Minutes of the Meeting of the Board of Directors of the Cook County Health and Hospitals System (CCHHS) held on Friday, April 30, 2021 at the hour of 9:00 A.M. This meeting was held by remote means only, as permitted by the Illinois Open Meetings Act.

I. Attendance/Call to Order

Chair Hammock called the meeting to order.

Present: Chair M. Hill Hammock and Directors Robert Currie; Hon. Dr. Dennis Deer, LCPC, CCFC; Mary Driscoll, RN, MPH; Raul Garza; Ada Mary Gugenheim; Joseph M. Harrington; Mike Koetting; Heather M. Prendergast, MD, MS, MPH; and Robert G. Reiter, Jr. (10)

Absent: Vice Chair David Ernesto Munar and Director Otis L. Story, Sr. (2)

Additional attendees and/or presenters were:

Yvonne Collins, MD – Chief Medical Officer, Health Plan Services
Claudia Fegan, MD – Chief Medical Officer
Leslie Frain – Associate Chief Quality Officer
Aaron Galeener – Interim Chief Executive Officer, CountyCare/Health Plan Services
Andrea M. Gibson – Interim Chief Business Officer
Charles Jones – Chief Procurement Officer
Kiran Joshi, MD – Cook County Department of Public Health

II. Electronically Submitted Public Speaker Testimony

There was no public testimony submitted.

III. Employee Recognition

Andrea M. Gibson, Interim Chief Business Officer, recognized Anu Thomas, RN, who was the recipient of the recent quarterly DAISY Award. The Board thanked Nurse Thomas for her exemplary work done on behalf of Cook County Health.

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

IV. Board and Committee Reports

A. Minutes of the Board of Directors Meeting, March 26, 2021

Chair Hammock inquired whether any corrections or revisions to the minutes were needed. Hearing none, he advanced to the next item.
IV. Board and Committee Reports (continued)

B. Human Resources Committee
   i. Metrics (Attachment #1)

Director Driscoll and Carrie Pramuk-Volk, Interim Chief Human Resources Officer and Employment Plan Officer, provided an overview of the Metrics. The Board reviewed and discussed the information.

Director Reiter noted that, recently, the Cook County Board of Commissioners voted unanimously to declare Juneteenth as a paid holiday for Cook County government employees; he inquired whether this action also includes CCH employees. Ms. Pramuk-Volk responded affirmatively.

C. Managed Care Committee
   i. Metrics (Attachment #2)

Aaron Galeener, Interim Chief Executive Officer of CountyCare/Health Plan Services, provided an overview of the Metrics. Dr. Yvonne Collins, Chief Medical Officer of Health Plan Services, presented additional information. The Board reviewed and discussed the information.

D. Quality and Patient Safety Committee Meeting, April 22, 2021
   i. Highly Reliable Organization (HRO) Dashboard (Attachment #3)
   ii. Meeting Minutes, which include the following action items:
       • One (1) Stroger Hospital Division Chair Initial Appointment
       • Stroger Hospital and Provident Hospital Medical Staff Appointments / Reappointments / Changes

Director Gugenheim and Leslie Frain, Associate Chief Quality Officer, provided an overview of the HRO Dashboard and Meeting Minutes. The Board reviewed and discussed the information.

E. Finance Committee Meeting, April 22, 2021
   i. February 2021 YTD Financials (Attachment #4)
   ii. Meeting Minutes, which include the following action items:
       • Receive and file CCH requests to accept grant award-related items
       • Contracts and Procurement Items
       • Proposed resolutions authorizing signatory changes for CCH bank accounts held at JP Morgan Chase Bank

Director Reiter provided an overview of the Meeting Minutes. Charles Jones, Chief Procurement Officer, provided a brief overview of the proposed Contracts and Procurement Items considered and informational reports received at the Finance Committee Meeting. There are no contractual items that are pending review by Contract Compliance.

Andrea M. Gibson, Interim Chief Business Officer, provided an overview of the February 2021 YTD Financials.

V. Action Items

A. Contracts and Procurement Items

There were no contracts and procurement items presented directly for the Board’s consideration.
V. Action Items (continued)

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

C. Proposed request - requesting approval for the authority to execute a Term Sheet for Termination of Lease and Conveyance of the Ruth M. Rothstein CORE Center of Cook County (Attachment #5)

Jeff McCutchan, General Counsel, provided an overview of the request. He noted that the CORE Foundation Board was asked to approve a prior draft of this agreement; what is before this Board today is the final negotiated product that will be presented for approval to the CORE Foundation Board at a special meeting held next Tuesday.

Director Reiter, seconded by Director Driscoll, moved to approve the following:

- Minutes of the March 26th Board Meeting;
- Minutes of the Quality and Patient Safety and Finance Committee Meetings for April, which include the Stroger Hospital Division Chair Initial Appointment, Stroger and Provident Hospital Medical Staff appointments / reappointments / changes, CCH requests to accept grant-award related items, Contracts and Procurement Items, and Proposed resolutions authorizing signatory changes for CCH bank accounts; and
- Item V(C) approval for the authority to execute a Term Sheet for Termination of Lease and Conveyance of the Ruth M. Rothstein CORE Center of Cook County

A roll call vote was taken, the votes of yeas and nays being as follows:

Yeas: Chair Hammock and Directors Currie, Deer, Driscoll, Garza, Gugenheim, Harrington, Koetting, Prendergast and Reiter (10)

Nays: None (0)

Absent: Vice Chair Munar and Director Story (2)

THE MOTION CARRIED UNANIMOUSLY.

VI. Report from Chair of the Board

Chair Hammock stated that invitations are going out today for the upcoming Cook County Health Foundation Gala scheduled to be held on October 28th.

Additionally, he noted that he will not be attending the May Board Meeting, as he will be attending his grandson’s high school graduation; Vice Chair Munar will chair the meeting in his absence.

VII. Report from Chief Executive Officer (Attachment #6)

Israel Rocha, Jr., Chief Executive Officer, provided an overview of his Report; detail is included in Attachment #6. Dr. Kiran Joshi, Senior Medical Officer and Co-Lead, Cook County Department of Public Health (CCDPH), reviewed the portion of the Report regarding CCDPH Covid Update.
VIII. Closed Meeting Items

A. Claims and Litigation

B. Discussion of personnel matters

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

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

Yeas: Chair Hammock and Directors Currie, Deer, Driscoll, Garza, Gugenheim, Harrington, Koetting, Prendergast and Reiter (10)

Nays: None (0)

Absent: Vice Chair Munar and Director Story (2)

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

Chair Hammock declared that the closed meeting was adjourned. The Board reconvened into the open meeting.
IX. Adjourn

As the agenda was exhausted, Chair Hammock declared that the meeting was ADJOURNED.

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

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
M. Hill Hammock, Chair

Attest:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary
FY 2021 CCH HR Activity Report

Thru 03/31/2021

FILLED POSITIONS

- 2020 Filled (95) | Externals (68)
- 2021 Filled (299) | Externals (246)

SEPARATIONS

- 2020 Separations (195)
- 2021 Separations (231)

NET

- FY21 External Hire - 246 | 50%
- FY21 Separations - 231 | 50%

Does not include Consultants, Registry and House Staff
CCH HR Activity Report – Vacancy : 1,264

- Cook County Health started FY 2021 with 1,117 vacancies

FY 2021 End of Quarter Vacancy

- BUDGET: 12%
  - Awaiting Funding
  - Increase Funding
  - Position not approved by Department of Budget Management Services (DBMS)

- HUMAN RESOURCES: 35%
  - Position Control Analyst
  - Classification & Compensation
  - Recruitment – In Process

- HIRING DEPARTMENT: 53%
  - No Request to Hire submitted for posting
  - Actively Recruited Position
  - Interview in Process
  - Incomplete Request to Hire
  - Position on Hold

- LABOR: 0.2%
  - AFSCME 1111

As of 03/21/2021

FY 2021 End of Quarter Vacancy Chart:
- QTR 1: 1,195
- QTR 2: 1,264
- Avg Vacancy: 1,148.5
- Positions in HR: 444

Graph showing the evolution of vacancies and positions in HR over the quarter.
FY 2021 Cook County Health HR Activity Report – Hiring Snapshot

Thru 03/31/2021

827 Positions in Recruitment

- Clinical Positions: 481 (58%)
- Non-Clinical Positions: 346 (42%)

385 (46%) of the positions in process, are in the post-validation phase.

Count of positions

- Pre-Recruiting: 49
- To be posted: 68
- Currently posted: 284
- In validation: 72
- Awaiting referral/repost: 18
- Interviews in Process: 180
- Offer being extended: 53
- Candidate in process: 67
- Hire date set: 85
- Vacancies Filled: 299

Does not include Consultants, Registry and House Staff
## Contact Tracing – Hiring Snapshot

### CCH & Hektoen Positions Hired 310

<table>
<thead>
<tr>
<th>Status</th>
<th>Hektoen</th>
<th>Cook County Health</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pre-Recruiting</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>To Be Posted</td>
<td>0</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Currently Posted</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>In Validation</td>
<td>0</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Awaiting Referral / RePost</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Interviews In Process</td>
<td>0</td>
<td>77</td>
<td>77</td>
</tr>
<tr>
<td>Offer Being Extended</td>
<td>0</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>Candidate In Process</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Hire Date Set</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Vacancies Filled</td>
<td>0</td>
<td>249</td>
<td>249</td>
</tr>
</tbody>
</table>

As of 03/31/2021

30% | 132 of 442
Positions in Process

- **4%**
- **5%**
- **58%**
- **31%**
- **79%**

- **21%**
FY 2021 Cook County Health HR Activity Report Nursing Hiring: CNI, CNII

Thru 03/31/2021

151 Positions in Process

Count of positions

- Classification & Compensation: 16
- To be posted: 9
- Currently posted: 66
- In validation: 9
- Awaiting referral/repost: 28
- Interviews in Process: 9
- Offer being extended: 21
- Candidate in process: 9
- Hire date set: 42
- Vacancies Filled: 0

67 (44%) of the positions in process are in the post-validation phase

Does not include Consultants, Registry and House Staff
FY 2021 Cook County Health HR Activity Report

Thru 03/31/2021

Average Time to Fill
(Without Credentialed\(^1\))

Goal | Actual
--- | ---
FY14 | 203
FY15 | 139
FY16 | 110
FY17 | 95
FY18 | 90
FY19 | 90
FY20 | 90
FY21 | 90

\(^1\)Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.
Thank you.
ATTACHMENT #2
CountyCare Update

