

**Skokie Board of Health
January 12th, 2017**

Present

Mr. Abbasi	Dr. Shim
Trustee Bromberg	Dr. Sood
Dr. Dave	Ms. Topouzian
Dr. Drachler	Dr. Usman
Dr. Gaynes	Dr. Vernon
Ms. Jones Thorne	Dr. Williams
Mr. Pandya	Dr. Werner

Absent

Ms. Nickisch Duggan
Mr. Nidetz
Dr. Prince
Ms. Urbanus

Excused

Dr. Polin
Dr. Varma

Edward McCarron, Commission on Family Services
Dr. Namratha Kandula, Northwestern University Medicine
Clerk Pramod Shah, Village of Skokie

Dr. Catherine Counard, Director of Health
Mr. David Clough, Staff

Call to Order - The meeting was called to order at 7:06 p.m. by Dr. Drachler, Chairman.

Congratulations to Dr. Counard

Dr. Drachler surprised Dr. Counard with a cake, and congratulated her on becoming Board Certified in Preventative Medicine and General Public Health. The Board and guests shared the cake with Dr. Counard and added their enthusiastic congratulations as well!

Approval of Minutes – Minutes from the December meeting were reviewed and approved with two suggested edits.

Dr. Drachler welcomed guests Dr. Namratha Kandula, Village Clerk Pramod Shah, and Trustee Michele Bromberg to the meeting. Dr. Counard thanked all of the members of the Board of Health who participated in the South Asian Community Health Needs Assessment.

South Asian Community Health Needs Assessment

(A copy of the presentation is attached)

Mr. Clough reported that South Asians make up almost 10% of the Skokie population and are therefore an important immigrant group to identify. The assessment was done through 13 interviews of Skokie South Asian community leaders and health professionals, reviewing research on South Asian health disparities, and considering the answers from South Asians to the Community Health Survey.

South Asian Partners Identified during the Process

- Dr. Kandula – Northwestern University
- South Asian Cardiovascular Center - Lutheran General Hospital
- Indo-American Center
- SAAPRI – South Asian American Policy Research Institute

South Asia refers to the region stretching from Pakistan in the west to Burma in the east. The largest and most populous country in the region is India. India is the second most populous nation on earth with 1.3 billion people. This is almost four times the population of the U.S. and six times the population of Pakistan, which is important because a small portion of the Indian population can have a large impact globally. For example, the Sikh religion is followed by only 2% of the Indian population but is the fifth largest religion in the world since that makes up 19 million people in India alone.

Diversity

India and South Asia are extremely diverse with a wide variety of religious and cultural beliefs. Finding common themes across the entire culture is difficult and many informants from India identified more by their state or region than by their country. Dietary customs also vary by region. The north uses more fats and oils, particularly ghee (clarified butter) whereas the south uses more dry spice.

Dr. Williams reported that Costco is now selling ghee. Mr. Pandya reported that ghee is healthier than other forms of butter if used in moderation. Everyone agreed that the problem is the volume of ghee used in traditional South Asian cooking rather than the ghee itself.

Indian immigration changed in 1965 with the Immigration and Naturalization Act of 1965. This act removed quotas for highly sought after professions like doctors and engineers. This is why a large proportion of South Asian immigrants are highly educated.

Health Disparities

- Heart Disease – Multiple studies have shown that South Asians are four times more likely to develop heart disease than other groups. In addition, they are likely to develop it at a younger age.
- Diabetes – In the “Mediators of Atherosclerosis in South Asians Living in America (MASALA)” study South Asians were found to have the highest rate of diabetes (21%) compared with four other ethnic groups.
- Hypertension – In the MASALA study South Asians had the second highest rate of hypertension (43%) after African Americans (59%).

These disparities exist despite South Asians having the lowest frequency of smoking and the second lowest average body mass index behind Chinese Americans. Many South Asians interviewed were aware of these disparities but attributed them to genetics and decided they were beyond their control. Preventative care, such as diet and exercise, is not a large part of the culture, although prevention is even more important for individuals with genetic predispositions. South Asians also had the lowest physical activity of any group in the MASALA study.

