

Strategic Plan Update 2026-2028

Andrea Gibson, CCH Chief Strategy Officer
January 24, 2025



COOK COUNTY
HEALTH

Agenda

- Background/Proposed Timeline
- CCH Demographics/Service Summary
- Market Scan
- Federal and State Landscape
- Environmental Scan – Public Health

Section 38-82 of the CCH Authorizing Ordinance requires the following for CCH's strategic planning:

- The System Board shall develop a Strategic and Financial Plan covering a period of three Fiscal Years
- The System Board shall recommend and submit the proposed plan to the President and the County Board for approval
- The System Board shall regularly re-examine the progress on the strategic plan, including the financial outlook

Strategic Planning Timeline

Environmental
and Market Scan;
CCH Demographic
and Services;
Federal and State
Landscape
JANUARY

Internal/External
Stakeholder
Feedback Report
MARCH

Draft Plan to
Board and Public
Comment
MAY

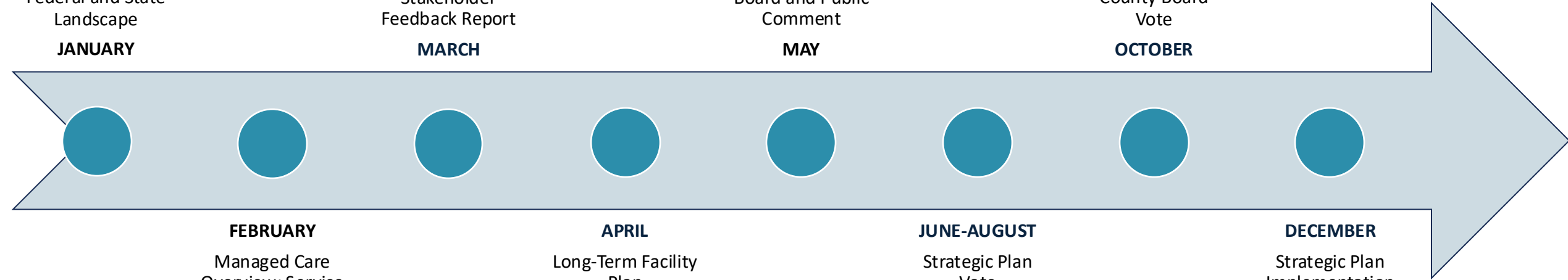
County Board
Vote
OCTOBER

FEBRUARY
Managed Care
Overview; Service
Line Strategies

APRIL
Long-Term Facility
Plan

JUNE-AUGUST
Strategic Plan
Vote

DECEMBER
Strategic Plan
Implementation
Starts



CCH Demographics/Service Summary

Cook County Health by the Numbers: 2024

Doing the work of health equity for nearly 200 years



205K

UNIQUE PATIENTS

served at CCH hospitals and health centers



943K

outpatient registrations



112K

emergency/trauma visits



8.7M

prescriptions filled



291K

radiology scans



45K

behavioral health visits



25K

intake screenings at Cook County Jail and Juvenile Temporary Detention Center



34K

visits to the CORE Center, one of the busiest HIV and infectious disease treatment centers in the US



45K

patients in CareLink, CCH's charity care program



419K

MEMBERS

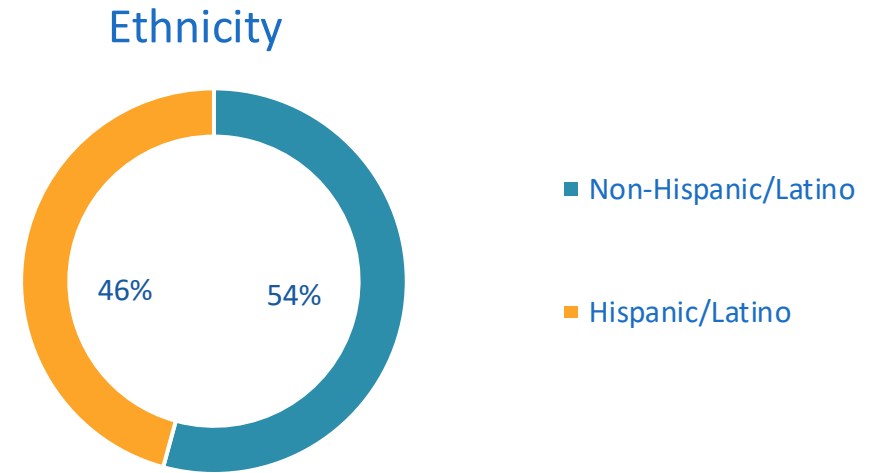
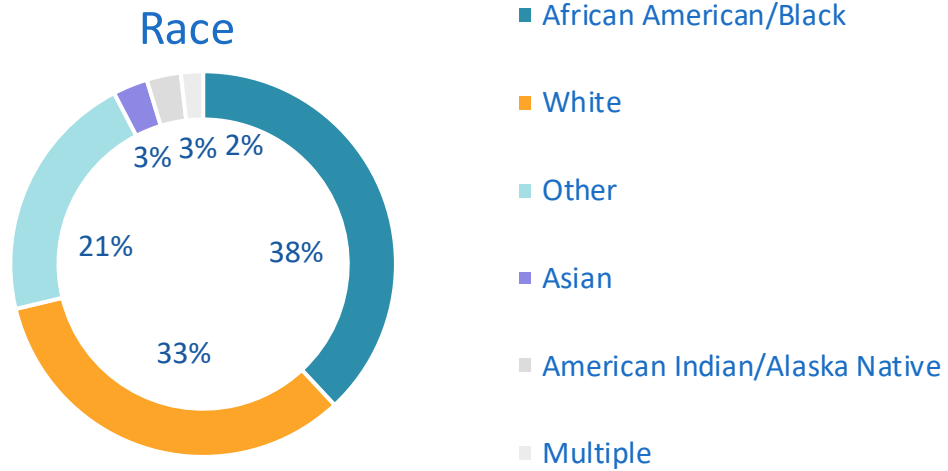
in CountyCare, the largest Medicaid managed care plan serving Cook County



