance abuse disorders
- Easy access to a variety of clinical interventions and support for help seeking
- Family and community support (connectedness)
- Support from ongoing medical and mental health care relationships
- Skills in problem solving, conflict resolution, and nonviolent ways of handling disputes
- Cultural and religious beliefs that discourage suicide and support instincts for self-preservation

[SPRC](#) Protective Factors for Suicide

Protective factors are personal or environmental characteristics that help protect people from suicide.

Major protective factors for suicide include:

- [Effective behavioral health care](#)
- [Connectedness](#) to individuals, family, community, and social institutions
- [Life skills](#) (including problem solving skills and coping skills, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide

4. Unfinished Business

- a. September 10 minutes: Jack moves, Sameer seconds, passes
- b. Review of Rules Committee Minutes—Karen Phelan, Rules Committee Chair
 - i. Presentation of 77 IAC 956 Health Care Employee Vaccination Code to full board by Rules Committee
 - ii. Rule approved for filing with Secretary of state for first notice
- c. Review of Policy Subcommittee minutes and activity—Dr. Damon Arnold, Policy Subcommittee Chair
 - i. Approved
- d. 2021 Suggested Meeting Dates

STATE BOARD OF HEALTH 11:00 - 1:30 PM

March 11

June 3

September 9

December 2

STATE BOARD OF HEALTH RULES COMMITTEE 3:00 - 4:30 PM

February 18

May 6

August 5

November 18

STATE BOARD OF HEALTH POLICY COMMITTEE 1:00 - 3:00 PM

February 18

May 6

August 5

November 18

- e. 2021 Review of Bylaws Overview—send suggestions for bylaws to Karen and Jack
5. Updates from members—n/a
6. Adjournment—1:09pm