Discussion

Dr. Drachler pointed out that historically India hasn't placed as high a value on athletic achievement as it has on academic achievement. Mr. Clough responded that this likely made sense in America given the historical immigration pattern. Many immigrants primary responsibility was to make money to send home to their relatives. Mr. Pandya corrected Mr. Clough stating that many of the higher level professionals who came to the U.S. after 1965 were invited by the American government and came from

fairly well to do families. Dr. Werner reported that some of his Indian colleagues have divided their time between working in the U.S. and teaching and founding schools back in India.

Diet

For many South Asians, rich food is seen as a luxury item that is good for you rather than someone that is unhealthy when used in excess. Some attributed vitality and strength with consumption of ghee. Food also wasn't seen as causal for diseases. Instead of avoiding foods that might cause diabetes, one would take medications for the diabetes to continue eating the food.

Mental Health

Some informants were concerned about the taboo on discussing mental health issues. While there wasn't clear information that there are high levels of depression many were concerned that if there were it would remain hidden. Informants also reported high stress levels due to immigration difficulties and pressure for high academic and career performance. This also leads to decreased physical activity while devoting time exclusively to studying and working.

Cultural Themes – Elder Isolation and Modesty

Cultural themes that came up included family centeredness, elder isolation, and modesty. In many South Asian cultures it is appropriate to value one's family and community over oneself. This is particularly true of mothers who feel pressure to prioritize their children. A successful study Dr. Kandula conducted addressing this ran exercise classes for mothers and children simultaneously allowing both groups to exercise. Elder's brought over by their children are less likely to drive and more likely to be linguistically isolated. For many their only social interaction is childcare. Modesty is an issue for some South Asians who find American gyms with revealing work out clothing and mixed gender environments to be extremely socially uncomfortable. The Health Department has partnered with the Skokie Park District to start a women's only exercise class that South Asian women may be more comfortable in.

Possible Strategies

Possible strategies to address these issues include promoting early health screenings due to increased risk of certain diseases. Health should also be promoted as a community issue, in the form of taking care of yourself so you can be there for your family. Prevention and self-care must be emphasized so that diet and exercise can be seen as causal rather than curative. Promoting healthier version of traditional South Asian foods would also be important. This could include using South Indian cooking techniques that use less fat and oil.

Discussion

Dr. Drachler pointed out that many of our interviewees were older. He asked if any research had been done in younger South Asian's in America. Dr. Kandula responded that cultural change has been both positive and negative. Many young people have become less physically active and aspects of both the American and South Asian diet are unhealthy. Many South Asians perceive their traditional diet as being very healthy. Dr. Drachler pointed out that a larger issue may be how much of the food you eat rather than how healthy it is.

Dr. Kandula added that for many South Asians these issues are less connected to weight than with other populations. Many South Asians suffering from these diseases are not clinically overweight or obese.

Dr. Werner noted that the rates of smoking were very low and wondered if this was changing as youth became more Americanized. Dr. Kandula responded that in South Asia women virtually never smoke and men are more likely to chew tobacco than smoke. However, as they become more Americanized the younger generations are more likely to be smokers.

Dr. Williams asked if Skokie had ever had a cultural health fair. Dr. Counard mentioned that there had been individual health fairs for Assyrians, South Asians, and Filipinos but not a large multicultural health fair. Clerk Shah pointed out that many South Asian religious organizations did health fairs. Dr. Williams suggested that one large multicultural event might reach more people than targeting individual groups one at a time.

Chair's Report

Dr. Drachler thanked Mr. Clough for providing presentations on health research for the IPLAN Committee and Board of Health.

Dr. Drachler mentioned the Village "Boards and Commissions" dinner coming up in March.