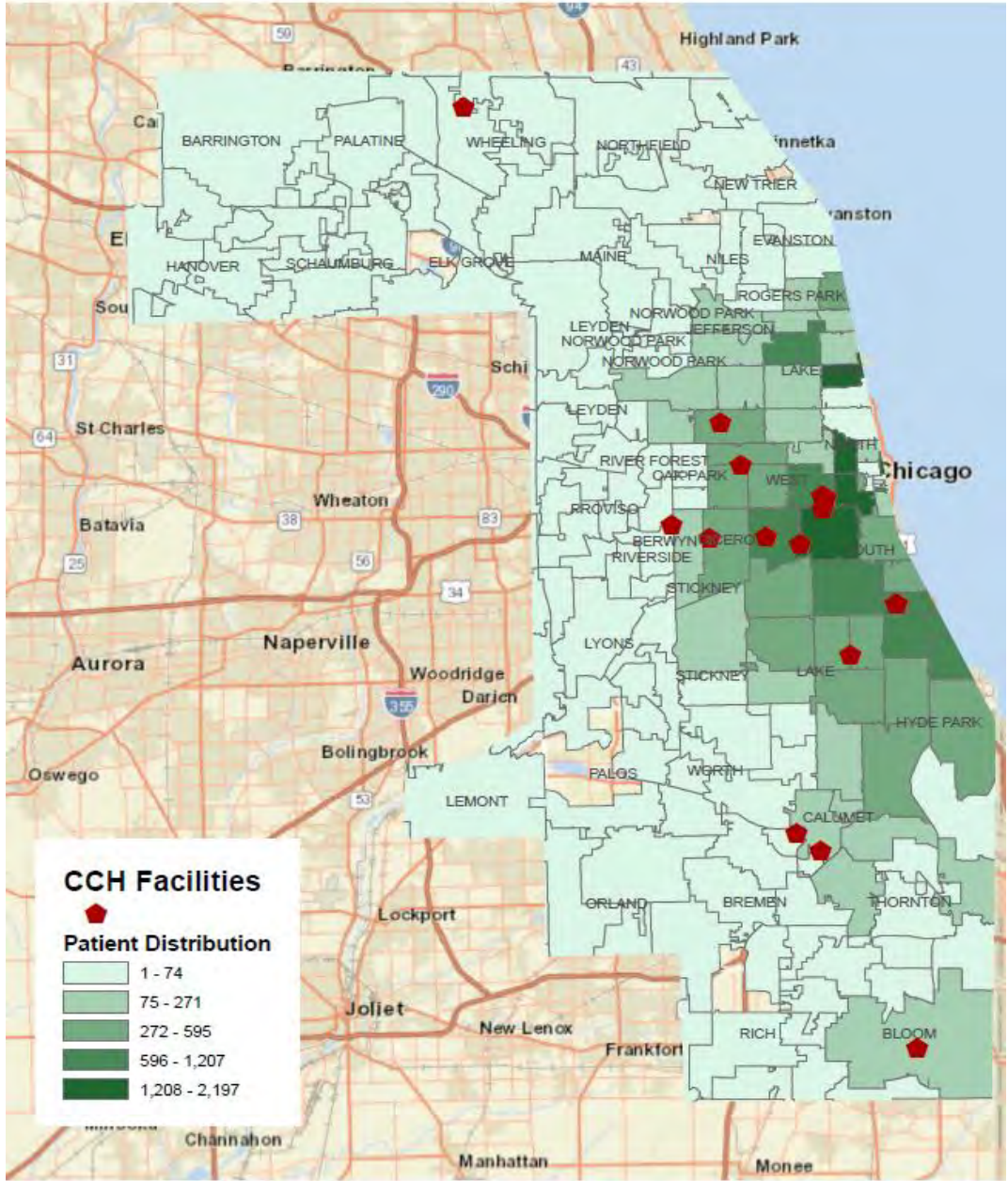
2.3M

Suburban residents in **127 municipalities** served by the Cook County Department of Public Health

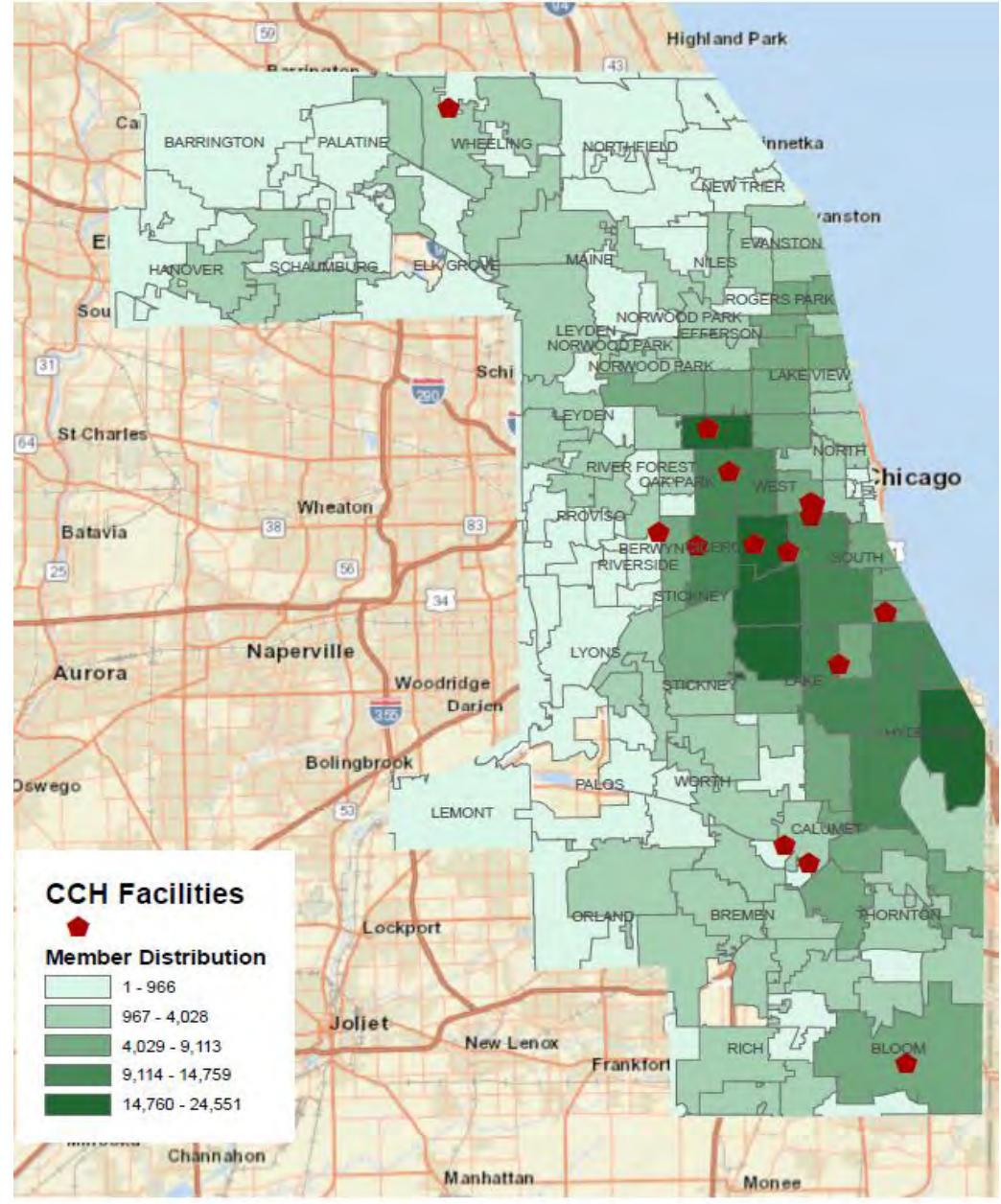
Patient Demographics



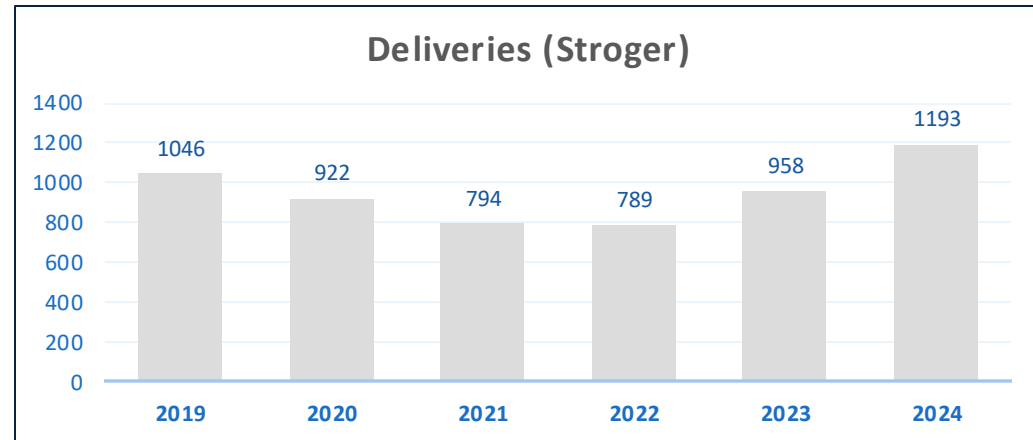
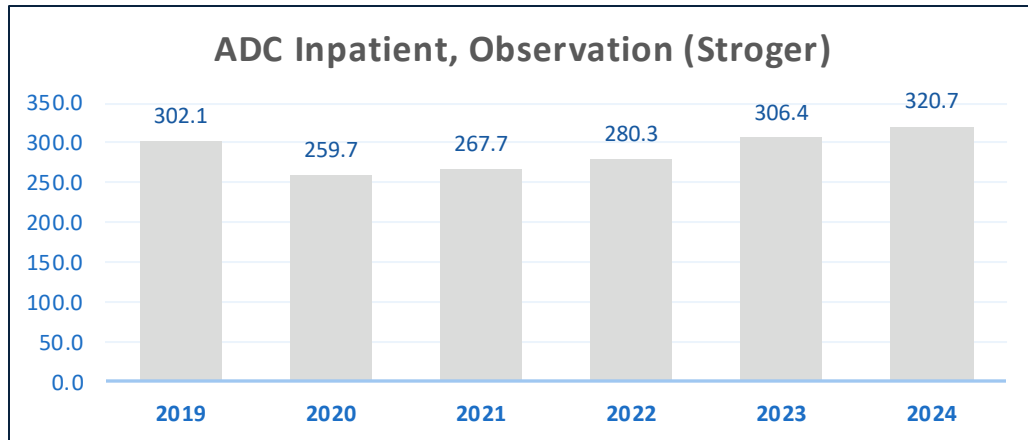
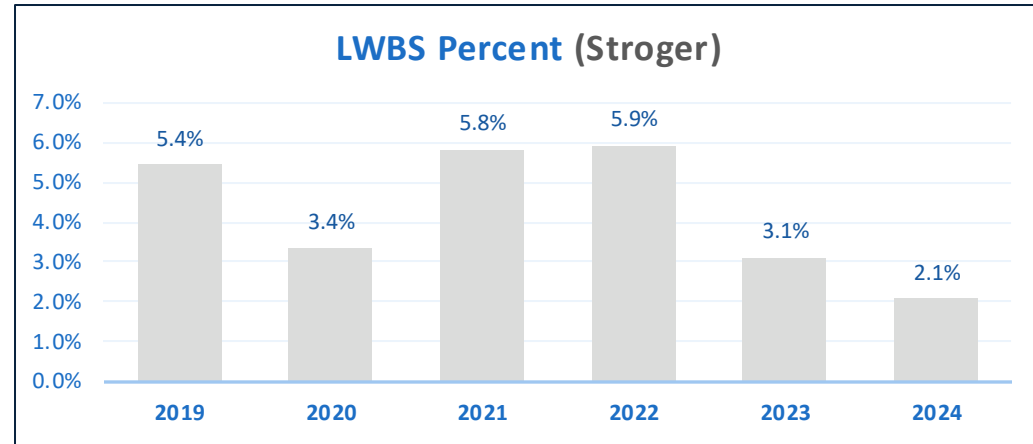
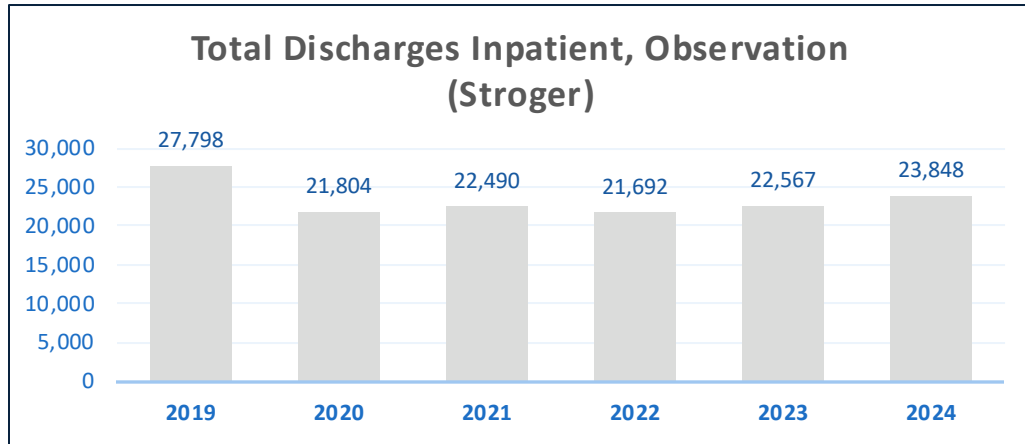
CCH Patients 2024