Prepared for: CCH Board of Directors Meeting

Aaron Galeener
Interim Chief Executive Officer, CountyCare
April 30th, 2021
Metrics
### Current Membership

Monthly membership as of April 4, 2021

<table>
<thead>
<tr>
<th>Category</th>
<th>Total Members</th>
<th>ACHN Members</th>
<th>% ACHN</th>
</tr>
</thead>
<tbody>
<tr>
<td>FHP</td>
<td>247,231</td>
<td>18,931</td>
<td>7.7%</td>
</tr>
<tr>
<td>ACA</td>
<td>104,534</td>
<td>15,962</td>
<td>15.3%</td>
</tr>
<tr>
<td>ICP</td>
<td>30,209</td>
<td>5,435</td>
<td>18.0%</td>
</tr>
<tr>
<td>MLTSS</td>
<td>7,005</td>
<td>0</td>
<td>N/A</td>
</tr>
<tr>
<td>SNC</td>
<td>6,498</td>
<td>910</td>
<td>14.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>395,477</strong></td>
<td><strong>41,238</strong></td>
<td><strong>10.4%</strong></td>
</tr>
</tbody>
</table>

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  
ACHN: CCH Ambulatory and Community Health Network
Managed Medicaid Market

Illinois Department of Healthcare and Family Services February 2021 Data

<table>
<thead>
<tr>
<th>Managed Care Organization</th>
<th>Cook County Enrollment</th>
<th>Cook County Market Share</th>
</tr>
</thead>
<tbody>
<tr>
<td>*CountyCare</td>
<td>385,769</td>
<td>31.2%</td>
</tr>
<tr>
<td>Blue Cross Blue Shield</td>
<td>318,100</td>
<td>25.7%</td>
</tr>
<tr>
<td>Meridian (a WellCare Co.)</td>
<td>313,418</td>
<td>25.4%</td>
</tr>
<tr>
<td>IlliniCare (Aetna/CVS)</td>
<td>120,798</td>
<td>9.8%</td>
</tr>
<tr>
<td>Molina</td>
<td>91,817</td>
<td>7.4%</td>
</tr>
<tr>
<td>YouthCare</td>
<td>5,883</td>
<td>0.5%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>1,235,785</strong></td>
<td><strong>100.0%</strong></td>
</tr>
</tbody>
</table>

* Only Operating in Cook County

Meridian and WellCare (dba Harmony) merged as of 1/1/2019. Pending Merger with Centene (dba IlliniCare)
IL Medicaid Managed Care Trend in Cook County (charts not to scale)

- CountyCare’s enrollment has increased 20.1% over the past 12 months, slightly lagging the Cook County increase of 21.8%
- CountyCare’s enrollment increased 1.4% in February 2021 compared to the prior month

Source: https://www.illinois.gov/hfs/MedicalProviders/cc/Pages/TotalCCEnrollmentforAllPrograms.aspx
Note: HFS source website did not report August 2020 enrollment
FY 21 Budget | Membership

![CountyCare Membership Chart](chart.png)

FY 21 Budget Projections vs. Actual Membership

- August 20 (Aug-20)
- September 20 (Sep-20)
- October 20 (Oct-20)
- November 20 (Nov-20)
- December 20 (Dec-20)
- January 21 (Jan-21)
- February 21 (Feb-21)
- March 21 (Mar-21)
- April 21 (Apr-21)
- May 21 (May-21)
- June 21 (Jun-21)
- July 21 (Jul-21)
- August 21 (Aug-21)
- September 21 (Sep-21)
- October 21 (Oct-21)
- November 21 (Nov-21)
# Operations Metrics: Call Center & Encounter Rate

<table>
<thead>
<tr>
<th>Key Metrics</th>
<th>State Goal</th>
<th>Dec 2020</th>
<th>Jan 2021</th>
<th>Feb 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Member &amp; Provider Services Call Center Metrics</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Abandonment Rate</td>
<td>&lt; 5%</td>
<td>1.89%</td>
<td>2.39%</td>
<td>2.55%</td>
</tr>
<tr>
<td>Hold Time (minutes)</td>
<td>1:00</td>
<td>0:15</td>
<td>0:19</td>
<td>0:20</td>
</tr>
<tr>
<td>% Calls Answered &lt; 30 seconds</td>
<td>&gt; 80%</td>
<td>88.16%</td>
<td>86.75%</td>
<td>85.53%</td>
</tr>
<tr>
<td><strong>Quarterly</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Claims/Encounters Acceptance Rate</td>
<td>98%</td>
<td>96.2%</td>
<td>98.0%</td>
<td></td>
</tr>
</tbody>
</table>
Claims Payments

*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.

“As of 04/11/2021”
### Claims Payments

#### Received but Not Yet Paid Claims

<table>
<thead>
<tr>
<th>Aging Days</th>
<th>0-30 days</th>
<th>31-60 days</th>
<th>61-90 days</th>
<th>91+ days</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q1 2020</td>
<td>$109,814,352</td>
<td>$53,445,721</td>
<td>$46,955,452</td>
<td>$9,290,569</td>
<td>$219,506,093</td>
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<tr>
<td>Q2 2020</td>
<td>$116,483,514</td>
<td>$41,306,116</td>
<td>$27,968,899</td>
<td>$18,701,664</td>
<td>$204,460,193</td>
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<tr>
<td>Q3 2020</td>
<td>$118,379,552</td>
<td>$59,681,973</td>
<td>$26,222,464</td>
<td>$71,735</td>
<td>$204,355,723</td>
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<tr>
<td>Q4 2020</td>
<td>$111,807,287</td>
<td>$73,687,608</td>
<td>$61,649,515</td>
<td>$1,374,660</td>
<td>$248,519,070</td>
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<tr>
<td>Q1 2021</td>
<td>$111,325,661</td>
<td>$49,497,185</td>
<td>$4,766,955</td>
<td>$37,362</td>
<td>$165,627,162</td>
</tr>
</tbody>
</table>

*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*
Finance Initiatives

A Medical Cost Action Plan (MCAP) is designed as a mechanism to deliver on savings opportunities and cost strategies across CountyCare to position the plan for future success.

How it works
1. Health Plan business owners identify areas where cost can be decreased through specific interventions
2. Leadership approves and sponsors MCAP initiatives.
3. Finance manages the MCAP process to ensure appropriate goals, accountability on progress and measure financial impact

<table>
<thead>
<tr>
<th>Department Lead</th>
<th>Targeted Annual Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pharmacy</td>
<td>$3-5M</td>
</tr>
<tr>
<td>Finance</td>
<td>$33-38M</td>
</tr>
<tr>
<td>Clinical</td>
<td>$4-6M</td>
</tr>
<tr>
<td>Network</td>
<td>$6-8M</td>
</tr>
<tr>
<td>Compliance</td>
<td>$4-6M</td>
</tr>
</tbody>
</table>
## Finance Initiatives

<table>
<thead>
<tr>
<th>Department Lead</th>
<th>Initiative</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Finance</td>
<td>Intergovernmental Transfer/State</td>
<td>Complete</td>
</tr>
<tr>
<td>Finance</td>
<td>Administrative Contracts</td>
<td>Complete</td>
</tr>
<tr>
<td>Finance</td>
<td>SSI/SSDI Enrollment</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>340B Opportunities</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>Coordination of Benefits</td>
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<tr>
<td>Finance</td>
<td>Risk Adjustment</td>
<td></td>
</tr>
<tr>
<td>Clinical</td>
<td>High Cost Member Workplans</td>
<td></td>
</tr>
<tr>
<td>Network</td>
<td>Provider Agreement Rates</td>
<td></td>
</tr>
<tr>
<td>Network</td>
<td>Shared-Risk Provider Agreements</td>
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</tr>
<tr>
<td>Compliance</td>
<td>Fraud, Waste, Abuse, and Mismanagement</td>
<td></td>
</tr>
</tbody>
</table>
Growth Initiatives - Framework

- Innovation
- Member-centric operating model
- Talent & expertise
- Provider network
- Brand & Advocacy
- Enrollment & retention
- Product / LOB expansion

CountyCare Membership Growth
Growth Initiatives

**Enrollment and Retention**

- **Newborn Retention** – Identifying top areas of attrition and focusing retention efforts

- **COVID Enrollment** – Retain membership increases that resulted from COVID-19 through targeted campaigns and PCP engagement

- **Choice Attrition** – Identify members who leave CountyCare during choice period and implement data-driven interventions

- **Justice-Involved Population** – auto-assignment effective 4/1 with developing clinical model

- **Senior Immigrant Population** – Medicaid enrollment effective 1/1/2021, expected Medicaid MCO enrollment during Q3 2021
Growth Initiatives

Provider Network
- PCP – CCHHS Network, engaging CCH PCPs to identify members and enroll age-in population into Medicare
- External PCPs – Evaluation of geographic gaps, attrition, new potential partnerships to drive growth
- PCP Engagement – Ensure connection to PCPs early on in member enrollment with plan

Marketing and Branding – Continued Market Presence

Innovation/Quality – Auto-Assignment Impact

Talent and Expertise - Staff Retention and Recruitment
Quality Initiatives

Providers and Care Management Entities:
- Ongoing quarterly provider performance meetings
  - Share data with provider groups and CMEs on membership, costs, utilization, chronic conditions, and HEDIS measures
  - Provide gaps in care member lists for outreach
- Implemented a new HEDIS vendor
  - Increased reporting frequency and capabilities, easy provider access to HEDIS performance portal
- Webinars and education for care management entities on:
  - 2021 HFS Priority Measures
  - CAHPS Survey

Members:
- Member Self-Management Program – 1,600 members enrolled from 4 provider groups as of March 2021
  - A mobile-phone enabled self-management software for members to learn and practice appropriate self-care for asthma, diabetes, hypertension, and obesity
- Offering in-home diabetic care
  - Retinal eye exams + labs including HbA1c testing, eGFR, and uACR (NEW for 2021)
Illinois Advancing Health Equity Collaborative Team:
- Collaboration among CountyCare, Cook County Health, Illinois HFS
- Advance health equity among those with complex health needs who are experiencing homelessness

Since October 2020, we have accomplished:
- Policy/protocols for referral of MCO members for targeted housing & tenancy supports
- Member data gathering/review to populate target universe and priorities within
- Referred first 36 members for outreach; 3 have been found and enrolled
- Better integration of MCO care management and CCH housing services
- Began generalizing system improvements to MCO members not in target universe who are experiencing housing insecurity

We are working through:
- Evaluation protocols leading to actionable decision-making for further investment
- How to address system-level data gaps for race, ethnicity and language
- How to address unique considerations re BAAs in subcontract partnership model
- How to increase member voice, agency, and community integration, using tools currently available to us
Member Experience Initiatives

• Sent over 5.1M text message about education on the health plan, obtaining benefit information, to adhere to completion of HRS, and how obtain vaccine information from Jan. 2020-March 31, 2021.