Health Director's Monthly Report – a copy of the report is attached

Highlights included:

- **NorthShore University HealthSystem donates \$10,000 for *Rethink Your Drink* Campaign**
- **Dr. Williams Completed Dental Health Needs Assessment for Skokie**
- **Visit to Indo-American Center with Clerk Shah and Village Manager John Lockerby**
- **Vicious Dog Attack**
- **FDA Model Food Code to be adopted for food service inspections**

Community Health Plan Update (A copy of the presentation is attached)

Dr. Counard requested feedback on the four community health plan priorities proposed and discussed during the IPLAN Committee meeting.

Initially "substance abuse", meaning drug use and overdoses, was considered a priority, based upon the response of Skokie residents to the 2016 Community Health Survey open-ended questions. However, Health Dept review of hospital discharge data, and interviews with Skokie emergency responders and area social service providers revealed that substance abuse issues are substantially less in Skokie compared to national averages or surrounding communities. After some discussion, members agreed that substance abuse, meaning alcohol and tobacco, would work best as a subsection of "Healthy Living".

Dr. Drachler moved on to the issue of access to mental health services. Ms. Jones Thorne added her thought that mental health has been a theme in many aspects of the community health data presented to the Board of Health, ranging from disparities in immigrant groups, the aging population, and low income

residents. She suggested “social and psychological” support might frame all of the issues in a more comprehensive way than “mental health” as the heading for this priority.

Mr. Clough agreed with Ms. Jones Thorne bringing up the fact that isolation has been a repeated theme. Linguistic, physical, and economic isolation have been significant issues for a variety of groups and these issues would be addressed by facilitating socialization rather than through psychiatric treatment.

Dr. Williams suggested framing exercise in terms of an “active lifestyle” rather than traditional exercise.

The group discussed how to address “health disparities and inequities”, given that this theme would affect all other goals in the plan. Ms. Jones Thorne noted that health disparities were the only goal in the plan that was framed in a negative light. She recommended “promoting health parity” or “increasing equity for underserved groups” to be the framework for the goal.

Dr. Gaynes mentioned that in Skokie inequities are concentrated in specific neighborhoods with higher socioeconomic need. He suggested that perhaps these inequities would be best addressed by focusing interventions by neighborhood. The Board responded positively to his suggestion.

There was some discussion of how far reaching the goals were. Dr. Drachler pointed out that many of the goals of the 2012 community health plan seemed unreachable at the time but a great deal has been accomplished. He urged to Board to consider where we would like to see the Village in five years.

Dr. Shim recommended including alcohol and tobacco under “social and psychological support”. She also mentioned that one large problem at the Cook County Hospital System is working with out-of-date resource information. They created a search engine called “purple binder”, with community resource information. Social workers regularly update the database with available resources so that the information remains up-to-date. She recommended that Skokie have links to resources on the website, and constantly update the information.

Dr. Williams state that we need to work with religious groups. Many religious groups are already providing resources such as senior day care and we need to know what resources are available. Dr. Counard agreed, adding that working with the faith-based community is a common approach used by health departments.

There was also discussion about how the priorities would be addressed. Dr. Counard requested that the group consider the priorities rather than specific approaches this evening. We will get to the proposed action items at later meetings. She added, however, as an example, that Dr. Kandula’s group at Northwestern had applied for an NIH grant to fund a community health worker position in the Health Department which will focus on health disparities in the South Asian community.

Dr. Counard concluded the presentation thanking the Board for their valuable input. Trustee Bromberg also thanked the Board and added that she was pleased with how the 2017 Community Health Plan is shaping up. Very important work here.

Old Business:

No old business.

New Business:

Dr. Vernon reported that NorthShore has a new tool to assist patients and their families with of end-of-life decisions. Many family members have never had these conversations and do not know what their loved one would have wanted before it is too late to ask. NorthShore is encouraging patients and their families to use a game called “My Gift of Grace” as a means of discussing end-of-life issues.

Meeting adjourned at 8:52 PM.

**The next meeting of the Skokie Board of Health will be:
Thursday, February 9th at 7:00 PM
Village Hall
1st floor Conference Room A**