

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held on Friday, March 25, 2022 at the hour of 9:00 A.M. This meeting was held by remote means only, due to the determination that a public health emergency exists.

I. Attendance/Call to Order

Chair Taylor called the meeting to order.

Present: Chair Lyndon Taylor, Vice Chair Hon. Dr. Dennis Deer, LCPC, CCFC and Directors Robert Currie; Raul Garza; Ada Mary Gugenheim; Joseph M. Harrington; Karen E. Kim, MD, MS; Mike Koetting; David Ernesto Munar; Heather M. Prendergast, MD, MS, MPH; and Otis L. Story, Sr. (11)

Absent: Director Robert G. Reiter, Jr. (1)

Additional attendees and/or presenters were:

Valarie Amos – Chief Human Resources Officer
Aaron Galeener – Interim Chief Executive Officer,
CountyCare/Health Plan Services

Jeff McCutchan – General Counsel
Israel Rocha, Jr. –Chief Executive Officer
Deborah Santana – Secretary to the Board

The next regular meeting of the Board of Directors is scheduled for Friday, April 29, 2022 at 9:00 A.M.

II. Employee Recognition (Attachment #1)

Valarie Amos, Chief Human Resources Officer, recognized a number of employees for their outstanding work.

III. Electronically Submitted Public Speaker Testimony (Attachment #2)

The following testimonies were read into the record:

1. Dian Palmer - President, SEIU Local 73
2. Araceli Rivera - Dental Assistant, Arlington Heights Clinic
3. Tina Montanez - Concerned Citizen
4. Itzeri Ceja - Registered Medical Assistant, Oncology Department
5. Delia Alcantar - Employee, CCH
6. Registered Nurse Leaders - NNOC
7. Tasha Mosley-Brown - NNOC Union Steward

NOTE: action was taken on Agenda Items IV(A), IV(D) and IV(E) in one (1) combined motion.

IV. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, February 25, 2022

Chair Taylor inquired whether any corrections or revisions to the minutes were needed. Hearing none, he advanced to the next item.

IV. Board and Committee Reports (continued)

B. Human Resources Committee Metrics (Attachment #3)

- i. Metrics Review (Committee did not meet in March)

Ms. Amos provided an overview of the Metrics. The Board reviewed and discussed the information.

Director Prendergast inquired whether metrics will be available on the hiring activity resulting from the job fairs. Ms. Amos responded affirmatively; she plans to present metrics on that subject at the next Human Resources Committee Meeting. With regard to the contracts referenced in her report, Director Harrington requested that the Committee receive future reports relating to the vendors' status of meeting key performance indicators included in their contracts.

C. Managed Care Committee Metrics (Attachment #4)

- i. Metrics Review (Committee did not meet in March)

Aaron Galeener, Interim Chief Executive Officer of Health Plan Services, provided an overview of the Metrics. The Board reviewed and discussed the information.

D. Quality and Patient Safety Committee Meeting, March 18, 2022

- i. Meeting Minutes, which include the following action items:
 - One (1) proposed Stroger Hospital Division Chair Initial Appointment
 - Stroger Hospital and Provident Hospital Medical Staff Appointments / Reappointments / Changes
 - Proposed amendments to the Bylaws of the John H. Stroger, Jr. Hospital of Cook County Medical Staff

Director Garza provided an overview of the Meeting Minutes. The Board reviewed and discussed the information.

E. Finance Committee Meeting, March 18, 2022

- i. Meeting Minutes, which include the following action items:
 - Contracts and Procurement Items
 - Receive and File CCH Grant Award-Related Items
 - Receive and File Transfer of Funds

Chair Taylor provided an overview of the Meeting Minutes. He noted that there were a number of contractual items (request numbers 1, 4 and 11) that are pending review by Contract Compliance.

With regard to request number 23 (MHN ACO, LLC, for care management services), within the Contracts and Procurement Items, Director Story commended Mr. Galeener and his team on the efforts and work that went into the bid process which resulted in a contract that increases the covered lives and saves around \$18 million per year.

V. Action Items

A. Contracts and Procurement Items

There were no Contracts and Procurement Items presented directly for the Board's consideration.

B. Any items listed under Sections IV, V and VIII

Director Harrington, seconded by Director Prendergast, moved to approve the following:

- Item IV(A) February 25, 2022 Board Meeting Minutes;
- Item IV(D) Minutes of the Quality and Patient Safety Committee Meeting of March 18, 2022 which include one (1) Stroger Hospital Division Chair Initial Appointment, the Stroger and Provident Hospital Medical Staff appointments / reappointments / changes, and proposed amendments to the Stroger Hospital Medical Staff Bylaws; and
- Item IV(E) Minutes of the Finance Committee Meeting of March 18, 2022, which include the Contracts and Procurement Items, Grant Award-Related Items, and Transfer of Funds.

On the combined motion, a roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Taylor, Vice Chair Deer and Directors Currie, Garza*, Gugenheim, Harrington, Kim, Koetting, Prendergast and Story (10)

Nays: None (0)

Absent: Directors Munar and Reiter (2)

*Director Garza abstained and voted PRESENT with regard to request number 23 under the Contracts and Procurement Items contained within Item IV(E) Minutes of the Finance Committee Meeting of March 18, 2022.

THE MOTION CARRIED.

VI. Report from Chair of the Board

Chair Taylor echoed some of the Directors' earlier comments on the efforts and good work being done by staff. Often it is a yeoman's job within very difficult circumstances, and they continue to work on improving the processes and the quality of care provided to our constituents.

VII. Report from Chief Executive Officer (Attachment #5)

Israel Rocha, Jr., Chief Executive Officer, provided an overview of the CEO Divisional Report. The Board reviewed and discussed the information.

VIII. Closed Meeting Items

A. Claims and Litigation

B. Discussion of personnel matters

VIII. Closed Meeting Items (continued)

Director Harrington, seconded by Director Currie, moved to recess the open meeting and convene into a closed meeting, pursuant to the following exceptions to the Illinois Open Meetings Act: 5 ILCS 120/2(c)(1), regarding “the appointment, employment, compensation, discipline, performance, or dismissal of specific employees of the public body or legal counsel for the public body, including hearing testimony on a complaint lodged against an employee of the public body or against legal counsel for the public body to determine its validity,” 5 ILCS 120/2(c)(2), regarding “collective negotiating matters between the public body and its employees or their representatives, or deliberations concerning salary schedules for one or more classes of employees,” 5 ILCS 120/2(c)(11), regarding “litigation, when an action against, affecting or on behalf of the particular body has been filed and is pending before a court or administrative tribunal, or when the public body finds that an action is probable or imminent, in which case the basis for the finding shall be recorded and entered into the minutes of the closed meeting,” 5 ILCS 120/2(c)(12), regarding “the establishment of reserves or settlement of claims as provided in the Local Governmental and Governmental Employees Tort Immunity Act, if otherwise the disposition of a claim or potential claim might be prejudiced, or the review or discussion of claims, loss or risk management information, records, data, advice or communications from or with respect to any insurer of the public body or any intergovernmental risk management association or self insurance pool of which the public body is a member,” and 5 ILCS 120/2(c)(17), regarding “the recruitment, credentialing, discipline or formal peer review of physicians or other health care professionals, or for the discussion of matters protected under the federal Patient Safety and Quality Improvement Act of 2005, and the regulations promulgated thereunder, including 42 C.F.R. Part 3 (73 FR 70732), or the federal Health Insurance Portability and Accountability Act of 1996, and the regulations promulgated thereunder, including 45 C.F.R. Parts 160, 162, and 164, by a hospital, or other institution providing medical care, that is operated by the public body.”

On the motion to recess the open meeting and convene into a closed meeting, a roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Taylor, Vice Chair Deer and Directors Currie, Garza, Gugenheim, Harrington, Kim, Koetting, Prendergast and Story (10)

Nays: None (0)

Absent: Directors Munar and Reiter (2)

THE MOTION CARRIED UNANIMOUSLY and the Board convened into a closed meeting.

Chair Taylor declared that the closed meeting was adjourned. The Board reconvened into the open meeting.

IX. Adjourn

As the agenda was exhausted, Chair Taylor declared the meeting ADJOURNED.

Respectfully submitted,
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Lyndon Taylor, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

Requests/Follow-up:

Request: With regard to the contracts referenced in the HR Metrics report, Director Harrington requested that the Committee receive future reports relating to the vendors' status of meeting key performance indicators included in their contracts. Page 2

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
March 25, 2022

ATTACHMENT #1

COOK COUNTY
HEALTH



Employee Recognition

March 2022

March 25, 2022



COOK COUNTY
HEALTH

Lown Institute Recognition

John H Stroger Jr., Hospital of Cook County

- **#1** most racially inclusive hospital in Illinois
- **#5** most racially inclusive hospital in the US



The 2022 Lown Institute Hospitals Index racial inclusivity metric measures how well more than 2,800 US hospitals serve people of color in their surrounding community based on Medicare claims and the US Census Bureau's American Community Survey from 2020.

Aid to Ukraine



Ann Sikora-Jackson

Director of Advanced Practice Providers

Chicago Woman of Impact Award

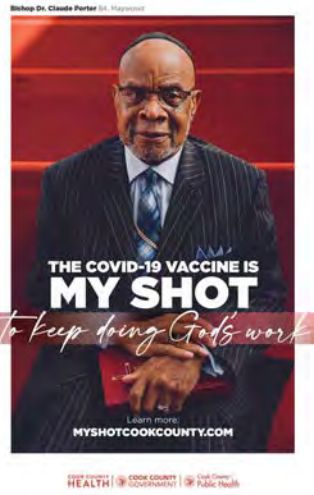
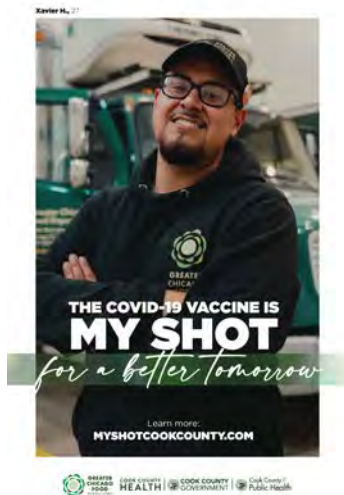


Caryn Stancik

Chief Communications & Marketing Officer

My Shot Cook County Awards

- Nonprofit PR/Marketing Campaign of the Year, *PRNEWS*
- Community Awareness Award, *Adspposure*