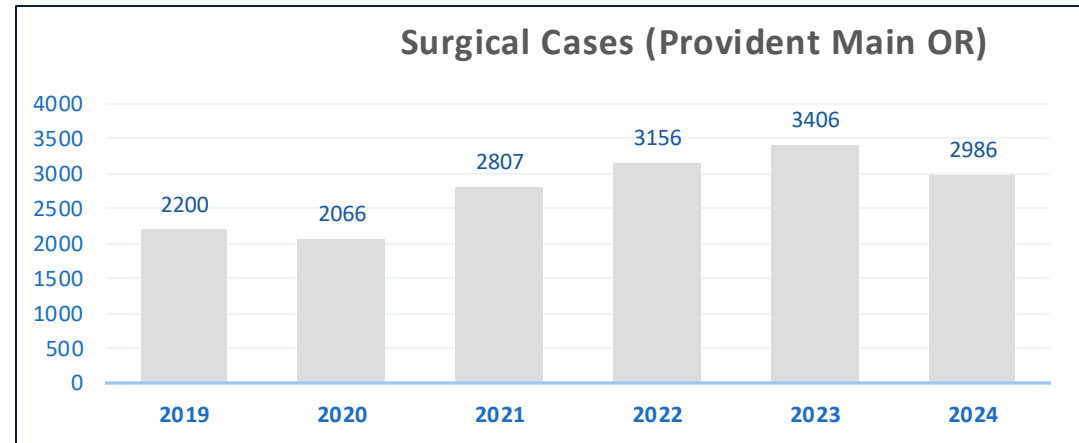
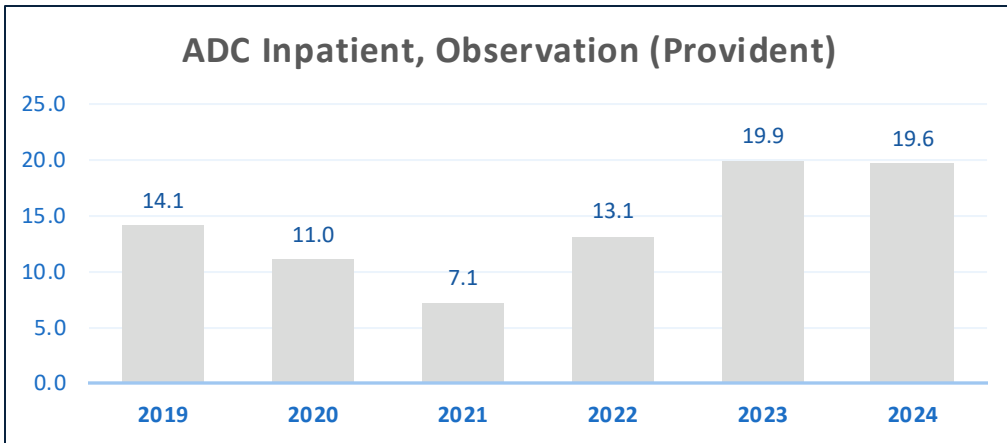
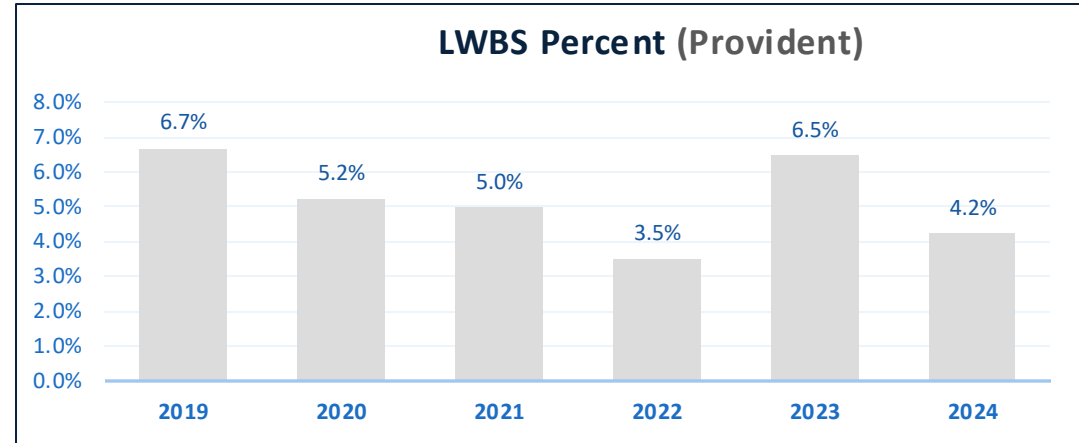
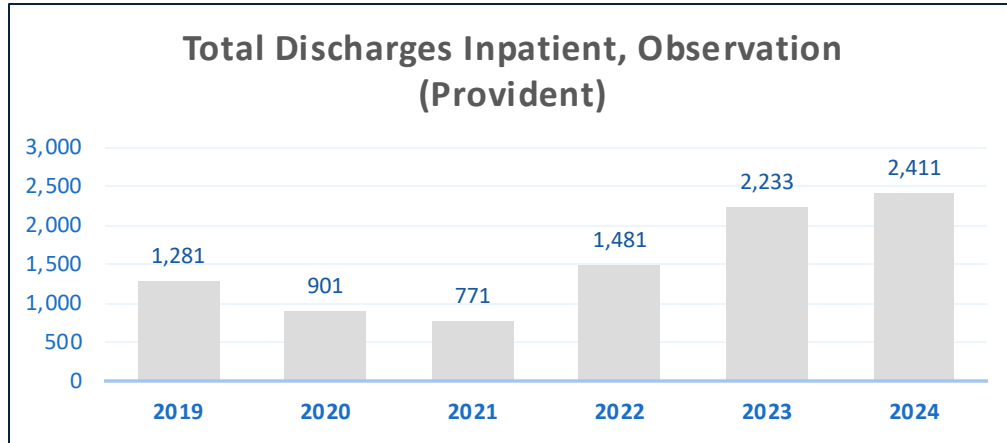
CountyCare Members 2024



