

Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held on Friday, April 29, 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; Mike Koetting; David Ernesto Munar; Heather M. Prendergast, MD, MS, MPH; Robert G. Reiter, Jr.; and Otis L. Story, Sr. (10)

Absent: Directors Joseph M. Harrington and Karen E. Kim, MD, MS (2)

Additional attendees and/or presenters were:

Valarie Amos – Chief Human Resources Officer  
Claudia Fegan, MD – Chief Medical Officer  
Aaron Galeener – Interim Chief Executive Officer,  
CountyCare/Health Plan Services  
Andrea M. Gibson – Chief Strategy Officer  
Jeff McCutchan – General Counsel  
Israel Rocha, Jr. –Chief Executive Officer

Rachel Rubin, MD – Cook County Department of  
Public Health  
Deborah Santana – Secretary to the Board  
Tom Schroeder – Director of Internal Audit  
Caryn Stancik – Chief Communications and Marketing  
Officer

The next regular meeting of the Board of Directors is scheduled for Friday, May 27, 2022 at 9:00 A.M.

Chair Taylor stated that, on April 27<sup>th</sup>, Cermak Health Services suffered the loss of a dedicated correctional professional. Mental Health Specialist Jennifer Hamilton’s life was tragically taken too early. She dedicated herself to mental health advocacy, but perhaps her most important legacy is the positive impact that she made on colleagues and friends by her unique way of supporting and helping others. Today, she is remembered and grieved by Cermak family and the entire Cook County Health family. The Board held a moment of silence to honor Ms. Hamilton.

**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 testimony was read into the record:

1. Statement from all National Nurses Organizing Committee Registered Nurses

**NOTE: action was taken on Agenda Items IV(A), IV(B), IV(C), IV(E), IV(F) and IV(G) in one (1) combined motion.**

**IV. Board and Committee Reports**

**A. Minutes of the Board of Directors Meeting, March 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. Board of Directors Special Meeting Minutes, convened March 28, 2022, recessed and reconvened on April 6, 2022**

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

##### **C. Human Resources Committee Special Meeting Minutes, April 21, 2022**

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

##### **D. Managed Care Committee Metrics (Attachment #3)**

###### **i. Metrics Review (Committee did not meet in April)**

Aaron Galeener, Interim Chief Executive Officer of Health Plan Services, provided an overview of the Metrics. Caryn Stancik, Chief Communications and Marketing Officer, reviewed the material pertaining to Marketing Metrics. The Board reviewed and discussed the information.

During the discussion of redetermination and marketing efforts, Director Story stated that, in terms of the CountyCare insurance product, he would like to discuss the following question in a future meeting - what is the added value proposition of CountyCare with respect to the domestic spend? He would like to have a report relative to that proposition. Director Munar noted that, in addition to the Managed Care Committee, it also has a connection to the Finance Committee. Between the Managed Care and Finance Committees, the question and request for report will be addressed.

##### **E. Audit and Compliance Committee Meeting, April 20, 2022**

###### **i. Meeting Minutes, which include the following action item:**

- Proposed Internal Audit Charter

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

##### **F. Quality and Patient Safety Committee Meeting, April 21, 2022**

###### **i. Meeting Minutes, which include the following action items:**

- Stroger Hospital and Provident Hospital Medical Staff Appointments / Reappointments / Changes
- Proposed Clinical Training Affiliation Agreements

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

##### **G. Finance Committee Meeting, April 21, 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

Director Reiter provided an overview of the Meeting Minutes. He noted that there were a couple of contractual items (request numbers 21 and 22) that are pending review by Contract Compliance.

**V. Recommendations, Discussion/Information Items**

**A. Quarterly Report from the Cook County Department of Public Health (CCDPH) (Attachment #4)**

- CCDPH Contact Tracing Initiative Evaluation – Executive Summary

Dr. Rachel Rubin, Senior Medical Officer and Co-Lead of CCDPH, provided an overview of the Quarterly Report from CCDPH. The Board reviewed and discussed the information.

**VI. 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, VI and IX**

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

- Item IV(A) March 25, 2022 Board Meeting Minutes;
- Item IV(B) March 28, 2022 Special Board Meeting Minutes;
- Item IV(C) April 21, 2022 Human Resources Committee Special Meeting Minutes;
- Item IV(E) April 20, 2022 Audit and Compliance Committee Meeting Minutes, which include the proposed Internal Audit Charter;
- Item IV(F) April 21, 2022 Minutes of the Quality and Patient Safety Committee Meeting, which include the Stroger and Provident Hospital Medical Staff appointments / reappointments / changes, and proposed clinical training affiliation agreements; and
- Item IV(G) April 21, 2022 Minutes of the Finance Committee Meeting, 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, Koetting, Munar, Prendergast, Reiter and Story (10)

Nays: None (0)

Absent: Directors Harrington and Kim (2)

THE MOTION CARRIED UNANIMOUSLY.

**VII. Report from Chair of the Board**

Chair Taylor extended his condolences to the colleagues and family of Mental Health Specialist Jennifer Hamilton. He also thanked the Board, staff and community for their input on the Strategic Plan to date. He provided a reminder that, after each Board Meeting, the meeting minutes approved at that meeting are publicly available on the CCH website.

### **VIII. 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.

#### **A. Update on FY23-FY25 Strategic Plan** (Attachment #6)

Mr. Rocha and Andrea M. Gibson, Chief Strategy Officer, provided an overview of the Update on the FY23-FY25 Strategic Plan. The Board reviewed and discussed the information.

With regard to the information on slide 4, Director Koetting suggested that the word “healthcare” in the proposed Vision statement be replaced with the word “health.”

With regard to the information on slide 5, Chair Taylor inquired whether the proposed pillars are arranged in rank order. Ms. Gibson responded that the pillars related to patients and quality are purposely listed first, but the remaining pillars do not necessarily follow a ranking order, but can be rearranged if preferred. Chair Taylor recommended that the pillar for Health Equity, Community Health & Integration be moved up to follow the pillars regarding patients and quality.

During the discussion of the information regarding health equity, Director Gugenheim requested that when particular populations are highlighted, that the population of people with disabilities be included.

### **IX. Closed Meeting Items**

#### **A. Claims and Litigation**

#### **B. Discussion of personnel matters**

#### **C. Update on Labor Negotiations**

#### **D. April 20, 2022 Audit and Compliance Committee Meeting Minutes**

#### **E. Evaluation and consideration of FY2021 Executive Incentive Plan and annual incentive for CCHHS CEO**

Vice Chair Deer, seconded by Director Reiter, 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

**IX. Closed Meeting Items (continued)**

management association or self insurance pool of which the public body is a member,” 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,” and 5 ILCS 120/2(c)(29), regarding “meetings between internal or external auditors and governmental audit committees, finance committees, and their equivalents, when the discussion involves internal control weaknesses, identification of potential fraud risk areas, known or suspected frauds, and fraud interviews conducted in accordance with generally accepted auditing standards of the United States of America.”

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, Koetting, Reiter and Story (8)

Nays: None (0)

Absent: Directors Harrington, Kim, Munar and \*Prendergast (4)

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

\*Director Prendergast was not present during the roll call vote to go into a closed meeting, but was present during the closed meeting.

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

Director Gugenheim, seconded by Director Prendergast, moved to approve the FY2021 Executive Incentive Plan and incentive for the CCH Chief Executive Officer in the amount of \$65,000 for FY2021.

On the 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, Koetting, Prendergast, Reiter and Story (9)

Nays: None (0)

Absent: Directors Harrington, Kim and Munar (3)

THE MOTION CARRIED UNANIMOUSLY.

**X. 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: (for Managed Care Committee and/or Finance Committee) Request made to discuss the following question in a future meeting - what is the added value proposition of CountyCare with respect to the domestic spend? A request was also made for a report relative to that proposition. Page 2

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
April 29, 2022

ATTACHMENT #1

COOK COUNTY  
HEALTH



# Employee Recognition

April 2022



COOK COUNTY  
HEALTH

# Doctor of the Year



**Dr. Ashlea Winfield**

**Emergency Medicine Physician,  
Assistant Program Director, Simulation Lab**

# ACRES Community Clinic



Joyce Ogunti

Nurse, Emergency Department, Stroger Hospital



# Media Dashboard

## Insights and Activity Report

February 9 – March 27, 2022



COOK COUNTY  
**HEALTH**

# Earned Media Dashboard: March 22 – April 24, 2022



Total Media Placements

**402**



Total Reach

**1.6 Billion People**



Total Media Value

**\$14.9 Million**

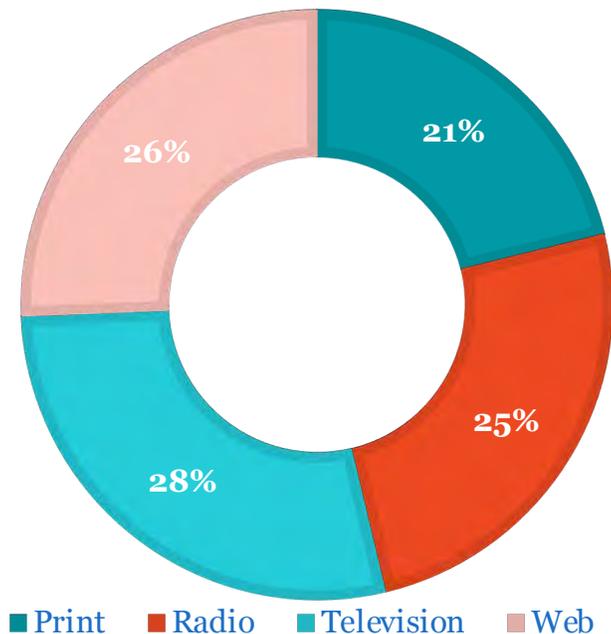
## Top 5 Local Media Outlets

1. *WBBM Radio*
2. *NBC 5 Chicago*
3. *WTTW*
4. *Daily Herald*
5. *Chicago Tribune*



# Media Dashboard: March 22 – April 24, 2022

## Media Outlet Type



## Most Common Topics

1. COVID Guidance
2. COVID Updates
3. COVID boosters
4. COVID therapeutics
5. COVID and equity

# Recent Cook County Health COVID-19 Media Coverage

19,789 Media Hits on COVID-19 since February 2020



Chicago, Cook County Contact Tracing Shifts to Target High-Risk, Unusual COVID-19 Cases



What are the Symptoms of the Omicron Subvariant BA.2? Here's What Experts Say So Far



¿Cuáles son los síntomas de la subvariante BA.2 de Ómicron? Lo que dicen los expertos



Infectious disease expert weighs in on approval of additional COVID booster for some Americans



How funding cuts for COVID-19 tests and treatments could worsen health disparities



What will spiral of latest COVID-19 variant abroad mean for Illinois?



COVID Funding Is Falling Short for the Uninsured

# Social Media Report

March 22 – April 24, 2022



COOK COUNTY  
HEALTH

# Social Media Summary

## March – April Activity

During March 22 – April 24, 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 – 54 posts**

<https://www.facebook.com/Cookcountyhhs/>

**Instagram – 53 posts (includes stories and IGTV)**

<https://www.instagram.com/cookcountyhealth/>

**Twitter – 69**

<https://twitter.com/CookCtyHealth>

**LinkedIn – 37 posts**

<https://www.linkedin.com/company/cook-county-health/>

# Social Media Summary

As of April 24

## Twitter

- Impressions: **30.2K** (up **38%**)
- Profile visits: **3.9K**
- Engagements: **579**
- Followers: **4,480**

## LinkedIn

- Impressions: **60.3K** (up **20%**)
- Page Views: **1.9K** (up **9%**)
- Followers: **8K** (up **225**)

## Facebook

- Total impressions: **83.7K** (up **31%**)
- Post engagement: **3.1K**
- Page views: **4K** (up **101%**)
- Page followers: **7,635** (up **21**)

## Instagram

- Impressions: **20.4K**
- Engagement: **681**
- Profile visits: **627**
- Followers: **2,768** (up **40**)

# Facebook

March 22 – April 24, 2022



COOK COUNTY  
HEALTH

# Facebook Insights

March 22 – April 24, 2022

## Top Performing Posts



The FDA has authorized a second booster shot of the Pfizer and Moderna vaccines for everyone 50 years o...

Published by Cch Kate · March 29 at 10:36 AM ·

Post Impressions ⓘ

**7,478**

Post Reach ⓘ

**7,326**

Post Engagement ⓘ

**265**



Questions about BA.2? Dr. Gregory Huhn, infectious disease physician and CCH vaccine coordinator, brea...

Published by Cch Kate · March 23 ·

Post Impressions ⓘ

**4,612**

Post Reach ⓘ

**4,408**

Post Engagement ⓘ

**147**



# Twitter

March 22 – April 24, 2022



COOK COUNTY  
HEALTH

# Twitter Insights

March 22– April 24, 2022

## Top Performing Posts

**Cook County Health**  
@Cook CtyHealth

Congratulations to Dr. Ashlea Winfield, who was named by her colleagues as CCH Doctor of the Year.

Dr. Winfield works in our emergency department and educates staff as Assistant Program Director of the CCH Simulation Center.



12:44 PM - Mar 30, 2022 - Twitter for iPhone

69	12	5
Impressions ⓘ	Engagements ⓘ	Detail expands ⓘ
<b>11,748</b>	<b>208</b>	<b>91</b>
	New followers ⓘ	Profile visits ⓘ
	<b>0</b>	<b>12</b>

**Cook County Health**  
@Cook CtyHealth

ICYMI: @CrainsChicago wrote about Cook County Health CEO Israel Rocha's announcement on the Change Institute. "We cannot resolve underlying factors of poverty and racism, but we can find ways to keep them from impacting health outcomes," Mr. Rocha said.



chicagobusiness.com  
Cook County Health launches Change Institute  
CCH leader Israel Rocha Jr. says he wants a new think tank to tackle diabetes, heart disease, strokes and cancer with the same energy as the hospital's COVI...

3:31 PM - Mar 28, 2022 - Twitter Web App

0	2	0
Impressions ⓘ	Engagements ⓘ	Detail expands ⓘ
<b>2,468</b>	<b>10</b>	<b>1</b>
	New followers ⓘ	Profile visits ⓘ
	<b>0</b>	<b>0</b>
	Link clicks ⓘ	
	<b>7</b>	

# Instagram

March 22 – April 24, 2022



COOK COUNTY  
HEALTH

# Instagram Insights

March 22 – April 24, 2022

## Top Performing Posts



**cookcountyhealth** ...

**cookcountyhealth** Congrats to all of our new residents! We can't wait to see you. #Repost @amwadoctors with @make\_repost ...

It's a match day baby! @leslieeeee had quite the match day in labor. Congratulations to this strong mom!!!  
"This is my match day photo- swollen and in labor on match day 😊. A summary of 2022 thus far- Completed clinical rotations, about to publish a scientific article, matched to residency, had a baby, gon graduate with my MD, and after 15 years on the west coast best coast....

TIME TO COME HOME!

[View Insights](#)

Liked by cookcountyem and 220 others

MARCH 22

Add a comment... [Post](#)

221	2	9	4
<b>Interactions</b>			
21		Actions taken from this post	
Profile Visits			21
<b>Discovery</b>			
2,288		Accounts Reached	
53% weren't following cookcountyhealth			
Impressions			2,362

# Instagram Insights

March 22 – April 24, 2022

## Top Performing Posts

**2022 Cook County Health  
Doctor of the Year**



Dr. Ashlea Winfield



 cookcountyhealth 

 cookcountyhealth  Congratulations to Dr. Ashlea Winfield, who was named by her colleagues as CCH Doctor of the Year.

Dr. Winfield works in our emergency department and educates staff as Assistant Program Director of the CCH Simulation Center. She also created and leads the Department of Emergency Medicine's Diversity, Equity, and Inclusion Committee, spearheading meaningful developments to make CCH a more inclusive and welcoming environment for patients and staff.

As one nominator wrote, "Dr. Winfield is the personification of the Cook County Health mission."

