

Lake County Illinois

*Lake County Health Department and Community Health Center
3010 Grand Avenue
Waukegan, Illinois 60085
Conference Room #3112*



Meeting Minutes - Draft

Tuesday, May 11, 2021

5:30 PM

**Via Zoom (<https://zoom.us/j/91712301006> or 1-312-626-6799,
Meeting ID 917 1230 1006)**

**Lake County Community Health Center Governing
Council**

Pursuant to Section 7(e) of the Illinois Open Meetings Act, the Gubernatorial Disaster Proclamation, and the Written Determination of the Lake County Community Health Center Governing Council Chair, this meeting will be held via audio and video conference and not in the Board Room on the 3rd Floor of the Lake County Health Department at 3010 Grand Avenue, Waukegan, Illinois.

PUBLIC VIEWING: Participation in the meeting will be via zoom at (<https://zoom.us/j/91712301006> or 1-312-626-6799; Meeting ID: 917 1230 1006). Please note that by joining the meeting by video or audio conference your name or phone number may be visible (in whole or in part) to others participating in the meeting. Per the Governor's Disaster Proclamation, in accordance with section 120/7(e)(4) of the OMA, in-person attendance by members of the public will be available in the Board Room on the 3rd Floor of the Lake County Health Department at 3010 Grand Avenue, Waukegan, Illinois.

PUBLIC COMMENT: Public comments are welcomed and encouraged. Emailed public comments received by 8:30 a.m. the day of the meeting will be read at the beginning of the meeting under Public Comment in the order they are received or, at the discretion of the Council Chair, with the agenda item the comment addresses. Comments received during the meeting will be held until the end of the meeting. Please note: Public Comment is limited to three minutes per individual or spokesperson pursuant to the Governing Council Bylaws. All comments received will be included in the Council's meeting minutes regardless of whether they are read aloud at the meeting.

Email public comments to lkroeger2@lakecountyil.gov with the following:

- Subject Title: Lake County Community Health Center Governing Council Meeting
- Name
- Street Address (Optional)
- City, State (Optional)
- Phone (Optional)
- Organization, agency, etc. being represented. (If representing yourself, put "Self")
- Topic or Agenda Item Number followed by Public Comment.

Public in attendance on the 3rd Floor of the Lake County Health

Department at 3010 Grand Avenue, Waukegan, Illinois, may provide public comment. Public with no access to email may leave a message with the Governing Council Office at 847-377-8118.

Present 8 - Member Washington, Vice Chair Brown, Member Tarter, Member Bejster, Member Cunningham, Chair Smith-Taylor, Secretary Argueta and Member Lara

Absent 2 - Member Fornero and Member Vargas

1. Call to Order

Chair Smith-Taylor called the meeting to order at 5:32 p.m.

Attendance Notes:

Member Argueta joined the meeting at 5:34 p.m. and left the meeting at 6:00 p.m.

Member Lara joined the meeting at 5:36 p.m.

Member Brown left the meeting at 6:39 p.m.

2. Pledge of Allegiance

Chair Smith-Taylor asked Member Ross-Cunningham to lead the pledge of allegiance.

3. Approval of Minutes

3.1

April 13, 2021 Meeting Minutes

Attachments: [GC Minutes 4.13.21 - DRAFT](#)

Member Tarter asked that going forward the minutes reflect the names of the providers approved for appointment and reappointment. Member Bejster concurred with Member Tarter's request. Lisa Kroeger stated she will add the names of the approved providers beginning with the minutes of this meeting.

A motion was made by Member Washington and seconded by Member Tarter that the minutes be approved. Roll call vote taken, all in favor, motion carried.

Aye: 8 - Member Washington, Vice Chair Brown, Member Tarter, Member Bejster, Member Cunningham, Chair Smith-Taylor, Secretary Argueta and Member Lara

Absent: 2 - Member Fornero and Member Vargas

4. Public Comment to the Council

None

5. Executive Director's Report

Mark Pfister, Executive Director, reported on the following:

-- We had an extremely positive 3-day site visit and review at the end of April by The Joint Commission (TJC). TJC commented that the passion our staff has for our patients really

came through in their answers to reviewers' questions and when talking about what they do to help care for our patients and assure they have good health outcomes. They had very 5 findings which is a huge change from their previous two visits. One of the findings, while widespread, was very minor and not necessarily one we agreed with as it had to do with look-alike, sound-alike medications, which even the reviewers admitted did not exactly fit with TJC expectations. The remaining 4 findings were single occurrence at different locations.