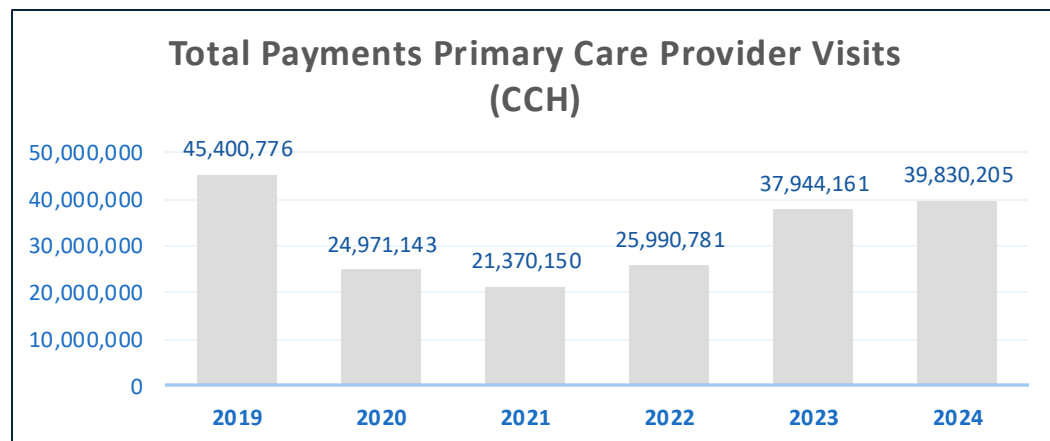
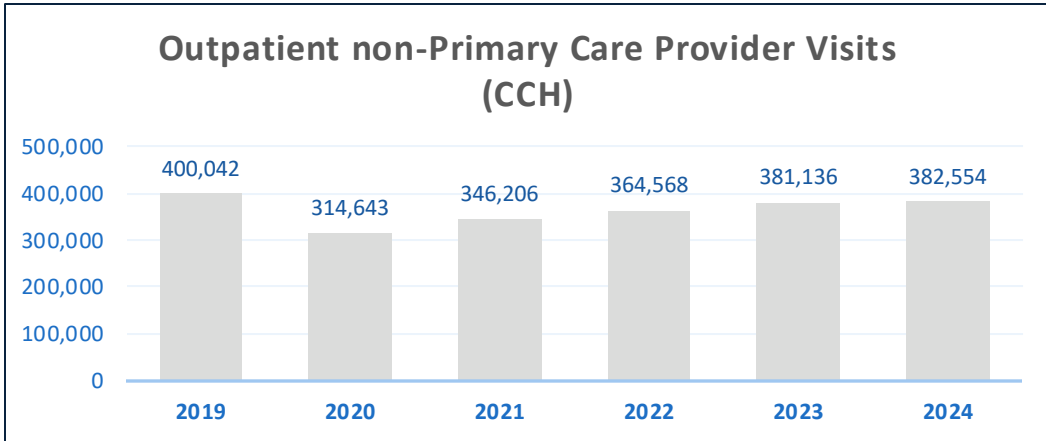
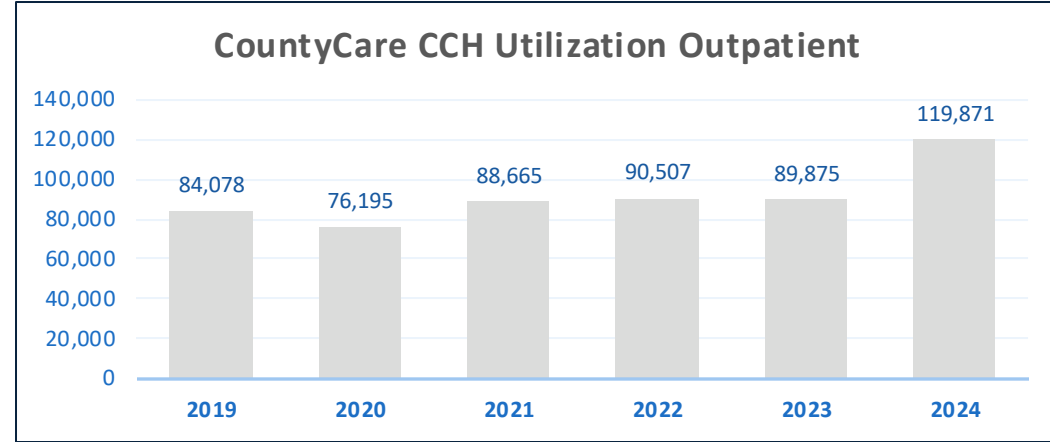
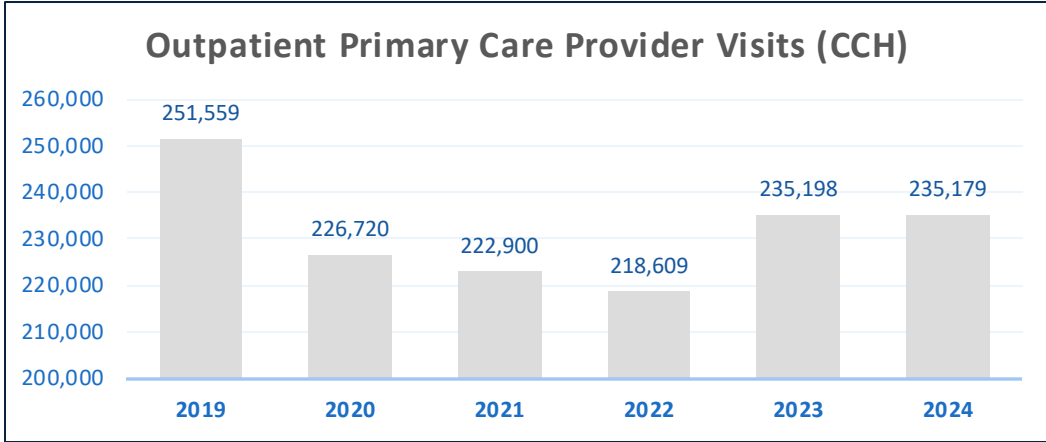
Trends - Stroger



Trends - Provident



Trends - ACHN



Managed Medicaid Market

Illinois Department of Healthcare and Family Services September 2024 Data

Managed Care Organization	Cook County	Cook Market Share
*CountyCare	416,605	34.2%
Blue Cross Blue Shield	336,915	27.6%
Meridian (a WellCare Co.)	262,306	21.5%
IlliniCare (Aetna/CVS)	111,150	9.1%
Molina	84,549	6.9%
YouthCare	8,389	0.7%
Total	1,219,914	100.0%

* Only Operating in Cook County

Cook County Department of Public Health Overview

CCDPH is a nationally accredited, state-certified local health department serving 2.3 million residents and 127 Cook County suburbs.



We Protect Health

Lead poisoning prevention
Emergency Preparedness & Response
Environmental inspections
West Nile Virus surveillance



We Analyze and Share Health Data

The Health Atlas: Public Health Data
Communicable Diseases
School Vaccination Data
Sexually Transmitted Infections



We Advance Health Equity

We connect residents, partners & resources
Community outreach
Community Health Workers & trainings
Public awareness campaigns



We Promote Better Health

Public health nursing services
Vision & hearing screenings in schools
Breast & cervical cancer screenings
Communicable disease monitoring
Tuberculosis program
Community vaccination clinics

With Community Partners:

- Tobacco Use Prevention
- Behavioral health resources
- Substance use prevention



Cook County DEPT. of
Public Health

BUILDING

HEALTHIER

COMMUNITIES

Market Scan



Market Scan: Executive Summary



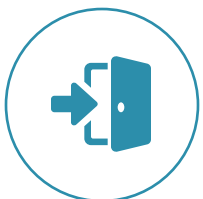
Aging and Underserved Population

There is an opportunity to broaden service coverage for an aging and underserved population by enhancing chronic disease management and incorporating additional healthcare services.