[View Insights](#)

 Liked by cookcountyem and 108 others

MARCH 30

 Add a comment... Post

**Post Insights** 

 109    1    30    3

**Interactions** 

**30**  
Actions taken from this post

Profile Visits 30

**Discovery** 

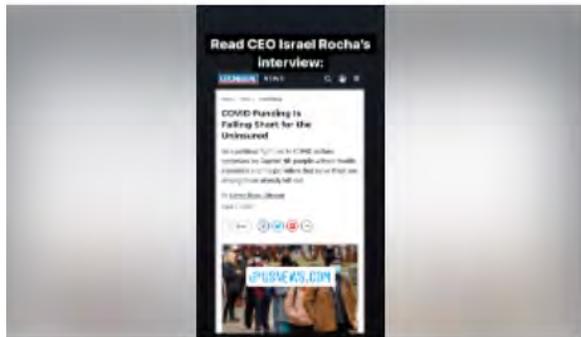
**931**  
Accounts Reached  
16% weren't following cookcountyhealth

Impressions 953

# Instagram Insights

March 22 – April 24, 2022

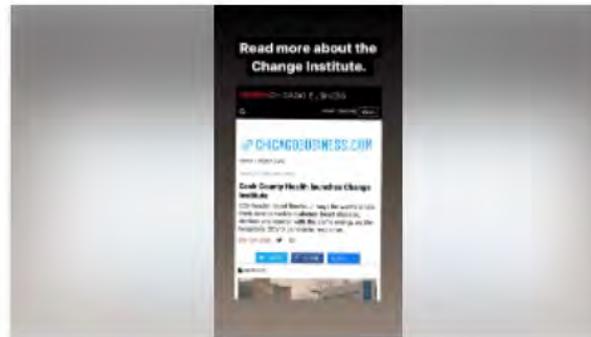
## Top Performing Stories



@Cook County Health  
Apr 14 • 3:15 PM

Read CEO Israel Rocha's interview:

65 views   10 replies   247 shares  
17.01% Completion Rate



@Cook County Health  
Mar 28 • 3:41 PM

Read more about the Change Institute.

67 views   8 replies   250 shares  
16.45% Completion Rate



@Cook County Health  
Mar 23 • 10:31 AM

Questions about BA.2? Dr. Gregory Huhn, infectious disease physician and CCH vaccine coordinator, breaks it down with NBC Chicago. #WellnessWednesday

84 views   4 replies   213 shares  
21.2% Completion Rate

# LinkedIn

March 22 – April 24, 2022



COOK COUNTY  
HEALTH

# LinkedIn Insights

March 22 – April 24, 2022

## Top Performing Posts

**Cook County Health**  
 8,047 followers  
 6d • 🌐

Today, Illinois Governor JB Pritzker, leaders from the Centers for Medicare and Medicaid Services (CMS) and members of the West Side Health Equity Collaborative gathered to discuss steps to improve health equity.

As part of the visit, CMS toured our emergency department and trauma units.



### Organic discovery

2,715 Impressions      1,945 Unique impressions

### Organic engagement

844 Engagements      31.1% Engagement rate

Clicks 782

Click-through rate 28.8%

Reactions 61 →

Comments 0

Shares 1 →

**Cook County Health**  
 8,048 followers  
 3w • 🌐

Throughout its history, Cook County Health has relied on the strength and compassion of many great women to carry out its mission. As we close out [#WomensHistoryMonth](#), we are grateful for the contributions of the women who came before us and are proud to continue their work today and every day.



### Organic discovery

1,134 Impressions      796 Unique impressions

### Organic engagement

125 Engagements      11.0% Engagement rate

Clicks 108

Click-through rate 9.5%

Reactions 16 →

Comments 1 →

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
April 29, 2022

ATTACHMENT #2

*April 29, 2022, NNOC*

## **Shorted: Not Short**

### The Collapse of the Cook County Health System

Statement on behalf of all National Nurses Organizing Committee RNs. This Monday, for the second time, NNOC RNs delivered their message and demands to Cook County Board of Commissioners President, Toni Preckwinkle. Along with our demands to take action to retain the few RNs CCHHS has left at the bedside, we also provided an evidence-based accounting of how current hospital staffing with agency workers is harmful to our patients. Patients who have seen enough harm. She refuses to respond. Refuses to listen. Refuses to prioritize our patients as a true social safety net over hospital profits. It is broken logic, a true failure in deductive reasoning, to not see that the cause of this hospital systems nurse retention problems are not the nurses you have - who remain loyal. It's the nurses you do not have, and the working conditions that creates for County RNs. A temporary nurse is not a County nurse. Our patients deserve better. County nursing talent is leaving for other hospital systems and agency employment because those employers understand retention in a pandemic requires incentive compensation. County is allowing the nursing shortage created by their long-term inadequate staffing practices to be aggressively amplified by ignoring what their nurses are telling them they need. In addition, reporting regarding how many permanent nurses still work at CCHHS has been difficult to obtain and incomplete, someone wants to hide the ball. Registered nurses demand better than this. Cook County taxpayers deserve better than this. Cook County Health and Hospital System patients deserve better than this. We once more offer accurate reporting on the state of hospital staffing and the threat to patient outcomes before seeking new audiences who may listen and act.

We would like to provide meaningful context to the situation County 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?

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 bones 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.

Many County nurses decided to leave their long-time positions for temporary positions. At John H. Stroger, Jr. Hospital (JSH), we lost upwards of 100 nurses that went to pursue these positions and the number is still growing rapidly. As a quick fix for this mass exodus, Cook County 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 to the Board? 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. This 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 County nurses are scarce, temporary workers must do the best they can with no one to guide them. This 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. The same study 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. Another study found high levels of temporary RN staff resulted in a substantial increase for hazard of death, while temporary staffing at low levels had no increase (Dall'Ora et al., 2019).

Despite these facts, County's solution to nurse staffing issues is to hire more temporary nursing staff and to refuse to offer retention benefits to current permanent nursing staff. Hence more permanent nursing staff will be leaving. Across the country, and across the street, hospital systems 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. They remain silent.

Why does this matter to taxpayers? 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), which included 87 acute care hospitals, found that if medical/surgical units staffed with a 4:1 patient to nurse ratio (it can be as high as 7:1 or 8:1 at JSH) 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 saves money in the long run. County investing in the permanent nursing staff it has left through retention benefits and increasing wages will make positions more desirable in hiring. This is directly more beneficial to the hospital, patients, and taxpayers than padding staffing with temporary RNs because it will improve patient outcomes, which has been shown to save money. Offering retention benefits and raising wages somewhat would be less expensive than hiring temporary workers at 3-4 x the rate of permanent nursing staff. Cook County'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 the hospital board and system 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.

Registered Nurse Leaders of the National Nurses Organizing Committee have demanded that the Cook County Health and Hospital System Board of Directors provide some form of retention bonuses, pandemic- related differentials and bonuses, accurate reports of permanent nurse staff vacancies and hires, respect, and dignity. To put it simply, the response has been a flat no. Whatever the reasoning, Cook County needs a new set of priorities in light of all that has transpired throughout the Covid-19 pandemic. We believe it is time to go on the record about the true state of the nursing profession, as County is leading in failure to retain. Exacerbating the staffing circumstances born of their own budgetary prioritization.

County nurse's loyalty to both the profession of nursing and the County's patients demands so much more than silence. This is not how heroes are meant to be treated.

## References

Dall'Ora, Maruotti, A., & Griffiths, P. (2020). Temporary staffing and patient death in acute care hospitals: A retrospective longitudinal study. *Journal of Nursing Scholarship*, 52(2), 210–216. <https://doi.org/10.1111/jnu.12537>

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Senek, Robertson, S., Ryan, T., King, R., Wood, E., & Tod, A. (2020). The association between care left undone and temporary Nursing staff ratios in acute settings: A cross- sectional survey of registered nurses. *BMC Health Services Research*, 20(1), 637–637. <https://doi.org/10.1186/s12913-020-05493-y>

U.S. Department of Health and Human Services, Health Resources and Services Administration, National Center for Health Workforce Analysis. (2017). National and Regional Supply and Demand Projections of the Nursing Workforce. Retrieved on March 16, 2022 from <https://bhw.hrsa.gov/sites/default/files/bureau-health-workforce/data-research/nchwa-hrsa-nursing-report.pdf>

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
April 29, 2022

ATTACHMENT #3

# CountyCare Update

*Prepared for: CCH Board of Directors*

Aaron Galeener

Interim Chief Executive Officer, CountyCare

April 29, 2022



# Plan Metrics



# Current Membership

Monthly membership as of April 5<sup>th</sup>, 2022

Category	Total Members	ACHN Members	% ACHN
FHP	265,535	20,313	7.6%
ACA	119,564	18,449	15.4%
ICP	30,354	5,122	16.9%
MLTSS	8,391	0	N/A
SNC	776	776	10.0%
<b>Total</b>	<b>431,588</b>	<b>44,660</b>	<b>10.3%</b>

**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 January 2022 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	424,896	32.4%
Blue Cross Blue Shield	336,733	25.7%
Meridian (a WellCare Co.)	316,479	24.1%
IlliniCare (Aetna/CVS)	127,489	9.7%
Molina	96,665	7.4%
YouthCare	9,725	0.7%
<b>Total</b>	<b>1,311,987</b>	<b>100.0%</b>

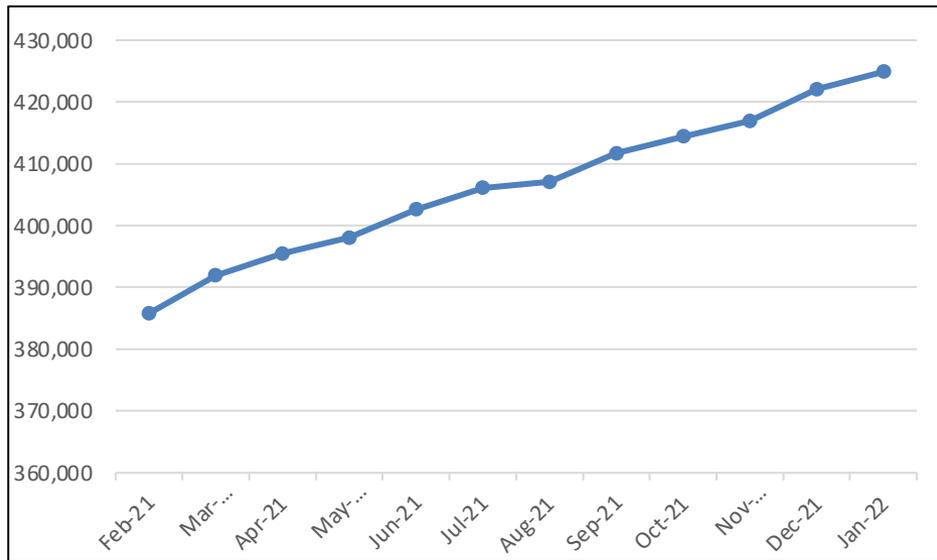
\* Only Operating in Cook County



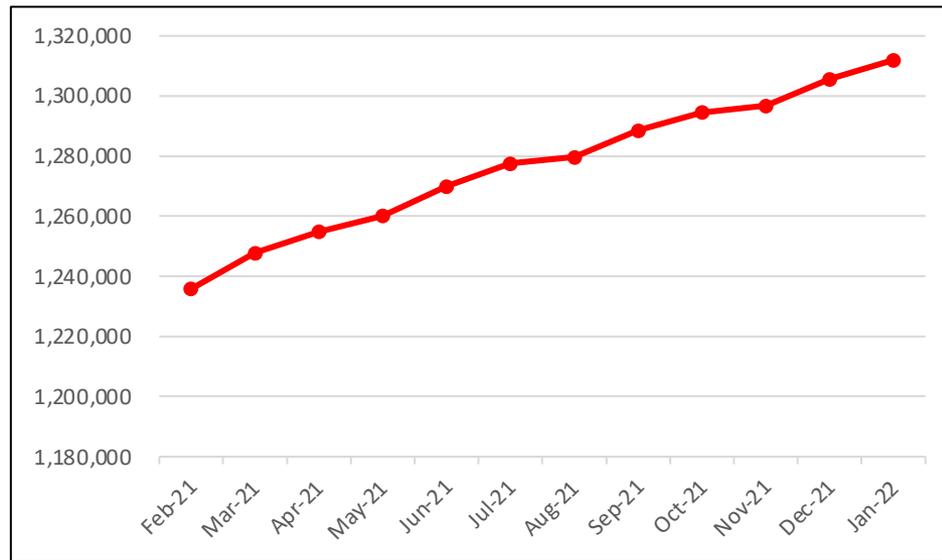
# IL Medicaid Managed Care Trend in Cook County

(charts not to scale)

### CountyCare



### Cook County Medicaid Managed Care



- CountyCare's enrollment has increased 10% over the past 12 months, ahead of the Cook County increase of 6%
- CountyCare's enrollment increased 0.7% in January 2022 compared to the prior month

# FY 22 Budget | Membership

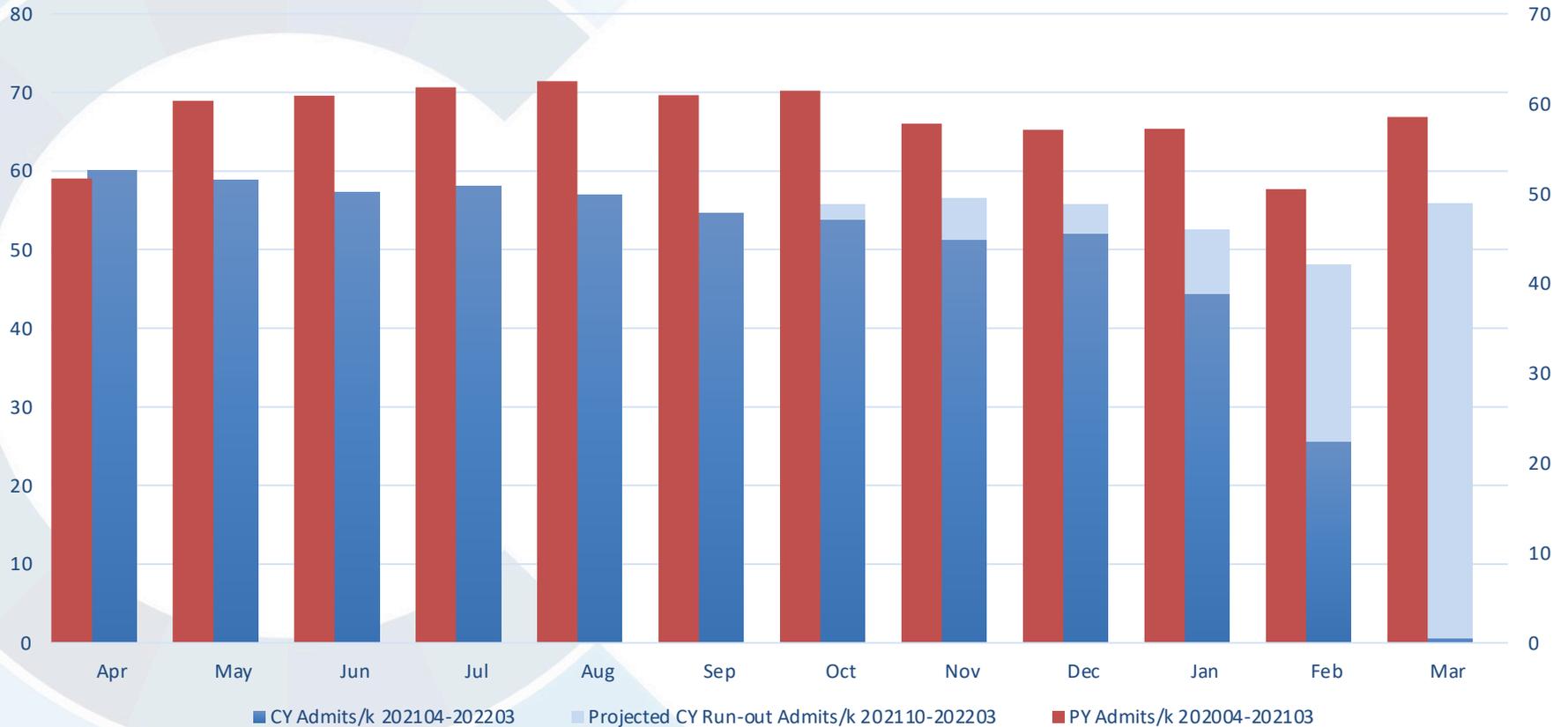
## CountyCare Membership



# Operations Metrics: Call Center & Encounter Rate

Key Metrics	State Goal	Performance		
		Jan 2022	Feb 2022	Mar 2022
<b>Member &amp; Provider Services Call Center Metrics</b>				
Abandonment Rate	< 5%	2.41%	1.73%	0.57%
Hold Time (minutes)	1:00	0:23	0:14	0:04
% Calls Answered < 30 seconds	> 80%	82.81%	91.01%	97.74%
<b>Quarterly</b>				
Claims/Encounters Acceptance Rate	98%	98%		