-- The HRSA site visit is confirmed for August 3-5, 2021. The Governing Council will be much more involved with that visit as it will include the governance chapters of the Health Center Program Compliance Manual. He recently met with Chair Smith-Taylor and Secretary Argueta and reviewed the site visit protocols. He will be meeting with the Executive Committee within the next few weeks to go through it in more detail. Staff will be meeting with the Council prior to August to review the site visit protocols and do training on the evidence we need to provide.

-- There will be a NextGen upgrade to the electronic health record. Jefferson McMillan-Wilhoit, Director of Health Informatics and IT, is working with the vendor to start that upgrade by June 1, 2021 and testing it by July 15, 2021.

-- We have now eclipsed 523,677 doses of vaccine administered to Lake County residents and we are at 32.59% fully vaccinated. For those age 65 and above, 80.25% have received at least one dose. For age 15-64, 50.61% have received at least one dose. We are over 50% for those that can receive a vaccine. By Wednesday, May 12, 2021, we are expecting Pfizer to be fully authorized for ages 12-17.

Member Argueta asked about the younger population. Mark explained that we currently will be authorized for age 12-17 but expect authorization on infants-12 year olds as early as the fall as Moderna, Pfizer, and J&J are currently going through clinical trials for that age group.

Member Bejster asked if the 33% of the population in Lake County fully vaccinated is all ages and not just adults. Mark explained that it is the entire population but not including the 0-16 age group which is approximately 140,000 individuals that can't be vaccinated which is why that number is a little bit lower. Fully vaccinated for age 65 and above is 72.32% and for age 15-64 it's 34.43%. The demand for vaccination has dropped off dramatically over the last two weeks but with the new younger population now eligible demand will once again increase.

Member Argueta asked for the cause of the slump in demand. Mark stated there is a myriad of reasons. There are a lot of individuals who are still waiting to see what happens. We will be working to convince those individuals that waiting to see what happens is not good for their health, that the vaccines are over 90% effective, that they are very safe with over 200 million doses already administered which is way more than the clinical trials, and have very few side effects. There is much more risk in not getting vaccinated than there is

in being vaccinated. And, approximately 1 in 5 individuals say they don't ever want to receive vaccine but several of the reasons they cited are based solely on myths. Member Argueta stated she is part of the 20% that do not want to get vaccinated and asked if its true that the vaccine changes a person's DNA. Mark stated that is definitely one of the myths and he will share the link to our Myths vs. Facts information. mRNA vaccines tell the cells to create a spike protein that the body then recognizes as something to fight. The J&J vaccine has been around for a while because it uses an adenovirus and does the same thing. There is no live virus, you're not getting anything that contains COVID-19. Member Argueta stated that she interfaces with a lot of people in her daily business dealings and that some of them have said that after receiving the shot they are experiencing pain in the injection site and feeling in a slump. Mark explained that soreness around the injection site is one of the side effects and that the feeling of fatigue or malaise is good news because it means their body is building immunity, that it is recognizing there is something to fight. Younger individuals tend to have a larger reaction to the vaccination which is natural and desired because they have a more robust immune system. Some over the age of 75 don't have a major reaction to the first and/or second dose, hence the potential recommendation for them to have a third or booster dose to confer more immunity. This is the same concept as with flu shots. More senior individuals get a stronger dose of the flu shot so that their body recognizes and has that immune response. Member Argueta stated that if she is understanding this correctly, you create antibodies to the virus and that the malaise is the cause and manifestation. Mark replied that is correct. Member Argueta stated that her understanding is that most vaccines go through a 10-15 year study process and that this vaccine was rushed which is a liability. Mark explained that there were a lot of positives that allowed for these vaccines to be created in a much shorter period because it was a pandemic. The pharmaceutical companies put forth a lot of money to fund research and development, but the mRNA technology has actually been worked on for the last decade. And what also led to the vaccines being created faster was that scientists had the full genomic structure of the COVID-19/SARS-CoV-2 virus allowing them to pinpoint what this spike protein looked like so that people could build immunity to it. And the proof is in the 90% efficacy in the real world. In Lake County, in the age 65 and above population, case numbers have declined as have hospitalizations and deaths. Prior to having a vaccine, an individuals only immunity was whether their body would have a large enough immune response to keep them out of the hospital or to keep them from dying. Member Argueta concluded that the technology was advanced because a lot of resources were put behind it so it catapulted and made it faster, and that the COVID strand has been around for longer than people think, and this 19 virus that emerged in China is in fact the newest one. Mark explained that virus strains are constantly mutating and that a small change to the genetic makeup is referred to as antigenic drift, while a major change is called antigenic shift. This corona virus went through a massive shift and was also very infectious, so no human had built up any immunity to it because it was a brand new mutated virus. And that is how we have pandemics. And it is still mutating, which is why it is so important for everyone to be