• Implemented a taskforce focused on continuous process improvement and review reviews of survey results from members.

• A few key initiatives include:
  – Process for members who need care immediately
  – Utilizing CCH specialist third next available appointment data to improve access to specialists
  – Surveying specialist appointment availability to address wait times
  – Geo-analysis of the provider network to identify gaps and contract with additional providers as needed
  – Updated resources and training for Member Services reps
ATTACHMENT #3
30-Day Readmission Rate (Stroger Hospital)

HRO Domain: Readmissions

In December
- COVID accounting for 10% of all readmits
- HF readmits decreased from 19.6% to 12.4%

*Lower readmission rate is favorable
Case Mix Index, Medical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation

*Higher case mix index is favorable.
Case Mix Index, Surgical MS-DRG (Stroger Hospital)

HRO Domain: Clinical Documentation

*Higher case mix index is favorable
In February, improvements:
- Communication with Nurses*
- Response of Hospital Staff
- Care Transitions
- Cleanliness of Hospital*

*Highest percentile rank for Stroger

*Higher top box score is favorable
HbA1c <8%

HRO Domain: HEDIS

*Higher percent of patients with HbA1c in control (<8%) is favorable
<table>
<thead>
<tr>
<th>Metric</th>
<th>Definition</th>
</tr>
</thead>
</table>
| **30-Day Readmission Rate** | - *Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger*  
- *Calculation:* Raw unplanned readmission rate (# of readmissions / total # of eligible discharges)  
- *Population included:* all inpatient discharges from Stroger  
- *Cohort inclusions:* any payer; any age; alive at discharge  
- *Cohort exclusions:* Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth  
- *Reporting timeframe:* reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge  
- *Data source:* Vizient Clinical Data Base |
| **Case Mix Index** | - *Average relative DRG weight of a hospital’s inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing by the total number of discharges*  
- *Population included:* all inpatient discharges from Stroger  
- *Cohort inclusions:* any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (Surgical: an OR procedure is performed)  
- *Cohort exclusions:* none  
- *Reporting timeframe:* reported monthly by most current month available; reported by month of patient discharge  
- *Data source:* Vizient Clinical Data Base |
| **Recommend the Hospital** | - *Percent of patient responses with “Definitely Yes” (top box response) for Recommend the Hospital item in HCAHPS survey*  
- *Calculation:* Percent of patient responses with “Definitely Yes” (top box) / total survey responses  
- *Population included:* Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; >1 overnight stay in hospital as inpatient  
- *Cohort exclusions:* discharged to hospice care; discharged to nursing homes or SNFs; court/law enforcement patients; patients with a foreign home address; “no-publicity” patients; patients who are excluded because of rules and regulates of state in which hospital is located  
- *Reporting timeframe:* reported monthly by most current month available; reported by month of survey received date  
- *Data source:* Press Ganey |
| **HbA1c <8%** | - *Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is in control (<8.0%)*  
- *Calculation:* Percent of diabetic patients with HbA1c in control / total diabetic patients  
- *Population included:* (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) OR (One diabetic Inpatient visit in the current year or previous year) OR (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year)  
- *Cohort exclusions:* none  
- *Reporting timeframe:* reported monthly by most current month available; reported by month of patient visit  
- *Data source:* NCQA, HEDIS |
Executive Summary: Statement of Financial Condition

- Cook County Health (CCH) interim financial results for the period ending February 28, 2021:

- Cash. The County’s preliminary cash report on revenues and expenses for February 28 show a negative variance of $126M, due primarily ($115M) to CountyCare claims/PMPM payment timing and secondarily to timing of Medicaid FFS retro payments reflecting updated rates.

- Accrual. On an accrual basis, interim financials show that CCH is ending February $12.1M ahead of budget.

- Revenue Commentary:
  - Net patient service revenue was better than expected
    - Lower than expected volumes, more than offset by better rate and payer mix
    - CountyCare capitation significantly higher than expected

- Expenditures:
  - CountyCare claims expense higher than budgeted expectation
  - Better than expected domestic spend

- Key Revenue Cycle Metrics:
  - Accounts Receivable
  - Discharged Not Final Billed
  - Denials
## Interim Financial Results – February 28, 2021 FYTD

<table>
<thead>
<tr>
<th>Dollars in 000s</th>
<th>FY2021 Actual</th>
<th>FY2021 Budget</th>
<th>Variance</th>
<th>%</th>
<th>FY20 Actual (3)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenue</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net Patient Service Revenue (1)</td>
<td>$133,794</td>
<td>$132,692</td>
<td>$1,102</td>
<td>0.83%</td>
<td>$140,570</td>
</tr>
<tr>
<td>Government Support (2)</td>
<td>$95,538</td>
<td>$95,538</td>
<td>$0</td>
<td>0.00%</td>
<td>$97,759</td>
</tr>
<tr>
<td>CountyCare Capitation Revenue</td>
<td>$611,197</td>
<td>$536,454</td>
<td>$74,743</td>
<td>13.93%</td>
<td>$469,589</td>
</tr>
<tr>
<td>Other</td>
<td>$11,683</td>
<td>$3,750</td>
<td>$7,933</td>
<td>211.54%</td>
<td>$984</td>
</tr>
<tr>
<td>CountyCare Elimination (1)</td>
<td>($29,184)</td>
<td>($18,897)</td>
<td>($10,287)</td>
<td>54.43%</td>
<td>($40,267)</td>
</tr>
<tr>
<td><strong>Total Revenue</strong></td>
<td>$823,028</td>
<td>$749,537</td>
<td>$73,491</td>
<td>9.80%</td>
<td>$668,636</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salaries &amp; Benefits</td>
<td>$167,791</td>
<td>$186,214</td>
<td>$18,423</td>
<td>9.89%</td>
<td>$169,221</td>
</tr>
<tr>
<td>Overtime</td>
<td>$12,389</td>
<td>$8,744</td>
<td>($3,645)</td>
<td>-41.68%</td>
<td>$13,868</td>
</tr>
<tr>
<td>Supplies &amp; Pharmaceuticals</td>
<td>$37,355</td>
<td>$33,870</td>
<td>($3,485)</td>
<td>-10.29%</td>
<td>$34,809</td>
</tr>
<tr>
<td>Purchased Services &amp; Other</td>
<td>$88,060</td>
<td>$84,845</td>
<td>($3,214)</td>
<td>-3.79%</td>
<td>$70,421</td>
</tr>
<tr>
<td>Medical Claims Expense (1)</td>
<td>$581,267</td>
<td>$501,541</td>
<td>($79,725)</td>
<td>-15.90%</td>
<td>$434,021</td>
</tr>
<tr>
<td>Insurance</td>
<td>$7,966</td>
<td>$9,036</td>
<td>$1,070</td>
<td>11.84%</td>
<td>$7,966</td>
</tr>
<tr>
<td>Utilities</td>
<td>$3,654</td>
<td>$2,573</td>
<td>($1,081)</td>
<td>-42.03%</td>
<td>$3,207</td>
</tr>
<tr>
<td>CountyCare Elimination (1)</td>
<td>($29,184)</td>
<td>($18,897)</td>
<td>$10,287</td>
<td>54.43%</td>
<td>($40,267)</td>
</tr>
<tr>
<td><strong>Total Operating Expenses</strong></td>
<td>$869,297</td>
<td>$807,926</td>
<td>($61,371)</td>
<td>-7.60%</td>
<td>$693,247</td>
</tr>
<tr>
<td>Operating Margin</td>
<td>($46,269)</td>
<td>($58,389)</td>
<td>$12,120</td>
<td>20.76%</td>
<td>($24,611)</td>
</tr>
<tr>
<td>Non-Operating Revenue</td>
<td>$30,676</td>
<td>$30,676</td>
<td>$0</td>
<td>0.00%</td>
<td>$20,676</td>
</tr>
<tr>
<td>Net Income (Loss) (3)</td>
<td>($15,593)</td>
<td>($27,713)</td>
<td>$12,120</td>
<td>0.00%</td>
<td>($3,935)</td>
</tr>
</tbody>
</table>

**Notes:**

1. CountyCare Elimination represents the elimination of intercompany activity – Patient Service Revenue and Medical Claims Expense – for CountyCare patients receiving care at Cook County Health.
2. Government Support includes Graduate Medical Education payments.
3. Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.

Source: CCH unaudited financial statements and FY20 budget.
CCH Savings Forecast

Major categories of savings include:

- Lab Diagnostics
- Supplemental staffing
- Security services
- Transportation
- Parking
# CCH Health Providers Revenue – February 28, 2021

## Revenue Operating Indicators

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Admissions</td>
<td>3,613</td>
<td>3,735</td>
<td>-3.3%</td>
<td>4,468</td>
<td>3,897</td>
<td>1,060</td>
<td>1,389</td>
<td>1,247</td>
</tr>
<tr>
<td>Patient Days</td>
<td>20,448</td>
<td>19,358</td>
<td>5.6%</td>
<td>24,188</td>
<td>22,288</td>
<td>5,761</td>
<td>7,707</td>
<td>7,268</td>
</tr>
<tr>
<td>Average Daily Census</td>
<td>226</td>
<td>216</td>
<td>4.6%</td>
<td>266</td>
<td>248</td>
<td>206</td>
<td>266</td>
<td>260</td>
</tr>
<tr>
<td>Adjusted Patient Days</td>
<td>45,427</td>
<td>52,937</td>
<td>-14.2%</td>
<td>67,127</td>
<td>60,390</td>
<td>12,757</td>
<td>21,267</td>
<td>18,291</td>
</tr>
</tbody>
</table>
CCH 12 Month Patient Activity Levels

### Admissions – FY 2021

- **FY2021 Actual:** 3,613
- **FY2021 Budget:** 3,735

### Average Daily Census – FY 2021

- **FY2021 Actual:** 226
- **FY2021 Budget:** 216
CCH 12 Month Patient Activity Levels

**Adjusted Patient Days - FY 2021**

- **FY2021 Actual:** 45,427
- **FY2021 Budget:** 52,937

**Discharges - FY 2021**

- **FY2021 Actual:** 3,669
- **FY2021 Budget:** 3,735
Patient Activity Indicators – FYTD 2021

Primary Care Visits

FY2021 Actual: 53,794 (1,457 tele-visits)  
FY2021 Budget: 69,457

Feb
Jan
Dec

2021 Budget
2020 Actual
2021 Actual

Specialty Care Visits

FY2021 Actual: 67,011  
FY2021 Budget: 80,959

Feb
Jan
Dec

2021 Budget
2020 Actual
2021 Actual
Patient Activity Indicators – FYTD 2021

**ER Visits**
- FY2021 Actual: 21,516
- FY2021 Budget: 30,765

**Surgery**
- FY2021 Actual: 3,005
- FY2021 Budget: 3,238

**Deliveries**
- FY2021 Actual: 172
- FY2021 Budget: 240
CCH Health Providers Revenue – February 28, 2021 FYTD

Payer Mix Analysis (by Charges)

Note:
CountyCare is a Medicaid managed care program. It is shown separately to provide visibility to CountyCare.
Financial Key Performance Indicators – 2021 FYTD

Accounts Receivable Days

- Actual
- Target < 45 Days
- Value (M)

Discharged Not Final Billed (DNFB) Days

- Actual
- Target 4 - 6 Days
- Value (M)
Denials -- February 28, FYTD 2021

- Hard Denials/Write offs met the benchmark for February.
- More than half of denials relate to prior authorization.
- Focus is on the highest dollar areas (e.g., infusion, radiology, outpatient surgery).