Media Dashboard

Insights and Activity Report

• February 18 – March 21, 2022



COOK COUNTY
HEALTH

Earned Media Dashboard: February 18 – March 21, 2022



Total Media
Placements

794



Total Reach

1.7 Billion People



Total Media Value

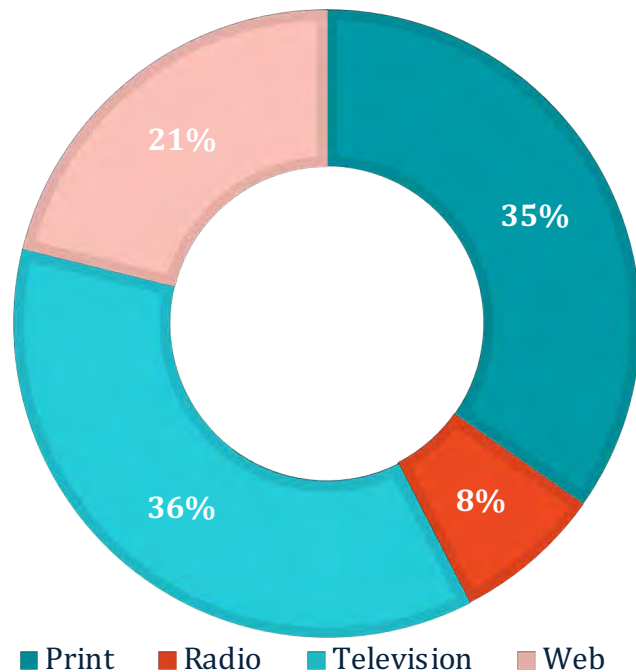
\$15.9 Million

Top 5 Local Media Outlets

1. *WBBM Radio*
2. *Patch*
3. *NBC 5 Chicago*
4. *Fox 32 Chicago*
5. *Crain's Chicago Business*

Media Dashboard: February 18 – March 21, 2022

Media Outlet Type



Most Common Topics

1. End of the mask mandates and the impact
2. COVID-19 therapeutics
3. Recognition for “Trust Us” campaign
4. Mental health: COVID and trauma
5. Wellness

Recent Cook County Health COVID-19 Media Coverage

19,523 Media Hits on COVID-19 since February 2020



Doctors finding hurdles to using pills to treat COVID-19



As masks fall, cold-like illnesses are on the rise



What Experts Are Watching for Amid 'Heightened Alert' Over BA.2



Chicago, Cook County To Lift Mask And Vaccine Mandates On Feb. 28



Letters: Vaccinating children against COVID-19 is paramount for their protection



Masks on trains and planes, still? TSA policy decision coming soon



Experts suggest talking with kids about war in Ukraine, COVID masking concerns

Social Media Report

February 18 – March 21, 2022



COOK COUNTY
HEALTH

Social Media Summary

February – March Activity

- During February 18 – March 21, the communications team posted content on Facebook, Twitter, Instagram and LinkedIn for Cook County Health. Posts included content such as COVID-19, interviews with local media, recognition for physicians and the hospital, and health tips.
- **Facebook – 47 posts**
<https://www.facebook.com/Cookcountyhhs/>
- **Instagram – 42 posts (includes stories and IGTV)**
<https://www.instagram.com/cookcountyhealth/>
- **Twitter – 64**
<https://twitter.com/CookCtyHealth>
- **LinkedIn – 26 posts**
<https://www.linkedin.com/company/cook-county-health/>

Social Media Summary

As of March 21

Twitter

- Impressions: **25.6K**
- Profile visits: **3.5K**
- Mentions: **34**
- Followers: **4,456** (up **29**)

LinkedIn

- Impressions: **47K** (up **52%**)
- Page Views: **1.6K** (up **2%**)
- Followers: **7.8K** (up **194**)

Facebook

- Total impressions: **60.1K**
- Post engagement: **3.4K**
- Page views: **4K** (up **101%**)
- Page followers: **7,614** (up **30**)

Instagram

- Impressions: **18.7K**
- Reach: **2.2K**
- Profile visits: **666**
- Followers: **2,748** (up **35**)

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
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ATTACHMENT #2

Testimony of Dian Palmer, President of SEIU Local 73

Chairman Taylor and distinguished members of the Cook County Health Board of Directors,

I am speaking on behalf of the 2,500 Union members of SEIU Local 73 employed in various elected offices throughout Cook County who have worked throughout the ongoing pandemic.

As we continue to await the arbitrator's decision on our contracts, we continue to see the impact of not having the contracts finalized is having on the Cook County Health and Hospital System.

Short staffing continues to be an issue throughout CCH which negatively impacts the health and safety of the patients our members serve. CEO Rocha has stated previously that they must wait until our contracts are complete in order to raise salaries to levels which will help with recruitment and retention.

Let's be clear, employee salaries at CCH across the board are too low to compete with other area hospitals. To offset this, CCH is spending more than \$60 million on the three largest temporary staffing agencies. These non-bargaining unit hires are often being paid more than represented employees to do the same work. That is a slap in the face to every worker who has put their lives at risk to keep providing vital services to the people of Cook County. And to be clear, this is a 1,800% increase in temporary staffing contracts from 2018 to 2022.

These agency workers are coming from across the country which fails to put economic revenue back into our communities.

Departments like ward clerk, respiratory therapy, lab, environmental services, health advocates have all seen increased agency staff. Do not be fooled by the claim that these agency workers are needed to provide quality services. The reality is this is another effort to weaken our union.

We believe the County is being penny wise and pound foolish. Implementing our contracts and the agreed upon raises prior to arbitration would have cost millions less, lifted morale, and helped these essential employees financially.

This is just another example of teaching our union a lesson.

Last month I called on all of you to pass a resolution that the 80 COVID hours will replenish every fiscal year (December first) retroactive to December 1, 2021 for all Union employees to come out of federal dollars provided to Cook County for COVID purposes.

This resolution is vital for workers who continue to face quarantine due to COVID exposure and risk having to take unpaid leave. This resolution is in the interest of protecting the public as a whole, and would discourage employees from coming to work while sick.

As the elected representatives of the people of Cook County, we are looking to you to stand up for the people and work with us to ensure that the workers who kept our county functioning throughout the pandemic, and continue to keep it working, are not left by the wayside. Our members love their jobs. They love this county. They deserve better.

Thank you.

A handwritten signature in black ink, appearing to read "Dian Palmer", with a stylized, flowing script.

Dian Palmer
President

Testimony of Araceli Rivera

Hello my name is Araceli Rivera, I'm a dental assistant at the Arlington height clinic. I've been in this field since 2009 and happy to be with Cook County for a little over three years.

We work in a high Hispanic community with 90% of our patients being Spanish speaking only. All three providers are non-Spanish speaking, we recently received help form a travelling assistant but she also is non-Spanish speaking. I've been getting interrupted from my daily work tasks more often to accommodate and be able to communicate with these patients.

Bilingual pay is definitely important due to the patients having little knowledge of homecare and what treatments to be needed. Thank you for your time!

Hola mi nombre es Araceli Rivera, soy una asistente dental en la clinica de Arlington Heights. He estado en esta profesion desde el 2009 y estoy feliz de estar con Cook County Health por un poco mas de 3 anos.

Trabajamos en una comunidad altamente hispana siendo el 90% de nuestros pacientes hispano exclusivamnete hispano hablantes. Contamos con tres proveedores que no hablan Español, recientemente nos asignaron una asistente itinerante q tampoco habla Español. Mis actividades diarias son interrumpidas para tratar de acomodar y de comunicarnos con estos pacientes.

Nos es imperioso el pago bilingue debido a la gran demanda de estos pacientes y al poco conocimiento acerca de los cuidados y de los tratamientos q deberan seguir en casa. Muchas gracias por su tiempo!

Testimony from Tina Montanez

NNOC RNs demand the CCHHS Board of Directors provide retention bonuses, pandemic-related shift differentials and extra shift bonuses, outstanding settlements on pandemic-related nursing assignments that violated the NNOC contract, full implementation of wage and benefit increases without engaging in simultaneous wage theft, accurate reports of permanent nurse staff vacancies and hires, respect, and dignity. County nurse's loyalty to both the profession of nursing and the County's patients demands nothing less. This is not how heroes are meant to be treated.

Testimony of Itzeri Ceja

My name is Itziri Ceja, I am a Registered Medical Assistant in the Oncology department. I've been a County employee since December, 2017. I have personally gone to the HR department due to not receiving bilingual pay, however I was told I do not qualify.

I do help providers interpret for Spanish speaking patients when there are no interpreter services available in the clinic. I have been informed of a medical assistant agency staff getting bilingual pay. Up until today, March 24, 2022, I still have not received bilingual pay for providing translation services for Spanish speaking patients.

Testimony of Dalia Alcantar

I have been working for the Cook County Health and Hospital System since February, 2018, and I have never received any bilingual pay. I have tried to reach out to HR and was told it came with my position. I feel devalued due to the fact that agency workers are getting paid extra for their bilingual use.

As someone who is fluent in Spanish, I and my Spanish speaking co-workers, are often pulled from our duties to translate, and this takes time away from our responsibilities. I understand that it's easier for doctors to ask us to let patients know information they would feel more comfortable hearing in person and understanding. Sometimes the interpretation machines aren't working or aren't available. But that's no excuse to not compensate me or my coworkers with bilingual pay for providing translations. Thank you for the opportunity to voice my concerns.

This testimony is submitted by Registered Nurse Leaders of the National Nurse's Organizing Committee at Cook County Health and Hospital System. Since June of 2021, Cook County has aggressively dismissed and violated the promises it made to staff nurses throughout the pandemic. It is both embarrassing and frightening that Cook County cannot meet its financial commitments to owed wages. For nearly a year, we nurses have been waiting to receive increases to our compensation that the Cook County Board of Commissioners agreed to and ratified by vote. In this same period of failure to implement the gains owed to us, CCHHS has unilaterally reduced earned benefit and hourly rates multiple times – they are stealing money we nurses have earned. These practices highlight the exact reasons your nursing talent is leaving for other hospital systems and agency employment. You are allowing the nursing shortage created by your long-term inadequate staffing practices to be aggressively amplified by these refusals to pay nurses competently what we are owed. In addition, you all are making it impossible to understand how many permanent nurses still work at CCHHS by refusing to provide accurate reports on hiring and vacancies. NNOC RNs demand better than this. Cook County taxpayers deserve better than this. Cook County Health and Hospital System patients deserve better than this.

We would like to provide meaningful context to the situation your nurses are truly in. There has been talk of the “nursing shortage” for over a decade. The last year has been the worst the nursing profession has ever seen. The hospital has told us that this is due to record levels of nurses retiring, possibly due to Covid-19 and increased levels of violence towards healthcare workers, and not enough teachers to churn out new graduates. But according to the 2017 U.S. Department of Health and Human Services report on supply and demand of the nursing workforce from 2014-2030 there are enough nurses to meet the demand in most states, some with a surplus of which Illinois was included. In fact, Illinois is projected to have a 2.6% surplus of registered nurses in supply by 2030. So, if there is in fact a surplus of nurses, why is CCHHS pushing the rhetoric that there is a nursing shortage and not enough nurses willing to stay in direct care?