# Current v. Prior Year: IP Acute Admits/1000



Updated monthly, paid through March 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

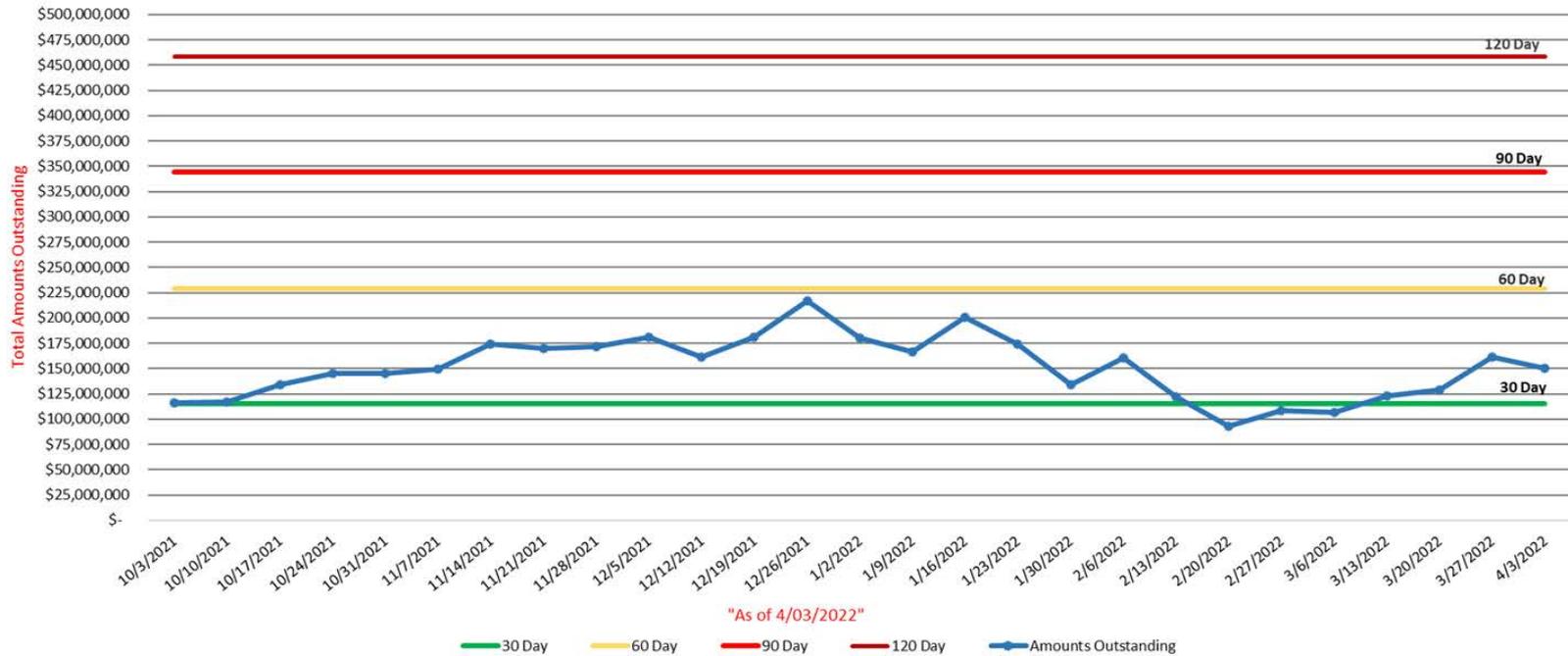
Vaccination Phase	Count of Membership	Percent of Total Membership (431k)	Percent of Vaccine-Eligible Membership (384k)
1st of 2 doses only:	22,506	5.22%	5.86%
Fully Vaccinated:	186,717	43.28%	48.58%
Vaccinated with at least 1 dose:	209,844	48.65%	54.59%

Data as of 4/11/2021



# 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
Q1 2022	\$ 144,241,915	\$ 12,166,101	\$ 2,958,928	\$ 2,183,828	\$ 161,550,772
Week of 4/3/2022	\$ 140,004,488	\$ 5,009,099	\$ 3,145,278	\$ 2,536,613	\$ 150,695,478

\*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

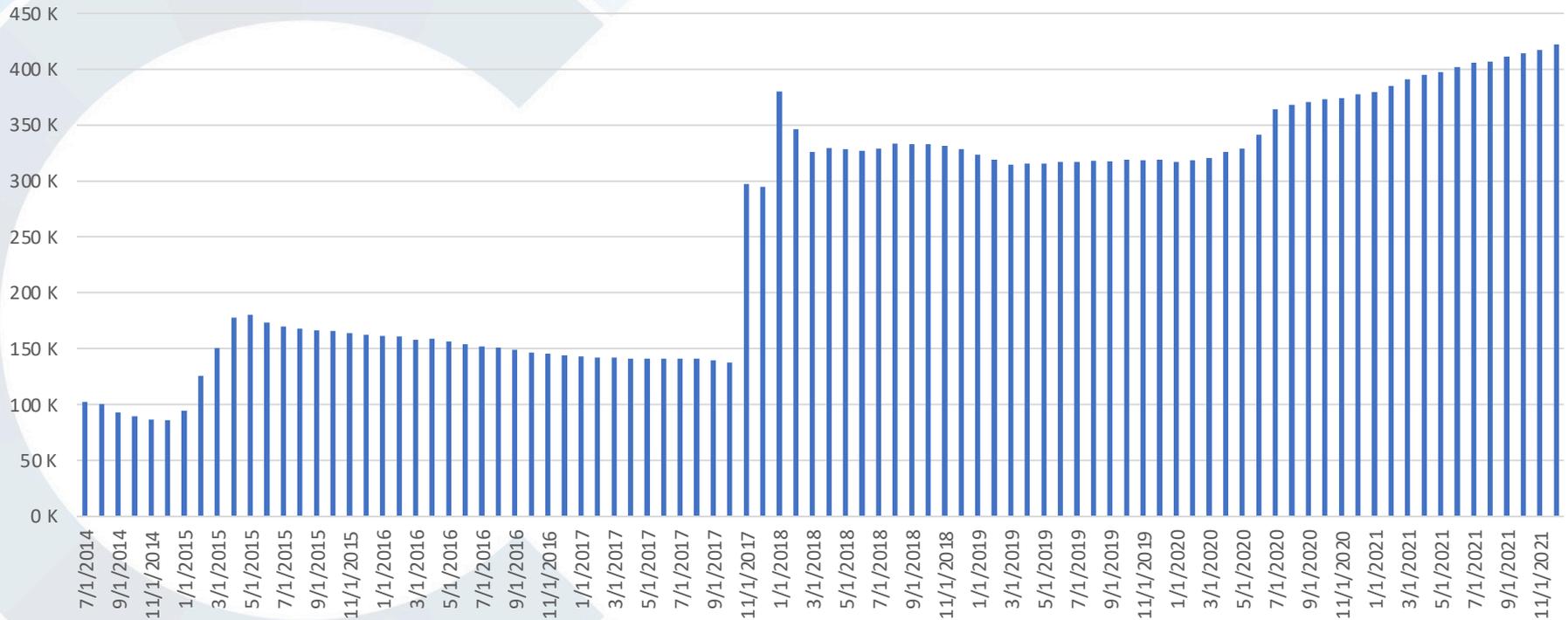
\*The amounts in the table are clean claims



# Membership Trends



# CountyCare Historical Membership



# CountyCare Average Enrollment Span

Ave Length of Eligibility Span			Length of Current Eligibility Span					% of Current Members w/ Gaps			
LOB	Members	Ave Span (Months)	1-3 Months	4-6 Months	7-12 Months	1-2 Years	2+ Years	No_Gaps	1 Gap	2-3 Gaps	4+ Gaps
ACA	118,495	27	8%	6%	12%	28%	46%	65%	25%	10%	0.4%
FHP	264,224	34	5%	5%	7%	19%	65%	67%	26%	7%	0.2%
ICP	30,275	42	3%	3%	5%	12%	78%	71%	22%	7%	0.2%
MLTSS	8,333	26	10%	8%	16%	18%	48%	79%	15%	6%	0.3%
SNC	7,771	31	4%	3%	4%	16%	73%	73%	21%	5%	0.1%
<b>CountyCare</b>	<b>429,098</b>	<b>33</b>	<b>6%</b>	<b>5%</b>	<b>8%</b>	<b>21%</b>	<b>60%</b>	<b>67%</b>	<b>25%</b>	<b>8%</b>	<b>0.2%</b>

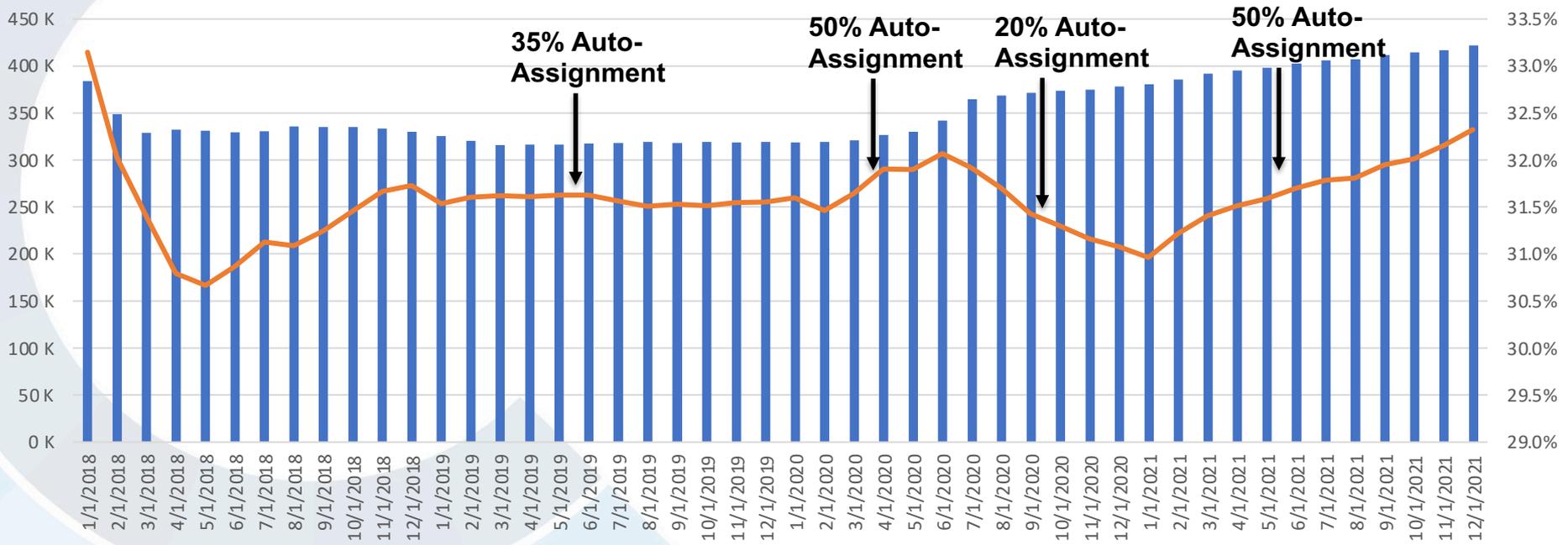
- 60% of CountyCare's membership have been with the plan for at least 2 years
- The average length of enrollment for CountyCare members is 33 months
- Special needs populations (ICP, MLTSS, and SNC) have the highest level of retention while ACA members are the most transient month-over-month



# CountyCare Historical Market Share

## CountyCare Market Share

- Bar = CountyCare Membership
- Line = CountyCare Cook County MCO Market Share



# State of Illinois Managed Medicaid Market

Illinois Department of Healthcare and Family Services January 2022 Data

Managed Care Organization	State of IL	State of IL Market Share
Meridian (a WellCare Co.)	877,482	31.7%
Blue Cross Blue Shield	679,883	24.6%
Aetna/CVS (Illinicare)	422,003	15.3%
*CountyCare	424,896	15.4%
Molina	326,593	11.8%
Youth Care	35,481	1.3%
<b>Total</b>	<b>2,766,338</b>	<b>100.0%</b>

\* Only Operating in Cook County

Meridian and WellCare (dba Harmony) merged as of 1/1/2019. Pending Merger with Centene (dba IlliniCare)



# Cook County Market Share Trends in 2021

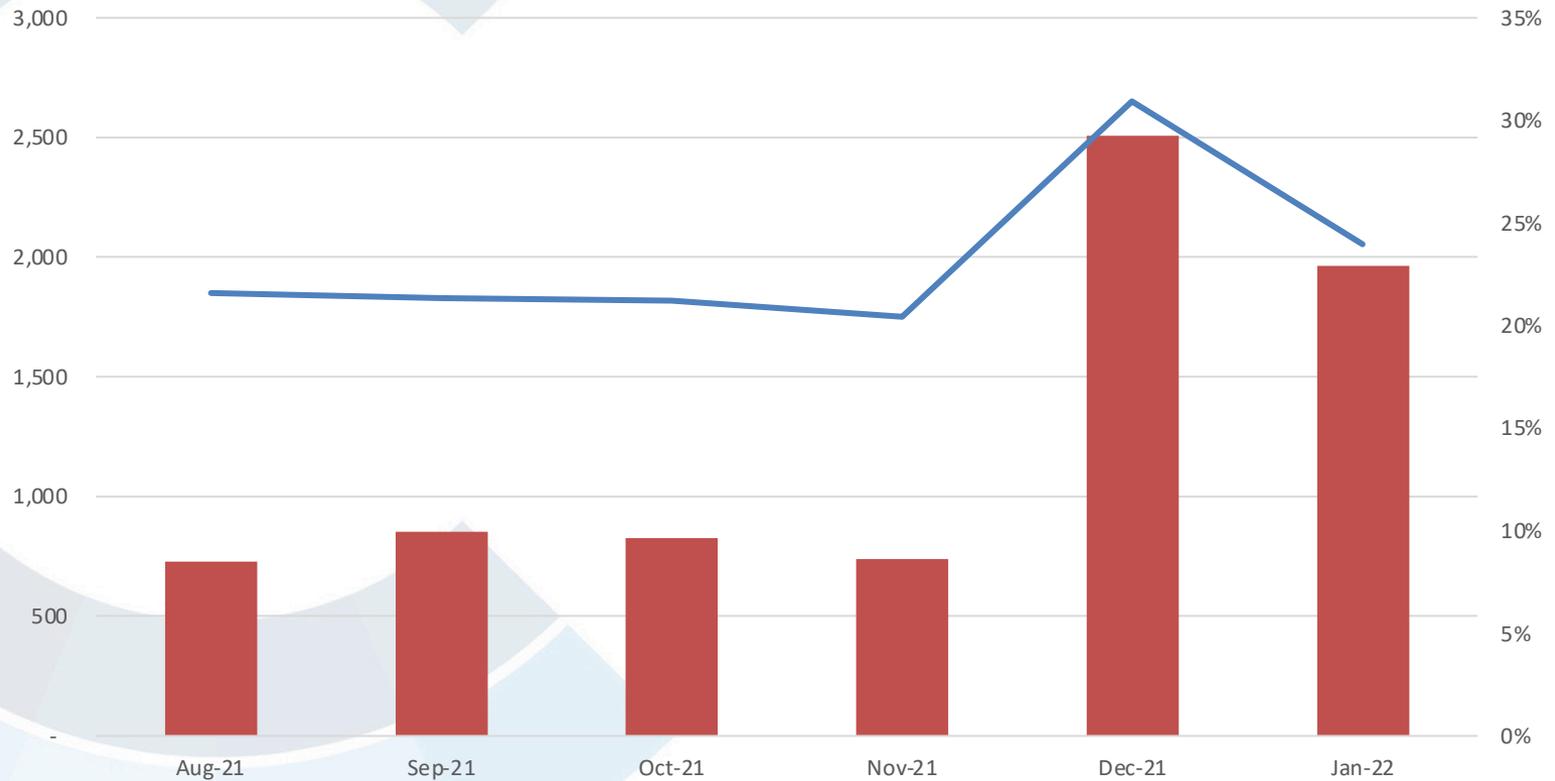
	BCBS	Aetna	Meridian	Molina	YouthCare	CountyCare
2/1/2021	25.7%	9.8%	25.4%	7.4%	0.5%	31.2%
3/1/2021	25.7%	9.7%	25.2%	7.4%	0.5%	31.4%
4/1/2021	25.7%	9.8%	25.2%	7.4%	0.5%	31.5%
5/1/2021	25.7%	9.8%	25.1%	7.4%	0.5%	31.6%
6/1/2021	25.6%	9.8%	24.7%	7.4%	0.8%	31.7%
7/1/2021	25.6%	9.8%	24.6%	7.4%	0.8%	31.8%
8/1/2021	25.6%	9.9%	24.5%	7.4%	0.8%	31.8%
9/1/2021	25.6%	9.9%	24.4%	7.4%	0.8%	32.0%
10/1/2021	25.5%	9.9%	24.4%	7.4%	0.8%	32.0%
11/1/2021	25.5%	9.9%	24.3%	7.4%	0.7%	32.2%
12/1/2021	25.6%	9.7%	24.3%	7.4%	0.7%	32.3%
1/1/2022	25.7%	9.7%	24.1%	7.4%	0.7%	32.4%