### Current Month FYTD Benchmark

<table>
<thead>
<tr>
<th>Type</th>
<th>Current Month</th>
<th>FY21 YTD</th>
<th>Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>$</td>
<td>%</td>
</tr>
<tr>
<td>Soft Denials*</td>
<td>14%</td>
<td>16,828,453</td>
<td>15%</td>
</tr>
<tr>
<td>Hard Denials**</td>
<td>2%</td>
<td>3,674,925</td>
<td>2%</td>
</tr>
</tbody>
</table>

*Claim is denied soon after submission, but there is an opportunity to mitigate/appeal

**Claim is denied and needs to be written off

### Hard Denial Summary:

<table>
<thead>
<tr>
<th>Area</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Management</td>
<td>1,065,572</td>
</tr>
<tr>
<td>Timely Filing</td>
<td>845,329</td>
</tr>
<tr>
<td>Prior Authorization</td>
<td>574,832</td>
</tr>
<tr>
<td>Other</td>
<td>1,189,191</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>3,674,925</strong></td>
</tr>
</tbody>
</table>
Target is based on charges three months prior and 28% yield expectation
Health Plan Services Financial Results – February 28, 2020

<table>
<thead>
<tr>
<th>Commentary</th>
</tr>
</thead>
</table>

- Total membership exceeds budget by 38,711 due to increased Medicaid enrollment as a result of the COVID-19 induced growth in unemployment, and no state redetermination of Medicaid eligibility.
- CountyCare expects enrollment to continue to exceed budget as auto-assignment increased to 50% as of February 2021. This change was due to CountyCare’s top-quality ranking among Medicaid MCOs.
- CountyCare’s reimbursement to CCH for domestic spend is exceeding budget.
- Operating Gain of $1.1M consists of $3.6M from CountyCare and a loss of $(2.5)M from Medicare.
- Agreement executed with State of Illinois and CCH to reduce IGT by 50% beginning in January 2021. This change has been reflected in the results.

Notes:

(1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.

<table>
<thead>
<tr>
<th>Dollars in 000s except PMPM amounts</th>
<th>FY2021 Actual</th>
<th>FY2021 Budget</th>
<th>Variance</th>
<th>%</th>
<th>FY20 Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Capitation Revenue</td>
<td>$611,197</td>
<td>$536,454</td>
<td>$74,743</td>
<td>13.93%</td>
<td>$453,028</td>
</tr>
<tr>
<td>Operating Expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical - CCH</td>
<td>$29,184</td>
<td>$18,897</td>
<td>($10,287)</td>
<td>(54.43%)</td>
<td>$27,581</td>
</tr>
<tr>
<td>Clinical - External</td>
<td>$552,083</td>
<td>$482,644</td>
<td>($69,439)</td>
<td>(14.39%)</td>
<td>$407,426</td>
</tr>
<tr>
<td>Administrative</td>
<td>$28,782</td>
<td>$36,205</td>
<td>$7,424</td>
<td>20.51%</td>
<td>$23,963</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$610,048</td>
<td>$537,747</td>
<td>($72,301)</td>
<td>(13.45%)</td>
<td>$458,970</td>
</tr>
<tr>
<td>Operating Gain (Loss)</td>
<td>$1,149</td>
<td>($1,293)</td>
<td>$2,442</td>
<td>(188.88%)</td>
<td>($5,943)</td>
</tr>
</tbody>
</table>

| Activity Levels                    |               |               |          |     |             |
| Member Months                      | 1,145,158     | 1,106,447     | 38,711   | 3.50% | 957,457     |
| CCH CountyCare Member Months       | 117,608       | N/A           | N/A      | N/A | 102,639     |
| CCH % CountyCare Member Months     | 10.27%        | N/A           | N/A      | N/A | 10.72%      |

| Operating Indicators               |               |               |          |     |             |
| Revenue Per Member Per Month (PMPM)| $533.72       | $484.84       | $48.88   | 10.08% | $473.16     |
| Clinical Cost PMPM                 | $507.59       | $453.29       | ($54.30) | (11.98%) | $454.34     |
| Medical Loss Ratio (1)             | 92.7%         | 90.62%        | (2.13%)  | (2.35%) | 93.52%      |
| Administrative Cost Ratio          | 4.4%          | 6.16%         | 1.76%    | 28.53% | 4.66%       |

Notes:

(1) Medical Loss Ratio is a measure of the percentage of premium that a health plan spends on medical claims.
### Commentary

- **Membership** is lower than budget, driving lower than expected revenue. Revenue on a per member per month basis slightly exceeding budgeted PMPM.
- Revenue does not include risk adjustment, which is expected to increase total revenue once risk-adjustment completed by CMS.
- Total operating loss exceeds budgeted operating loss by $(18,000).

---

#### Dollars in 000s except PMPM amounts

<table>
<thead>
<tr>
<th></th>
<th>FY2021 Actual</th>
<th>FY2021 Budget</th>
<th>Variance</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Capitation Revenue (Total dollar amount)</strong></td>
<td>$2,635</td>
<td>$6,070</td>
<td>$(3,435)</td>
<td>(56.59%)</td>
</tr>
<tr>
<td><strong>Operating Expenses</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinical Expenses</td>
<td>$2,694</td>
<td>$6,070</td>
<td>$3,376</td>
<td>55.62%</td>
</tr>
<tr>
<td>Administrative</td>
<td>$2,486</td>
<td>$2,526</td>
<td>$41</td>
<td>1.61%</td>
</tr>
<tr>
<td>Total Expenses</td>
<td>$5,179</td>
<td>$8,597</td>
<td>$3,417</td>
<td>39.75%</td>
</tr>
<tr>
<td><strong>Operating Gain (Loss)</strong></td>
<td>($2,545)</td>
<td>($2,526)</td>
<td>($18)</td>
<td>0.72%</td>
</tr>
</tbody>
</table>

#### Activity Levels

<table>
<thead>
<tr>
<th></th>
<th>FY2021 Actual</th>
<th>FY2021 Budget</th>
<th>Variance</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Months</td>
<td>1,672</td>
<td>4,111</td>
<td>(2,439)</td>
<td>(59.33%)</td>
</tr>
</tbody>
</table>

#### Operating Indicators

<table>
<thead>
<tr>
<th></th>
<th>FY2021 Actual</th>
<th>FY2021 Budget</th>
<th>Variance</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue Per Member Per Month (PMPM)</td>
<td>$1,575.91</td>
<td>$1,476.59</td>
<td>$99.31</td>
<td>6.73%</td>
</tr>
<tr>
<td>Clinical Cost PMPM</td>
<td>$1,611.14</td>
<td>$1,476.59</td>
<td>($134.55)</td>
<td>(9.11%)</td>
</tr>
</tbody>
</table>
State Transformation Investment

- The State established a $150M annual transformation fund for healthcare collaborations to improve health equity. The first round of applications was due April 9th, with awards likely in June. The second round of transformation will be in September.

- Participated in the Westside Health Equity Collaborative, including 11 organizations on the West Side applied to address behavioral health, hypertension and diabetes through enhanced, proactive healthcare navigation to reduce health disparities. The application included a request for $18M in the first year and requested $25M in year two and three.

- Participated as a partner organization in the Safer Foundation to provide enhanced access to justice-involved individuals through dedicated care management and scheduling assistance.

- Targeting September application to have more CCH-led application to focus on South Side, access to specialists on South and West Sides, and improving healthcare for justice-involved patients.
COVID-19 Funding

- FEMA Vaccination Funding
  - Advance provided to pay for direct costs of mass vaccination operations

- FEMA COVID Funding
  - Reimbursement for Covid-19 expenses

- IDPH Mass Vaccination Funding
  - $5.5M grant through the end of November
  - Target CCDPH programs and costs not covered by FEMA for mass vaccination efforts
THANK YOU
To: M. Hill Hammock, Chair
   and Members, Board of Directors of the Cook County Health and Hospitals System

From: Jeff McCutchan, General Counsel

Date: April 29, 2021

Re: April 30, 2021 Board Meeting: Request for the authority to execute a Term Sheet for Termination of Lease and Conveyance of the Ruth M. Rothstein CORE Center of Cook County

Respectfully requesting approval for the authority to execute a Term Sheet for Termination of Lease and Conveyance of the Ruth M. Rothstein CORE Center of Cook County.

Pursuant to contemporary leases executed in 1997, the County leased to the CORE Foundation the property on which the CORE Center is located and the CORE Foundation leased to the County the CORE Center building for use in the treatment of infectious diseases. The leases provide that at the expiration, the Foundation will turn over full ownership of the building to the County. The County Departments of Capital Planning and Real Estate worked with the County CFO and with CCH leadership to determine that it would be advantageous to the County to assume ownership of the building now, rather than in six (6) years, and have worked with the CORE Foundation to negotiate an early lease termination. Under the proposed agreement, the CORE Center building will become the County's now, instead of at the conclusion of the original thirty (30) year lease in 2027. The Foundation will also provide funds to make repairs and upkeep on the building over the next six (6) years, as required by the lease, pursuant to a report prepared by a County consultant who surveyed the building and provided an estimate of what work would need to be done in the next six (6) years.
ATTACHMENT #6
CEO Report

Israel Rocha, Jr., CEO

April 30, 2021
Recognition

Quarterly DAISY AWARD
What is the DAISY Award?