Differentiating in a Competitive Market

The Chicago market is highly competitive and fragmented. Maintaining a competitive advantage in this evolving landscape will be crucial.



Healthcare Access Challenges

There is an opportunity to explore solutions that optimize provider resources and expand care sites, improving timely access for patients in need closer to home.



Safety Net Pressure

The rising cost of delivering care may lead health systems to cut vital but less profitable services, shifting responsibility to safety nets.



Quality First

Dedication to quality is essential for government reimbursement and patient loyalty.



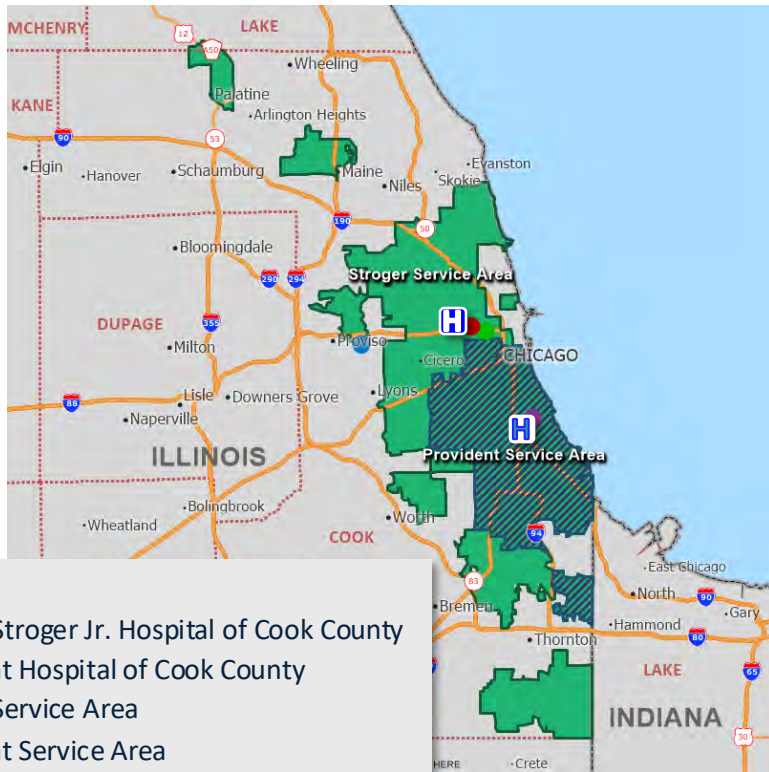
Workforce Shortages

Addressing workforce shortages will require investing in recruitment for high-demand clinical talent and redesigning care delivery models.

Aging Cook County Population

Cook County is projected to see significant growth in the 65+ age group, while the younger population remains stable or continues to decline.

CCH Service Area Map



Legend

- John H. Stroger Jr. Hospital of Cook County
- Provident Hospital of Cook County
- Stroger Service Area
- Provident Service Area

Current and Projected Service Area Population Compounded Annual Growth Rate (CAGR)

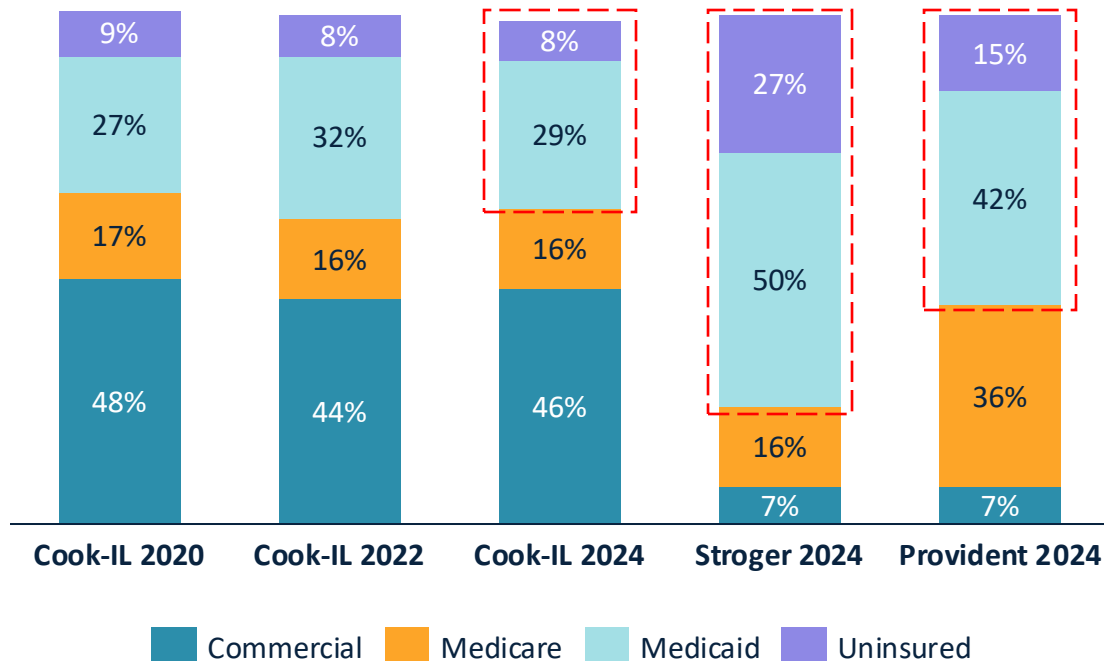
Age Group	2024 Population	2029 Population Projection	Five-Year Change	2024 to 2029 CAGR*
0 to 17	572,893	539,692	-33,201	-1.2%
18 to 44	1,113,467	1,068,485	-44,982	-0.8%
45 to 64	662,293	673,375	11,082	0.3%
65+	405,744	451,547	45,803	2.2%
Total	2,754,397	2,733,099	-21,298	-0.2%

The population change imbalance is exacerbated by steeply declining birth volume (-1.8% CAGR* from 2012 to 2022).

CCH Provides Disproportionate Care to Vulnerable Populations

Over one-third of the county's population is uninsured or on Medicaid, making CCH vital in serving these patients and improving outcomes.

Cook County Payer Mix versus CCH Inpatient Discharge Payer Mix



Indicates vulnerable patient population

Cook County Sociodemographic Data

<p>Life Expectancy</p> <p>The greatest number of communities with lower life expectancy are found on the West and South sides of Chicago and the county.</p>	<p>Infant Mortality</p> <p>In Cook County and Chicago Black women experience infant mortality at over 3 times the rate of white women.</p>
<p>Behavioral Health</p> <p>Similar to national metrics, vulnerable populations have greater challenges accessing behavioral healthcare.</p>	<p>Food Access</p> <p>Thirty-nine percent of Cook County residents live in areas of low food access (i.e., limited accessibility and significant unaffordability).</p>
<p>Community Safety and Violence</p> <p>Homicide rates in Chicago and Suburban Cook County are higher in Black/non-Hispanic and Hispanic/Latinx/e communities.</p>	<p>Housing</p> <p>Twenty-seven percent of residents in a 2022 community survey identified homelessness and housing instability as one of the most pertinent community needs for mental and physical health.</p>