Consider our County RN insight further. It is a known hospital practice to understaff RNs on every shift in all units possible. Why? Because nursing service is included in the price of the hospital room. Unlike physicians who can bill separately for their services. If admitted to a general care bed your nurse may have 5 patients or she could have 9 patients, but the room and board bill will be the same for each patient no matter how many patients the nurse has. Therefore, it is more profitable or budget friendly to have fewer nurses taking care of more patients. For this reason, County hospital practices bare bone staffing. When Covid-19 hit and there was a surge in admissions many temporary nurse positions started appearing through temporary staffing agencies because we could not meet the staffing demands for the influx of Covid patients. These temporary RN positions pay 3-4 times what permanent County staff nurses make because demand has been so high. Temporary nurses are somewhat akin to a substitute teacher. They are used as a supplement when hospital staffing is not adequate. They receive little in hospital training (approximately 4 to 8 hours) and are expected to jump in and take patients, and permanent staff are expected to help them acclimate. As you can imagine, County nurses have felt insulted the entire pandemic. Our hospital that we have been loyal to, many of us for decades, is now expecting us to mentor new batches of temporary nurses every 8-12 weeks. On top of carrying our own elevated patient loads, all while these temporary nurses are making 3-4

times our rates. Many County nurses decided to leave their long-time positions for temporary positions. At John H. Stroger Hospital (JSH), we lost upwards of 100 nurses that went to pursue these positions. As a quick fix for this mass exodus, you all started hiring temporary RNs. Many units are currently staffed with 50% to 75% temporary RNs, some days the percentage is higher.

Why does this matter? Temporary nurses are also trained RNs are they not? As long as nurse to patient ratios remain decent patients should still receive proper care correct? The answer is not that simple. County RNs are evidence-based researchers and medical professionals. We know that the evidence around temporary staffing of RNs is mixed. Some studies found increased patient falls and decreased quality of care, while others found no differences. Which means there is probably another confounding factor. We believe it isn't that temporary RNs are bad nurses, but that the percentage of temporary workers per unit is far too high. Temporary RNs are less familiar with unit layout, policy, and procedures, which is not a hindrance if you have a decent number of permanent staff, say 75% or more because then the temporary RNs have resources they can rely upon to point them in the right direction. When permanent County nurses are scarce, temporary workers have to just do the best they can with no one to guide them which can lead to increased patient complaints, decreased patient satisfaction, and more drug errors. A study by Senek et al. (2020) found that an increase in the proportion of temporary staff significantly increased the amount of care left undone. It also concluded that fully staffed shifts with a large amount of temporary RN staff had the same amount of care left undone as a severely understaffed shift with no temporary workers. Care left undone has been associated with poor patient outcomes and increased mortality. We found another study showing high levels of temporary RN staff resulted in a substantial increase for hazard of death while temporary staffing at low levels had no increase.

In spite of these facts, County's solution to our nurse staffing issues is to hire MORE temporary staff and to refuse to offer retention benefits to current permanent staff, hence more permanent staff will be leaving. Surrounding hospitals have offered their current staff retention benefits such as wage increases, bonuses for extra shifts, and lump sum retention bonuses, but County has done nothing.

The County system is the safety net hospital for all of Cook County, meaning we nurses take care of everyone regardless of their insurance status and their ability to pay. This means that the taxpayers support the hospital. A study conducted right here in Illinois by Laster et al. (2021), found that if medical/surgical units staffed with a 4:1 patient to nurse ratio (it can be as high as 7 or 8:1 at Stroger) during the 1-year study period, more than **1,595 deaths** would have been avoided and hospitals would have collectively **saved over \$117 million**. Spending MORE money on permanent nursing staff actually saves money in the long run. County investing in its current nurses through retention benefits and increasing wages to make positions more desirable in hiring will be more beneficial to the hospital than padding staffing with temporary RNs because it will improve patient outcomes, which has been shown to save money. Additionally, even offering retention benefits and raising wages somewhat would be less expensive than hiring temporary workers at 3-4 x the rate of permanent staff. CCHHS's behavior toward its nurses indicates a complete devaluation of the permanent staff that have remained loyal and believe in our mission of quality care regardless of insurance status. It also indicates that your hospital board does not really care about improving patient outcomes. There is not a nursing shortage,

just a shortage of nurses willing to work in hospitals that force nurses to risk their licenses by working in unsafe conditions for substandard pay.

NNOC RNs demand the CCHHS Board of Directors provide retention bonuses, pandemic-related differentials and bonuses, outstanding settlements on pandemic-related nursing assignments that violated the NNOC contract, full implementation of wage and benefit increases without engaging in simultaneous wage theft, accurate reports of permanent nurse staff vacancies and hires, respect, and dignity. County nurse's loyalty to both the profession of nursing and the County's patients demands nothing less. This is not how heroes are meant to be treated.

Well, here we are AGAIN writing ANOTHER testimony to the BOARD OF DIRECTORS about the HEROES they treat with ZEROES.

Since June of 2021, CCHHS has aggressively dismissed and violated the promises it made to staff nurses throughout the pandemic. It is both embarrassing and disrespectful that Cook County cannot meet its financial commitments to owed wages. For nearly a year, nurses have been waiting to receive increases to their compensation that the Cook County Board of Commissioners agreed to and ratified by vote. In this same period of failure to implement the gains owed to nurses, CCHHS has illegally reduced earned benefit and hourly rates multiple times - this is wage theft. These continued practices highlight the exact reasons your nursing talent continue to leave for better compensation elsewhere in other hospital systems and some even come back to CCHHS as AGENCY STAFF. You are allowing the nursing shortage created by your long-term inadequate staffing practices to be aggressively amplified by these refusals to pay nurses competently what they are owed.

In addition, you all are making it impossible to understand how many permanent nurses still work at CCHHS by refusing to provide accurate reports on hiring and vacancies.

NNOC RNs demand better than this. We have been dedicated before this pandemic and will be after this pandemic. CCHHS needs to respect that all staff are valuable, just as valuable as the \$64.2 million dollar increase to the agency budget to maintain staffing within CCHHS. Cook County taxpayers deserve better than this. Cook County Health and Hospital System patients deserve better than this.

Thank-You,
Tasha Mosley-Brown BSN, RN
NNOC Union Steward

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
March 25, 2022

ATTACHMENT #3



Human Resources Board Report

Valarie Amos

Chief Human Resources Officer

March 25, 2022



**COOK COUNTY
HEALTH**



FY22 Metrics



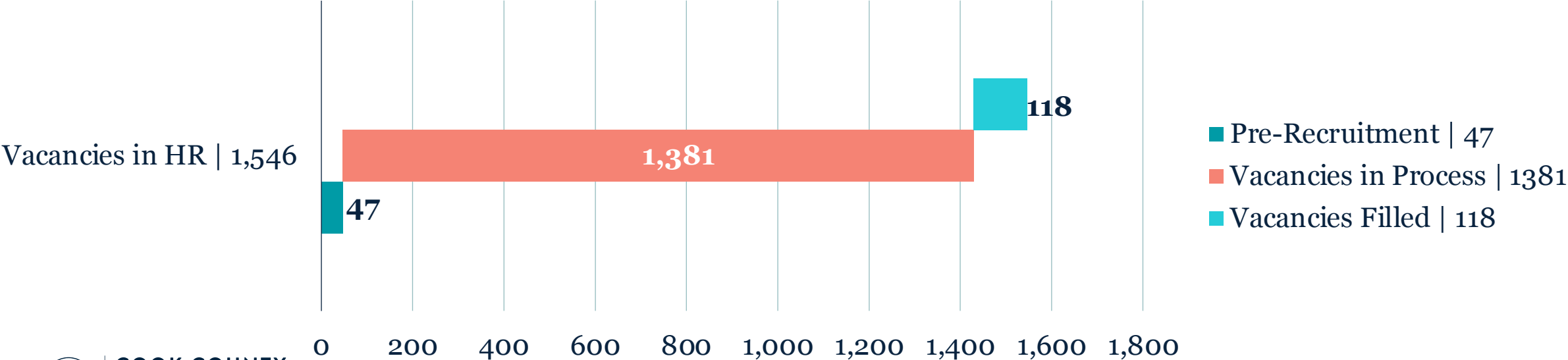
COOK COUNTY
HEALTH

HR Metrics

Hiring Updates

Thru 02/28/2022

- Human Resources received 1,546 Request to Hires
- Hired 118 employees
 - 57% | 67 External Hires
 - 43% | 51 Internal Hires