• In 1999, Patrick Barnes, age 33, was admitted to the hospital and diagnosed with Idiopathic Thrombocytopenic Purpura.

• During his 8-week hospitalization, he and his family experienced the best of Nursing. The clinical skill, fast thinking and nursing excellence.

• The family expected great clinical care. What they did not expect was the way his nurses delivered that care – with kindness and compassion.

“We were awed by the way the nurses touched him and spoke with him, even when he was on a ventilator and totally sedated. The way they informed and educated us eased our minds. They truly helped us through the darkest hours of our lives, with soft voices of hope and strong loving hugs that to this day, we still feel.”

• DAISY (Diseases Attacking the Immune SYstem) was formed in Patrick’s memory to say Thank You for the gifts nurses give their patients and families every day.
This Quarter’s DAISY Award Winner:

Anu Thomas, RN

“Let’s see where do I start ... She is professional, always had a smile and would always be on time with anything I asked for. She always did what she said she would do and did it right away, not an hour later. I thought about leaving a couple of times, but I didn’t because of her. Cook County Health should be very proud and honored they have a nurse like Nurse Anu. Nurse Anu made my long stay at CCH relaxing and somewhat enjoyable. Nurse Anu’s professionalism and personality made me think about how I want to live my life – the rest of my life. Nurse Anu made me realize what kind of person I want to be. CCH is very lucky to have Nurse Anu. She is a great person and an extra extraordinary nurse. Nurse Anu deserves the DAISY award because she is a one-in-a-million kind of nurse. Nurse Anu, I am sure you have touched many lives in your time as a nurse, I know you have touched mine. Thank you for your kind, courteous, professional self ... Thank you!
COVID-19 Update

CCH Patient COVID Testing
## CCH COVID Testing

All CCH Testing* as of 4/26/21

<table>
<thead>
<tr>
<th>Test Result</th>
<th>Test Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Negative</td>
<td>122,723</td>
<td>92%</td>
</tr>
<tr>
<td>Positive</td>
<td>8,839</td>
<td>7%</td>
</tr>
<tr>
<td>Undetermined</td>
<td>1,317</td>
<td>1%</td>
</tr>
<tr>
<td>Grand Total</td>
<td>132,879</td>
<td>100%</td>
</tr>
</tbody>
</table>

*This slide represents all tests conducted at CCH. If a patient was tested multiple times, each test is counted.
## Patient Testing

All CCH Testing as of 4/26/21

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>33%</td>
</tr>
<tr>
<td>Male</td>
<td>67%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>10%</td>
</tr>
<tr>
<td>21-40</td>
<td>42%</td>
</tr>
<tr>
<td>41-64</td>
<td>38%</td>
</tr>
<tr>
<td>65 +</td>
<td>10%</td>
</tr>
</tbody>
</table>

## Positives Only

<table>
<thead>
<tr>
<th>Gender</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Female</td>
<td>36%</td>
</tr>
<tr>
<td>Male</td>
<td>64%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Age Group</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-20</td>
<td>7%</td>
</tr>
<tr>
<td>21-40</td>
<td>36%</td>
</tr>
<tr>
<td>41-64</td>
<td>46%</td>
</tr>
<tr>
<td>65 +</td>
<td>10%</td>
</tr>
</tbody>
</table>

Due to rounding, totals may not equal 100.
## Patient Testing

### All CCH Testing as of 4/26/21

<table>
<thead>
<tr>
<th>Race</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>African/American</td>
<td>57%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>2%</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
</tr>
<tr>
<td>Other/Multiple/Unknown</td>
<td>9%</td>
</tr>
<tr>
<td>White</td>
<td>30%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino/Spanish Origin</td>
<td>21%</td>
</tr>
<tr>
<td>Non-Hispanic/Latino/Spanish Origin</td>
<td>78%</td>
</tr>
</tbody>
</table>

### Positives Only

<table>
<thead>
<tr>
<th>Race</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>African/American</td>
<td>45%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>4%</td>
</tr>
<tr>
<td>Asian</td>
<td>2%</td>
</tr>
<tr>
<td>Other/Multiple/Unknown</td>
<td>14%</td>
</tr>
<tr>
<td>White</td>
<td>35%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/Latino/Spanish Origin</td>
<td>39%</td>
</tr>
<tr>
<td>Non-Hispanic/Latino/Spanish Origin</td>
<td>61%</td>
</tr>
</tbody>
</table>

Due to rounding, totals may not equal 100.
Cermak Update
This graph illustrates the impact of testing availability. As was true in the community, our initial testing was constrained exclusively to symptomatic patients. The availability expanded eventually to include patients without overt signs of infection and then to surveillance. Testing continues to inform care and housing and plays a critical role in focused interventions and ongoing containment.

The Importance of Testing

Rolling 7 Day Positivity Rate as of 4/27/21 = 1.3%
Cermak Update

- Cermak remains our highest priority.
- Population continues to rise compressing space to accommodate social distancing. There are approximately 725 detainees awaiting transfer to the Illinois Department of Corrections. The state has limited prison transfers and requires all transfers to be fully vaccinated.
- Lower census allowed for single celling, distancing and other mitigation strategies that have led to containment.

Source: https://www.cookcountysheriff.org/data/
Department of Corrections & JTDC Vaccines
as of April 23, 2021

<table>
<thead>
<tr>
<th></th>
<th>Total Doses (first &amp; second)</th>
<th>Unique Individuals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dept. of Corrections and JTDC</td>
<td>4,461</td>
<td>2,303</td>
</tr>
<tr>
<td>Employees &amp; Contractors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cermak Health Services Patients</td>
<td>4,400</td>
<td>2,933</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
COVID-19 Vaccination
CCH Staff Program
COVID-19 CCH Vaccination Reporting

CCH Staff Vaccination Summary

CCH Staff vaccinated ~80%
5,787

CCH Employees vaccinated ~62%
3,773

As of 04/7/2021
# COVID-19 CCH Vaccination Reporting

## CCH Employees Vaccinated by Race/Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Vaccinated (%)</th>
<th>Not Vaccinated (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Black or African-American</td>
<td>47.7</td>
<td>54.7</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>54.7</td>
<td></td>
</tr>
<tr>
<td>Hispanic or Latino</td>
<td>66.3</td>
<td></td>
</tr>
<tr>
<td>White</td>
<td>75.5</td>
<td></td>
</tr>
<tr>
<td>American Indian/Alaskan Native</td>
<td>78.9</td>
<td></td>
</tr>
<tr>
<td>Asian</td>
<td>80.8</td>
<td></td>
</tr>
<tr>
<td>Unknown</td>
<td>83.3</td>
<td></td>
</tr>
</tbody>
</table>

As of 04/07/2021
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Age

<table>
<thead>
<tr>
<th>Age Group</th>
<th>Vaccinated</th>
<th>Not Vaccinated</th>
</tr>
</thead>
<tbody>
<tr>
<td>&lt;21 Years</td>
<td>14</td>
<td>25.0%</td>
</tr>
<tr>
<td>21-30 Years</td>
<td>388</td>
<td>70.5%</td>
</tr>
<tr>
<td>31-40 Years</td>
<td>801</td>
<td>59.6%</td>
</tr>
<tr>
<td>41-50 Years</td>
<td>910</td>
<td>60.0%</td>
</tr>
<tr>
<td>51-60 Years</td>
<td>1085</td>
<td>62.1%</td>
</tr>
<tr>
<td>61-70 Years</td>
<td>535</td>
<td>64.8%</td>
</tr>
<tr>
<td>71-80 Years</td>
<td>47</td>
<td>56.0%</td>
</tr>
<tr>
<td>&gt; 80 Years</td>
<td>5</td>
<td>83.3%</td>
</tr>
<tr>
<td>Unknown</td>
<td>1</td>
<td>100.0%</td>
</tr>
</tbody>
</table>

As of 04/07/2021

% CCH Staff Vaccinated (62%) Not Vaccinated (38%)

Vaccinated (62%) Not Vaccinated (38%)
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Job Category

<table>
<thead>
<tr>
<th>Job Category</th>
<th>Vaccinated (62%)</th>
<th>Not Vaccinated (38%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unknown</td>
<td>49.8%</td>
<td>63.4%</td>
</tr>
<tr>
<td>Trades</td>
<td>54.8%</td>
<td></td>
</tr>
<tr>
<td>Technicians and Technologists</td>
<td>44.1%</td>
<td></td>
</tr>
<tr>
<td>Service and Maintenance</td>
<td>45.7%</td>
<td></td>
</tr>
<tr>
<td>Public Health Professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Pharmacists</td>
<td>68.4%</td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td>60.9%</td>
<td></td>
</tr>
<tr>
<td>Non-Clinical Leadership</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Management/ Administrative Support/Clerical</td>
<td>34.1%</td>
<td></td>
</tr>
<tr>
<td>Healthcare Professionals</td>
<td>63.9%</td>
<td></td>
</tr>
<tr>
<td>Doctors</td>
<td>70.7%</td>
<td></td>
</tr>
<tr>
<td>Hospital Police/Security</td>
<td>84.7%</td>
<td></td>
</tr>
<tr>
<td>Public Health Professionals</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Service and Maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Pharmacists</td>
<td>100.0%</td>
<td></td>
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<td></td>
</tr>
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<td></td>
</tr>
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<td></td>
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<tr>
<td>Hospital Police/Security</td>
<td>84.7%</td>
<td></td>
</tr>
<tr>
<td>Public Health</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Service and Maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Pharmacists</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Non-Clinical Leadership</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Management/ Administrative Support/Clerical</td>
<td>34.1%</td>
<td></td>
</tr>
<tr>
<td>Healthcare Professionals</td>
<td>63.9%</td>
<td></td>
</tr>
<tr>
<td>Doctors</td>
<td>70.7%</td>
<td></td>
</tr>
<tr>
<td>Hospital Police/Security</td>
<td>84.7%</td>
<td></td>
</tr>
<tr>
<td>Public Health</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Service and Maintenance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Health</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Pharmacy</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Pharmacists</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Nursing</td>
<td>100.0%</td>
<td></td>
</tr>
<tr>
<td>Non-Clinical Leadership</td>
<td>100.0%</td>
<td></td>
</tr>
</tbody>
</table>

As of 04/07/2021
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Union & Non-Union

As of 04/07/2021

<table>
<thead>
<tr>
<th>Union</th>
<th>3,107</th>
<th>5,199</th>
</tr>
</thead>
<tbody>
<tr>
<td>% CCH Staff</td>
<td>60%</td>
<td>76%</td>
</tr>
</tbody>
</table>

Vaccinated | Not Vaccinated

As of 04/07/2021
COVID-19 CCH Vaccination Reporting

CCH Employees Vaccinated By Union vs. Non-Union

As of 04/07/2021

**UNION**
- Vaccinated (3107) 60%
- Not-Vaccinated (2092) 40%

**NON-UNION**
- Vaccinated (666) 76%
- Not-Vaccinated (214) 24%

Union (5199) 86%
Non-Union (880) 14%

As of 04/07/2021
COVID-19 Vaccination

Patient & Community Points of Distribution (PODs)
Important Updates

• Cook County moved into Phase 2 on April 12, 2021 and as state-supported sites expanded access to its mass sites to all eligible Illinoisans.