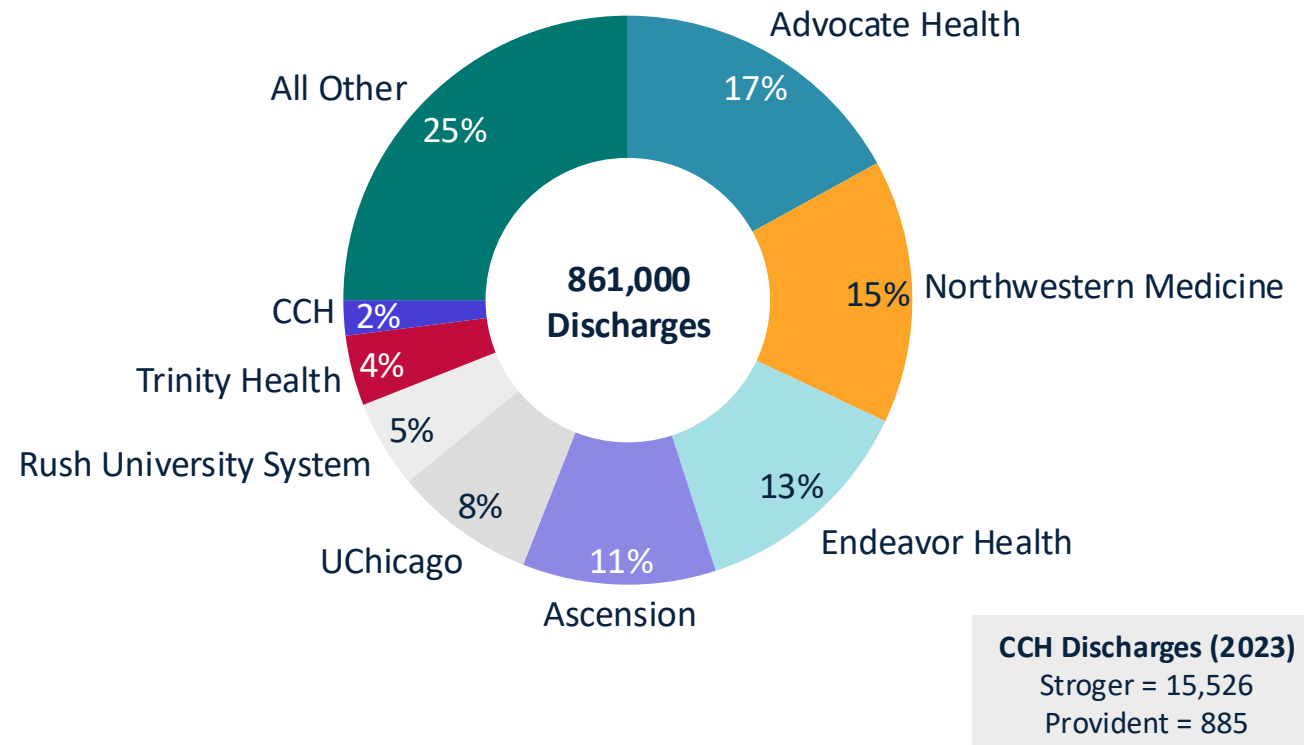
Fragmented Regional Healthcare Market

With over 100 hospitals, nearly a quarter of the market remains independent, driving competition as systems expand their footprint and target high-margin services.

Chicago Market Inpatient Metrics (2023)

Metrics	Market	CCH
Acute care hospitals	100	2
Estimated annual inpatient discharges	861 K	16,411
Staffed acute-care beds	19 K	498
Average daily occupancy rate	65%	58%
Average length of stay	5.4 days	5.9 days
Medicare % of acute-care discharges	28%	17%
Medicaid % of acute-care discharges	26%	50%

Chicago Market Inpatient Market Share (2023)



Market Dynamics

Cost pressures and the demand for advanced capabilities are driving system consolidation, with growth-focused systems prioritizing market expansion in profitable services and in new regions.

Market Dynamics

- **Footprint Expansion & Competitive Affiliations:** Leading systems (e.g., Northwestern, Endeavor) expanded their suburban facilities, targeting insured patients and specialized care. UChicago Medicine's acquisitions (e.g., AMITA hospitals, Michiana oncology centers) and Rush's affiliations (e.g., Franciscan Health) are influencing the landscape and encouraging realignment.
- **Shift to Value-Based Care:** As consolidation matures, collaboration with payers on value-based care initiatives is expected to grow.
- **Safety Net Challenges:** Expansions heighten pressure on safety net hospitals to serve vulnerable populations.
- **Investing in Innovation:** Cutting-edge technology is utilized to address specialized patient needs and reduce lengths of stay (e.g., Northwestern Medicine's TransMedics Organ Care System Heart System, UChicago Medicine's CASGEVY gene therapy).

Market Consolidation

- **Growth Through Consolidation:** Chicago's integrated delivery networks (IDNs) have expanded via mergers, acquisitions, and capital investments, led by Advocate Health and UChicago Medicine.
- **Focus on Integration:** Competitors are focused on aligning acquired assets to enhance efficiency and scalability.
- **Advocate Health Expansion:** Advocate's 2022 merger with Atrium created a top national Integrated Delivery Network, while local projects strengthen its Chicago presence.

Sources: Definitive Healthcare. Clarivate, Chicago Market Overview, November 2024.

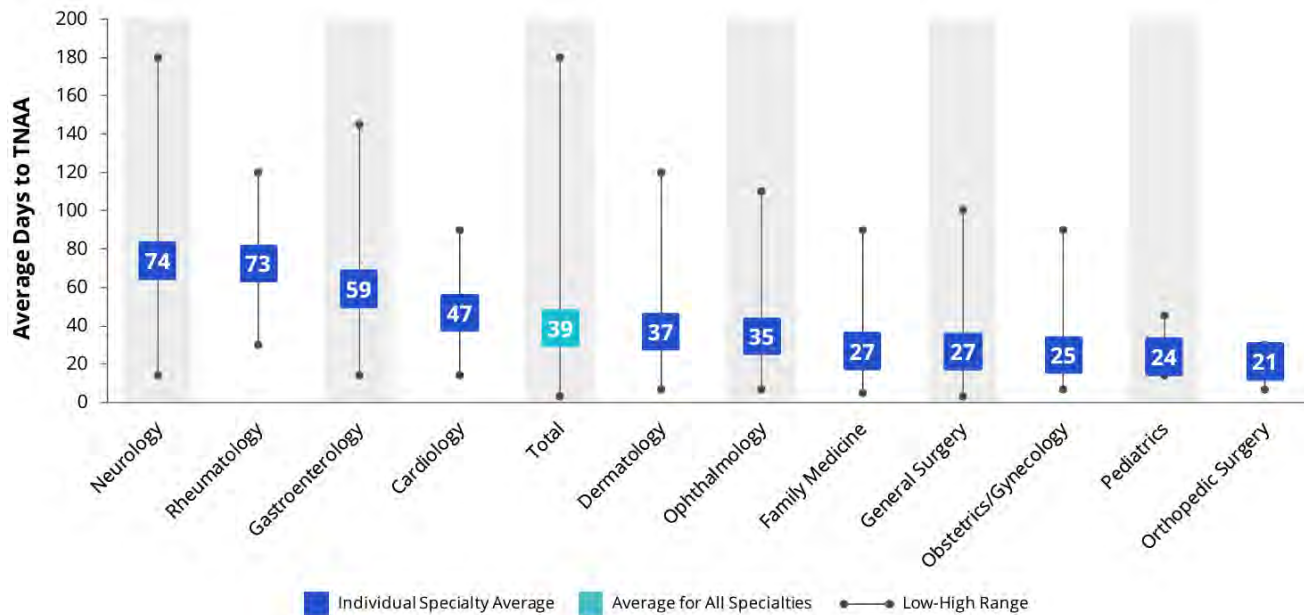
Notes: Clarivate defines the Chicago market as the following counties: Cook-IL, DeKalb-IL, DuPage-IL, Grundy-IL, Kane-IL, Kendall-IL, Lake-IL, McHenry-IL, Will-IL, Jasper-IN, Lake-IN. Excludes VA medical centers. UChicago acquisitions include four AMITA Health hospitals and four Michiana Hematology oncology centers. Rush affiliations include Franciscan Health; Rush has entered a partnership with CVS to coordinate care for Medicare seniors in the new CMS ACO Realizing Equity, Access, and Community Health (REACH) model.



Timely Access as Competitive Advantage

Timely access is critical to ensuring health status, as delays in care can lead to increased illness and deterioration.

Average Days to the Third Next Available Appointment (TNAA) by Specialty in Chicago MSA



Key Takeaways

- ECG conducted a study in 2023 to understand how long commercially insured patients seeking an appointment with a new physician must wait in 11 specialties across 23 major metropolitan markets.
- Across all specialties and metropolitan markets, the average days to the TNAA was 38 days.
- The average number of days to TNAA for family medicine physicians in Chicago is 27 days, slightly lower than the national average for family medicine of 29 days.
- Accelerating patient access and streamlining care pathways will not only reduce out-migration but also strengthen local care continuity.
- Organizations that provide timely care and meet the evolving expectations of patients will emerge as leaders.
- Note: This data pertains to commercial patients, while access for uninsured/underinsured/Medicaid individuals is likely to be more challenging, with longer wait times.

In May 2023, the average days to the TNAA for the same specialties in the Cook County service area was 25 days.



Escalating Safety Net Pressures

Many legacy safety nets face financial struggles, declining quality and services, acquisition by non-local providers lacking community insight, non-clinical challenges, and labor shortages.

Staffing Challenges

Widespread shortages and labor disputes strain safety-net hospitals' operations.