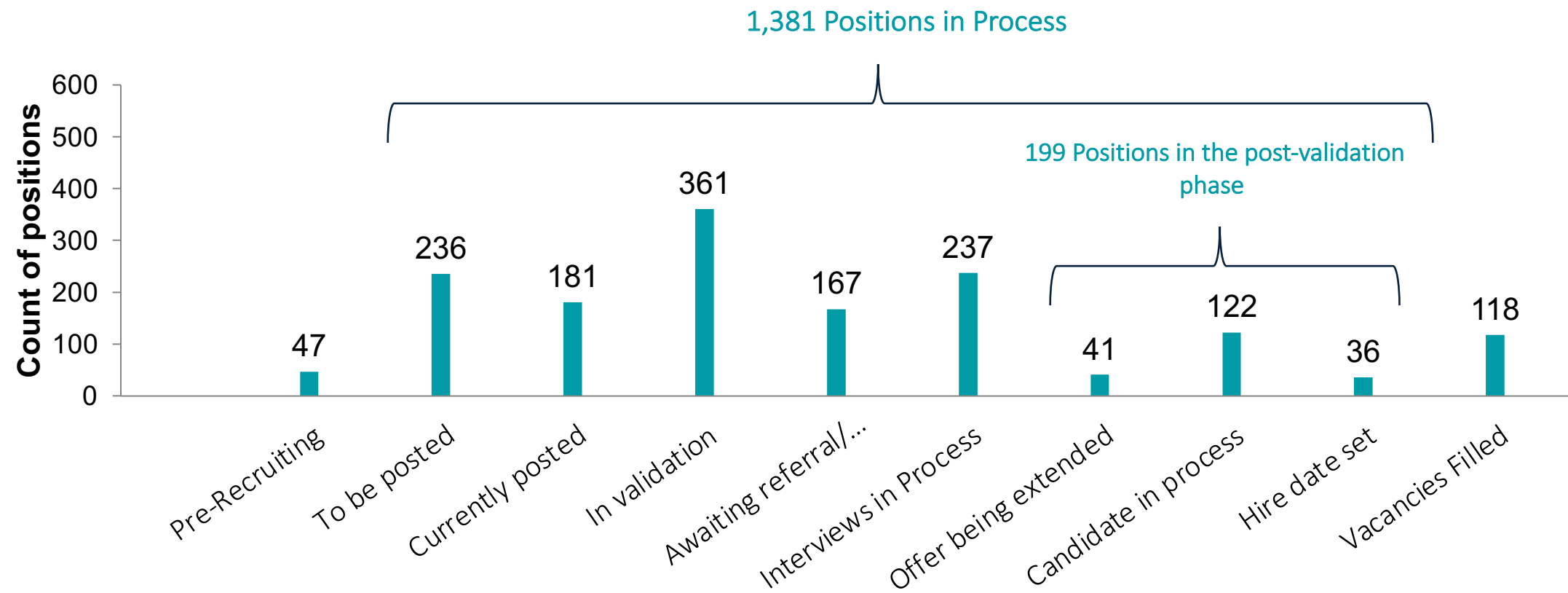
Vacancies in HR | 1,546

- Pre-Recruitment | 47
- Vacancies in Process | 1,381
- Vacancies Filled | 118

HR Metrics – FY22 Activity Report

Thru 02/28/2022

CCH Hiring Funnel & Snapshot



FY22 Metrics Snapshot

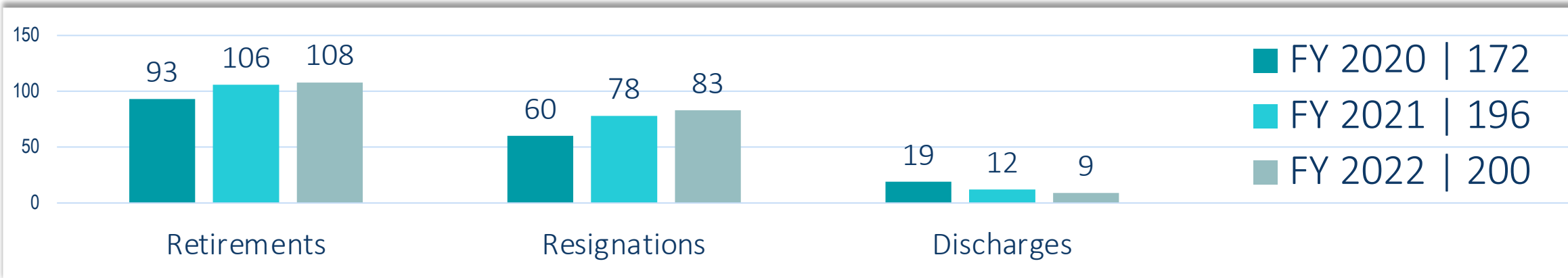
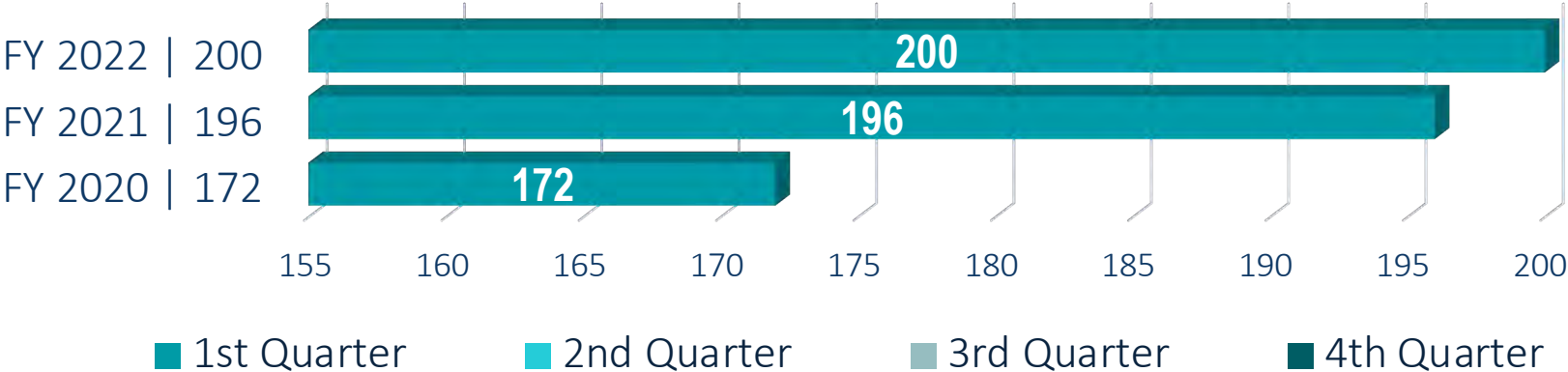
Vacancies (Request to Hires)	Posted	Postings Closed	Validation Completed	Referred for Interview	Interviews Completed	Candidate Offers	Vacancies Filled
1,546	1,263	1,082	721	554	317	154	118

HR Metrics – FY22 Activity Report

Thru 02/28/2022

Separations

Net Loss = -82
Separations (200) & External Hires (118)



COOK COUNTY
HEALTH

Does not include Consultants, Registry and House Staff

Opportunities to Grow - HR Optimization



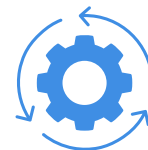
Resources

Our current system is under resourced and we rely heavily on agency support.



Recruiting

We have an opportunity to invest in recruiting to get more people to CCH faster.



Technology

We have an opportunity to modernize our technology, making us more competitive in the market.



Retention

We have an opportunity to provide more employee recognition, training/career growth and development to decrease attrition.

Support Model - HR Partners



- Optimizing current and future state recruiting processes and technical solutions to improve efficiencies across the enterprise
- Execute a prioritized pipeline of tools and solutions to enact operational efficiencies, including dashboards, employee experience frameworks, and system integration opportunities
- Create integrated plan for increasing employee retention and a toolkit for end-to-end recruiting



- Integration of a long-term Recruiting Process Outsourcing partnership model to assist with hiring backlog going forward
- Partnering on Job Fairs to source local and nonlocal candidates



- Source and identify qualified RN candidates whose background and expertise matches the minimum qualifications of the RN vacancies at CCH
- Build talent pipeline of RNs for CCH, match prospective RN candidates to vacancies and ensure that they apply



- New external vendor coming soon to offer support
- Optimize current and future state HR operational processes – leave management, contractor onboarding/offboarding, training and development and compensation review
- Integration of recruitment resources to assist with recruitment backlogs and new position hires

HR Optimization – At a Glance

Emergent Themes (from HR Needs Assessment + HRIS Assessment)



Manual, paper-based processes cause stoppages, impact hiring success, and hinder reporting



Decentralized IT systems encourages silos and limits transparency



Rigid processes and policies impact the ability to source and select talent, branding HR as a compliance cop



Workflow tracking is elective and manual, making reporting intensive and measuring progress very challenging



Lack of insight into processes makes accountability difficult and causes significant frustration

Pain Points & Quick Wins

49

Pain Points Identified

24

Quick Win Possibilities

CCHHS Connections

17

Voice of the Customer Interviewees from throughout CCHHS

17+

Collaborators in HR and Employment Plan Office

Questions



COOK COUNTY
HEALTH

Thank you.



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
March 25, 2022

ATTACHMENT #4

Health Plan Services Update

Prepared for: CCH Board of Directors Meeting

Aaron Galeener

Interim Chief Executive Officer, Health Plan Services

March 25, 2022



Metrics



Current Membership

Monthly membership as of March 7th, 2022

Category	Total Members	ACHN Members	% ACHN
FHP	264,152	20,311	7.7%
ACA	118,576	18,367	15.5%
ICP	30,349	5,193	17.1%
MLTSS	8,407	0	N/A
SNC	7,772	809	10.4%
Total	429,256	44,580	10.4%

ACA: Affordable Care Act

FHP: Family Health Plan

ICP: Integrated Care Program

MLTSS: Managed Long-Term Service and Support (Dual Eligible)

SNC: Special Needs Children



Managed Medicaid Market

Illinois Department of Healthcare and Family Services December 2021 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	422,054	32.3%
Blue Cross Blue Shield	334,273	25.6%
Meridian (a WellCare Co.)	316,758	24.3%
IlliniCare (Aetna/CVS)	126,311	9.7%
Molina	96,581	7.4%
YouthCare	9,689	0.7%
Total	1,305,666	100.0%

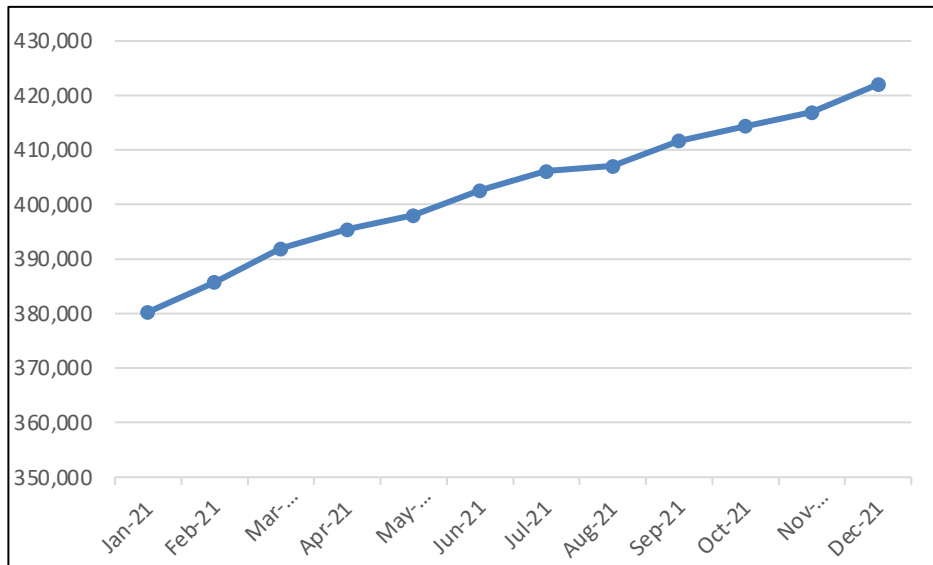
* Only Operating in Cook County



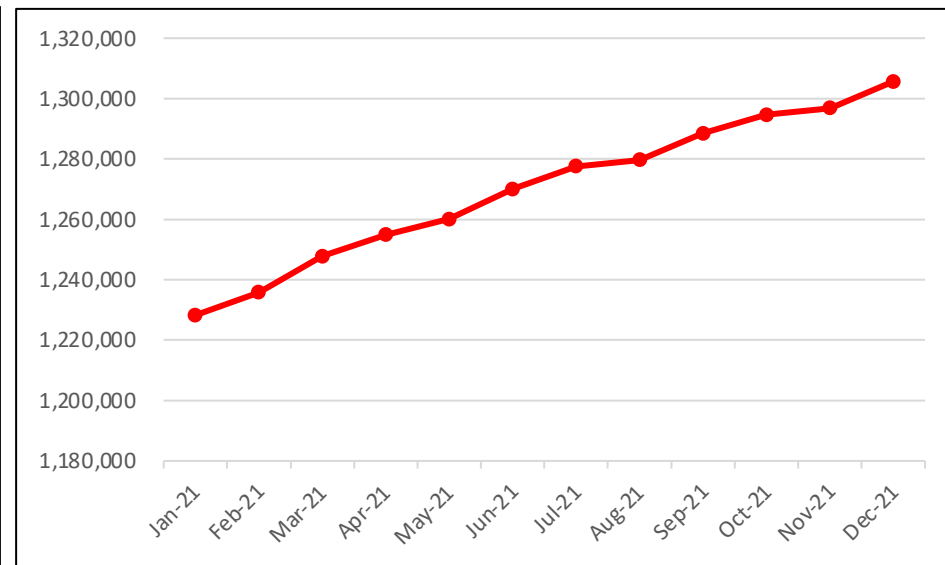
IL Medicaid Managed Care Trend in Cook County