- CountyCare market share has increased by more than 1 percentage point throughout 2021
- BCBS and Molina held consistent over the same time period
- Meridian has decreased the most over this time period



# Cook County Choice Enrollment Market Share Trends

- Bar = CountyCare Choice Membership
- Line = CountyCare Cook County MCO Choice Enrollment Market Share

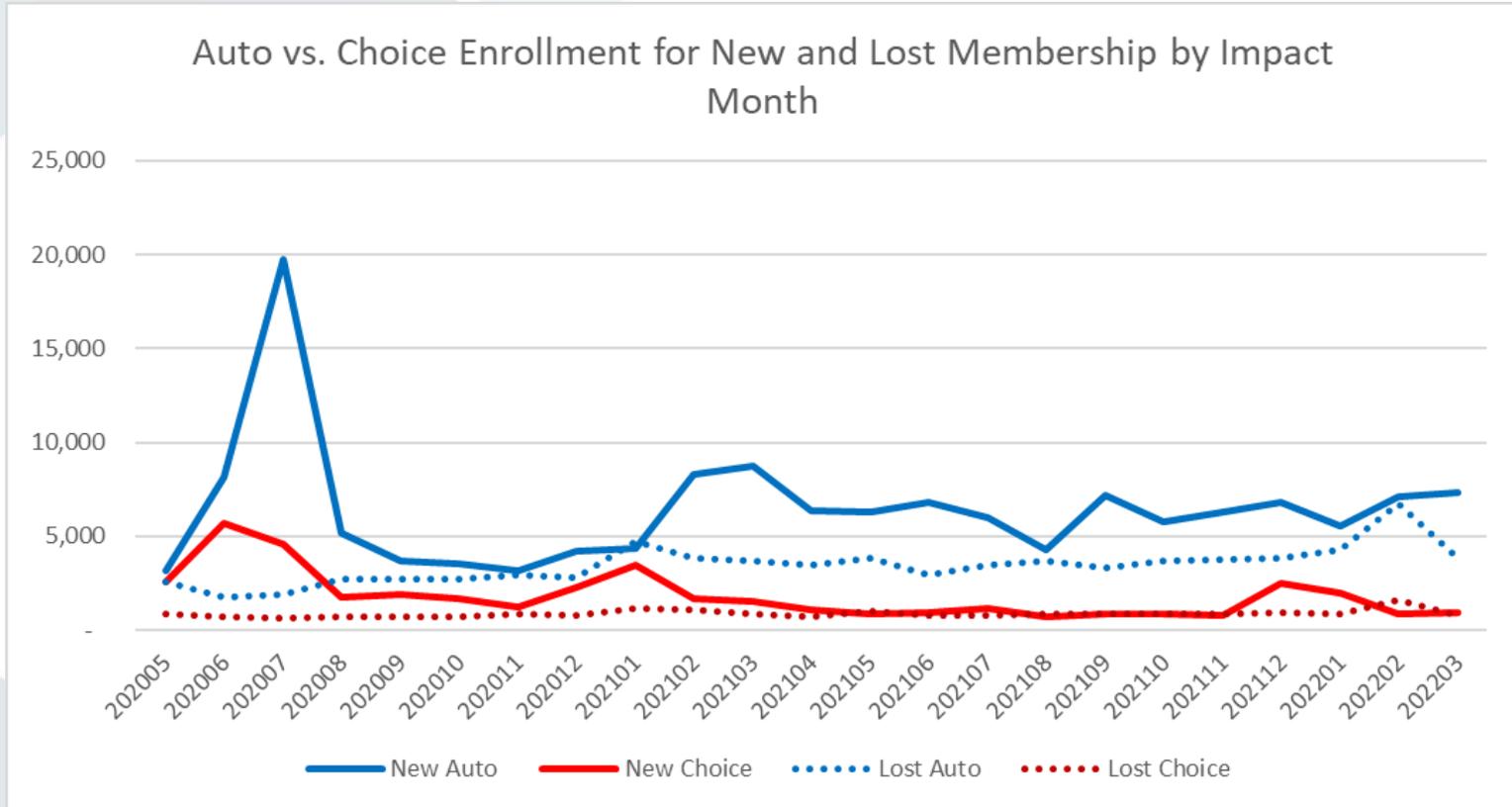


# Monthly New Enrollee Composition



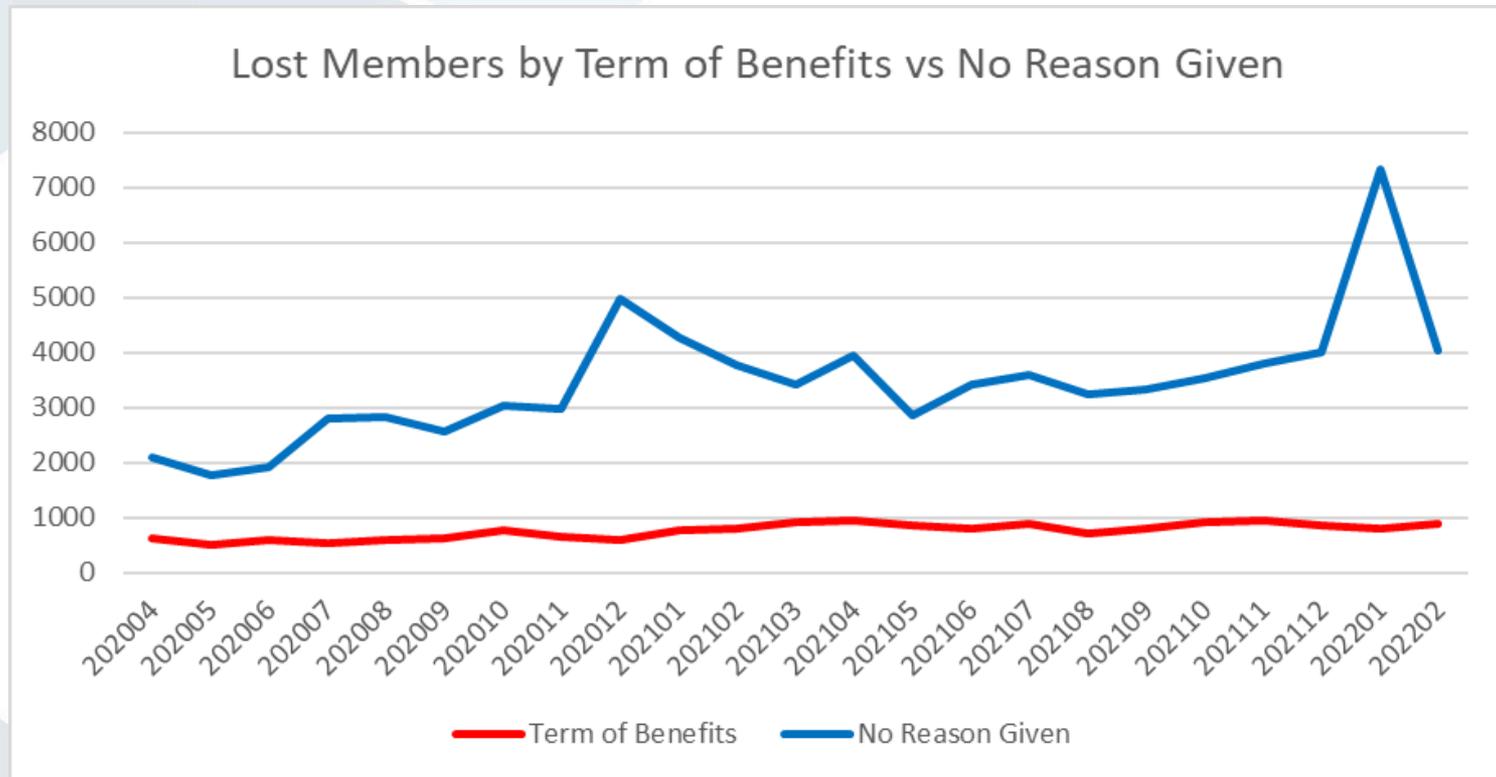
- Outside of Open Enrollment, New Member Acquisition has consistently remained around 8,000 members/month
- On average every 3 out of 4 new enrollees are brand new members to CountyCare

# Net Membership Gain | Auto vs Choice



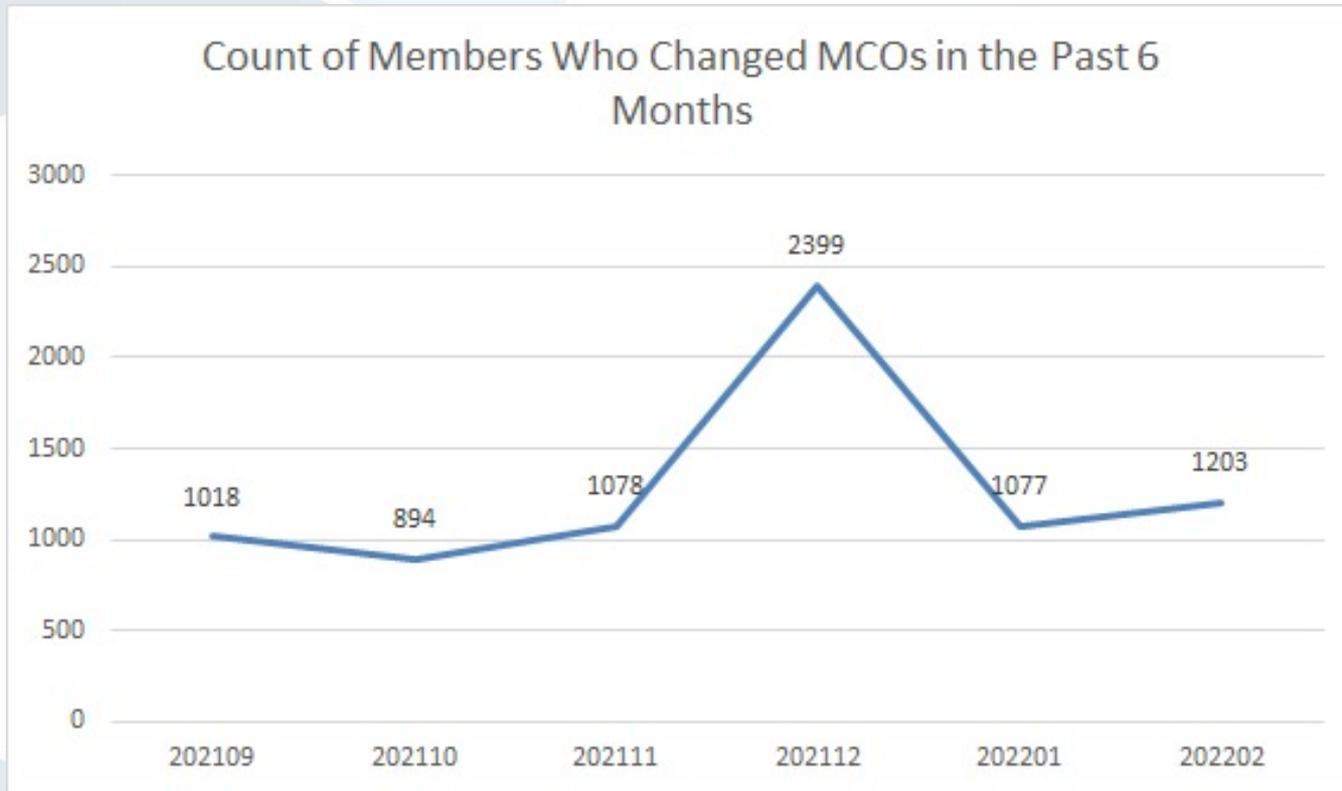
- Since January 2021, the health plan has shown a monthly net gain on auto-assigned members

# Membership Attrition | Term Reason



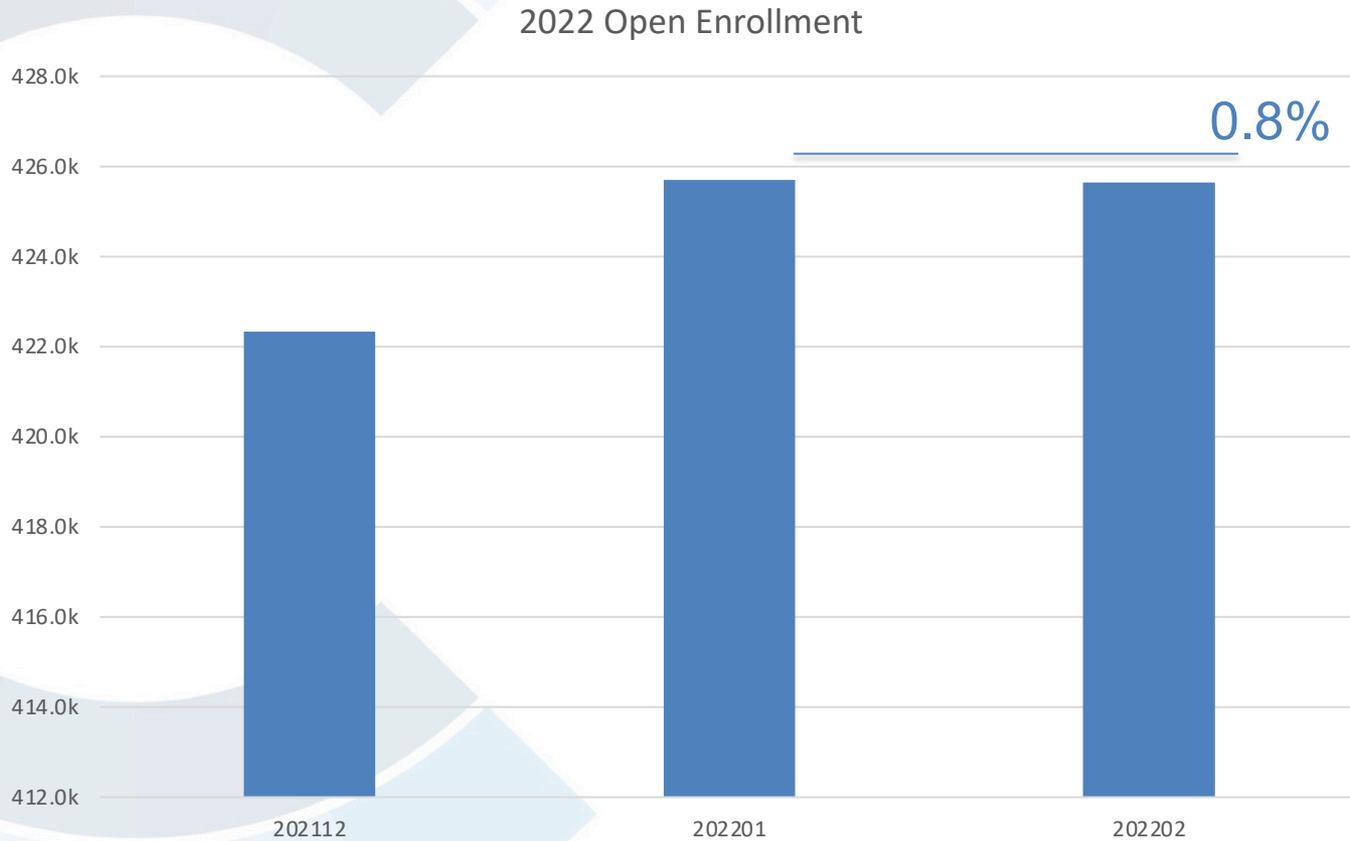
- The uptick in No Reason Given attrition in December 2021-February 2022 is tied to a combination of Open Enrollment and members losing benefits due to Third Party Liability
- Overall attrition in December 2020 was ~5,700 members versus attrition of ~16,500 in December 2019

# Open Enrollment MCO Change



- The number of members who changed MCOs in December 2021 more than doubled compared to November 2020
- 53% of those members switched to BCBS

# Open Enrollment Net Growth



# Redetermination



# 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 16<sup>th</sup>
  - Initial CMS guidance indicates PHE to be extended to July 15<sup>th</sup>
  - Redetermination will begin 60 days after the PHE expires
    - Assuming extension to July 15<sup>th</sup> and no further extensions, redeterminations would be expected to begin in September 2022
  - Once Redetermination begins, expect approximately 1/12 of Medicaid membership to be redetermined each month

# Redetermination Efforts

- CountyCare is 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](http://www2.illinois.gov/hfs/address)) to update their address.