vaccinated. The less susceptible people there are, the less opportunity that this virus is going to replicate and potentially mutate which would render these very effective vaccines ineffective. Member Argueta asked about the emerging variants in other countries and whether any have been introduced in Lake County. Mark confirmed that the UK variant, the Brazilian variant, and the California variant is circulating in Lake County but explained that the vaccines being administered have been shown to be very effective against those variants. And that is why time is of the essence. The more susceptible people that become less susceptible or non-susceptible, the better, and that is what we call herd immunity. We are aiming for 80% of the Lake County public to be vaccinated which equals about 560,000 people in Lake County that need to be vaccinated in order to reach herd immunity. We are currently not there but with the younger population now being able to be vaccinated and bringing on the 20% and those yet undecided will have us in much better shape.

Member Bejster shared that a lot of people have questions and concerns similar to Member Argueta's and that one of the programs she has been participating in through the Health Department is the Community Health Ambassador (CHA) Program led by Anna Yankelev, Strategic Planning Analyst. The Health Department provides it's CHA's with a presentation that they can then provide to other organizations they are involved with as an employee, a volunteer, a member, etc. in order to answer questions and educate the community. She encouraged anyone interested in becoming a CHA or who knows someone who may be interested, to contact Anna. Mark noted that he will provide the link to the Health Department's CHA web page along with the link to the Myths vs. Facts information he previously mentioned.

Member Argueta stated that one of the things she is passionate about is that knowledge is power and asked Mark to provide a brief overview of the marketing efforts by the Health Department to reach communities and get the right information to the right people at the right time. Mark stated that is what Member Bejster just brought up. The Health Department has over 250 CHA's that have been trained and we really want them to be the trusted resource in their faith-based locations, civic organizations, etc., so that they can answer questions and educate. People are not necessarily wanting to hear from scientists or their public health department, they want to hear it through social media, other trusted sources, or their own doctor. We have been doing a lot of training with our FQHC providers so that they are a trusted resource to their patients who may be hesitant or resistant.

Mark added that Chair Smith-Taylor did a tremendous job representing the Governing Council during The Joint Commission visit and survey and that the surveyor was very impressed.

Member Argueta left the meeting at this point due to a prior personal commitment.

Member Brown noted that Mark previously stated that there were a total of 5 findings, one of which was previously addressed, and asked him to enlighten the Council on the other four. Mark deferred to Thomas Peer, Accreditation Regulatory Specialist. Tom informed the Council that there were 5 findings altogether and as Mark previously explained, one was very minor. For the remaining findings, one was the swabbing of vials as they were opened to give injections. A few years ago as it was previously thought that the wiping of vials was not necessary as there was a sterilization technique used and a concern that wiping them would introduce bacteria. TJC has changed that and they now want the vials swabbed before any injection is given. We are already in the process of training staff to ensure that is being done every time. Another finding was in regard to patient self management goals and ensuring those goals are reviewed with the patient at every visit to help them progress and have good outcomes. While we are already doing this, TJC felt we could go a little further, a little more in-depth in those conversations, and also establish new goals as prior ones are met. We have reporting tools and policies in place but are going to be expanding our efforts. The final finding was in regard to the vaccine information sheet (VIS) we provided to a patient. Those sheets are printed in English and Spanish, and NextGen has a module capable of doing that, but the sheet the patient received did not print in Spanish, their preferred language. The upgrade to NextGen previously mentioned by Mark will take care of that issue but as a backup to NextGen we have the ability to provide the VIS in multiple other languages through the CDC website.