(charts not to scale)

CountyCare



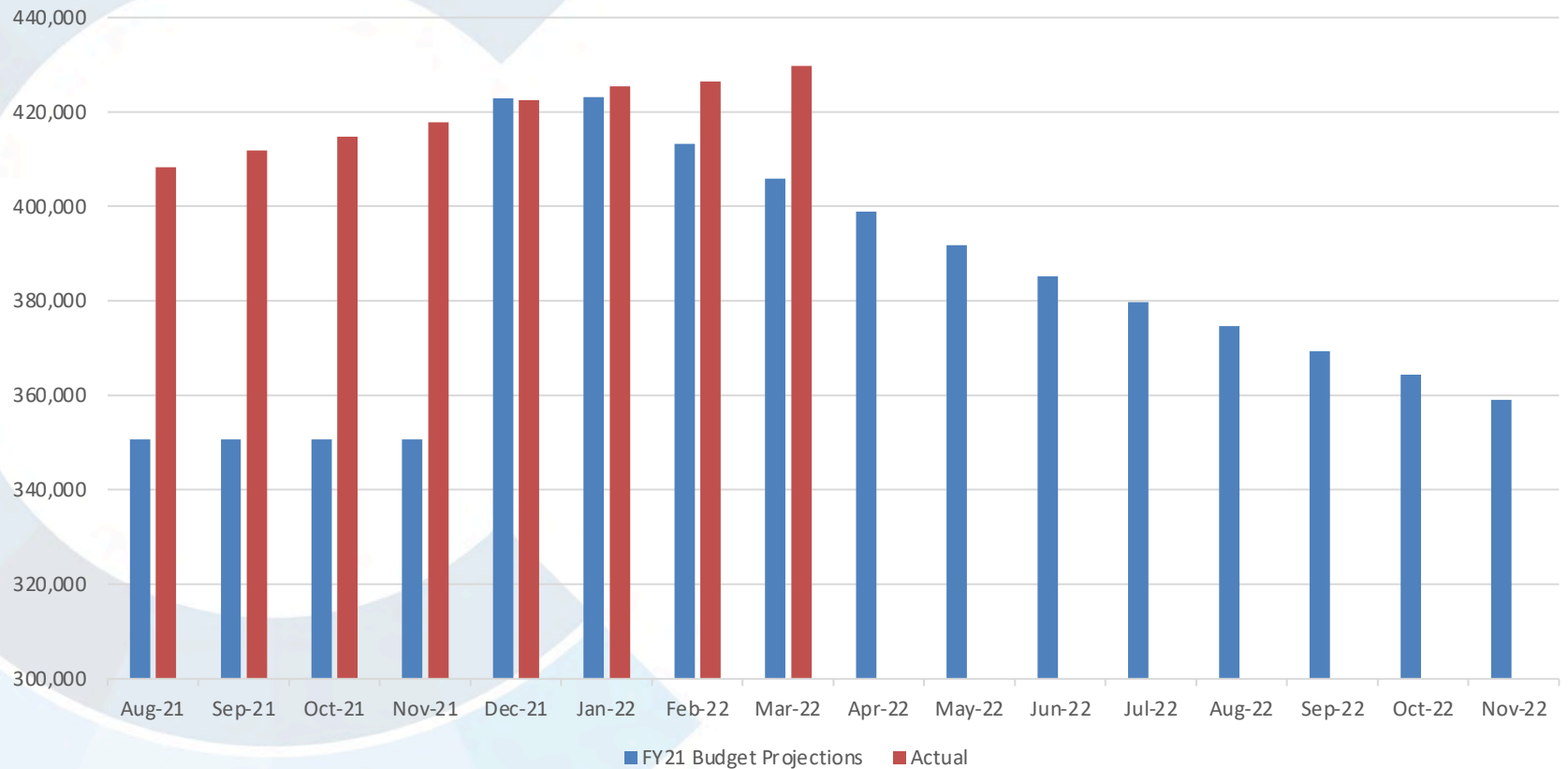
Cook County Medicaid Managed Care



- CountyCare's enrollment has increased 11% over the past 12 months, ahead of the Cook County increase of 6%
- CountyCare's enrollment increased 1.2% in December 2021 compared to the prior month

FY 22 Budget | Membership

CountyCare Membership



Redetermination

- Tracking CMS guidance around the end of PHE
 - Increasing CMS guidance and activity regarding end of PHE
 - PHE current is scheduled to end April 16th
 - Initial CMS guidance indicates PHE to be extended to July 15th
 - Redetermination will begin 60 days after the PHE expires
 - Assuming extension to July 15th and no further extensions, redeterminations would be expected to begin in September 2022

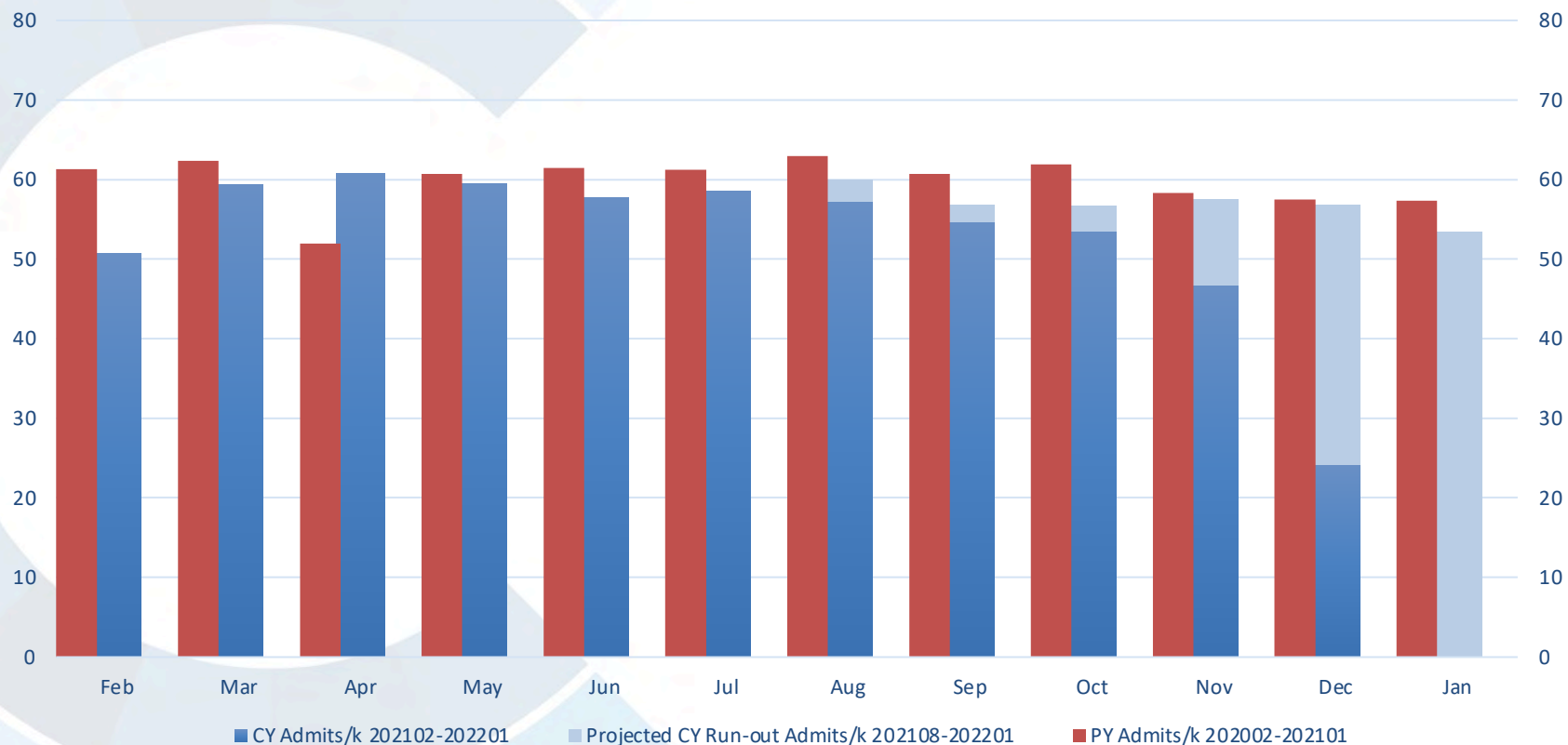
Redetermination Efforts

- Currently outreaching to members to update demographic data
 - Directing to HFS hotline for real-time mailing address updates
 - HFS published a toolkit that includes messages to share with Medicaid enrollees about the importance of updating their addresses:
<https://www2.illinois.gov/hfs/Pages/AddressUpdateMessagingToolkit.aspx>.
 - Individuals who use Medicaid are encourage to call the HFS hotline (877-805-5312) or use the HFS web form (www2.illinois.gov/hfs/address) to update their address.
- Developing outreach strategy in preparation for the end of the PHE:
 - Member Outreach – via text, phone, mail, e-mail, social media
 - PCP Outreach to flag members that are due for redetermination
 - Pharmacy point of sale
 - Care coordination teams

Operations Metrics: Call Center & Encounter Rate

		Performance		
Key Metrics	State Goal	Dec 2021	Jan 2022	Feb 2022
Member & Provider Services Call Center Metrics				
Abandonment Rate	< 5%	1.10%	2.41%	1.73%
Hold Time (minutes)	1:00	0:10	0:23	0:14
% Calls Answered < 30 seconds	> 80%	93.27%	82.81%	91.01%
Quarterly				
Claims/Encounters Acceptance Rate	98%	98%		

Current v. Prior Year: IP Acute Admits/1000



Updated monthly, paid through January 2021
 All acute and surgical cases + approved acute authorizations
 Domestic admissions are not included since they do not require Prior Authorization

