Agenda
Village of Arlington Heights
Board of Health
Health Conference Room
33 S Arlington Heights Rd, AH 60005
August 2, 2017
6:30 PM

I. CALL TO ORDER

II. ROLL CALL

III. APPROVAL OF MINUTES

A. Minutes from 5/17/17

IV. REPORTS

V. OLD BUSINESS

A. Emergency Preparedness
B. Arlington Heights MRC
C. Behavioral Health Services

VI. NEW BUSINESS

VII. OTHER BUSINESS

VIII. ADJOURNMENT

Persons with disabilities requiring auxiliary aids or services, such as an American Sign Language interpreter or written materials in accessible formats, should contact David Robb, Disability Services Coordinator, at 33 S. Arlington Heights Road, Arlington Heights, Illinois 60005, (847)368-5793 (Voice), (847)368-5980 (Fax) or drobb@vah.com.

Item: Minutes from 5/17/17

Department: hs

ATTACHMENTS:

Description	**Type**
May BOH minutes	Minutes

Village of Arlington Heights
Board of Health
Minutes from May 17, 2017

I. Call to Order

Chair Laurie called the meeting to order at 6:30pm.

II. Roll Call

Present:	**Absent:**
Jerome Meservey, MD	
Thomas Harris, DDS	**Also Present:**
Sean Barnett, MD	James McCalister, Director of Health & Human Services
Timothy Laurie, MD	David Robb, Disability Coordinator
Karen VanLandeghem	Mary Sterrenberg, RN
	Mick Fleming, Joint Emergency Mgmt. Coordinator NWCD

III. Approval of Minutes

A motion was made by Dr. Harris to approve the minutes from the October 19, 2016 meeting, seconded by Dr. Meservey and approved by unanimous consent.

Dr. Meservey noted that in the minutes, we mentioned under Emergency Preparedness that we were going to discuss how doctors/nurses would be needed at each station and this has not yet been achieved.

IV. Reports

a. Director of Health & Human Services Update

Point of Distribution (POD) – Mr. McCalister introduced Mick Fleming, Emergency Response Coordinator for 10 communities working out of the NWCD office.

Mr. Robb shared a map with the Board of Health members showing the layout of the POD at Arlington Park Racecourse. He explained that Tom Musielak from Arlington Park said that once he receives a final footprint of what we need, he will have the necessary signs created. He explained some of the changes to the layout map.

Mr. Fleming explained that this all goes back to what the Federal Government asked us to do, and a lot of it is guidance from the County. There are three major programs: First Responder Closed POD, where he will receive a round of drugs, it will go to Police, Fire, and Public Works employees, and they will get their pills

immediately. Similar to that there is outreach to businesses, hospitals, and other facilities where drugs can be dropped off for distribution after screenings. For everyone else, they would go to the Open PODS where we take anyone who is willing to come in for pills/meds. On the one side there needs to be an Open POD, the second side is to the Outreach companies that are willing to take drugs and take on the responsibility to give their own people pills. Some facilities are very good; others are very hesitant to take on the liability of giving people drugs so it varies. In some large companies, they have said they will take their own pills and give to their own people. He said he just moved here from California working for a county and they had a program where the Walgreens distribution center was a Closed POD, Target was a closed POD, there was a tax building which was a Closed POD and they would give their own employees pills.

Mr. Fleming explained that the Assisted Living Facilities could also be a Closed POD and take care of their own population taking some of the pressure off Arlington Park. Collaborative Healthcare Urgency Group (CHUG), which is a not for profit, works to help Nursing Homes using private ambulances. Ms. Sterrenberg asked how CHUG would be utilized in medication distribution. Mr. Fleming responded that there has to be agreements within Cook County about delivering the medical counter measures.

Mr. Fleming said that you base everything on Tularemia and Anthrax, but depending on the type of event, you might not be able to give a facility needles to inject their own people. Very few of the drugs that the Federal Government are going to push will be injectable, mostly oral antibiotics. He said it depends on the situation. They do this because this is the standard everyone should plan for and train towards – get as many Closed POD agreements as you can with as many facilities as you can, but they also have a plan to potentially get the drugs out through the postal service where they will be delivered door to door.