# Member Retention Implementation

## Redetermination



- ✓ Utilizing a multi-prong strategy at every entry point
- ✓ Leveraging best practices and efforts where the health plan was successful
- ✓ Focusing on awareness, training, engagement and action

# Member Retention Implementation

## Redetermination – Action Plan

CountyCare Collaboration Efforts	Techniques
<b>Stroger Family Community Resource Center</b>	<ul style="list-style-type: none"> <li>• Provide on-demand electronic rede forms, case status and clarification</li> <li>• Update member demographics</li> </ul>
<b>CCH Medicaid Application Assistance Call Center</b>	<ul style="list-style-type: none"> <li>• REDE Training</li> <li>• 312-864-REDE – obtain rede status, <b>ABE MMC assistance</b>, DHS forms, submit demographic changes</li> <li>• Email option for providers and care coordination</li> <li>• Inbound calls from EVH and community partners</li> <li>• Outbound calling – 6 dedicated CSRs plus potential 2 to reallocate from Medicare</li> </ul>
<b>Community Events</b>	<ul style="list-style-type: none"> <li>• Community Stakeholder meetings - quarterly</li> <li>• Advisory Councils               <ul style="list-style-type: none"> <li>• Two per month</li> </ul> </li> <li>• Locations based off of Heat maps and Disproportionate Impacted Areas (DIA)</li> <li>• Expand outreach partnerships</li> </ul>
<b>Electronic Communications</b>	<ul style="list-style-type: none"> <li>• Text and email messaging to members               <ul style="list-style-type: none"> <li>○ Rede Reminders</li> <li>○ Invites to Rede Events</li> </ul> </li> </ul>

# Member Retention Implementation

## Redetermination – Action Plan

CountyCare Collaboration Efforts	Techniques
<b>Care Management Entities</b>	<ul style="list-style-type: none"><li>• Account flag</li><li>• Ability to pull monthly lists</li><li>• Provided training and outreach guidance</li><li>• ABE MMC (Manage My Case)</li></ul>
<b>Provider Relations and Call Center</b>	<ul style="list-style-type: none"><li>• Provider Rep engagement</li><li>• Outbound retention team – four dedicated CSRs<ul style="list-style-type: none"><li>• ABE MMC</li></ul></li><li>• Heat map &amp; DIA population identifying</li></ul>
<b>PBM</b>	<ul style="list-style-type: none"><li>• Flagging members for rede and notifying members at POS</li></ul>
<b>CPS</b>	<ul style="list-style-type: none"><li>• Chicago Public Schools (CPS) Call Center Engagement</li><li>• Text campaign partnership</li></ul>

# Member Retention Implementation

## Redetermination – Action Plan

CountyCare Collaboration Efforts	Techniques
<b>Provider Outreach &amp; Engagement</b>	<ul style="list-style-type: none"><li>• Training and engagement</li><li>• Rede scorecards</li><li>• Tools to outreach to members</li><li>• Flag billing/registration system</li><li>• Scripting for in-person, phone and/or text outreach</li><li>• Assist with submitting REDE in ABE Manage My Case</li><li>• Encourage members to keep all demographics up-to-date</li><li>• Utilize HFS Toolkit for address updates</li></ul>
<b>Marketing &amp; Social Media</b>	<ul style="list-style-type: none"><li>• Develop 2022 REDE Marketing Campaign</li><li>• New materials – member and provider facing</li><li>• Engagement for digital marketing (website/FB/Insta/YouTube)</li></ul>
<b>Detailed Training for Staff</b>	<ul style="list-style-type: none"><li>• Call centers</li><li>• Inbound and outbound retention teams</li><li>• Develop scripting and workflows</li><li>• Provider Reps</li><li>• CME's</li></ul>

# Medicaid Redetermination

## Timeline

Activity	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec
Phone & Text Member Outreach (demo info –CSR & providers)		High Priority						Ongoing Efforts				
Develop Marketing Materials												
Mail Campaigns												
Website/ Social Media Campaigns												
Text & E-mail Campaigns												
Training- Development & Execution (providers; clinical; call center; etc.)				Material Development					Execution & Tracking			
Provider Engagement												
REDE Outreach Events												
Expand Community Outreach- REDE Events						Outreach			Coordinate & Execute			
Care Coordination & Partner Coordination							Outreach		Coordinate & Execute			



# *CountyCare Is There* Marketing Metrics Report

Choice Period Campaign  
October 2021 – March 2022



# 2021-2022 Campaign Calendar

Timeline	Oct 2021	Nov 2021	Dec 2021	Jan 2022	Feb 2022	Mar 2022	Apr 2022	May 2022
Streaming								
Broadcast								
Bus Shelters								
Transit								
O&R Billboard								
Digital Billboard								
Wild Postings								
Pole Banners								
Google Campaigns								
Paid FB/IG								
Organic FB								
YouTube								
Targeted Mobile								

Seven-month campaign, October 2021 – April 2022

Digital campaign launched October 1

Out-of-Home campaign launched November 1, with YouTube.

Heaviest campaign saturation:  
**November & December**



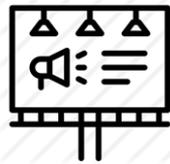
# “CountyCare is there” Campaign Overview

October 2021 – March 2022

175.1M Total Campaign Impressions



**38.6M**  
Digital  
Impressions



**123M**  
OOH  
Impressions



**13.5M**  
Broadcast &  
Streaming  
Impressions



**245.9k**  
Website  
Clicks



**19.3K**  
Calls to  
Call  
Center

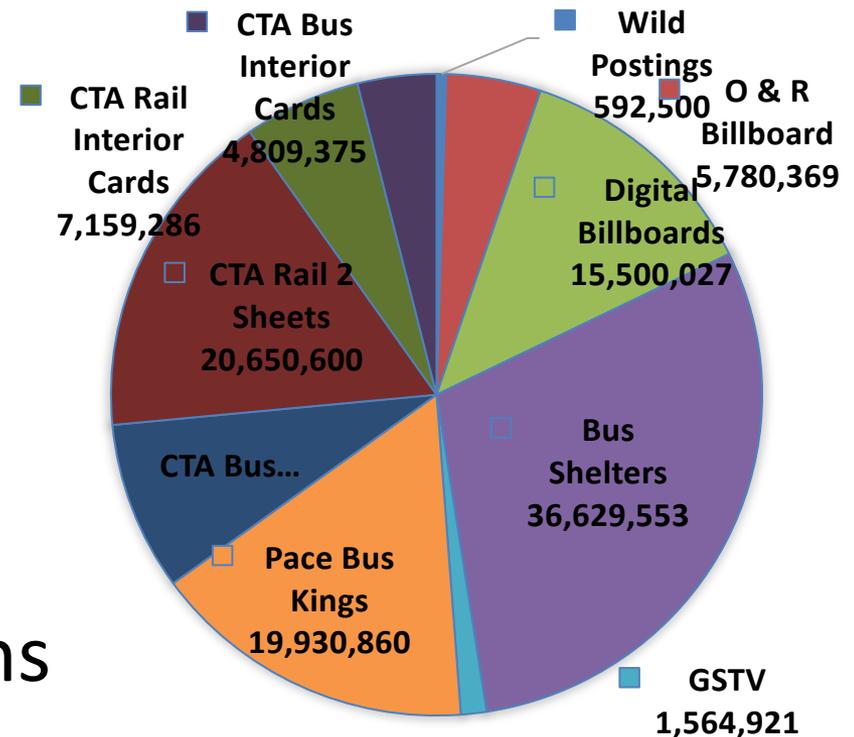


**13.6k**  
Conversions

# Out-of-Home

123M Total Impressions

- 99.6M transit impressions
- 21.3M billboard impressions
- 2.2M gas station TV & wild posting impressions
- 33M added value impressions



# Out-of-Home Examples



Digital Billboard



Ogden Billboard



Transit



Wild Posting



Pole Banner



Bus Shelter

# Digital

38.6M Total Impressions

## Top Performing Ads

Through March 31

- **Google Call-Only:** 225.5K impressions, 19,334 calls, 20,904 clicks
- **Google Search:** 16,690 impressions, 1,109 clicks
- **Google Display:** 16.68M impressions, 28,299 clicks
- **FB/IG:** 9.55M impressions, 38,278 clicks
- **YouTube:** 9.86M impressions, 13,840 clicks, 1.99M views
- **Targeted Mobile:** 2.29M impressions, 143.5K clicks



YouTube



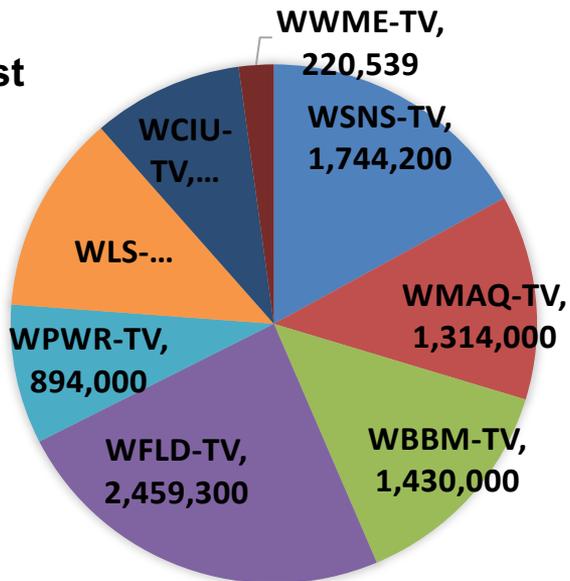
Google Display

Facebook

# Broadcast & Streaming

13.5 M Total Impressions

## Broadcast



## Hulu & Canela Streaming

- 3.18M Impressions, 12K Clicks
- 97% of website clicks were new users to the site

# Thank you



Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
April 29, 2022

ATTACHMENT #4



# Cook County Department of Public Health Second Quarterly Report, April 2022

## CCDPH Contact Tracing Initiative (CTI) Evaluation Executive Summary

April 2022



Cook County DEPT  
of  
Public Health



COOK COUNTY  
HEALTH



# Overview: CCDPH Contact Tracing Initiative (CTI)

## Vision

. . .continue to prevent and control the spread of COVID-19, while also maximizing resources for racial and economic justice that are sustainable beyond grant award

## If CCDPH is successful, outcomes will include systems and structures, including:

- Increased information and resource provision for communities and individuals most affected
- Increased partnerships
- Increased opportunities for growth and learning within and across suburban Cook County partners and communities



# Major grant outcomes

- Completed thousands of contact tracing calls and improved contact tracing effectiveness and efficiency
- Distributed millions of communications and tangible resources
- Adapted or created culturally and linguistically relevant materials
- Expanded the public health COVID-19 response through new or strengthened partnerships
- Increased COVID-19 prevention and mitigation through a combination of contact tracing efforts and community engagement
- Built a community engagement network that may live beyond COVID-19



# What happened?

## Significant outputs

Activity	Recipient	
	Community Members	Workers and Worksites
Communications distributed	<ul style="list-style-type: none"> <li>1,371,868 units</li> </ul>	<ul style="list-style-type: none"> <li>1,186,308 units</li> </ul>
Trainings provided	<ul style="list-style-type: none"> <li>68,783 attendees across 2,956 trainings</li> </ul>	<ul style="list-style-type: none"> <li>8,109 attendees across 110 trainings and town halls</li> </ul>
Tangible resources distributed	<ul style="list-style-type: none"> <li>534,381 units</li> </ul>	<ul style="list-style-type: none"> <li>Resources to 2,562 worksites</li> </ul>
Referrals provided and case management activities conducted	<ul style="list-style-type: none"> <li>Each month, avg. of 26 CBOs reported case management activities</li> </ul>	<ul style="list-style-type: none"> <li>Total of 725 referrals</li> <li>Each month, avg of 4/6 worker centers reported referrals</li> </ul>
Contact Tracing	Contact Tracing Metric	
Completed Case and Contact Investigations	<ul style="list-style-type: none"> <li>The monthly average for Q3/4 2020 for case investigations was 2174.7 and contacts was 1475.7</li> <li>The monthly average for Q1/Q2 in 2021 for case investigations was 6500.5 and contacts was 3889.3</li> </ul>	

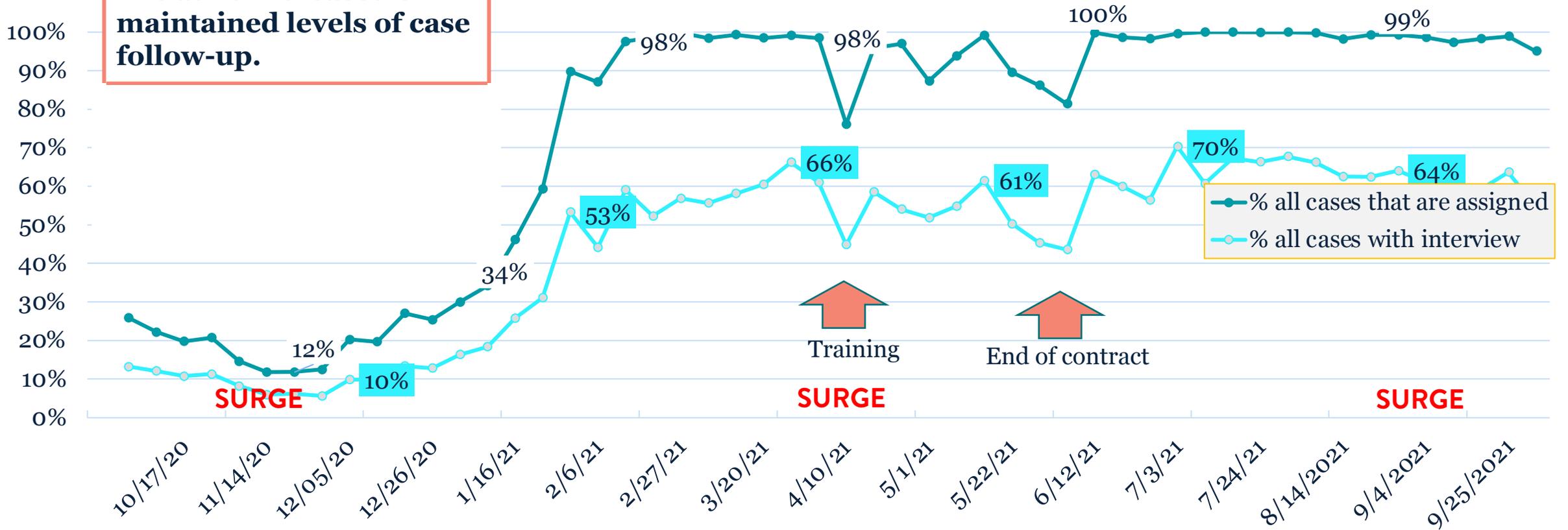


# What happened?

## Performance improvement

CCDPH Contact Tracing Initiative  
Trend in Case Investigation Status by Type  
For Weeks 10/03/2020 - 10/02/2021

Once fully staffed, the initiative increased or maintained levels of case follow-up.