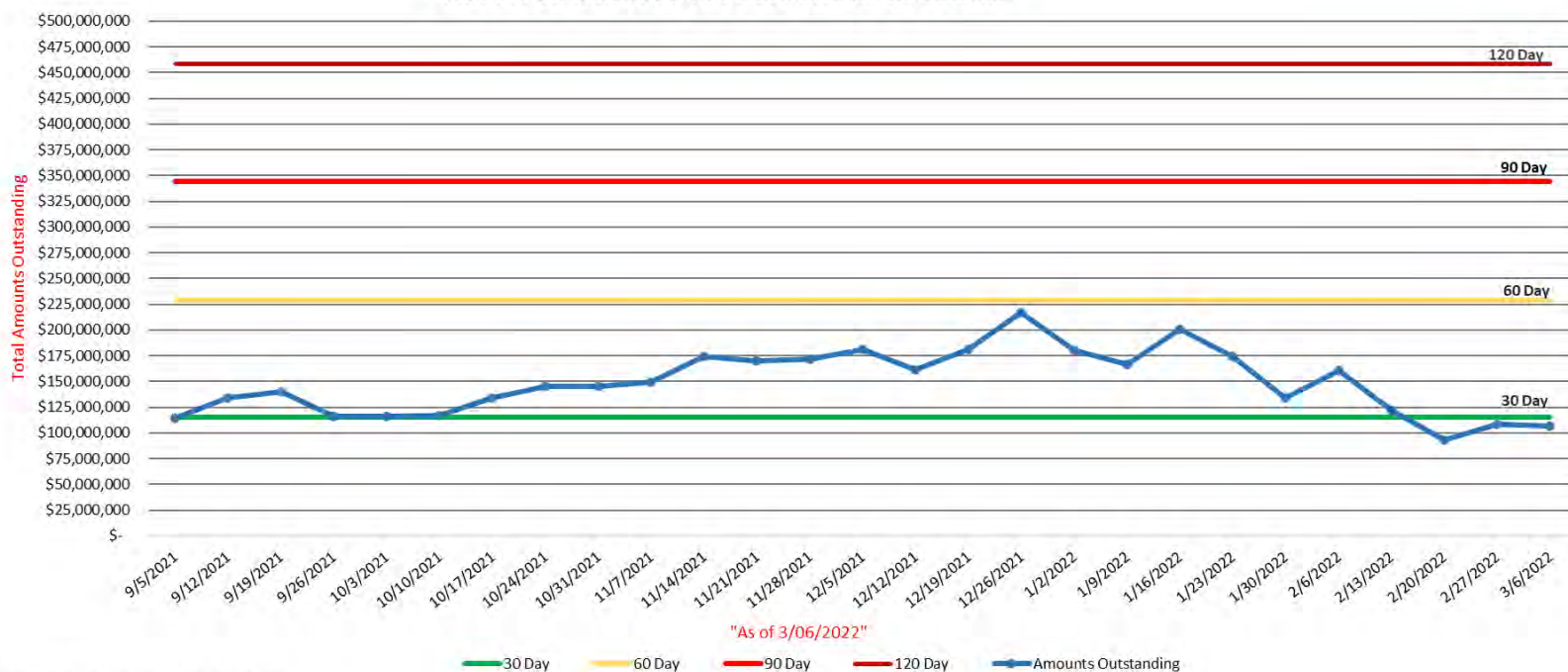
CountyCare COVID Vaccination Rates

Vaccination Phase	Count of Membership	Percent of Total Membership (426k)	Percent of Vaccine-Eligible Membership (379k)
1st of 2 doses only:	29,682	6.92%	7.77%
Fully Vaccinated:	167,248	38.98%	43.77%
Vaccinated with at least 1 dose:	196,930	45.90%	51.54%

Data as of 3/4/2021

Claims Payments

Received but Not Yet Paid Medical Claims



*Assumes average of 15 days to process claims

*Assumes \$57.5M in pending claims not yet adjudicated

**Medical claims only- does not include pharmacy, dental, vision or transportation claims. These claims typically average a 30-60 day payment timing.

Claims Payments

Received but Not Yet Paid Claims

Aging Days	0-30 days	31-60 days	61-90 days	91+ days	Grand Total
Q1 2020	\$ 109,814,352	\$ 53,445,721	\$ 46,955,452	\$ 9,290,569	\$ 219,506,093
Q2 2020	\$ 116,483,514	\$ 41,306,116	\$ 27,968,899	\$ 18,701,664	\$ 204,460,193
Q3 2020	\$ 118,379,552	\$ 59,681,973	\$ 26,222,464	\$ 71,735	\$ 204,355,723
Q4 2020	\$ 111,807,287	\$ 73,687,608	\$ 61,649,515	\$ 1,374,660	\$ 248,519,070
Q1 2021	\$ 111,325,661	\$ 49,497,185	\$ 4,766,955	\$ 37,362	\$ 165,627,162
Q2 2021	\$ 131,867,220	\$ 49,224,709	\$ 566,619	\$ 213,967	\$ 181,872,515
Q3 2021	\$ 89,511,334	\$ 25,733,866	\$ 38,516	\$ 779,119	\$ 116,062,835
Q4 2021	\$ 125,581,303	\$ 90,378,328	\$ 112,699	\$ 1,114,644	\$ 217,186,974
Week of 3/6/2022	\$ 98,588,782	\$ 5,723,224	\$ 1,872,878	\$ 791,701	\$ 106,976,585

*0-30 days is increased for an estimated \$57.5M of received but not adjudicated claims

*Medical claims only-does not include pharmacy, dental, vision or transportation claims

*The amounts in the table are clean claims

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
March 25, 2022

ATTACHMENT #5

Divisional Reports

Strategic Highlights & Opportunities
For CCH Operating Divisions for February 2022

March 25, 2022



COOK COUNTY
HEALTH



Ambulatory Care

Strategic Highlights

February 2022

Process Improvement Training

- In partnership with Quorum Health Resources (QHR), we launched a training program in process improvement (PI) and Lean techniques for our directors, managers, and medical leads. Twenty-nine of our clinics participated. Each one is now leading their own PI/Lean project to improve things such as wait times in the clinic.

ARPA FUNDS

- We kicked-off our ARPA-funded project to enhance community behavioral health care and access by adding additional social workers to CCH's Ambulatory sites and adding afterhours to behavioral health clinics in the community. We submitted to HR request-to-hire forms for nineteen new positions that will support the project.

Primary Care

- Morton East Health Center received \$100k in funding to provide post-COVID-19 suicide-prevention outreach to adolescent youth.
- At our Englewood Health Center, we provided food boxes to eighty-seven families to help address food insecurity in the community.
- The Blue Island Chamber of Commerce nominated our Blue Island Health Center for the quality care and service our care teams provide to the surrounding community. A dinner for the nomination was held on March 19, 2022 at Beggar's Pizza in Bur Oak, Illinois.
- Our Cottage Grove Health Center was recognized for partnership resilience with Dixmoor West Harvey School District. Children of the West Harvey School district have achieved 100% vaccine compliance and many of their families have become our patients. We are in discussion to add our Robbins Health Center as an additional medical home for the West Harvey School District.

Specialty Care

- Our specialty team chose to focus on dwell time for our process improvement projects. Each of our clinics launched the projects by obtaining data on existing dwell times. Our goal is to reduce dwell time to under 120 minutes for procedure-based clinics, and our goal for non-procedure, consult-based specialty services is to reduce dwell time to 90 minutes.

MCH DHS Healthy Family Grant

- Our grant is now competitive for the year 2022 application. Our CCH grant team and current HF management team submitted a letter of intent to reapply and request additional funding to bring more staff onboard. Our current model is yielding positive outcomes for our high risk families, linking them to preventative care, specialty care, increasing adherence to care, achieving 1:1 child and parent development using a trauma informed curriculum (Growing Great Kids), and linking these families to food, clothing, and housing resources, including safe sleep and safe travel items for children. We are asking for five additional family support workers, which will increase our team from two to seven and enable us to cover most of Ambulatory division.

Strategic Highlights

February 2022

MCH WIC Grant (Women, Infant and Children)

- We hired a WIC Coordinator who will support the director of WIC and operations in our five locations.
- We contracted with two peer breastfeeding counselors who offer breastfeeding support to WIC participants at our Cottage Grove and Robbins locations.
- We are currently formalizing a WIC nutritionist internship partnership with RUSH University School of Dietetics to begin in Summer of 2022.
- Soon, we will begin formalizing an internship program with Catholic Charities for nutritionist internships.

Patient Support Services

- Our patient support center answered more than 40,500 patient calls in February with an average answer speed under sixty seconds.
- Our CCH non-emergency transportation fleet completed 3,850 patient transports in February. Sixty percent of these trips were for CountyCare members.

Infectious Disease HIV/AIDS Care

- Our CORE/Cook County HIV Integrated Program finished the CDPH Ryan White fiscal year, ending February 28, 2022, by serving 5,729 patients. Eighty-three newly diagnosed HIV positive patients were identified and seventy-five were linked to care (ninety percent linkage); CCHIP retention to care rate was seventy-six percent; CCHIP viral suppression rate was eighty-three percent; and we linked 243 patients to PrEP services/treatment to prevent the transmission of HIV.

Strategic Opportunities/Challenges

- Dr. Marcus, the chair of Breast Oncology, was awarded \$95k in renewal funding for two positions, genetics assistant and patient navigator, to support navigating low income and medically disadvantaged female patients to get mammograms completed, thereby helping decrease the incidence of breast cancer amongst our patients.

A stylized, light orange background graphic on the left side of the image. It depicts two hands, one on the left and one on the right, with fingers slightly curled as if holding something. Between the hands is a heart shape, and inside the heart is a cross symbol. The entire graphic is rendered in a light orange color that matches the background.

Cermak Health Services

Strategic Highlights

February 2022

- From February 2021 through February 2022, 15,151 COVID Vaccination doses have been dispensed. Patients are offered Pfizer, Moderna and Janssen. Booster vaccinations are being administered to patient population.
- Current vaccination rates of active patients housed in the jail are 63% have received at least one dose and 56% have received two doses.

Strategic Opportunities/Challenges

January 2022

- Increase in jail census. Trending suggest census for 2022 to be in excess of 6000 detainees. Notable increase in patients on the mental health caseload.
- IDOC has started accepting transfers. Currently housing 789 detainees remanded to the custody of IDOC.
- Currently reviewing expanding tele health opportunities on the jail complex.
- Continued preparation for NCCHC accreditation
- Capital upgrade to heating and cooling systems for Cermak Building scheduled for fiscal 2022

A large, stylized teal shield with a thick border and a thick teal cross in the center. The shield is positioned on the left side of the image, with its right edge overlapping the text.