• On April 13, following guidance from the FDA and the CDC, CCH and CCDPH paused the use of the Johnson & Johnson vaccine to allow for a review of serious but rare blood clots reported in a small number of individuals. On Friday, April 23, 2021, the FDA and CDC lifted the pause and included a warning related to the blood clots in the EUA fact sheet. On Wednesday, April 28, CCH again began providing the J&J vaccine at its Tinley Park site. Individuals can choose to take J&J or Moderna at Tinley. CCDPH will utilize J&J in appropriate settings.

• CCH opened its 6th mega site in Matteson on April 14, 2021.

• Cook County Health administered its 500,000th dose of vaccine on April 15th. As of April 23rd, CCH has administered more than 643,000 doses.

• On Monday, April 26, 2021, all six CCH mass vaccine sites opened to walk-ins as did several priority and mobile sites operated by CCH and/or CCDPH.

• On Friday, April 30, the Matteson site will shift hours to 10AM – 7PM M-F and 8AM – 6PM on Saturdays to accommodate individuals who cannot get to a vaccine site during normal business hours.
Vaccine Registration & Scheduling

As of 4/23/21

• Microsite Stats
  • vaccine.cookcountyil.gov
    o More than 1.5M unique registrants since January 25th launch
    o Last week, the site averaged 208,000 hits each day from 185,000 unique IP addresses.

• Call Center Stats
  • 1-833-308-1988 Monday-Friday, 7:00AM – 10:00PM and Saturdays 8:00AM – 10:00PM
    o Over the past week
      ▪ 16,406 calls received
    o The call center has responded to more than 649,000 inquiries since January 25, 2021.
CCH Vaccine Strategy

CCH has a multi-pronged approach to vaccine administration to expand current capacity, ensure an equitable distribution of vaccine in vulnerable communities and to help safely restore critical public services to the community. As vaccine supply increases, additional Points of Distribution (PODs) may be considered.

<table>
<thead>
<tr>
<th>POD Type</th>
<th>Definitions</th>
<th>Location(s)</th>
</tr>
</thead>
</table>
| CCH Mega PODs        | Open to the general public who meet current eligibility criteria. By appointment or walk-in. Scheduling: vaccine.cookcountyil.gov or 1-833-308-1988 M-F 7AM – 7PM. | Tinley Park Convention Center  
Triton College – River Grove  
South Sub. College – South Holland  
Des Plaines  
Forest Park  
Matteson |
| Targeted PODs        | Open initially to a specific eligible population (i.e. educators, police, etc) within a geographic region. May have capacity to expand to other priority populations or eligible community members in same geographic area. By appointment or walk-in. | Thornton Fractional South – Lansing  
Morton East High School – Cicero  
Summit Park District - Summit |
| CCH PODs             | Open to CCH patients and the general public who meet current eligibility. CCH is transitioning its community health centers to a pre-COVID state to ensure CCH patients are able to see their physicians in a timely fashion. Vaccines are being provided to CCH patients daily.  
Those sites indicated with an * remain open to CCH patients and the general public who meet current eligibility. Morton East is serving as both a targeted POD as well as a CCH POD. By appointment and/or walk-in depending on site. Scheduling for these sites is done through vaccine.cookcountyil.gov or 1-833-308-1988 M-F 7AM – 10PM and Saturdays 8AM-10PM. | Chicago Locations:  
Austin Health Center  
Prieto Health Center  
Englewood Health Center  
Logan Square Health Center  
Provident Hospital  
Ruth M. Rothstein CORE Center  
Stroger Hospital  
Suburban Locations:  
Arlington Heights Health Center  
Blue Island Health Center  
Cottage Grove Health Center  
North Riverside Health Center  
Robbins Health Center  
Morton East High School* |
| Partner PODs         | CCDPH has distributed vaccine* to more than 150 partner locations consisting of Jewel-Osco, Walgreens, Mariano’s, FQHCs, hospitals. Scheduling is done by each partner organization.  
*Since December, 2021. Distribution can be one-time events or ongoing | New Trier High School – Northfield  
Jewel-Osco (20 locations)  
Walgreens (40 locations)  
Mariano’s (15 locations)  
FQHCs (15 locations)  
Hospitals (19)  
Others (57) |
| Pop-Up PODs/Mobile Efforts | Short-term, hyper-targeted efforts to reach vulnerable communities. | Pop-ups to date: 158 (includes group homes, senior centers, long term care facilities, homeless shelters, workplaces) |
### Doses Distributed at CCH PODs

*as of 4.23.21*

<table>
<thead>
<tr>
<th>CCH Chicago PODs*</th>
<th>Total</th>
<th>CCH Suburban PODs**</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austin Health Center</td>
<td>3,651</td>
<td>Arlington Heights Health Center</td>
<td>24,467</td>
</tr>
<tr>
<td>Dr. Jorge Prieto Health Center</td>
<td>2,938</td>
<td>Blue Island Health Center</td>
<td>11,710</td>
</tr>
<tr>
<td>Englewood Health Center</td>
<td>3,867</td>
<td>Cottage Grove Health Center</td>
<td>8,588</td>
</tr>
<tr>
<td>Logan Square Health Center</td>
<td>3,472</td>
<td>North Riverside Health Center</td>
<td>23,664</td>
</tr>
<tr>
<td>Sengstacke Health Center</td>
<td>10,473</td>
<td>Robbins Health Center</td>
<td>8,925</td>
</tr>
<tr>
<td>Ruth M. Rothstein CORE Center</td>
<td>7,952</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroger Hospital</td>
<td>11,034</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>43,387</strong></td>
<td><strong>TOTAL</strong></td>
<td><strong>77,354</strong></td>
</tr>
</tbody>
</table>

*Vaccine Distributed to CCH by the Chicago Department of Public Health. City sites began later than suburban sites thus the lag in shots administered.

**Vaccine Distributed to CCH by the Cook County Department of Public Health*
## Doses Distributed at Mega and Targeted PODs

**As of 4.23.21**

<table>
<thead>
<tr>
<th>Mega PODs</th>
<th>Total</th>
<th>Targeted PODs</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tinley Park Convention Center</td>
<td>112,720</td>
<td>Thornton Fractional South HS</td>
<td>18,336</td>
</tr>
<tr>
<td>Triton College</td>
<td>48,913</td>
<td>Morton East Health Center*</td>
<td>16,117</td>
</tr>
<tr>
<td>South Suburban College</td>
<td>57,818</td>
<td>Summit Priority POD</td>
<td>2,926</td>
</tr>
<tr>
<td>Des Plaines</td>
<td>122,128</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Forest Park</td>
<td>78,394</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Matteson</td>
<td>8,355</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>428,328</strong></td>
<td></td>
<td><strong>37,379</strong></td>
</tr>
</tbody>
</table>

* Morton East transitioned to a targeted POD on March 1st focusing on school personnel and other priority populations in the area.
Supply & Demand

After several months of demand outpacing supply, we are seeing reduced demand.

In addition to marketing efforts, significant outreach and special events are planned for mass vaccination sites including:

- Restaurant Worker Day Monday, May 3
- Mother’s Day Promotion at all sites Saturday, May 8
- Partnership with Chicago Medical Society physicians to refer patients
- Efforts to encourage college students at schools where vaccine will be mandatory not to wait to get their vaccine until the Fall
Public Education
My Shot Campaign – Phase 1
(February 15/March 15 – June 2021)

Cook County residents, adults age 18-65+ with a focus on minority communities and those defined by the CCDPH Vulnerability Index and CountyCare Medicaid historic zip codes.

Phase I Tactics:

- Broadcast: CBS-Dr. Fegan PSA (February 15 – March 15); radio partnerships
- Out-of-home: bus shelters, digital billboards, wild postings, print and transit ads
- Digital: Google Search/Display, YouTube, Facebook, Instagram
- Website: Drive to MyShotCookCounty.com, a hub of information about the vaccine, how to register, resources, bios, photos and videos of cast
My Shot Campaign – Phase 1

March Metrics

• In March, the campaign generated **22.79M impressions**.

• Out-of-home tactics launched beginning March 15 and generated **5.35M impressions**.

• Digital efforts generated **11.3M impressions, 12.7K clicks** to the website.

• Broadcast and streaming efforts generated **6.14M impressions** (radio metrics not yet available).

• **18K total unique website visitors**. Majority of website visitors are coming from digital ads.

• **9.7K YouTube video views, 13.75% view rate**
My Shot Campaign – Phase 2

April – August 2021

Hyper-focused messaging to encourage 18-34 year-olds who are among the most hesitant to obtain a vaccine as soon as they are able.

Phase II Tactics:

• Predominantly digital campaign with fresh creative on youth channels (ex: TikTok, Snapchat, popular apps)

• Paid social media with social media influencers

• Organic social media with Community Based Organization (CBO) partnership content

• Impact installations of the creative treatments in targeted communities and throughout Cook County such as below
CCDPH COVID Update
Vaccination Data

As of April 28, 2021:

COVID-19 Vaccines Administered to Suburban Cook County Residents

- 973,608 People with at least one vaccine dose
- 588,891 People with complete vaccine series
- 42.8% Percent of population with at least one vaccine dose
- 25.9% Percent of population with complete vaccine series
Vaccination Data

COVID-19 Vaccine Coverage and COVID-19 Cases by Date in Suburban Cook County, IL
Priority Communities & Populations

- Communities were prioritized based on having:
  - High CCVI score ($\geq 0.6$) among CCDPH jurisdictional municipalities
  - High SVI score (top 15 ZIP codes) among CCDPH jurisdictional municipalities

- In addition to the 32 prioritized communities chosen, CCDPH will also focus on low wage workers, and undocumented, non-English speaking, unhoused and disabled individuals throughout suburban Cook County
Mobile Vaccination Strategy

- Coordinating onsite vaccinations to serve populations made vulnerable that lack access to the COVID-19 vaccine (e.g. worksites, senior living facilities, shelters, etc.)