Dr. Barnett challenged the group to think about how we would recreate this in a community center, school, or another facility even though there is a great blue print and Arlington Park is fantastic, but what if we had to change facilities. Instead of getting too deep in the minutia of this facility, what are the things that we need in any facility if we are going to do this. Thinking of that instead of this very specific layout. Ms. Sterrenberg agreed that we would want to mimic on a smaller scale as we will probably have to have a couple places available. Concern was expressed about those with disabilities who will not be able to be in long lines. Mr. McCalister asked what if the families were in one line, the adults were all in one line, and those with disabilities were all in one line. Ms. Sterrenberg said that she remembers with the H1N1 Clinic where we did 11 years old and older, that line with the little ones takes time. People are happy when they see movement.

Dr. Laurie asked about staffing at the dispensary site. He asked how many nurses would be needed, now many physicians would be available, how many volunteers. Mr. Robb responded that the Cook County Department of Public Health specifies the number of volunteers based on the population served.

Ms. Sterrenberg said that in answer to the question, we do not have nearly enough help, which is the challenging part. She said there is a mathematical equivalent, if

you have so many people; you need so many per shift. Mr. Fleming said there is a computer model to maintain your "through put" for a certain amount of time. There is a moving target. For your non-skilled people who tell you where to go in line, that is easier to fill in, but when you are talking about shots, that is where it gets complicated. Handing someone pills is not very complex as you can allow more practitioners to do that, injections – the conversation has always been in a situation like this, what extent would the scope of practice be loosened. Would a veterinarian be able to give intermuscular shots? Would we allow paramedics to do this or who would be able to do it? It opens up your field, your pool of people who can do that, but you do not know that until it happens. An expanded scope of practice requires a declaration of the governor, only under a disaster situation.

Dr. Meservey asked if the other three communities are ready to do this. Is anyone ready? Mr. Fleming said all communities have somewhat of a plan in place, but the closest to being able to pull something like this together would be Schaumburg, but they have a policy that says every single municipal employee will be working and the hospital will provide X amount and MRC will provide X amount for giving shots. They do have a lot of support from Police, Fire, and Public Works, but there are still missing pieces – who can actually give those shots in the end. Palatine is the next closest as they did a big exercise in 2008. He said can any community do it stand alone, he said no.

Dr. Meservey asked if Schaumburg is prepared with people to give shots. Mr. Fleming said he thinks they have an agreement with St. Alexis and a couple of other facilities in town to help give shots. They still have 10-15 people to give shots, which is good, but not nearly enough.

They talked about Rotary and churches that would probably be willing to help. Mr. McCalister said that Village employees might be able to assist depending on the situation.

Dr. Meservey said that we are talking about a lot of people, but we are not getting enough help – we have gone to Arlington Park twice, but how can we go about doing this – what is our game plan, how will we get people to give shots. If we are really worried that something might happen, we need to do something now. Mr. McCalister thought step one was the layout before them, before pulling people in to talk about the next step. Dr. Meservey asked where, when, and who. Ms. Sterrenberg said that we would need to market that we need help.

Mr. Fleming thinks the next step is to work towards an exercise where we can move people through this. In the past, people have used flu shot clinics or tic tac drills where you give people a bag of M&M's or whatever as a thank you for walking through and filling out paperwork. This would be a means of exercising some way trying to get as many people through – we could use high school kids and have them go through for us 5-6 times just to get an idea how it would work at Arlington Park instead of looking at paper. Dr. Meservey said it would be good to get all the people in to Arlington Park – but who is going to give shots, who will direct traffic, what is the number of people we need. Dr. Meservey asked what the number of people needed is to help in a situation like that. Mr. Fleming said about 100. Ms. Sterrenberg said to fulfill MRC requirements, a test must be taken online and she

felt that has been a deterrent, but in a real crisis the volunteers will come just as they did at 911 and Katrina. What needs to be set-up is the computers so we can check on IDPH's professional registration to make sure these people are active with no issues so we could use them. That would have to happen prior to opening, but she felt we would have to have something set-up to screen people that want to help so that we know for sure they are legitimate.

Ms. VanLandeghem said she agrees that the more we are proactive in identifying groups that would agree, or that Schaumburg has a policy that requires certain employees that they have to participate – she asked if that was something we should consider. She also believes that people will rise to the occasion, but as much as we can be proactive with the core groups that we know that would be on standby including Village Staff.