Cook County Department of Public Health

Strategic Highlights

February 2022

COVID

- CCDPH and partners have provided 1,607 vaccinations at 139 clinics in February for a total of 49,282 vaccinations at 1,396 of Clinics (data as of 2/25)
- The Southland Hypervisibility plan was launched to improve vaccination rates and awareness in areas of suburban Cook with the lowest COVID vaccination rates. 13 billboards, 10 bus ads, 10 bus shelters, and 1,600 posters showcased a theme of protection and featured pictures of real community members.
- Conducting planning meetings for the implementation of the Healthy Suburban Cook County Survey, the Cook County Health Atlas, and Work Development for the COVID Crisis Grant.
- Mitigation Order requiring masking and proof of vaccination lifted 2/28
- Supreme Court decision on TRO held up the authority of health departments & schools
- February 17 webinar hosted by Dr. Ron Lubelchek on COVID outpatient treatment options

Non-COVID

- Overdose Prevention Sites (OPS) brief released on February 23. First in a series of harm reduction research briefs aimed at providing succinct summary & compilation of evidence for harm reduction interventions to prevent opioid-involved overdose deaths.
- CCDPH partnered with Chicago Food Policy Action Council to host the 17th Annual Chicago Food Justice Summit on February 23-25, 2022. Over these three days more than 900 participants attended interactive virtual presentations that were recorded
- The Des Plaines Tuberculosis Clinic is in the process of preparing to move to the Arlington Heights community health center.



Health Plan Services

Strategic Highlights

February 2022

- Due to the increase in the Medicaid population and hold on redeterminations until the end of the Public Health Emergency (PHE), CountyCare continues to experience significant growth with membership in March 2022 exceeding 429k.
- Between January-December 2021, CountyCare saw a net growth of over 42K members while maintaining service levels for members and providers at all points (i.e., call center, care management, utilization management).
- In alignment with the Healthcare and Family Services (HFS) implementation of the new admission, discharge, and transfer (ADT) vendor, CountyCare established a no-cost data sharing agreement in November and completed its ADT implementation this past month with Collective Medical Technologies.
- This will allow the care management and utilization management teams to access real-time alerts for CountyCare members' emergency department and admission activity at the 191 hospitals and 510 skilled nursing facilities (SNFs) statewide.
- **Vendor contract renegotiation:** CountyCare has completed contract renegotiations for FY 2022 with two of its vendors, resulting in an expected \$16M in total savings, compared to the initial budget target of \$10M.
- **Staff Relocation to Harrison Square:** CountyCare has vacated 600 W. Jackson St. with cost savings of over \$600,000. CountyCare is slated to relocate to Harrison Square in Q2 of 2022.
- Claim auto-adjudication increased to 85% and there was a decrease in claims pended in November.
- Time to pay claims continues to decrease month over month and is ended this past week under 30 days.
- In January the PHE was extended to April 16 and in preparation, CountyCare has developed a multi-prong strategy to retain members who are up for redetermination.



Provident Hospital

Strategic Highlights

February 2022

- In preparation to reopen ICU, the contract for TeamHealth was signed on 02/23/2022. Leadership continues to work with department and division chairs to complete clinical protocols, admission criteria, and specialty coverage. ACR Mammography 3-D accreditation documentation was received on January 31, 2022.

Strategic Opportunities/Challenges

February 2022

- Start fluoroscopy
- Prepare staffing models and clinical protocols for establishing ambulance runs
- ACR accreditation of Nuclear Medicine



John. H. Stroger, Jr. Hospital

Strategic Highlights

February 2022

- Covid Volume has declined by 90% down to 11 inpatients
- Designing additional cardiac cath lab space on Stroger 3rd floor
- Working with vendors to obtain additional covid testing options for clinics and ER to improve turn-around times and increase throughput and care time efficiencies
- Applying for Homeland Security dollars for security measures including cameras, badge access and location monitoring.
- Capital equipment planning for FY23 is underway
- Stroger's dietary and kitchen program passed the City of Chicago's annual inspection.
- Regulatory readiness "boot camp" for leaders being scheduled for April
- Continuous Survey Readiness group (CSR) meeting in April to review charter, best practices, mock survey plans
- Brought in new pediatric dietician to provide education and counselling for parents of diabetic children
- New event reporting and tracking system (EMRS – Event management and Reporting System) being implemented
- Working with Cook County's capital team and outside specialist vendor to improve wayfinding to help with patient satisfaction and throughput

Strategic Opportunities/Challenges

February 2022

- Implementing new Objectives and Key Results (OKR) project tracking mechanisms to ensure a leadership focus on initiatives and outcomes
- Surgical volume growth
- Cancer Service Line planning
- Creating Covid-19 telehealth prescription-writing strategy for anti-viral medication Paxlovid for rapid distribution of drug via mail-order overnight or to patient's local pharmacy of choice.
- Conducting joint active-shooter safety training drills between hospital police and Illinois State Police
- Engaging consultant to evaluate campus environmental/carbon footprint and identify opportunities for reduction. Scope will include energy use, supply chain, renovations and construction.



COOK COUNTY HEALTH

ISRAEL ROCHA, JR.
CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
March 25, 2022

Employee Recognition

John H. Stroger Jr., Hospital of Cook County has been named the #1 most racially inclusive hospital in Illinois and #5 most racially inclusive hospital in the nation by the Lown Institute Hospitals Index. The 2022 Lown Institute Hospitals Index racial inclusivity metric measures how well more than 2,800 US hospitals serve people of color in their surrounding community based on Medicare claims and the US Census Bureau's American Community Survey from 2020.



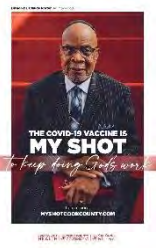
Ann Sikora Jackson, Director of Advanced Practice Providers, has been an active supporter of the Ukrainian Medical Association of North America (UMANA) and recently facilitated the evacuation of a family who were fleeing their home in a suburb of Kyiv. The family, including 2 children, suffered gun-shot wounds and the grandmother killed when their car caravan was ambushed. The mother sustained severe injuries to her arm and could not receive the necessary hospital care in Ukraine. When UMANA sent out an international call for assistance, Ms. Sikora-Jackson called on a connection in Poland who was able to transport the family in a media vehicle to a Polish hospital. The family is recovering, and the mother is able to receive the surgeries she needs. "Whether patients are from Ukraine, Yemen, Syria, Eritrea, the West or South side of Chicago, Ukrainian Village or Avondale, whoever they are, we care for all.... This is the way of Cook County Health," she wrote. CCH is working with national and international media to tell this story.



Caryn Stancik, Chief Communications and Marketing Officer, received the 2022 Chicago Women of Impact Award from [The Motion Agency](#). Ms. Stancik was recognized for her three decades of service to Cook County, particularly her work to promote the health and wellness of County residents. She was praised for bringing "authenticity, creativity, and commitment to every project" and for ensuring that "her work, her team's work and the work of the County's health system is inclusive, culturally appropriate and equitable."

Ms. Stancik's department was also recognized with two awards for its work around COVID-19 communications and education.

The "My Shot Cook County" campaign won Nonprofit PR/Marketing Campaign of the Year 2021 from [PRNEWS](#). The campaign highlighted real residents of Cook County, provided education about the COVID-19 vaccines, and details about how to get vaccinated. It generated more than 101 million overall impressions and nearly 100k visitors to the campaign website.





The “Trust Us” campaign, featuring CCH physicians urging people to get vaccinated, earned [Adspose's](#) 2021 Community Awareness Award for using transit advertising to its fullest. The award was determined based on popular vote and Trust Us was up against several other health/non-profit campaigns.

Activities and Announcements

COVID-19 Update

Inpatient admissions for COVID as well as the overall positivity rate remain low however CCH and CCDPH are monitoring closely the emergence of the Ba.2 variant.

CCH is developing a test to treat program that will ensure patients receive new therapeutics as soon as possible after a COVID diagnosis.

Cook County Health continues to offer COVID vaccination to employees, patients and the community. CCH has administered more than 994,000 vaccine doses. Cook County Health held a two day vaccination push and distributed more than 2,000 \$100 gift cards. CCDPH is also offering gift cards at many of their hyperlocal vaccine events. Additional promotions are being planned in anticipation of FDA approval for the under five population.

Both CCH and CCDPH continue to offer vaccines, including booster shots, in the community. A full list of locations, dates and times can be found [here](#).

IMPACT 2023 Focus Areas 1 and 5

The Change Institute of Cook County Health

On Wednesday, March 23, 2022, CCH CEO Israel Rocha gave his first address to the City Club of Chicago where he announced the creation of The Change Institute of Cook County Health.



The Change Institute of Cook County Health (CICCH) grew out of crucial conversations about health equity in the wake of the coronavirus pandemic that disproportionately impacted communities of color and underserved populations. The Change Institute of Cook County Health will seek to develop innovative,

cohesive new strategies to bridge gaps in treatment and prevention leveraging the delivery models and lessons learned from the response to COVID.

The CICCH work will begin with four of the most prevalent causes of premature death in Cook County – cancer, diabetes, heart disease and stroke. By addressing the stages of care for each disease, actionable steps that deliver immediate impact and improve health outcomes for generations to come will be identified. This initiative that will centralize much of our existing work and address these diseases in four distinct quadrants of care: prevention, primary care, acute care and social risk factors and fill in gaps to ensure a robust approach to preventing disease and premature death. Over the course of the next year, CCH will operationalize the institute and its work. More information can be found at www.cicch.org.

IMPACT 2023 Focus Areas 1 and 5

Food As Medicine

As access to healthy food remains a great need for our patients and communities, the Fresh Truck partnership between Cook County Health (CCH) and the Greater Chicago Food Depository (GCFD) continues. The onset of the COVID-19 pandemic required CCH and GCFD to develop and implement revised protocols for the Fresh Truck distributions that allow for appropriate screenings and social distancing to protect patients, as well as CCH and GCFD staff and volunteers. These revised protocols are in place until further notice.

Through March 8, 2022, CCH's Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 376 visits to CCH health centers – Arlington Heights, Austin, Blue Island, the CORE Center, Cottage Grove, Englewood, Logan Square, North Riverside, Provident/Sengstacke, Prieto, and Robbins.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to an estimated 41,697 households, representing 137,424 individuals, totaling more than 942,550 pounds of food. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

The Greater Chicago Food Depository's Fresh Food Truck visits for the month of April include the following ACHN Health Centers.

- April 5 – **North Riverside Health Center** – 1800 S. Harlem Avenue, North Riverside, IL 60546
- April 7 – **Austin Health Center** - 4800 W. Chicago Avenue, Chicago, IL 60651
- April 14 – **Cottage Grove Health Center** - 1645 Cottage Grove Avenue, Ford Heights, IL 60411
- April 19 – **Robbins Health Center** - 13450 S. Kedzie Avenue, Robbins, IL 60472
- April 21 – **Englewood Health Center** - 1135 W. 69th Street, Chicago, IL 60621

IMPACT 2023 Objective 5.1c

Community Advisory Councils

Cook County Health Advisory Councils include patients, community and religious organizations and serve as a way to promote our services in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health center's relationships in the community. The councils meet quarterly to provide current information on Cook County Health and as an avenue for members to share information about their organizations.