# What happened?

Tailored messages for communities

*“...we personalized the My Shot campaign...because we realized that an African American community, when they see faces that they recognize, they're more inclined to say yes to the ask.”*

*~ CTI CBO ~*



COOK COUNTY  
**HEALTH**



Cook County DEPT.  
of  
Public Health

# What changed as a result of CTI?

## Increased Partnership and Networking

- **CBOs increased reach for COVID-19 prevention messages.**

*“...everybody [doesn’t] follow Cook County Public Health, but if I have a hundred people that I’m connected to and I’m able to really make an impact, they will trust [us] because I’m in the community and grassroots.” – CTI CBO*

- **CBOs’ trusted relationships with community members and ability to “really hear the heartbeat of what was going on” likely helped community members listen to important messages.**

*“People know us so they’re more comfortable to hear us out instead of what does the government have to say?”*

- **CBO relationship and engagement approaches may have increased adoption of COVID-19 prevention and mitigation.**

*“We use the “Answer the Call” [messages] and with that one too, we just added verbal messaging to it because most people express “What call? What are you talking about? What call am I answering?”*

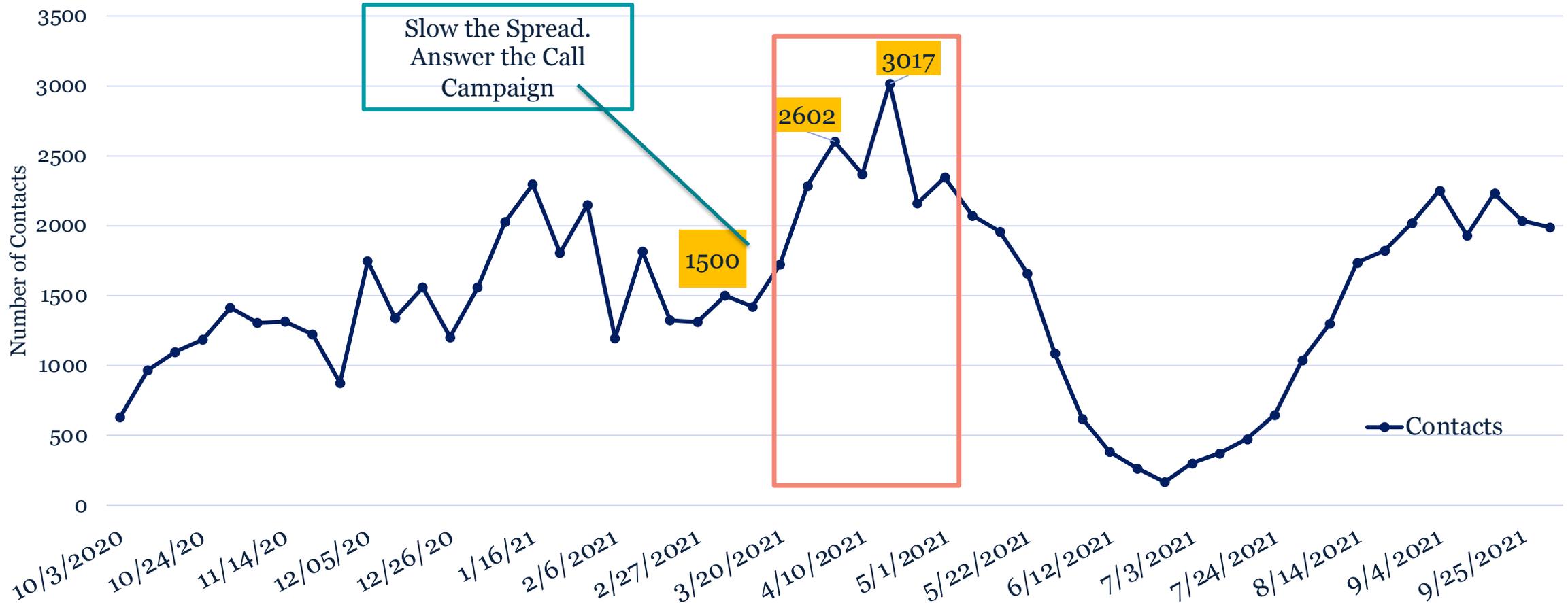


# What changed as a result of CTI?

Increased responsiveness

Several weeks of increases seen in contact identification following campaign

CCDPH Contact Tracing Initiative  
Trend in Contacts Identified  
10/2020 to 10/2021



# What can be sustained and expanded?

## Learning and Connection

**The CTI Regional Learning and Action Network helped CBOs share experiences and learn from one another.**

*“...hearing each other's stories . . . made you realize you're not in silo. Your challenges are not your own, and your successes are not your own, either. And sharing ideas with other people, learning from other people, hearing the same struggles and challenges, yeah, I think that is a very intentional thoughtful on their part, because it allowed us to learn from each other.”*

*– CBO who participated in the CTI Community Supports Program (CSI)*



# What can be sustained and expanded?

## Learning and Connection Cont

*“If we decide to just do away it with this network that's been created by the Cook County Department of Public Health. And everybody go back into their own silos, go back into their own corners, then it's a failure...”*

*... because there's always going to be battles of fight, whether it's dealing with viruses, whether it's dealing with hunger, whether it's dealing with anti-violence, whether it's dealing with mental health, there's always going to be battles.*

*So hopefully Cook County Department of Public Health [will] keep this network together, and let's continue the work of providing and helping the community.”*

*– CSI CBO*



# What were challenges?

- Lack of infrastructure to support the work within CCDPH delayed activities

*“We were going into a really pressurized situation where the expectations were high. The resources were low. **We were very hamstrung as far as being able to hire the contact tracers in a timely fashion and to meet the health equity intent.**”*

*– CCDPH staff*

- Reimbursement nature of the grant was a barrier for some community agencies

*“**Some CBOs needed money up front** because they are small organizations and it's their first grant. So they needed the cash upfront to do something.”*

*– CSI CBO*



# What worked?

- Training for contact tracers and adding supports (e.g. mental health) increased productivity

*“[in the CTI there are] incredibly skilled, dedicated folks...I think that we have **really provided skills** for a lot of these folks and that leads into the other aspect that I think that has been successful or is on the way to being successful.”*

*– Staff/Partner*

- Having staff and partner technical assistance facilitated effective and efficient community engagement

*“**She [CCDPH coordinator] was incredibly supportive.** . . We would send her each [image for poster] and send her the text and she would help guide us to make sure that it was appropriate, and it was going to be impactful. . . we would see what they were doing through Cook County and see, how can we tailor, how can we tweak it?”*

*– CSI CBO*



# Key Take-Aways

- CTI appeared to meet large aspects of its intended impact and more
- CTI program design, including contact tracing, community engagement and CCDPH/partner staffing, together likely led to COVID-19 prevention and mitigation
- CBOs and worker centers were essential for bridging gaps in CCDPH service delivery and expanding reach in effective ways
- Programmatic infrastructure like technical assistance providers and staff were pivotal
- Evidence suggests that the partnerships and networks built through the CTI laid the groundwork for other public health initiatives
- Future initiatives should focus on building and strengthening partnerships and community engagement



# Thank You



Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
April 29, 2022

ATTACHMENT #5

# Divisional Reports

Strategic Highlights & Opportunities  
For CCH Operating Divisions for March 2022

April 29, 2022



COOK COUNTY  
**HEALTH**

A faint, light orange graphic of a stethoscope is positioned on the left side of the slide, extending from the top to the bottom. The background is a solid, medium orange color.

# Ambulatory Care

# Strategic Highlights

## March 2022

### **COVID-19 Incentive Program**

- We hosted the second \$100 gift card giveaway at our community health centers for anyone making an appointment to receive their first, second, third doses and booster vaccinations. We used marketing to raise awareness in the communities we serve. The number of appointments built matched the number of gift cards available, guaranteeing that everyone who made an appointment received a gift card. Through this incentive promotion, we distributed a total of 1,700 gift cards.

### **Appointment Project (Increasing Access and Improving No-Show Rates)**

- Our patient support center started making reminder calls to all patients scheduled for MRI's to increase show rates/remove patients already seen, to free up capacity for waiting patients.
- Our CCH radiology team members are calling, and rescheduling Stroger MRI patients scheduled three to six months in the future into recently vacated appointments and into available capacity at Provident.

### **Women and Children Health**

- We completed a virtual video tour of Stroger hospital to market prenatal, hospital delivery services, and children's services for CCH. Our plan is to execute a social media marketing campaign to drive brand and service line awareness.

## **Financial Highlights or Challenges**

### **Primary Care**

- In March 2022, we are above budget for the month by 1,208 visits totaling 70,714 visits in FY2022, which is below budget for the year by 17, 767 visits.

### **Specialty Care**

- Our specialty operations team focused on achieving target volumes with continued strategic efforts to fill schedules, reschedule no-shows, and outreach to make personal patient reminder calls. The team partnered with the specialty providers to close gaps on incomplete notes, which enabled Business Intelligence to accurately attribute volume of patients seen and reconcile them with the number of notes completed for capturing the necessary charges.
- Because of our efforts to improve our show rate, we are making ongoing progress in the following areas.
  - Sengstacke specialty clinic identified additional opportunities to close the gap on our no-show rate and improve our patient experience scores.
  - Access is improving month over month at our Blue Island specialty clinic, the Professional Building campus clinics, and the Stroger Campus clinics.
  - Increasing access in our high demand services resulting in a declining overall backlog of our patients waiting in the queue for appointments

# Strategic Highlights

## March 2022

### **Women and Children's Clinics**

- Our HEDIS compliance was 80% with vaccines for 2 years old.
- Pediatric Specialty Rheumatology clinic has begun every Monday morning.
- Stroger Women's Clinics - We have a new Urogynecologist, allowing us to offer this specialty clinic every Tuesday. March was the second Saturday clinic offering Pediatric Endocrinology, AYAC, and Family Wellness appointments.
- The Illinois Family Planning grant agreement was signed, allowing our Family Planning team to move forward with grant expansion to Arlington Heights, Sengstacke, and Belmont Cragin. While we have seen a decrease in grant-funded Family Planning volume, as has the entire state, expansion efforts will allow us to increase our volume across the system.
- We have been working with South Cook regional area schools to expand our outreach efforts to increase our adolescent volume. We are preparing for the FY23 application, which will be competitive and would allow the sites to return to federal Title X funding.

### **Patient Support Services**

- Our patient support center answered 48,900 patient calls with an average answer speed under sixty seconds.
- We converted 850 lightly used "walk-in" primary care appointment slots for new and follow up patients in primary care. This process will continue in April.
- The merged COVID-19 testing and vaccination call center answered almost 4,000 calls. This volume continues to decrease.
- Our CCH non-emergency transportation fleet completed 5,644 patient transports. Sixty-three percent of these trips were for CountyCare members.

### **Infectious Disease HIV/AIDS Care**

- We collaborated with community-based organizations in locations of high socioeconomic hardship and areas near CCH Ambulatory sites. We held community events in collaboration with Chicago State University, the National Kidney Foundation, Olive Harvey, Wright College, Above & Beyond Recovery Center. Additionally, we distributed more than eighty-five home HIV test kits.
- We will expand our Peds/Adolescent HIV and PrEP services at Blue Island Health Center through collaboration with the Stroger Division of Adolescent Medicine. We will also fully support the existing PrEP services at Englewood Health Center with health educators, PrEP coordination, and resources to promote program retention. PrEP champions for both locations are Drs. Simpson, Edoigiawerie, Albanese, Dharmapuri, and Rowe.
- We began developing a telephone warmline to provide guidance to Cook County residents of where they can go and obtain HIV/STI testing, pre-exposure prophylaxis (PrEP) and post exposure prophylaxis (PEP) services within the Cook County Health system.

### **Oral Health**

- We are ahead in visits for the month by 511, budgeted for 1,224 visits and totaling 1,735 visits for the month.

# Clinic Highlights and Challenges

## *Staffing, supplies, volumes, safety*

- Six of our clinical sites will participate in a state funded program to help impact the health disparity problem for residents of the west side of Chicago. Community Health Workers will partner with our medical teams to outreach and serve patients in ten high-risk zip codes. The following conditions will be addressed in this program.
  - HTN
  - DM
  - Depression
  - Serious Mental Illness
  - Adverse Childhood Events
  - Substance Use Disorder

A stylized graphic in a light orange color on a darker orange background. It depicts two hands, one on the left and one on the right, with fingers slightly curled as if holding something. The hands are connected to a central heart shape. Inside the heart is a cross symbol, representing a medical or health service. The lines are thick and rounded, giving it a friendly and approachable feel.

# Cermak Health Services

# Strategic Highlights

## March 2022

- From February 2021 through February 2022, 15,376 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.
- Preparation for NCCHC Accreditation. Expected 2022. Continued accreditation for JTDC. Surveyed April 2022.

# Strategic Opportunities/Challenges

## March 2022

- IDOC has begun accepting transfers. Currently housing 351 detainees remanded to the custody of IDOC.

A teal shield-shaped graphic with a thick border, containing a stylized teal cross. The shield is positioned on the left side of the image.

Cook County Department  
of Public Health

# Strategic Highlights

## February 2022

### **Non-COVID**

- Staff across units executed plans for braiding federal dollars to enable CCDPH to award close to \$11 million dollars in grants to communities through the Building Healthy Communities Initiative. Eligible organizations will be able to apply to undertake various strategies that builds COVID resiliency and advances health equity in their communities.
- The Behavioral Health Unit (BHU) is working with the Justice Advisory Council to conduct a landscape analysis to identify state crisis intervention initiatives and crisis intervention programs and providers in suburban Cook County and determine unmet need.
- Cook County Department of Public Health collaborated with Illinois Public Health Institute (IPHI) and Illinois Alliance to Prevent Obesity (IAPO) to develop survey questions to learn more about how suburban Cook County K-12 school districts are meeting state health and wellness standards and any potential barriers to implementation/resource needs.
- The CD Unit was selected once again as a Council of State and Territorial Epidemiologists (CSTE) host site, making this the fourth 2-year cycle for which we have qualified to host Applied Epidemiology Fellows over the past 8 years.
- Planning for the release of the Building Healthy Communities Grant (BHC) program.
- The Des Plaines Tuberculosis Clinic continues to prepare for a to move to the Arlington Heights Ambulatory Network location.



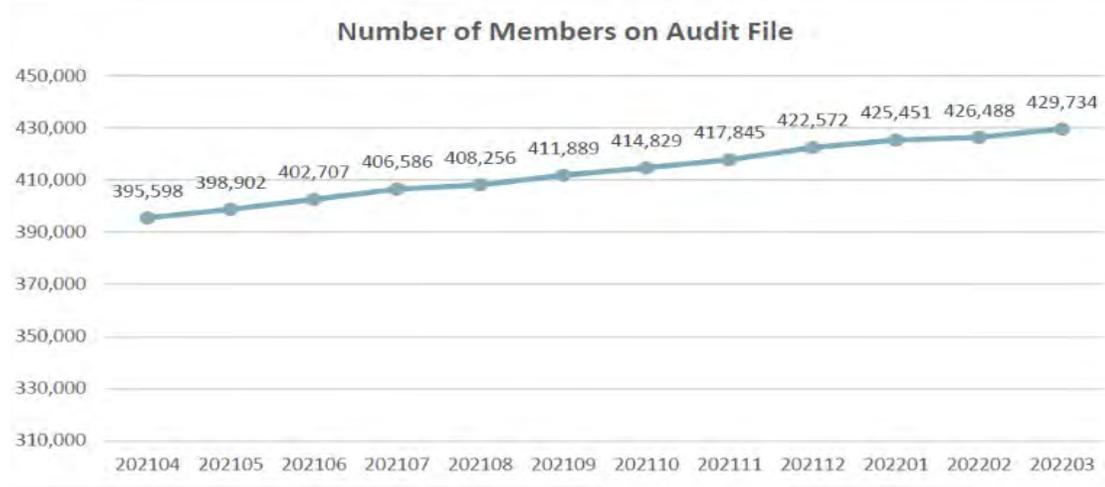
# Health Plan Services

# Strategic Highlights

## March 2022

- Between April 2021 and March 2022, CountyCare saw a net growth of over 34K members while maintaining service levels for members and providers.

CountyCare membership, April 2021-March 2022



- In March, CountyCare kicked off an initiative to prepare for the resumption of Medicaid redetermination at the end of the PHE. After the end of the PHE, approximately ~25K members will be up for redetermination each month.
- Opportunities for cost-savings and quality improvement continue to be an area of focus for Health Plan Services in 2022.
  - **Intergovernmental transfer (IGT):** We are working with the state regarding a revised IGT structure that would result in a savings of \$15-20M in 2023
  - **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.