- Sites identified by requests made through Request Form on vaccine.cookcountyil.gov and community-based organization partners who can identify vulnerable groups/sites

- Prioritization process to guide where resources are directed and to ensure equitable vaccine distribution (COVID-19 Community Vulnerability Index Score * Sum of risk factors)

- Vaccine providers supporting mobile approach
  - Community Serving Providers: Cimpar, Jewel Osco, Oak Street Health, Passport Health, Health4Chicago, Doctors Test Centers, Prism
  - As of 4/28, there were 158 completed mobile vaccination clinics with 25,747 vaccine doses given
Homebound Vaccination Strategy

- Homebound are seniors or persons with a disability, need adaptive and/or accessible transportation to leave home AND leaving home requires considerable and taxing effort

- Homebound individuals are accessing the COVID-19 vaccine through:
  - Community events organized by AgeOptions
  - Referrals to Prime Care Physicians or other entities servicing their respective community (e.g., Arlington Heights Dept of Health and Human Services)
  - As of 4/28, 686 homebound individuals have been vaccinated by partners with capacity expanding rapidly

- Exploring use of paramedics as a complementary approach
  - Requires authorization by EMS Medical Director and IDPH, and municipal capacity and resources, to ensure that normal EMS operations are not disrupted
CCDPH Contact Tracing Initiative Update

- **Staffing**
  - Comprises 156 contact tracers and 67 case investigators
  - Includes more than 50 bilingual staff speaking eight different languages

- **COVID-19 Positive Case Investigations, April 11 and April 17**
  - 4,009 actionable COVID positive cases in suburban Cook County, of which 98% were called & 64% were interviewed

- **Close Contact Outreach, April 11 and April 17**
  - 92% of close contacts were called & 75.9% were reached & interviewed

- **Resource Coordination, as of March 2021**
  - Total cases referred to Care Coordination team: 450
    - 20.9% requested food resources; 19% household items and cleaning supplies; 17% income assistance
Questions?
Monthly Media Report
Recent Cook County Health COVID-19 Media Coverage

1,834 Media Hits on COVID-19 since February 2020

- Illinois COVID Vaccine Update: Cook County mass vaccination sites in Matteson, Tinley Park now taking walk-ins
- Mass Vaccination Site to Open in Cook County
- Cook County Health, Advocate Aurora Make the 500K Club
- Cook County expands vaccine eligibility to 1C, opens more appointments today
- Cook County Health participating in COVID antibody trial
- Cook County officials warn about surge in COVID cases
- Cook County Health Advises Residents to Remain Vigilant as Spring Break Plans Begin
- Cook County Health psychiatrist talks coping with reopening anxiety
- Newly Released Suburban Cook County Data Shows Who’s Getting Vaccinated
Media Dashboard: March 23 – April 23, 2021

Total Number of Media Hits: 263

**Top 5 Local Media Outlets**
1. NBC-5
2. CBS-2
3. Daily Herald
4. WGN
5. ABC-7

**Top 5 National Media Outlets**
1. Yahoo! News
2. MSN
3. NBC News
4. Fox Business
5. Modern Healthcare

**Most Common Topics**
1. New restrictions may be put in place because of COVID-19 case surge
2. Walk-in COVID-19 vaccine availability pilot at two Cook County locations
3. Cook County Health released 25,000 first-dose vaccine appointments at four suburban sites, filling up almost immediately
4. Suburban counties are pausing Johnson & Johnson vaccine distribution
5. Cook County releases 30,000 new vaccine appointments
Social Media Insights

As of April 23

Twitter (28-Day Summary)
- Impressions: 83.4K (up 68%)
- Profile visits: 3,744
- Mentions: 133
- Followers: 4,011 (up 113)

LinkedIn (30-Day Summary)
- Impressions: 17.1K
- Unique visitors: 457
- Followers: 6,546 (up 144)

Facebook (28-Day Summary)
- Post reach: 676.0K (up 48%)
- Post engagement: 24.2K (up 122%)
- Page views: 2,158
- Page likes: 5,357 (up 139)
- Page followers: 6,341 (up 141)

Instagram (30-Day Summary)
- Impressions: 12,077
- Reach: 1,520
- Profile visits: 582
- Followers: 2,379 (up 35)
Recognition

Quarterly Daisy Award

The DAISY Foundation was established in 1999 by members of the family of Patrick Barnes. He was 33 years old and died of complications of the auto-immune disease ITP. Like many families we see every day who go through this kind of horrific loss, the Barnes family wanted to do something positive to honor the very special man Patrick was. So...right after Pat’s death, they came up with DAISY – an acronym for Diseases Attacking the Immune System. As they brainstormed what The DAISY Foundation would actually do, they kept coming back to the one positive thing they held on to during Pat’s 8-week illness: the extraordinary care he and they received from Pat’s nurses. The family was very impressed by the clinical care Pat’s nurses provided, but what really overwhelmed them was the compassion and kindness that his nurses brought to Pat’s bedside day in and day out. The nurses’ sensitivity made a great difference in the Barnes’ experience, and they wanted to say Thank You to nurses for the extraordinary care they provide patients and families every day. So Pat’s family created The DAISY Award® for Extraordinary Nurses. What started out as a thank you from their family to nurses has grown into a meaningful recognition program embraced by healthcare organizations around the world. We are very proud to partner with DAISY as we have extraordinary nurses here at Cook County Health.

This quarter’s Daisy Award winner is Anu Thomas, CN1 on 6 South. The patient’s nomination is below:
“Let’s see where do I start....Ms. Thomas is professional, always had a smile and would always be on time with anything I asked for. She always did what she said she would do and did it right away not an hour later. I thought about leaving a couple of times, but I didn’t because of her. CCH should be very proud and honored that they have a nurse like Nurse Anu. Nurse Anu made my long stay at CCH relaxing and somewhat enjoyable... Nurse Anu and her professionalism and personality made me think about how I want to live my life - the rest of my life. Nurse Anu made me realize ...what kind of person I want to be....CCH is very lucky to have Nurse Anu. She is a great person and an extra extraordinary nurse. Nurse Anu deserves the DAISY award because she is a one in a million kind of nurse....Nurse Anu, I am sure you have touched many lives in your time as a nurse, I know you have touched mine... Thank you for your kind, courteous, professional self...Thank you!

Activities and Announcements

COVID-19

- Cook County Health has administered more than 650,000 doses of COVID vaccine to date.

- In addition to the six mass sites, an equity strategy to reach vulnerable populations has been implemented. The Cook County Department of Public Health has identified 32 municipalities that have been most impacted by COVID to hyper-focus vaccination efforts in. CCDPH is working with community-based organizations to increase vaccination rates in these communities.

- Cook County, Cook County Health and Cook County Department of Public Health launched phase 2 of its vaccine public education campaign this month. Phase 2 includes hyper-focused messaging to encourage 18-34 year-olds who are among the most hesitant to obtain a vaccine as soon as they are able. Phase 2
includes popular social media platforms such as TikTok and Snapchat as well as organic social media working with community-based organizations and impact art installations at various locations throughout the county. Phase 2 will continue through August.

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 15, CCH’s Fresh Truck partnership with the Greater Chicago Food Depository (GCFD) resulted in 323 visits to CCH health centers – Arlington Heights, Austin, Blue Island, the CORE Center, Cottage Grove, Englewood, Logan Square, North Riverside, Provident/Sengstacke, Prieto, and Robbins.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to an estimated 38,208 individuals, representing 126,575 household members, totaling more than 835,500 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 6 – Prieto Health Center – 2424 S. Pulaski Road, Chicago, IL 60623
May 11 – Provident Hospital/Sengstacke Health Center – 500 W. 51st Street, Chicago, IL 60615
May 20 – Arlington Heights – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
May 21 – CORE Center - 2020 W. Harrison Street, Chicago, IL 60612
May 25 – Logan Square Health Center - 2840 W. Fullerton Avenue, Chicago, IL 60647
May 27 – Blue Island Health Center – 12757 S. Western Ave., Blue Island, IL 60406

- CCH began hosting Top Box pickups at Provident Hospital in December 2020 – these will continue through the first half of 2021, while we monitor participation. Additional CCH pickup sites may be added, depending on interest from staff and community members. Top Box pickups at Provident Hospital are scheduled for the following Fridays from 3pm-4pm: May 21, and June 25.
A variety of pre-packed boxes of fruits, vegetables, and various proteins are available for pre-order. Top Box Foods accepts debit and credit card payments, as well as SNAP, making it an option for community members who may be resource limited. Visit the Top Box Foods website at https://www.topboxfoods.com/cook-county-chicago/home for more information and to place an order.

Top Box Foods is a Chicago-based nonprofit organization that seeks to make great, healthy, affordable food accessible to all. Top Box Foods offers fresh produce, frozen meats, and other essentials and believes that filling your plate and feeding your community doesn’t have to empty your wallet.

IMPACT 2023 Objective 5.1C

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

Upcoming CAC meeting dates:

- Robbins: Tuesday at 1:00 PM: May 18, August 17, November 16
- Arlington Heights: Tuesday at 1:00 PM: May 25, August 24, November 23
- North Riverside: Wednesday at 1:00 PM: June 16, September 15, December 15
- Englewood: Thursday at 1:00 PM - June 17, September 16, December 16
- Provident Hospital/Sengstacke Health Center: Wednesday at 10:00 AM: July 14, October 13
- Cottage Grove: Tuesday at 1:00 PM: July 27, October 26

IMPACT 2023 Focus Area 5

- Media, social media reports and other documents attached.
Legislative Update

Local

- On April 13 the Cook County Health & Hospitals Committee held their monthly meeting. The agenda included a *COVID-19 Vaccine and Contact Tracing Update* from CCH CEO Israel Rocha and CCDPH Co-Leads Dr. Kiran Joshi and Dr. Rachel Rubin. The next meeting of the Cook County Health & Hospitals Committee is scheduled for May 11. CCH will provide a *COVID-19 Vaccine and Contact Tracing Update* to the committee every month through the end of calendar year 2021.