As part of the Strategic Planning Process, Mr. Israel Rocha hosted a joint community advisory council meeting on Thursday, March 3, at 12:00pm.

The Second Quarter of 2022 topic presentations include Cardiology, CountyCare and MoreCare. In addition, updates on Cook County Health, Covid-19 Vaccination and Community Outreach are provided. Each clinic also does an update on its operations at the meeting. Upcoming CAC meeting dates, including the 2022 schedule:

Provident Hospital/Sengstacke Health Center: Wednesday at 9:00 AM: April 13, July 13, October 12
500 W. 51st Street, Chicago, IL 60609

Cottage Grove: Tuesday at 1:00 PM: April 26, July 26, October 25
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

Blue Island: Wednesday at 1:00 PM: May 18, August 17, November 16
12757 S. Western Ave., Blue Island, IL 60406

Arlington Heights: Tuesday at 1:00 PM: May 24, August 23, November 29
3520 N. Arlington Heights Road, Arlington Heights, IL 60004

Robbins: Tuesday at 1:00 PM: June 14, September 13, December 13
13450 S. Kedzie Road, Robbins, IL 60472

North Riverside: Wednesday at 1:00 PM: June 15, September 14, December 14
1800 S. Harlem Avenue, North Riverside, IL 60546

Englewood: Thursday at 1:00 PM - June 16, September 15, December 15

IMPACT 2023 Focus Area 5

Community Newsletter, media and social media reports are attached

Legislative Update

Local

- On March 14 CCH appeared before the Cook County Health & Hospitals Committee to provide an overview of CCH's Strategic Planning process and to elicit SWOT analysis feedback from Cook County Board Commissioners.
- On March 15 CCH appeared before the Cook County Health & Hospitals Committee to provide a COVID-19 and Contact Tracing Update as well as CCDPH's First Quarterly Report of FY2022 to the Cook County Board in their capacity as the Cook County Board of Health.

State

- Senate and House leadership remain firm in their deadlines and the April 8 adjournment date for the spring session. Effective this week, the Senate resumed in-person committee hearings and is no longer permitting virtual participation.
- Cook County Health has two primary legislative priorities in the Spring 2022 session:
 - SB3695 (Sen. Jacqueline Collins/Rep. Robyn Gabel) – Amends the Freedom of Information Act (FOIA) to ensure that HIPAA protected health information is not subject to public records requests.
Status: SB3695 was amended to address concerns raised by stakeholders including the Office of the Attorney General; the amendment clarifies and narrows the focus of the bill to ensure that only HIPAA covered entities and information protected by HIPAA would be exempted from FOIA.

SB3695 passed the Senate 54-0-0, and is posted to the House Executive Committee.

- HB4645 (Rep. LaToya Greenwood/Sen. Mattie Hunter) – Creates the **Equity and Representation in Health Care Act**, which authorizes a new loan repayment and scholarship program to promote greater diversity among health care providers when it comes to race, ethnicity, or other demographics. This Act will also build and strengthen the workforce at community-based provider locations that serve a high-proportion of Medicaid and uninsured patients, specifically at FQHCs, FQHC look-alikes, and provider locations operated by CCH, including Cermak Health Services. A separate appropriations request is being pursued to support the scholarships, loan repayments, and program operations. CCH co-leads this effort with the Illinois Primary Health Care Association, which represents FQHCs statewide.
Status: House Floor Amendment (HFA) 2 was filed and brought back to the House Health Care Availability and Access Committee and passed unanimously (12-0-0). HFA2 clarified intent and addressed concerns and questions raised at an earlier committee hearing, as well as incorporated input from the Illinois Department of Public Health.

The bill passed unanimously in the House 112-0-0. A technical amendment was adopted by the Senate Health Care Availability and Access Committee, and the amended bill passed unanimously. HB4645 now awaits action by the full Senate.

Other bills of interest CCH supports include:

- HB4437 (Rep. Delia Ramirez) – Expands Medicaid to adults 19-54 years who have income at or below 138% FPL, regardless of immigration status. Healthy Illinois leads this effort.
Status: Assigned to Appropriations – Human Services. Deadline extended to March 31.
 - Healthy Illinois successfully advocated for coverage for immigrant adults 65+ years, which began December 2020, and coverage for those 55-64 years, which will begin no later than May 2022.
- SB3632 (Sen. Doris Turner) / HB4264 (Rep. Greg Harris) - Getting To Zero Omnibus, which includes a \$15M appropriations request that will support increased access to and uptake of PrEP, keep more

people living with HIV in care, and continue funding for supportive services. This is an initiative of the AIDS Foundation of Chicago.

Status: SB3632 assigned to Appropriations – Health; HB4264 assigned to Appropriations – Human Services.

Federal

- **Appropriations** – President Biden signed HR 2471, the Consolidated Appropriations Act, 2022 (i.e., the “Omnibus”) into law on March 15. The bill funds all the agencies and programs of the federal government for the remainder of the current federal fiscal year ending September 30, 2022, as well as other provisions.

House Leadership, facing blow-back from within the Democratic caucus pulled the \$15 billion COVID supplemental relief package from the bill. Rank and file members objected to the offsets Leadership had agreed to, which included \$7 billion from unspent American Rescue Plan Act (ARPA) state and local aid. [Note that the County raised objections to the offset with key members of the County delegation that.] The White House has renewed its push for least at \$22 billion in emergency COVID supplemental funding, and Speaker Pelosi has indicated that she plans to revisit the issue and find acceptable offsets, at the insistence of Senate Republicans. The proposal which was pulled from the Omnibus focuses on national preparedness, including increases for vaccine, therapeutics and other countermeasure research and development as well as \$5 billion for vaccination and other aid efforts overseas. Along with America’s Essential Hospitals and other organizations, the County is advocating that any new COVID-19 emergency supplemental appropriation includes additional Provider Relief Fund (PRF) funding and flexibility, and an orderly and gradual phase down of the enhanced FMAP after the end of the public health emergency (PHE).

For the first time in over a decade the bill includes Congressionally directed spending on local community projects, aka “earmarks.” Sen. Durbin secured \$315,000 in the Department of Labor appropriation for an emergency medical technician (EMT) apprenticeship program requested by CCH. Conversations are ongoing on the Hill over whether earmark requests will be entertained for FY 2023.

Below are the funding levels appropriated for select programs of potential interest to CCH:

- **Health and Human Services (HHS)**
 - **Centers for Disease Control and Prevention (CDC)** – The bill includes \$8.5 billion, an increase of \$582 million above the FY 2021 enacted level.
 - ❖ \$200 million in a new, flexible funding stream for public health infrastructure and capacity nationwide
 - ❖ \$100 million, an increase of \$50 million above FY 2021 enacted level, to improve data surveillance and analytics at CDC and state and local health departments
 - ❖ \$61 million, an increase of \$5 million above FY 2021 enacted level, in public health workforce initiatives
 - ❖ \$83 million, an increase \$20 million above FY 2021 enacted level, for motherhood and infant health
 - ❖ \$195 million, an increase of \$20 million above FY 2021 enacted level, for the Ending the HIV Epidemic Initiative
 - ❖ \$491 million, an increase of \$15 million above FY 2021, for opioid overdose prevention and surveillance
 - **Health Resources and Services Administration (HRSA)** – The bill includes \$8.9 billion for HRSA, an increase of \$1.4 billion above the 2021 enacted level.
 - ❖ \$2.5 billion, an increase of \$71 million above FY 2021, for the Ryan White HIV/AIDS program
 - ❖ \$1.3 billion, an increase of \$72 million above FY 2021, for HRSA’s Bureau of Health Professions programs to support health workforce development

- **FY 2022 Budget and Reconciliation** – Discussions around advancing a smaller Budget Reconciliation package with some elements of the President’s Build Back Better agenda are on hold, though it may be possible to advance some CCH agenda items through other avenues.
- **FY 2023 Budget and Appropriations** – The White House has announced that it intends to submit the President’s FY 2023 Budget request on March 28, nearly two months after it is supposed to be submitted to Congress. This is the formal start of the budget and appropriations process.
- **Biden Administration** – After a late February extension, the current PHE is set to end April 15. PHE declarations enable HHS to waive or modify some requirements in federal health laws and are tied to some statutory changes, including the 6.2 percent Medicaid FMAP enhancement. Observers predict that the PHE declaration will not end until July. While the Administration has affirmed its commitment to give at least sixty days’ notice before allowing the PHE to end, some governors are asking for ninety days, and the National Association of Medicaid Directors are asking for additional flexibilities for winding down Medicaid emergency provisions.

On March 17, the White House announced that COVID coordinator Jeff Zients would be leaving the Administration in April and that he would be replaced by Dr. Ashish Jha, Dean of the Brown University School of Public Health. A familiar face on cable news, Dr. Jha’s appointment may signal a renewed focus on clear public health messaging as the country enters a new phase of the pandemic.

Community Affairs

As in person event participation begins to resume, Cook County Health and CountyCare will be present at events to promote the health system and the Medicaid program. Events in the month of March and April include the following:

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| March 26 | Cook County Health and CountyCare promotion at Commissioner Aguilar’s Spring Forward Health & Resource Fair hosted by Commissioner Frank Aguilar and the Village of Melrose Park and which will take place at the Melrose Park Civic Center located at 1000 N. 25 th Avenue in Melrose Park. |
| March 31 | Cook County Health and CountyCare promotion at Ndica and Better Sister and Brother Growth Network’s Expungement and Employment Pop-up Event which will take place at 29 W. 159 th Street in Harvey. |
| April 9 | Cook County Health, CountyCare and MoreCare promotion at Lucero (Latinos United for Education, Research and Outreach) Community Health and Resource Fair which will take place at the parking lot of Chicago Family Health Center located at 9119 S. Exchange in Chicago. The fair will provide for cancer and covid testing and other health screenings. |
| April 12 | Cook County Health and CountyCare promotion at Prairie State College’s Veterans Resource and Job Fair which will take place at the college located at 202 S. Halsted in Chicago Heights. The event is being cosponsored by the Cook County Department of Veterans Affairs, the Chicago Cook Workforce Partnership, National Able Network and IDES. |
| April 16 | CountyCare promotion at the Roseland Hospital Community Easter Celebration which will take place at the hospital located at 45 W. 111 th Street in Chicago. |
| April 30 | Cook County Health and CountyCare promotion at the Sisters Working It Out First Annual 5K Walk which will take place at Rich East High School located at 300 Sauk Trail in Park Forest. |