Dr. Laurie asked if he should make a motion for the Board of Health to discuss opportunities to improve for the POD Planning. Pushing it to New Business or Other Business? We could brainstorm on ways to improve the MRC recruitment. Dr. Meservey said the problem was that this Board meets only twice per year. Mr. McCalister said the Board of Health could meet as frequent as needed. All Board Members agreed to meet every two months beginning in August through the end of 2017.

Mr. McCalister added that once we had this layout of the POD out of the way, we could start to examine the staffing numbers needed for the different functions of the POD. Mr. Robb also said that it is important to find the roles and positions needed at the POD and what those roles are and how many people will be needed for each role.

Mr. McCalister said that if the Board of Health could agree on the POD layout tonight, then we could examine staffing levels with the help of Mr. Fleming.

Dr. Merservey made a motion to approve the revised POD layout with three lines, one for individuals with disabilities, one for families, and one for adults. This was seconded by Dr. Harris and approved by unanimous consent.

Dr. Laurie said talking about the MRC volunteer corps – one of the things on his end was all the different volunteer entities in all of our communities and trying to keep them engaged is very difficult. If we have something extremely specific and hope something like this never happens even though we put all the plans together, but how do we keep the volunteers active. We do not want to get hung up on the label that we only can use MRC as we have a lot of other tools in the toolbox community wise.

Mr. Robb stated that we need MRC Volunteers, but we need to engage them once they volunteer. There needs to be another component to the MRC like some community outreach, education where they can serve the community in another capacity. Dr. Meservey asked if we need an MRC or as physicians, they can fit right in, giving shots or whatever is needed. Mr. Robb stated that we do need an MRC, but he felt that there should be requirements from the volunteers at least the basic training so they understand the emergency response.

"How can we utilize our volunteers so they are active?" He is looking for recommendations or ideas from leadership or from the Board of Health on how to utilize the MRC to do community resiliency or community outreach. They discussed all the Board of Health members being involved in MRC.

Dr. Meservey said there were three physicians here, what do we have to do differently? Mr. Robb said Mr. Fleming said something that not only do we need MRC corps volunteers…. How long have we been trying to get MRC volunteers? Ms. Sterrenberg responded that the other municipalities have the same issue. Palatine had a huge corps, which they lost; Des Plaines totally lost their group. When we first started, the Fire Department had an amazing CERT Program with a lot of volunteers, but then interest faded. We were busy and engaged after 911 and have since lost interest. Mr. McCalister said several municipalities have struggled with keeping MRC members and the counties have had better luck because they cover a larger area and have more volunteer activities.

Dr. Barnett asked how you sign up for MRC and Mr. Robb explained there is a web site where you read materials and take a test. He asked what communities have an active MRC and what do they do that attracts volunteers. Mr. McCalister suggested that Mr. Robb check with Mt. Prospect to get a list of things they have done so the Board of Health can talk about it at the next meeting. Mr. McCalister said some of the things mentioned, like a walking program was done because they do not have a Senior Center. Our Senior Center has a walking program that is put on by Northwest Community Hospital. Some of those things the Village is already doing, but through other outlets.

Dr. Laurie stated the Board of Health could look at the AHMRC barriers, recruitment, and look at ways to keep the reserve engaged. He suggested that this could be a goal this year.

Dr. Meservey said years ago with Healthy Arlington 2000, they went through all kinds of things and found there was nothing wrong with Arlington Heights. He said maybe there is not much needed of the MRC.

Mr. Robb said he was on a committee a couple of years ago that talked about all the great programs that Arlington Heights offers to the community and we received some national award and a lot of people stated that Arlington Heights is a leader in the community on the programs offered to the residents.

Opioid Task Force – Mr. McCalister discussed the Opioid Task Force and the opioid problem in our community and Countywide. He shared statistics from the CCDPH on this issue.