Service Reductions

Decreases in bed capacity and the elimination of key services, such as labor and delivery, limit access to care. For example, Mercy Hospital and Medical Center went from 200+ beds in 2020 to 52 beds in 2022 post acquisition by Insight.

Financial Instability

Cyberattacks, lawsuits, and management inefficiencies create significant financial burdens that challenge bandwidth. Increasing costs for cybersecurity and compliance divert resources from patient care.

Changes in Ownership

Some health systems are realizing the challenges of remaining independent and are exploring acquisitions. However, some of these acquisitions involve for-profit organizations with different priorities, which may conflict with the mission of providing safety-net care.

Policy Changes

Changes in government reimbursement and rate structures exacerbate financial pressures.



Quality is Critical

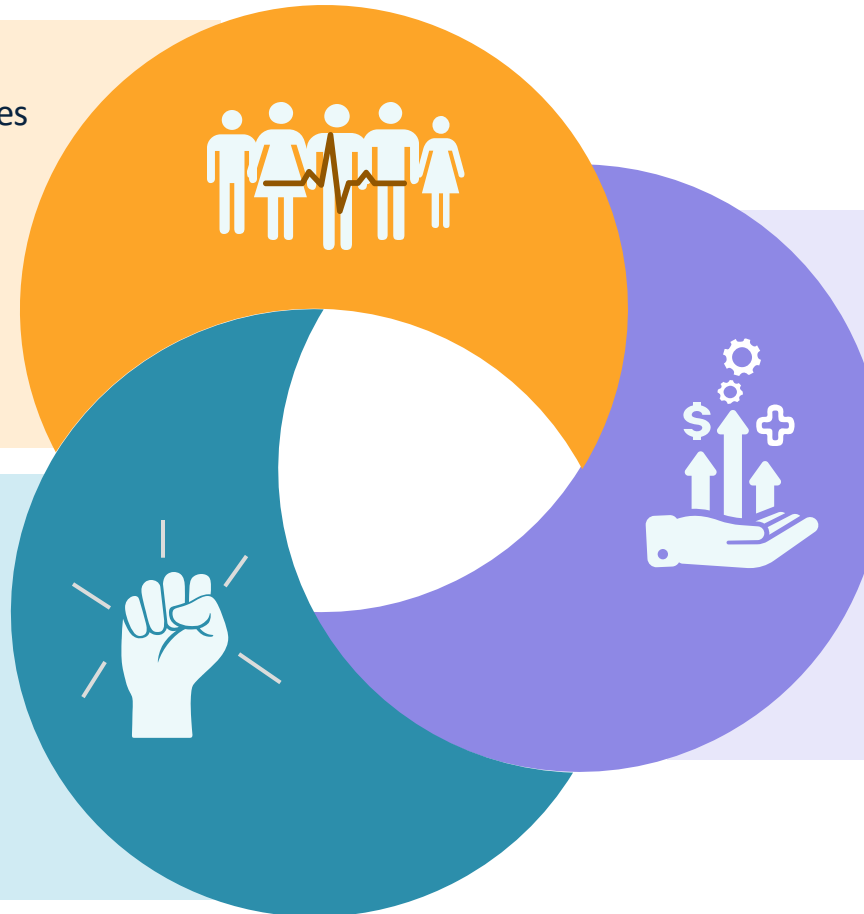
Quality can help drive patients to choose healthcare providers.

Population Health

- **Addressing Disparities:** Through dedicated initiatives and community-focused programs, CCH works to reduce health disparities and foster trust in underserved populations.
- **Data-Driven Equity:** Data to address social determinants of health (e.g., housing, food insecurity) aligns population health with quality improvement and community engagement.

Consumer Empowerment

- **Expanding Patient Engagement:** Initiatives like the patient navigator program and health literacy training empower patients to actively participate in their care, fostering loyalty.
- **Language Access and Comfort:** CCH prioritizes care in patients' preferred languages and comfortable settings, improving satisfaction and trust.



Value-Based Care Models

- **Focus on Medicaid Managed Care:** CountyCare, the largest Medicaid plan in Cook County, is built on value-based care principles, directly tying quality to reimbursement and patient outcomes.
- **Performance Metrics:** Achieving top-quality ratings for CountyCare ensures CCH maximizes capitated payments and maintains financial resilience.



Workforce Shortages

Healthcare workforce shortages continue to escalate costs, intensify provider burnout, and demand multifaceted solutions at both national and local levels.



National workforce shortages continue.

- Labor costs up 10% in 2023; slowed to 4% in 2024
- 45% increase in salaries and benefits over 10 years versus 29% inflation
- Shortfall of 84,000 physicians by 2036; nursing shortage in 42 states by 2030
- 800,000 nurses plan to exit by 2027, with 100,000 having already left following COVID-19
- Decline in nursing school enrollment in 2024 due to faculty shortage



Systems are responding.

- Systems are offering flexible employment approaches, residency programs, scholarships, and pipeline efforts.
- Integrated Delivery Networks are investing in local workforce development, particularly in underserved areas.



Workforce innovation remains necessary.

- **Pipeline Development:** Some systems continue to invest in scholarships, residencies, and mentorship.
- **Reimagine Skill Mix:** Top-of-license performance.
- **Agile Staffing:** Contract labor and flexible benefits.
- **AI-Driven Productivity:** Automation of tasks and streamlined staffing.

Federal and State Landscape

Letitia Close, Kathy Chan and Paul Beddoe
January 24, 2025



COOK COUNTY
HEALTH



Medicaid Overview

- **Federal law sets minimum standards for eligibility and coverage**, states have option to expand
- **Jointly financed by state/federal government**
 - 90% match for Affordable Care Act (ACA) adults
 - 50-83% match for states/territories; Illinois' non-ACA match is 51.82%
- In State Fiscal Year 2024, **3.4M+ enrollees with comprehensive Medicaid in Illinois**, including 1.4M children and 772K ACA adults (Medicaid expansion)
- **Medicaid is critical to safety-net health care providers** and is the largest funder of long-term care services and substance use treatment/mental health services
- **The majority of Cook County Health patients who have insurance are covered by Medicaid**



Federal Landscape – Executive and Judicial

- **President Trump, Vice President Vance**

- Use of Executive Orders

- **Trump Cabinet Nominees**

- Office of Management and Budget Director – Russ Vought
- U.S. Department of Health and Human Services
 - Secretary – Robert Kennedy, Jr
 - Centers for Disease Control and Prevention – Dr. Dave Weldon
 - Centers for Medicare and Medicaid Services – Dr. Mehmet Oz
 - Food and Drug Administration – Dr. Marty Makary
 - National Institutes of Health – Dr. Jay Bhattacharya
- U.S. Surgeon General – Dr. Janette Nesheiwat

- **U.S. Supreme Court**

- 6 Republican-appointed Justices



Federal Landscape – Legislative

- **U.S. House of Representatives**

- Republicans have a 5-seat majority with 220 seats – Democrats have 215 seats
- Speaker Mike Johnson (R) Louisiana
- Minority Leader Hakeem Jeffries (D) New York

- **U.S. Senate**

- Republicans have a 6-seat majority with 53 seats – Democrats have 47 seats
- Majority Leader John Thune (R) Nebraska
- Minority Leader Chuck Schumer (D) New York

- **Immediate Congressional Priorities**

- Passing FY25 appropriations – federal government funded through March 14, 2025
- Extending 2017 tax cuts
- Immigration reform



2025 Federal Priorities

- Protect **Medicaid**
- Delay/cancel **Disproportionate Share Hospital (DSH) cuts**
- Extend/make permanent **Medicare telehealth flexibilities**
- Allow local/county correctional health providers to be eligible for **National Health Service Corps** loan forgiveness program
- **Protect 340B** prescription drug discount program
- Extend/make permanent enhanced **Marketplace premium tax credits**, which expire year end 2025



State Landscape

- **Constitutional Officers**

- Governor JB Pritzker
- Attorney General Kwame Raoul

- **104th General Assembly**

- Democratic supermajority in both chambers
- House
 - Democrats have 78 seats – Republicans have 40 seats
 - Speaker Chris Welch (D) Maywood
 - Minority Leader Tonie McCombie (R) Savanna
- Senate
 - Democrats have 40 seats – Republicans have 19 seats
 - President Don Harmon (D) Oak Park
 - Minority Leader John Curran (R) Lemont



State Landscape

- Projected **\$3.2B budget deficit** in FY26, structural deficit
- **Medicaid (16% state general revenue funds)**
 - Impact of federal policies
 - 1115 waiver implementation – coverage of health-related social needs and re-entry services/justice-involved
 - Ongoing workforce challenges
 - Health Benefits for Immigrant Adults/Seniors
 - Behavioral health funding and infrastructure
- Reproductive health and gender affirming care
- Regional transportation system
- Clean energy/climate-resilience



2025 State Priorities

- **Preserve and protect Medicaid**
 - Unfreeze/reopen Health Benefits for Immigrant Adults and Seniors
 - Pursue program simplifications/streamlining options including but not limited to continuous eligibility for children through age 5 and presumptive eligibility for adults
 - Implement the approved Illinois 1115 waiver
- **Increase state funding to local health departments**
- **Support harm reduction legislation** to decrease opioid deaths and promote treatment
- **Improve behavioral health infrastructure and address gaps in workforce**



Environmental Scan - Public Health

Dr. Kiran Joshi, Interim Chief Operating Officer

The charge: Provide a public health perspective and framework to inform CCH system-wide strategic planning.