6. Action items

6.1

Provider Credentialing and/or Privileging - Dr. Zun

Providers approved for credentialing and/or privileging are: Erin Hogan, Registered Dental Hygienist.

A motion was made by Member Ross-Cunningham, seconded by Member Brown, that the providers presented for credentialing and/or privileging be approved. Roll call vote taken, all in favor, motion carried.

Aye: 8 - Member Washington, Vice Chair Brown, Member Tarter, Member Bejster, Member Cunningham, Chair Smith-Taylor, Secretary Argueta and Member Lara

Absent: 2 - Member Fornero and Member Vargas

6.2

Provider Reappointment - Dr. Zun

Providers approved for reappointment are: Aileen Benjakul, MD, Kristin Krivickas, LCSW, Kokeela Rathi, MD, Marina Smirnov, MD

Member Brown commented that he feels that the providers should be more aware of cultural differences, be more culturally sensitive as some can be very blunt and rude in their approach to patients. Member Washington asked if it was rude or just direct as there is a difference. Member Brown stated it is both. That they are very condescending and

rude in the way they talk to people, and that he is not the only one who has experienced this. Dr. Zun stated that all of the Health Department providers have to be trained in cultural sensitivity and cultural understanding, that he is sorry that Member Brown had that experience, and would be happy to speak with him about it in more detail offline.

A motion was made by Member Ross-Cunningham, seconded by Member Washington, that the providers presented for reappointment be approved. Roll call vote taken, all in favor, motion carried.

Aye: 8 - Member Washington, Vice Chair Brown, Member Tarter, Member Bejster, Member Cunningham, Chair Smith-Taylor, Secretary Argueta and Member Lara

Absent: 2 - Member Fornero and Member Vargas

6.3

Revised Governing Council Committee Appointments for 2021 - Pfister

Attachments: [2021 GC Committee Appointments - REVISED](#)

Mark Pfister reviewed the change to the Executive Committee and the Budget Committee, as outlined in the agenda attachment, as a result of the resignation of Melissa Withem-Voss.

Member Ross-Cunningham asked if Cynthia Vargas is still a member of the Governing Council. Mark stated he appreciates the question as he, Chair Smith-Taylor, Lisa Kroeger, and other staff have reached out to Member Vargas but have yet to receive a return call or email. Therefore, next month the Council may be asked to take action regarding this matter. Until then we want to give Member Vargas additional opportunity to make the determination as to whether or not she is going to continue serving on the Council or provide a resignation. Member Ross-Cunningham stated that Member Vargas' lack of attendance could be an issue when HRSA comes for their visit in August.

Member Tarter commented in regard to the change in the Budget Committee membership that it changes the quorum necessary and per the bylaws the Chair shall be a voting, ex-officio member of all committees, and therefore needs to note on her calendar the date of the joint budget committee meeting to ensure she is available if needed. Mark added that with the current makeup of the Budget Committee, he is confident that there will not be an issue.

A motion was made by Member Brown, seconded by Member Tarter, that the revised committee appointments be approved as presented. Roll call vote taken, all in favor, motion carried.

Aye: 8 - Member Washington, Vice Chair Brown, Member Tarter, Member Bejster, Member Cunningham, Chair Smith-Taylor, Secretary Argueta and Member Lara

Absent: 2 - Member Fornero and Member Vargas

6.4

2021 Revised Governing Council Meeting Dates - Pfister

Mark explained that the Board of Health and Governing Council Joint Budget Committee meeting date of July 21, 2021 is being changed to August 18, 2021 so that the Health Department's budget is submitted closer to when the County Board reviews all of the budgets. Staff was amenable to the change because, with COVID-19, it gives them another month to build the budget.

A motion was made by Member Tarter, seconded by Member Bejster, that the change to the joint budget committee meeting date be approved as presented. Roll call vote taken, all in favor, motion carried.

Aye: 8 - Member Washington, Vice Chair Brown, Member Tarter, Member Bejster, Member Cunningham, Chair Smith-Taylor, Secretary Argueta and Member Lara

Absent: 2 - Member Fornero and Member Vargas

6.5

FY2022 Proposed Budget Timetable - Riley

Attachments: [FY22 Proposed Budget Timetable](#)

Pam Riley, Director of Finance, reviewed the information provided in the agenda packet pointing out that final review and approval of the budget will be on the Council's regular meeting agenda for September 14, 2021.