Counseling Subsidy Program -
Mr. McCalister showed the Board of Health the counseling subsidy program brochure. This brochure currently has 12 agencies – there is a sliding scale based on the number or people in the family and their income for those who need counseling. The brochure

details what services each counseling agency provides. Mr. McCalister said that we have not recently advertised this program. He shared that because of what is occurring currently with behavioral health issues, maybe it is time to consider promoting it more to assure that our residents know we have this service available and evaluate if there is a need to expand the number of agencies on our list. We can discuss those two questions at the next meeting.

Dr. Laurie asked about the process. Mr. McCalister said residents come to the Health & Human Services Department and the Human Services Coordinator reviews their application to see if they meet the requirements, she then provides them with the list of counselors. Dr. Barnett said this would be something the Social Workers at NCH should have access to. Dr. Barnett said this is definitely important for NCH because of the population at the ER. He asked if this is for Arlington Heights residents only and Mr. McCalister replied yes this program serves Arlington Heights residents who qualify. Ms. Sterrenberg said this would be good for those with Medicaid or without private insurance who would not be able to see a counselor.

Dr. Meservey asked if Mr. McCalister felt the community should be more aware of the services available. Mr. McCalister said the annual budget for the Counseling Subsidy Program is $34,000 and we have not been using all of it, but if we promoted it, we would have to make sure we have enough funds allocated. Behavioral health is an issue countywide and he feels we should evaluate how we can best serve the residents of our community. Dr. Barnett said he could have these brochures in the waiting room of the ER. Ms. Sterrenberg said that NCH being a community hospital, it would be a good benefit for the coordinators at NCH, but these services are for Arlington Heights residents only that meet the criteria.

Mr. McCalister also provided an overview of the department's Emergency Assistance Fund. He also shared information on upcoming fundraiser by Arlington Cares. Dr. Harris asked if the donors are emailed or notified of these events. Ms. Sterrenberg said this information is on Facebook, which Dr. Harris responded he is not on. He stated he was a donor in the past and does not recall getting any information on these events.

Single-Family Solid Waste Program - Mr. McCalister shared that when the program started in April 2016, there were 1,388 households with twice per week garbage pick-up. In April 2017, there was not a significant change with 1,468 households using twice per week garbage pick-up, which is only 8.1%. Dr. Meservey commented on the wear and tear of Village streets with twice per week pick-ups.

County Health Rankings – Robert Wood Johnson Foundation – Mr. McCalister discussed the Annual Robert Wood Johnson Foundation County Health Rankings. Cook County ranked 59 out of 102 counties for health outcomes.

CCDPH 2020 WePlan Priorities – Mr. McCalister stated that the top three priorities for the 2020 WePlan Steering Committee, which he was a part of are Behavioral Health, Chronic Disease, and Health Equity.

Dr. Meservey asked how much of this would be addressed in Arlington Heights. Mr. McCalister responded that he was asked if he wanted to participate on one of the WePlan transition teams. He expressed interest in participating on the Behavioral Health Initiative and Ms. Sterrenberg is considering participating on the Chronic Disease Initiative.

b. **Nursing Services Report**

Ms. Sterrenberg said that Nursing Services will be busy with First Aid this weekend with the Got2Run Race and the Salute Race was canceled this year. They will also be in the First Aid Tent at Frontier Days from June 30th-July 4th.

As the designated infection control officer, Ms. Sterrenberg receives calls from employees typically with blood borne pathogen issues. She said that one of the more interesting calls was from one of our Police Supervisors concerned about an Officer answering a call for a man was found passed out in his car with his foot on the brake and there was heroin in the car. They transferred this man to the hospital, but the wind blew the heroin up and into the Officer's mouth. He felt tingling and felt funny and his Supervisor called Ms. Sterrenberg. Ms. Sterrenberg advised the Supervisor to have the Officer go to the ER promptly as it unknown what may have been mixed with the heroin. She stated that this epidemic is ultimately affecting our emergency responders.

V. **Old Business**

VI. **New Business**

Dr. Laurie said topics for upcoming meetings through the end of the year would be the following:

- Emergency preparedness
- MRC
- Behavioral Health Services

VII. **Other Business**

VIII. **Adjournment**

With no further business to discuss, a motion was made by Ms. VanLandeghem to adjourn at 8:10pm, seconded by Dr. Harris, and approved by unanimous consent.

The next meeting is at 6:30pm on Wednesday, August 2, 2017 in the Health Services Conference Room at Village Hall.