# Strategic Highlights and Challenges

## March 2022

- Between April 2021 and March 2022, CountyCare saw a net growth of over 34K members while maintaining service levels for members and providers.
- CountyCare was selected by the Institute for Medicaid Innovation as a case study to highlight innovative initiatives that address social risk factors during the pandemic.
  - As a result of its Community Reinvestment Proposal, CountyCare's partnership with the Flexible Housing Pool to provide permanent supportive housing to 66 CountyCare members will be shared as a best practice.
- **Advancing Health Equity:** CountyCare, in partnership with Healthcare and Family Services and ACCESS was also selected as a participant in the Advancing Health Equity Learning Collaborative for the second year. The Advancing Health Equity Learning Collaborative, funded by the Robert Wood Johnson Foundation, convenes seven teams from seven states to design integrated payment and health care delivery reforms to reduce health disparities.
- Health Plan Services selected a care management, end-stage renal disease/dialysis, and actuarial vendor as the result of RFPs. CountyCare will now begin contract negotiations and steps towards implementation.



# Provident Hospital

# Strategic Highlights

## March 2022

- The mobile MRI scanner installation and staff training was completed and the first patient scan was performed on march 1, 2022. In addition, the staff completed training and the first fluoroscopy was performed on march 1, 2022

# Strategic Opportunities/Challenges

## March 2022

- Complete staffing models and clinical protocols for establishing ambulance runs
- Expecting a successful CAP survey scheduled for may 12, 2022



# John. H. Stroger, Jr. Hospital

# Strategic Opportunities/Challenges

March 2022

## **Throughput:**

- Successfully implemented software upgrade to dispatching system for patient transporters. Results are already reducing response time of transporters to begin patients' movement, thereby reducing total transport times.
- Redesigning admitting center to improve access and reduce holding times of patients in the emergency room
- Re-evaluating surgical block and anesthesia coverage models.
  - Nearly a 3-month lead-time for outpatient MRI scheduling for making the 3rd next available appointments

## **Regulatory:**

- Planning for Stroke Center survey in May
- Coordinating with external agencies to conduct annual training exercise in June for a mock “mass casualty” event
- Regulatory readiness “boot camp” for leaders being scheduled for April

## **Quality:**

- Celebrated a year's worth of improvements with leadership team around sepsis, hand hygiene and pressure ulcers.

## **Patient Satisfaction:**

- Satisfaction with meals has improved from the 33<sup>rd</sup> percentile in January up to the 57<sup>th</sup> percentile in March.



# COOK COUNTY HEALTH

**ISRAEL ROCHA, JR.**  
**CHIEF EXECUTIVE OFFICER**  
**REPORT TO THE BOARD OF DIRECTORS**  
**April 29, 2022**

## **Employee Recognition**

**Dr. Ashlea Winfield** has been named Cook County Health's Doctor of the Year for 2022! Dr. Winfield received the most nominations for this recognition from her colleagues across the health system.

Dr. Winfield is an emergency medicine physician and Assistant Program Director of the CCH Simulation Center. In this role, she educates not only emergency medicine residents in the simulation center but also residents, fellows, and faculty from all departments across CCH. She created and leads the Department of Emergency Medicine's Diversity, Equity, and Inclusion Committee, spearheading meaningful developments to make CCH a more inclusive and welcoming environment for both patients and staff. She also serves as a mentor for students of all ages, from high school through residency. As one nominator wrote, "Dr. Winfield is the personification of the Cook County Health mission."

Dr. Winfield graduated from Tulane University and earned her medical degree from Louisiana State University Health Sciences Center at New Orleans. She completed her residency at CCH and a simulation fellowship at CCH and Rush University.

**Joyce Ogunti**, a nurse in the Stroger Hospital Emergency Department, was awarded Judge Emma Shannon Walser Medal for Rule of Law, Good Governance and Patriotism from the Liberian Institute for Growing Patriotism for founding the ACRES (Alfred & Colinette Raynes Everybody Served) Community Clinic in Millsburg, Liberia. Ms. Ogunti and her husband founded ACRES Community Clinic in 2013 in honor of her parents in her hometown of Millsburg. The clinic provides free medical care to residents, most often treating patients suffering from malaria, heart conditions, pneumonia, gastrointestinal diseases, arthritis and more. Since opening, ACRES Community Clinic has served more than 88,000 people. Ms. Ogunti's passion for caring for people in need stretches far beyond Cook County and we celebrate her efforts to improve the health of those in her Liberian community.

## **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 the situation closely.

With approval of a second booster, CCH continues to provide access to COVID vaccine to all residents of Cook County, including CCH employees. A full list of locations, dates and times can be found [here](#).

CCH administered more its one millionth dose this week marking the milestone with a media event. Additional promotions are being planned in anticipation of FDA approval for the under five population.

### **Provident Scholarship**

On April 26<sup>th</sup>, Cook County Board President Toni Preckwinkle, County Commissioners Dennis Deer and Bill Lowry, Cook County Health Foundation Chairman Joe Flanagan and CCH CEO Israel Rocha, announced a \$1M Provident Scholarship Fund to support students who are from, and committed to caring for, underserved communities.

The Provident Scholarship Fund will be administering 60 scholarships this summer, including 30 to Health Professionals, including medical and dental students, 20 to High School senior students entering a health care program, and 10 to students in the Allied Health/Undergraduate programs.

Medical and Dental students, under the Health Professionals program will receive \$20,000 scholarships, and the Allied Health/Undergraduate and High School senior students will receive \$10,000 scholarships. More information on the scholarship program can be found [here](#).

### **Dr. Lorna Breen Act**

On April 22, Cook County Board President Toni Preckwinkle, Congressmen Raja Krishnamoorthi, and CCH CEO Israel Rocha, held a press conference to celebrate the passage into law of Congressman Krishnamoorthi's *Dr. Lorna Breen Health Care Provider Protection Act* which will provide more mental health resources for hospitals and health care organizations to support frontline health care workers.

### **CMS Visit on Health Equity**

On April 20, CCH hosted a roundtable discussion with the US Centers for Medicare and Medicaid on achieving health equity. More than a dozen officials including the CMS administrator, head of Medicaid, Illinois Governor J.B. Pritzker and CCH CEO Israel Rocha took part in the event which included a tour of the Stroger emergency and trauma departments as well as a presentation from the West Side Collaborative which CCH is deeply involved with.

### **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 April 19, 2022, CCH's Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 384 visits to CCH health centers – Arlington Heights, Austin, Belmont Cragin, Blue Island, the CORE Center, Cottage Grove, Englewood, 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 41,920 households, representing 138,141 individuals, totaling more than 958,320 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 May include the following ACHN Health Centers.

- May 5 – **Prieto Health Center** – 2424 S. Pulaski Road, Chicago, IL 60623
- May 10 – **Provident Hospital/Sengstacke Health Center** – 500 W. 51<sup>st</sup> Street, Chicago, IL 60615
- May 19 – **Arlington Heights** – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- May 20 – **CORE Center** – 2020 W. Harrison Street, Chicago, IL 60612
- May 26 – **Blue Island Health Center** – 12757 S. Western Ave., Blue Island, IL 60406

## 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 May include the following:

- May 4 Cook County Health and CountyCare promotion at the **Chicago Housing Authority's 2022 Mother's Day Make Over** which will take place at Row 24 Community Center located at 2411 S. Michigan Avenue in Chicago.
- May 7 Cook County Health and CountyCare promotion at the **5 de Mayo Festival** which is sponsored by Aunt Martha's and will take place at St Kieran Catholic Church located at 724 195th Street in Chicago Heights.
- May 7 Cook County Health and CountyCare at the **Family Services Day 2022** which is organized by the Rolling Meadows Police Department and will take place at the East Park Apartments located at 2260 Algonquin Parkway in Rolling Meadows.
- May 12 Cook County Health's Stroke Department will do a **Stroke Virtual Presentation** to the Senior group at the TRC Village located at 346 E 53rd Street in Chicago.
- May 14 Cook County Health and CountyCare at the **Summit Public Library District 2022 Health Fair** which will take place at the library located at 6233 S. Archer Avenue in Summit.
- May 20 Cook County Health and CountyCare promotion at the **Envision Unlimited Wellness Day** which will take place at their offices located at 5080 N. Elston Avenue in Chicago.
- May 22 Cook County Health and CountyCare promotion at the **30th Annual Skokie Festival of Cultures** which is sponsored by the Skokie Park District will take place at Oakton Park located at 4701 West Oakton Street in Skokie.

## Advisory Councils

Cook County Health Community 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 to serve as an avenue for members to share information about their organizations. The 2022 Second Quarter presentations include Cardiology, Stroke, Family Planning, and the CountyCare Rewards Program. In addition, updates on Cook County Health, Covid-19 Vaccination and Community Outreach will be provided. Each clinic also provides an update on its operations at the meeting. We are currently recruiting members for the Belmont Cragin Advisory Council.

Upcoming CAC meeting dates, including the 2022 schedule:

**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  
1135 W. 69th Street, Chicago, IL 60621

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

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

**Community Newsletter, media and social media reports are attached**

## Legislative Update

### Local

- On April 5 CCH appeared before the Cook County Health & Hospitals Committee to provide a COVID-19 and Contact Tracing Update as well as a Quarterly Report on Behavioral Health services provided by CCH by the Departments of Behavioral Health & Psychiatry, Cermak, JTDC and CCDPH.

The Committee also approved a Resolution sponsored by Commissioner Donna Miller (6<sup>th</sup> District) and Commissioner Dennis Deer (2<sup>nd</sup> District) calling for a bi-annual report from CCH/CCDPH on disparities in healthcare. The first report will be presented to the Cook County Health & Hospitals Committee at their July Meeting

- At the April 7<sup>th</sup> Cook County Board meeting, Commissioner Kevin Morrison introduced a *Proposed Resolution Requesting a Hearing in the Cook County Human Relations Committee to Discuss Violence and Systemic Barriers Against Cook County Transgender Residents*. A hearing on this matter is scheduled for the May 11<sup>th</sup> Cook County Human Relations Committee.

### State

- The Illinois General Assembly adjourned in the early hours of Saturday, April 9. A more detailed analysis of the spring session, including the budget and other substantive legislation of interest to Cook County Health will be provided in the May CEO report.

- Cook County Health had 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:** While SB3695 passed the Senate unanimously without any opposition, the bill was stalled in the House, partially due to the volume of bills and the shortened timeframe of the session. The House sponsor indicated that she would work with CCH to pass in a future session.

- [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. CCH co-leads this effort with the Illinois Primary Health Care Association, which represents FQHCs statewide.

**Status:** HB4645 passed both chambers unanimously with dozens of provider associations, advocates, and individuals in support. The bill will be sent to the Governor for his signature.

While funding was not included in the FY2023 budget, CCH and our partners will be working to advocate for appropriations to be included in future budgets.

Other bills of interest CCH supported included:

- 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:** While this legislation did not pass, authorizing language that provides Medicaid-like coverage to immigrant adults 42-54 years of age was included in the FY2023 budget, allowing coverage to start July 1, 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:** While these individual bills did not pass, a \$10M appropriation was included in the FY2023 budget to support these efforts, which will be administered by the Illinois Department of Public Health.

- Enrollment in the Health Benefits for Immigrant Adults (HBIA) began in late March. HBIA provides Medicaid-like coverage for low-income adults 55-64 years of age, who were previously ineligible for Medicaid due to their immigration status (undocumented or permanent resident with less than 5 years of US residency). HBIA coverage does not include long term care or home and community-based waiver services.

As a result of legislative action in the Spring 2022 session, individuals 42-54 years of age will also be eligible to apply starting July 1, 2022. CCH's financial counselors are actively working with patients and others who are likely eligible for these new coverage options to provide assistance with the application process.

## Federal

- **FY 2023 Budget and Appropriations** – The White House submitted the President's FY 2023 Budget request on March 28, nearly two months after it is supposed to be submitted to Congress. Congress is unlikely to fund all the President's requests or enact all of the legislative proposals contained in the budget, but it provides the starting point for the FY 2023 budget and appropriations process.

The following is a summary of the U.S. Department of Health and Human Services (HHS) proposals of potential interest to CCH.

### Behavioral Health (Mental Health and Substance Use)

- **New Mental Health System Transformation Fund:** Requests \$7.5 billion to improve access to mental health services through workforce development and service expansion, including the development of non-traditional delivery sites and the integration of behavioral health services into primary care.
- **9-8-8 and Behavioral Health Services:** Requests \$697 million, an increase of \$590 million over FY 2022, for SAMHSA to support implementation of 9-8-8.
- **Community Mental Health Centers:** Proposes permanently extending the program and requests \$413 billion in FY 2023 to support community-based mental health. Additionally, the budget proposes funding

for **Certified Community Behavioral Health Center Expansion Grants** by \$238 million above FY 2022 enacted and would expand and convert existing demonstrations into a permanent program, allowing all states and territories (including Illinois) to participate in the existing **Certified Community Behavioral Health Clinic demonstration**, including the enhanced FMAP. It would also convert existing and any new demonstration programs to a more sustainable Medicaid state plan option.

- **Youth Mental Health:** Requests \$308 million, an increase of \$163 million above FY 2022 enacted, for Project AWARE and the Mental Health Awareness Training program. The budget also proposes \$225 million, \$100 million above FY 2022, to support the development, implementation, expansion, and sustainability of comprehensive, community-based services for youth with severe emotional disturbance (SED).
- **Behavioral Health Workforce:** Proposes \$397 million for Behavioral Health Workforce Development Programs under the Health Resources and Services Administration (HRSA) to train paraprofessionals, increase the number of behavioral health providers in the workforce, and promote team-based approaches to care.
- **Substance Use Disorder:** Requests \$11.4 billion, including \$10.8 billion in discretionary funding, for programs addressing opioids and overdose-related activities across HHS. These are foundational programs supporting the Department’s Overdose Prevention Strategy. The Strategy prioritizes four key target areas—primary prevention, harm reduction, evidence-based treatment, and recovery support. *[Note that the budget proposes to remove the word “abuse” from agency names within HHS—including the Substance Use And Mental Health Services Administration, the National Institute on Alcohol Effects and Alcohol-Associated Disorders, and the National Institute on Drugs and Addiction. HHS comments that, “individuals do not choose to ‘abuse’ drugs and alcohol; they suffer from a disease known as addiction. It is a high priority for this Administration to move past outdated and stigmatizing language that is harmful to the individuals and families that suffer from addiction.”]*
- **Medicaid Mental Health Provider Capacity:** Proposes \$7.5 billion for the Medicaid program to give planning grants and a demonstration opportunity for states to improve Medicaid mental health provider capacity, complementing the existing Medicaid provider capacity demonstration program for substance use disorder treatment.

#### **Public Health**

- **Public Health Infrastructure:** Proposes \$600 million in flexible funding for CDC to support core public health capacity investments at the federal, state, and local levels. These investments are aimed at enhancing capacity to surge for emergencies, conduct long-term public health planning, and expand or create new evidence-based approaches. CDC is planning to provide grants to support public health infrastructure funding to all states, territories, Washington, D.C., and local health departments that serve a county population of 2 million or more or a city population of 400,000 or more. *[Note that this proposal reflects CCH-supported provisions in the House-passed and Senate HELP Committee versions of the Build Back Better Act.]*
- **Data Modernization:** Proposes \$200 million for CDC to improve how public health data is collected and used and to move toward an integrated data system where information can easily flow in real-time between public health departments, the health care system, and the CDC.
- **Immunization Programs:** Proposes \$5.9 billion in mandatory funding for the **Vaccines for Children** program, and \$2.1 billion in mandatory funding for a new **Vaccines for Adults** program. Proposes \$1.3 billion, \$383 million above FY 2022, in discretionary funding for Immunization and Respiratory Diseases. This includes \$994 million for the discretionary **Section 317 Immunization** program, research related to long COVID- 19, and efforts related to HPV vaccination. Within the discretionary total, the budget also proposes \$251 million for CDC’s influenza program, with a focus on increased surveillance of novel influenza viruses.
- **Maternal Health:** Proposes \$470 million in funding across AHRQ, CDC, HRSA, NIH, and the Indian Health Service (IHS) to reduce maternal mortality and morbidity. This includes increased funding to CDC’s **Maternal Mortality Review Committees** and other **Safe Motherhood** programs; HRSA’s **State Maternal**

**Health Innovation Grants** program and new **Healthy Start** program initiatives; and other maternal health programs across HHS.