A motion was made by Member Ross-Cunningham, seconded by Member Washington, that the proposed budget timetable be approved as presented. Roll call vote taken, all in favor, motion carried.

Aye: 8 - Member Washington, Vice Chair Brown, Member Tarter, Member Bejster, Member Cunningham, Chair Smith-Taylor, Secretary Argueta and Member Lara

Absent: 2 - Member Fornero and Member Vargas

7. Presentations

None

8. Discussion Items

8.1

CQI Update - Hayes

Attachments: [April UDS Measures](#)

Christina Hayes, CQI Coordinator, reviewed the information provided in the agenda packet. She stated that performance across all indicators remains relatively stable. A modest increase in childhood immunization rates continues to be seen bringing us closer to our goals. In addition to the work on diabetes and depression, the Quality Improvement Committee has decided to start planning initiatives around screenings for breast cancer, cervical cancer, and colorectal cancer. And they also want to start focusing on weight assessment for all FQHC patients under age 18 for two reasons: there is a performance

gap as indicated in the measures, and diabetes prevention.

Vice Chair Brown stated that in watching the HIV Linkage to Care and HIV Screening measures, he has noticed that it appears to be working as the numbers are going down but expressed concern over what will happen with the funding for the program once the numbers reach zero. Christina stated that this is not something the QI Committee has discussed, especially now that HRSA has added the HIV screening measure, because even as the incidents of HIV go down, we are still going to screen and test individuals for new infection. Mark added that while there could potentially be reductions in funding over time, funding will continue to be needed for testing and testing will be needed to assure that individuals are in care. And that the Health Department does get different funding streams, such as the Local Health Protection grant, throughout the agency and HIV prevention across the community is and continues to be extremely important to the agency. It will never go away.

This matter was presented

9. Medical Director Report

9.1

Medical Director Report - Dr. Zun

Attachments: [LCHD CHC Patient Population Characteristics](#)

Dr. Zun reviewed the highlights of his report as provided in the agenda packet noting the Patient Population Characteristics attachment.

Chair Smith-Taylor asked what is meant by "unique patients?" Dr. Zun explained that if a patient is seen multiple times, whether it's dental, psychiatry, or women's health, they are considered one unique patient.

This matter was presented

10. Director of Healthcare Operations Report

10.1

Director of Healthcare Operations Report - Burke

Kim Burke, Director of Healthcare Operations, reviewed the highlights of her report as provided in the agenda packet.

Member Bejster asked how many of those 39,000+ unique patients are or will be eligible for the vaccine once approved for adolescents. Kim stated that approximately 36% of our patient population, or 13,657, is age 16 and under so we will slowly start to work on vaccinating that group in the next couple of months. Member Bejster asked about the outreach efforts specifically being made for the FQHC patients. Kim explained that an outreach person has been hired for each of the COVID-19 FQHC vaccination sites. That person then reaches out via telephone to eligible individuals that have been seen in one

of our clinics within the last 18 months asking them if they would like to receive the COVID-19 vaccine at any one of our FQHC vaccination sites. If they want the vaccine, we assist them with scheduling an appointment via the AllVax system. If they do not want the vaccine, they are asked why and if they are willing to share that information, we collect the data on the different reasons why individuals are choosing to not get vaccinated. We also ask them if we can follow up with them in a week and if they say yes, we do. Dr. Zun added that he tries to keep the providers very much informed as to what is happening with COVID-19. At a recent provider meeting he had Dr. Sana Ahmed, Medical Epidemiologist, address with them how to discuss the vaccine and vaccine hesitancy and how to approach the patient. He also sends the providers a weekly update on the changing environment with COVID-19 and vaccinations. And he talks about it in the recurring 1:1 meetings he has with them.

This matter was presented

11. Director of Finance Report

11.1

Director of Finance Report - Riley

Attachments: [FQHC Mar 21](#)

Pam Riley reviewed the highlights of her report as provided in the agenda packet. There were no questions.

This matter was presented

12. Added to Agenda

None

13. Old Business

None

14. New Business

None

15. Executive Session

None

16. Adjournment

A motion was made by Member Cunningham, seconded by Member Washington, that this meeting be adjourned. Chair Smith-Taylor adjourned the meeting at 6:44 p.m.