- The terms of CCH Board Directors Driscoll, Hammock and Reiter expire in June 2020. Pursuant to Cook County Ordinance, President Preckwinkle sent a letter to the Nominating Committee for the Cook County Health & Hospitals System Board of Directors requesting they convene for the purpose of identifying candidates for the expiring terms. On April 21 the Nominating Committee met and voted on nine individuals to submit to the President for consideration.

State

- HB3232 (Rep. Camille Lilly) and SB1840 (Sen. Mattie Hunter) serve as the legislative vehicles for the joint effort between Cook County and Cook County Health to improve health equity and access to care.

  HB3232/SB1840 seeks to increase transparency and public access to hospital data, including what hospitals are doing when it comes to provision of care to uninsured patients, what services uninsured patients are using, and demographics of these patients, as well as other data related to what hospitals are doing to advance health equity and reduce health disparities. The legislation also seeks to improve the process by which patients are screened for and connected to Medicaid and hospital financial assistance programs.

  This effort will help lay the groundwork for future changes and system improvements for more equitable access to care by insured and uninsured patients across all hospitals.

  Over the past several months, meetings have taken place with numerous stakeholders, including the Illinois Attorney General’s Office and the Illinois Health and Hospital Association (IHA), as well as with the Illinois Coalition for Immigrant and Refugee Rights, Health & Medicine Policy Research Group, Legal Council for Health Justice, and labor partners including National Nurses Organizing Committee, SEIU, Doctors Council, and Teamsters. These discussions and negotiation sessions have resulted in an agreed amendment that keeps the original goals of the legislation intact.

  **SB1840, as amended**, passed unanimously out of the Senate on April 21. The bill now heads to the House for consideration.

- The Illinois Department of Healthcare and Family Services and the Illinois Department of Insurance finalized and published a “health coverage affordability feasibility study”. Public Act 101-0649 (SB1864) directed these agencies to create this report, which explores policy options to make health insurance more affordable for low- and middle-income residents.

  Policy options outlined in the report including a Basic Health Program, state premium and cost-sharing subsidies, a Marketplace public option, Medicaid buy-in, transitioning to a state-based Marketplace (from the current federal-state partnership), and state supported marketing and outreach. The report reviews efforts from other states and models costs for each option.
The report does not offer recommendations. Instead, HFS intends to host feedback sessions to get additional stakeholder input following their review of the report and its findings.

- Earlier this month, Illinois became the first state in the nation to receive federal approval for 12-month expanded Medicaid postpartum coverage. An 1115 Medicaid waiver authorized this expanded coverage.

The 1115 waiver applies to individuals with income up to 213% of the Federal Poverty Level who are US citizens or qualified immigrants. Even if they meet income guidelines, undocumented individuals and immigrants with less than five years of US residence are not covered by this waiver. HFS continues to work with federal CMS on alternatives to extended postpartum coverage for all who meet income standards, regardless of immigration status.

During the federal Public Health Emergency, HFS is not taking any negative action on Medicaid cases, unless requested by the individuals, so very few should lose coverage postpartum, regardless of immigration status or income.

The American Rescue Plan Act includes a provision that permits states to submit a State Plan Amendment (SPA) to extend Medicaid postpartum coverage to 12 months, but this is not available until April 1, 2022. As a result, Illinois’ 1115 waiver serves as a “bridge” to this SPA, which HFS has indicated they intend to file. Similar to the waiver, the SPA does not allow undocumented and non-qualified immigrants to remain covered even if they meet income standards.

- Twenty-four applications were submitted to the Illinois Department of Healthcare and Family Services for healthcare transformation applications due April 12. The applications can be viewed online and HFS is also accepting comments on the applications.

Legislation passed during the January 2021 session authorizes up to $150M in annual funds for healthcare transformation with the goals of improving health outcomes, reducing disparities, and realigning resources by improving access to primary and specialty care and addressing social determinants of health in high-need communities throughout Illinois.

HFS indicated that the next deadline for applications will be September 2021.

- HB158, the health and human services omnibus legislation championed by the Illinois Legislative Black Caucus was approved by both chambers and was signed by the Governor on April 27.

HB158 includes language from the omnibus that passed the Senate in the January session, which reflects agreed provisions from hospitals, Medicaid MCOs, and other stakeholders. The bill also includes new requirements for implicit bias training for health care workers, authorizes Medicaid coverage of doulas, perinatal home visiting, and community health workers. CCH supports HB158.

Federal

- Congress returned from its Spring recess the week of April 12. President Biden’s FY 2022 discretionary budget was released and the Appropriations Committees began hearings with Cabinet secretaries testifying on the requests and priorities for their departments and agencies.

- Biden “American Jobs Plan”– President Biden released an over $2 trillion jobs and infrastructure plan on March 31. The plan would invest in traditional infrastructure like roads, bridges, transit and airports. It would also
make investments to the tune of $400 billion in home and community-based services for the elderly and disabled. Some proposals of interest to CCH include:

- Expand access to Medicaid Home and Community-Based Services (HCBS) and extend the Money Follows the Person program, while ensuring home health care workers’ ability to join unions.
- Replacing 100 percent of the nation’s lead pipes and service lines with $45 billion for the Environmental Protection Agency’s Drinking Water State Revolving Fund and in Water Infrastructure Improvements for the Nation Act (WIIN) grants.
- Investing $30 billion over 4 years in medical countermeasures manufacturing; research and development; and related bio-preparedness and biosecurity.
- Targeting workforce investment toward underserved communities, including $5 billion over eight years to support evidence-based community violence prevention programs.
- Building high-speed broadband infrastructure to reach 100 percent coverage.
- Upgrading VA hospitals and clinics with $18 billion.

Bipartisan talks have begun with a group of Republican Senators offering a much smaller $568 billion plan, focused only on “traditional” infrastructure on April 22. Democrats are debating the risks and benefits of negotiating a smaller bipartisan deal versus advancing a larger package by budget reconciliation with only Democratic support.

The President is expected to introduce the outline of a third major legislative initiative at his April 28 address to a joint session of Congress. Referred to as the American Families Plan, it is expected to focus on significant social services investments. Health care advocacy groups and some progressives are concerned about reports that the White House has decided to jettison provisions to expand health care coverage or benefits.

America’s Essential Hospitals is advocating that the infrastructure package should include funding for safety net hospitals including hospital capital investments (e.g. a renewed Hill-Burton program as envisioned by House Energy and Commerce Democrats), digital infrastructure, emergency preparedness and workforce development.

- FY 2022 Budget and Appropriations – On April 9, President Biden submitted a FY 2022 budget request with his top-line discretionary funding proposals. Consisting of a 58-page letter to Congressional appropriators, the request lacks program level funding and the charts and tables usually backing up the President’s budget. Further detail is expected in May.

- The Request includes $131.7 billion for the U.S. Department of Health and Human Services (HHS), a $25 billion or 23.5-percent increase over the 2021 enacted level.
  - Centers for Disease Control and Prevention (CDC) – $8.7 billion for CDC, an increase of $1.6 billion over the 2021 enacted level. This would be the largest increase for CDC in nearly 20 years
  - Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Food and Drug Administration (FDA) – $905 million for the Strategic National Stockpile (SNS)
  - Biomedical Research and Establishes the Advanced Research Projects Agency for Health (ARPA-H) – $51 billion for the National Institutes of Health (NIH), a $9 billion increase over the 2021 enacted level. This includes $6.5 billion to establish ARPA-H, with an initial focus on cancer and other diseases such as diabetes and Alzheimer’s
  - Opioid Crisis – $10.7 billion, an increase of $3.9 billion over the 2021 enacted level, including funding for States, Tribes, medication-assisted treatment, research, and expanding the behavioral health provider workforce
  - HIV/AIDS Epidemic – $670 million, an increase of $267 million over the 2021 enacted level, for CDC, the Health Resources and Services Administration (HRSA), the Indian Health Service (IHS), and NIH aim to reduce new HIV cases aggressively while increasing access to treatment, expanding use of pre-exposure prophylaxis (also known as PrEP), and ensuring equitable access to services and supports
Mental Health – $1.6 billion, more than double the 2021 enacted level, for the Community Mental Health Services Block Grant, supports the particular needs of those who are involved in the criminal justice system, provides funding for partnerships between mental health providers and law enforcement, and expands suicide prevention activities

Health Equity and Addressing Racial Disparities – $153 million for CDC’s Social Determinants of Health program, an increase of $150 million over the 2021 enacted level

Reduce the Maternal Mortality Rate and End Race-Based Disparities in Maternal Mortality – over $200 million to reduce maternal mortality and morbidity rates nationwide, bolster Maternal Mortality Review Committees, help cities place early childhood development experts in pediatrician offices with a high percentage of Medicaid and Children’s Health Insurance Program patients, implement implicit bias training for healthcare providers, and create State pregnancy medical home programs

Biden Administration Health Leadership – On April 22 the Senate Finance Committee voted on two Biden nominees to senior positions in HHS. Chiquita Brooks-LaSure’s nomination to be Administrator of the Centers for Medicare and Medicaid Services (CMS) received a tie vote and therefore was not reported favorably. Sen. John Cornyn (R-Texas) has also placed a hold on her nomination pending a meeting with the White House over CMS recent decision to withdraw Texas’ 1115 waiver granted at the end of the Trump Administration. The hold is expected to slow, not to stop Brooks-LaSure’s eventual confirmation by the Senate. Andrea Palm’s nomination to be Deputy HHS Secretary of HHS was reported favorably.

Community Affairs

Covid Vaccination Site Tours & Educational Presentations & Initiatives

In collaboration with the Cook County Department of Public Health Office of Community Mobilization, Cook County Health is sponsoring community tours of the vaccination sites to community organizations and leaders. The tours will help the organizations talk to their constituents about the Covid-19 vaccine, the vaccination process, dispel rumors and encourage people from the community to get vaccinated. So far, participants have found the tours to be extremely informative. They have also shared suggestions and improvements to the process.

In addition to the vaccination site tours, CCH has developed educational presentations in English and Spanish that are being presented at the Advisory Council meetings and other community meetings. The presentation provides information on the vaccine, the vaccination registration process, the vaccination sites and encourage a dialogue on vaccine facts and myths.

Recent Covid-19 Virtual Educational Presentations

- March 4 – Sarah’s Inn – North Riverside – English support group for women who are victims of domestic violence.
- March 4 – Sarah’s Inn – North Riverside - Spanish support group for women who are victims of domestic violence.
- April 7 - Mujeres Latinas en Accion – Chicago – Immigrant Rights Group Presentation
- April 26 – PASO – Melrose Park, IL 60160 - Immigrant Rights Group Presentation