- **Ending the HIV Epidemic in the U.S. Initiative (EHE):** In addition to funding for HRSA’s Ryan White/HIV AIDS program, the budget proposes increasing funding for the EHE by \$165 million above FY 2022, for a total of \$290 million. Funding would support HIV care and treatment for over 76,000 clients in the 50 geographic locations that currently have more than 50 percent of new HIV diagnoses nationally and the seven states with substantial rural HIV burden. *[Note that Cook County is one of the 50 jurisdictions.]*
- **Community Violence Intervention Initiative:** Proposes \$250 million aimed at supporting the implementation and monitoring of proven, evidence-based strategies to address community violence, including strategies in hospital settings, by state and local health departments.
- **Firearm injury and Mortality Research:** Proposes \$35 million, \$23 million above FY 2022, for CDC to continue funding research to identify the most effective ways to prevent firearm related injuries and deaths. CDC will also build upon the findings from currently funded firearm research projects and begin implementation of evidence informed strategies through a new grant program focused on preventing firearm injuries and deaths in high-risk urban and rural communities. CDC will directly fund state and local health departments, government agencies, and/or community-based organizations to implement a menu of evidence-based, evidence-informed, and innovative strategies to prevent firearm-related injuries and deaths.

#### **Employee Health Plans**

- **Increase Access to Consumer Protections in Self-Insured Non-Federal Governmental Plans:** Currently, self-insured state and local government-sponsored health plans (also known as non-federal governmental plans) can opt out of several provisions of the Public Health Service Act, including complying with behavioral health parity rules, covering hospital care after childbirth and breast reconstruction after a mastectomy, and providing a coverage if an employee’s child takes a leave of absence from college for a serious illness or injury. The budget proposes legislation to eliminate the ability of self-insured non-federal governmental plans to opt out of these provisions, affording state and municipal employees the same consumer protections that apply to other employees with private health insurance.
- **Biden Administration** – On April 12, HHS renewed the current COVID Public Health Emergency (PHE), effective April 16 through July 15, 2022. 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. The Administration has reaffirmed its commitment to give at least sixty days’ notice before allowing the PHE to end, despite some states and advocates asking for a much longer period.
- **COVID Supplemental Appropriation** – Congress failed to reach an agreement on a \$10 billion “skinny” COVID relief package before the two-week recess. The package under consideration was limited to funding for the purchase of testing, vaccines and therapeutics and some preparedness funding for NIH. It did not include funding to replenish the HHS Health Resources and Services Administration (HRSA) program to reimburse providers for COVID testing, vaccination and treatment for uninsured individuals, which ran out in early April.
- **Reconciliation/“Build Back Better”** – Formal negotiations around advancing a smaller Budget Reconciliation package with some elements of the President’s Build Back Better agenda are on hold, though Democratic leaders continue to say that they hope to advance a measure that can pass the Senate with 51 votes.

Cook County Health and Hospitals System  
Minutes of the Board of Directors Meeting  
April 29, 2022

ATTACHMENT #6

COOK COUNTY  
HEALTH



# FY23-FY25 Strategic Plan

Israel Rocha, Chief Executive Officer  
Andrea Gibson, Chief Strategy Officer



COOK COUNTY  
HEALTH

# Timeline

February/March

Stakeholder Feedback

March 28, 2022

CCH Board of Directors, Review and Aggregation of Feedback from Stakeholders

**April**

**Draft Strategic Plan submitted to CCH Board**

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CCH Board Strategic Plan vote

June-July

Develop 3-year financial outlook with FY23 budget

August

Strategic Plan-Informed budget presented to the CCH Board with 3-year financial outlook

September

Submit Strategic Plan and 3-year financial outlook to the County Board in tandem with the 2023 budget

October

County Board to vote on Strategic Plan

# CCH Mission, Vision and Values

**Current Mission:** To deliver integrated health services with dignity and respect regardless of a patient's ability to pay; foster partnerships with other health providers and communities to enhance the health of the public; and advocate for policies which promote and protect the physical, mental and social well-being of the people of Cook County.

## **Proposed Mission:**

- Establish universal access to the world's best care and health services for all Cook County residents, regardless of the ability to pay, so all may live their healthiest life.

# CCH Mission, Vision and Values

**Current Vision:** In support of its public health mission, CCH will be recognized locally, regionally and nationally – and by patients and employees – as progressively evolving model for an accessible, integrated, patient-centered and fiscally-responsible health care system focused on assuring high quality care and improving the health of the residents of Cook County.

**Proposed Vision:** To ensure healthcare as a human right.

**Proposed Values:**

*ICARE*

**Innovation**

**Compassion**

**Accountability**

**Respect**

**Excellence & Education**

# Proposed Pillars



Patient Safety, Clinical Excellence & Quality



Patient Experience



Workforce: Talent & Teamwork



Fiscal Resilience



Health Equity, Community Health & Integration



Optimization, Systemization & Performance Improvement



Growth, Innovation & Transformation





# Patient Safety, Clinical Excellence & Quality

Ensure the highest quality service and best clinical outcomes by providing patients the right care, at the right time, and in the right place.

Objectives	Key Results
Right Care: provide safe, consistent high-quality care.	All patient care, quality and safety outcomes are at or exceed national and state benchmarks.
	Patients have the information they need to make the best decisions about their health.
	Secure Center of Excellence designations for critical services lines by delivering the best practices in care.
	Patient care coordination is robust, multidisciplinary, and fully accessible.
	The full spectrum of comprehensive care services are offered at Cook County Health.



# Patient Safety, Clinical Excellence & Quality

Ensure the highest quality service and best clinical outcomes by providing patients the right care, at the right time, and in the right place.

Objectives	Key Results
Right Place: Ensure access to care for all patients in need in the right setting.	Invest in key services and specialty care access. (Behavioral Health, Cardiovascular, Neurosciences, Oncology, Endocrinology, etc.)
	Acute care facilities are recognized as Pathway to Excellence Centers by Magnet® Hospital program.
	Our educational training programs are nationally recognized.
	Increase annual primary care visits for Managed Care empaneled members.
	Create pathways for continued care for justice-involved patients.
	Create a one-stop universal care access hotline for care services at Cook County Health.



# Patient Safety, Clinical Excellence & Quality

Ensure the highest quality service and best clinical outcomes by providing patients the right care, at the right time, and in the right place.

Objectives	Key Results
Right Time: Provide timely access to the appropriate clinical intervention.	Patients have timely and reliable access to care through a combination of enhanced efficiency and additional physical and telehealth capacity.
	By ensuring all employees are working at the top of their licenses, patient wait times are decreased.
	Mitigate variation in life expectancy throughout the county by providing timely and universal access to advanced care services.
	Launch aggressive public health, community and health outreach campaigns to reach patients where they live and work.



# Patient Experience

Develop systems of care and education that provide for an empowered patient experience.

Objectives	Key Results
Partner with patients, families, and caregivers to optimize patient outcomes and the patient experience.	Improve patient satisfaction scores (Hospital Consumer Assessment of Healthcare Providers and Systems – HCAHPS)
	Improve patient education and engagement.
	Create an intuitive and seamless process to improve patient navigation across the continuum of care.
Ensure that the organization always listens to the voice of the patients and that we are fulfilling their key needs and requirements.	Increase the number of community outreach events.
	Increase response rates on Press Ganey surveys.
	Fortify patient family advisory councils.



# Patient Experience

Develop systems of care and education that provide for an empowered patient experience.

Objectives	Key Results
Empower patients to be involved in decision making and proactive about their care.	Increase the adoption of the patient portal.
	Implement self-service scheduling for patients.
	Decrease emergency room visits.
	Establish patient health literacy trainings.

# Workforce: Talent & Teams



Serve as the employer of choice by supporting and investing in our workforce, recruiting the best talent, and fostering robust teamwork.

Objectives	Key Results
Support and invest in our workforce.	The Cook County Health University & Training Program (LMS) helps employees achieve lifelong learning goals and required competencies.
	Professional development and career pathway opportunities are available for all employees.
	Resource and succession planning allows for increased employee mobility and opportunity.
	The number of staff turnover and vacancies are reduced.
	Employee engagement is increased.
	Strong relationships and innovative programs with our union partners leads to employee retention and satisfaction.



# Workforce: Talent & Teams

Serve as the employer of choice by supporting and investing in our workforce, recruiting the best talent, and fostering robust teamwork.

Objectives	Key Results
Recruit the best talent.	The CCH recruitment team utilizes the best technology and recruitment resources to source exceptional candidates across all markets.
	CCH offers candidates timely and competitive employment offers to help launch careers at CCH.
	CCH offers approaches to employment that allows for flexibility and innovation.
	CCH offers residency, scholarship, and other pipeline programs to build our future employee workforce.



# Workforce: Talent & Teams

Serve as the employer of choice by supporting and investing in our workforce, recruiting the best talent, and fostering robust teamwork.

Objectives	Key Results
Foster robust teamwork.	Employee wellness programs are extensive and well-utilized.
	Employee-led projects are fully supported and help transform system practices.
	Project teams include representation from all levels of care and services.
	Performance improvement programs are based on just culture methods.
	Employee recognition programs are robust.



# Fiscal Resilience

Ensure CCH finances enable the expansion of our mission.

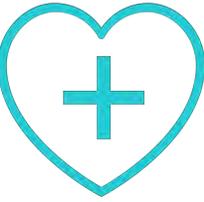
Objectives	Key Results
Maintain financial strength.	Develop a 3-year sustainable financial plan that is aligned with the strategic plan.
	Maintain a positive operating margin.
	Increase the CountyCare reserve to industry standards.
	Continue to increase CountyCare member utilization of CCH services.
Optimize funding sources.	Optimize third party payor reimbursements while minimizing barriers to care for patients.
	Secure external funding to support key initiatives.
	Continue to leverage the County tax allocation to support correctional and public health.



# Fiscal Resilience

Ensure CCH finances enable the expansion of our mission.

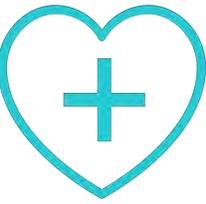
Objectives	Key Results
Control costs and maximize efficiencies.	Establish annual targets based on industry benchmarks for overall staffing, including overtime and agency staffing that align with volumes and clinical complexity.
	Conduct annual contract reviews and renegotiations to align expenses to reflect market improvements/savings.
	Leverage value analysis process to reduce costs.



# Health Equity, Community Health & Integration

Create just spaces where our patients' and community's comprehensive health needs are fully met and guide our development.

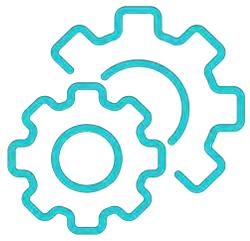
Objectives	Key Results
Create just spaces.	The physical locations of our clinics, hospitals and programs serve communities with the greatest need and resolve gaps in access to care.
	Patients feel comfortable and at home when receiving care at CCH.
	Our workforce reflects the diversity and experiences of our patients.
	Patients receives healthcare information in the language of their choice.
	CCH is recognized as a leader in LGBTQ Healthcare Equality by the Human Rights Campaign.
	CCH fully supports MBE/WBE participation in procurement opportunities.
	CCH continually utilizes pay parity studies to close race, ethnic and gender gaps.



# Health Equity, Community Health & Integration

Create just spaces where our patients' and community's comprehensive health needs are fully met and guide our development.

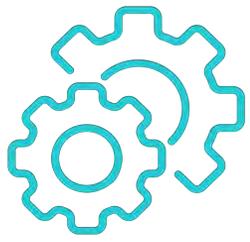
Objectives	Key Results
<p>Patient and our community's comprehensive health needs are fully met.</p>	<p>The Change Institute of CCH implements key strategies to help reduce the gaps in life expectancy across Cook County.</p>
	<p>CCH operates patient support programs to mitigate the impact of social risk factors such as food or housing insecurity.</p>
	<p>All patients receive access to the work's best treatments and advancements in medical care.</p>
	<p>CCH/CCDPH leverage data and experience to address health inequities by operating robust interventions to improve population health.</p>



# Optimization, Systemization & Performance Improvement

Optimize our systems to ensure they are accessible, reliable, appropriate, effective, standardized, and resilient.

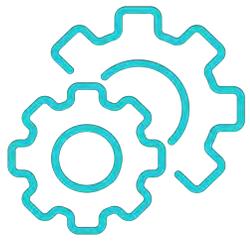
Objectives	Key Results
Standardize tools, processes and procedures across the system.	Geographic localization is used in acute care setting to improve health outcomes and standardize care programs.
	System integration with external providers and partners make seamless referrals and care processes. (Direct Scheduling, Cerner HUB, etc.)
	Electronic ticketing and monitoring programs ensure life safety systems and equipment continually operate at optimal conditions.
	New contract and policy management system make standardization and systemization easy for CCH employees.



# Optimization, Systemization & Performance Improvement

Optimize our systems to ensure they are accessible, reliable, appropriate, effective, standardized, and resilient.

Objectives	Key Results
<p>Implement performance and process improvement initiatives in both clinical and non-clinical areas.</p>	<p>CCH call centers make patient access simple and available. 5- and 10-Year Space Utilization Plans help keep pace with infrastructure needs and ensures plant modernization.</p>
	<p>Clinical Documentation Initiative helps providers across all CCH divisions.</p>
	<p>Patient length of stay in our acute care centers meets national benchmarks.</p>
	<p>Time to hire and procure is reduced.</p>
	<p>Ongoing process improvement work helps establish enhanced Standard Operating Procedures.</p>
	<p>Agency and overtime utilization is reduced.</p>



# Optimization, Systemization & Performance Improvement

Optimize our systems to ensure they are accessible, reliable, appropriate, effective, standardized, and resilient.

Objectives	Key Results
Create and sustain a culture of high reliability and transparency.	Maintain high reliability workgroups that achieve the aims of the strategic plan.
	Achieve and hard wire objectives identified in high reliability goals.
	CCDPH creates a 2030 Public Health Department of the Future Program.
	Office of Life Sciences ensures equitable access to needed programs and research.
	Compliance programs use latest technology to ensure comprehensive adherence and adoption.

# Growth, Innovation & Transformation

Lead the journey to effective care and better health outcomes through sound infrastructure and transformative access to care resources.



Objectives	Key Results
Sound infrastructure and transformative access to care resources.	Execute timely on all projects and enhancements in system and facilities master plan to better serve patients.
	Preventative maintenance programs extend life of buildings and equipment.
	Facilities are right-sized to ensure maximum efficiency, access and patient throughput.
	Comprehensive bed board and patient transfer center is established. (Including capacity for direct admissions from affiliated providers)
	Surgical capacity for both inpatient and outpatient services is expanded across the CCH system.
	Care capacity at Provident Hospital, Stroger Hospitals and ACHN sites is expanded.
	Community and health need assessment is conducted to ensure facilities and care access are available in underserved communities.

# Growth, Innovation & Transformation



Lead the journey to effective care and better health outcomes through sound infrastructure and transformative access to care resources.

Objectives	Key Results
<p>Use innovative products, services, processes, and technology to lead the journey to effective care and better health outcomes.</p>	<p>Created new care delivery programs by testing transformative concepts. (Mental Health Urgent Care Centers, Retail Clinics, etc.)</p>
	<p>Established a Mental Health Authority.</p>
	<p>Developed a comprehensive Cook County Health Care Network with and for safety net providers.</p>
	<p>Developed a multi-product strategy to serve members throughout their lifecycle. (i.e. – Medicaid, Exchange Products, Private Insurance, Medicare, PACE, etc.)</p>
	<p>Created a learning collaborative with community-based organizations to ensure responsiveness to patient needs and foster new support programs.</p>
	<p>Modernized technology systems at CCH.</p>



# Growth, Innovation & Transformation

Lead the journey to effective care and better health outcomes through sound infrastructure and transformative access to care resources.

Objectives	Key Results
Promote a culture of innovation throughout the organization.	Established innovative and sustainable solutions to improve healthcare delivery systems.
	Established partnerships in care with external organizations to jointly build community care capacity.
	Secured external funding for innovation that aligned with strategic objectives.
	Established new patient safety and quality protocols.
	Pioneered new discoveries in care.
	Launched new clinical education, training and research programs.
	Developed new strategies for justice-involved patients.
	Created new public health programs that increase patient engagement and expanded data sharing.

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# Questions?



COOK COUNTY  
**HEALTH**