Modified from Solar, O., & Irwin, A. (2007). A conceptual framework for action on the social determinants of health.

Thematic Areas

- Demographic trends
- Crosscutting issues
- Social Determinants of Health
- Substance Use
- Mental Health
- Maternal and Child Health
- Chronic Diseases
- Communicable Diseases
- Injuries and Violence

Demographic Trends

The changing demographics of Cook County present challenges to economic stability and public health systems.

- **Population is both declining and aging:**
 - Out-migration and the number of deaths continue to outpace the number of new migrants and births. These low birth rates combined with higher life expectancy is resulting in an aging population.
- **Churning racial and ethnic makeup:**
 - The number and share of Hispanic/Latino, Asian, and multi-racial populations are growing while the White and Black populations are declining.

Cook County, the City of Chicago, and Suburban Cook County are independently experiencing population declines.

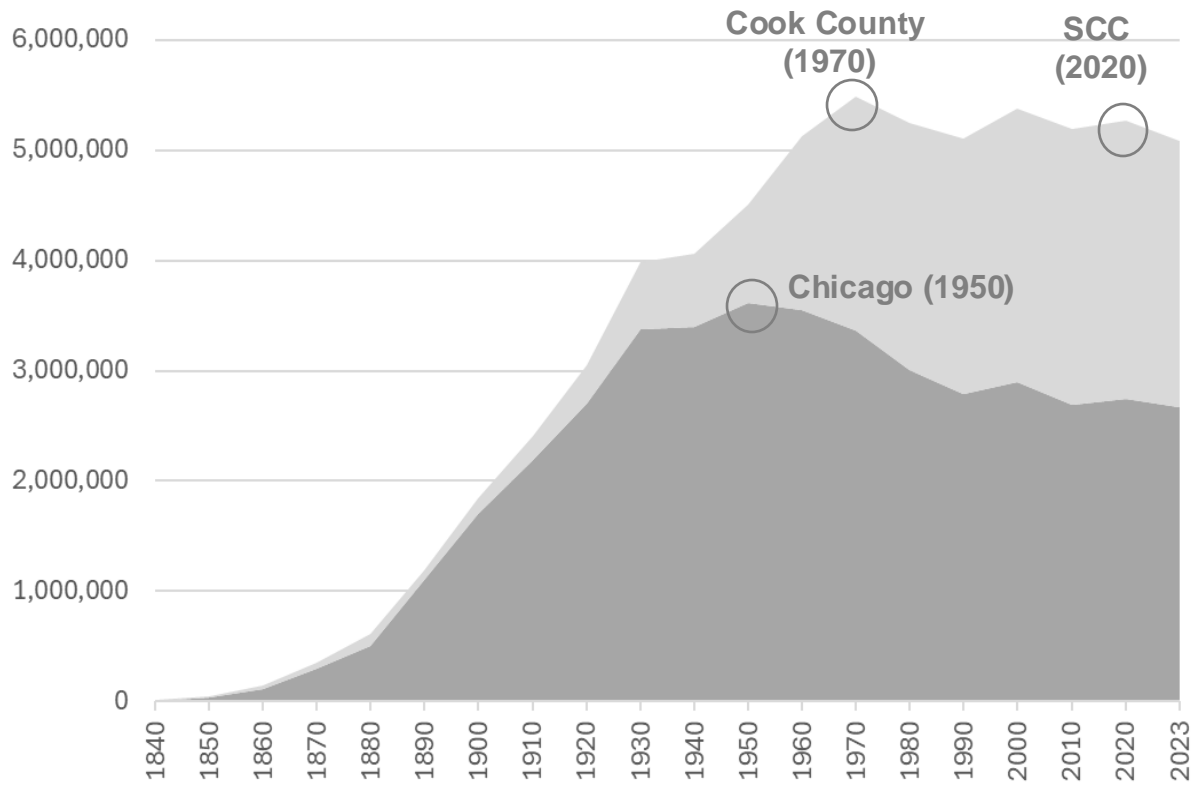
The number of live births has dropped nearly 30% since 2010.

The 65 and older population has grown by over 28% since 2010.

The population has diversified with Hispanic/Latino, Asian, and multi-racial residents making gains over the past decade.

Poverty and foreclosure rates have recently stabilized but continue to exceed national averages.

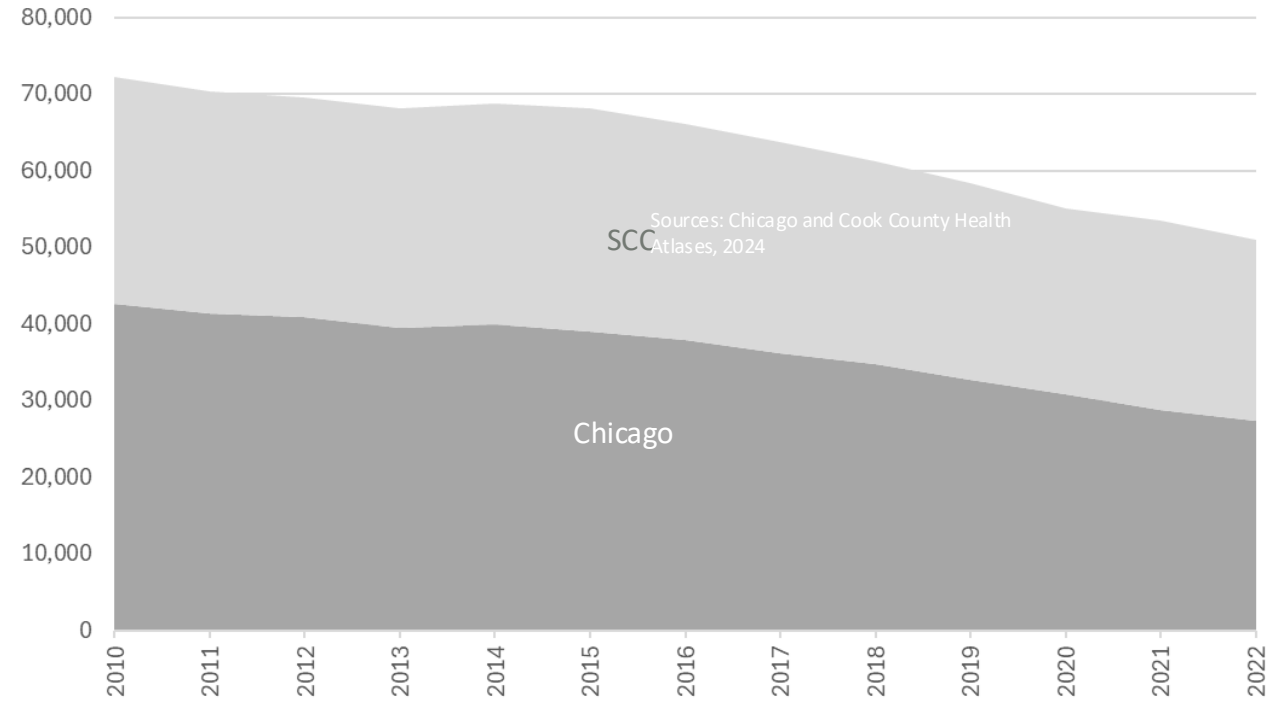
Declining Population



Source: US Bureau of the Census Decennial Census and ACS, 1840-2024

○ = Peak population

Declining Births



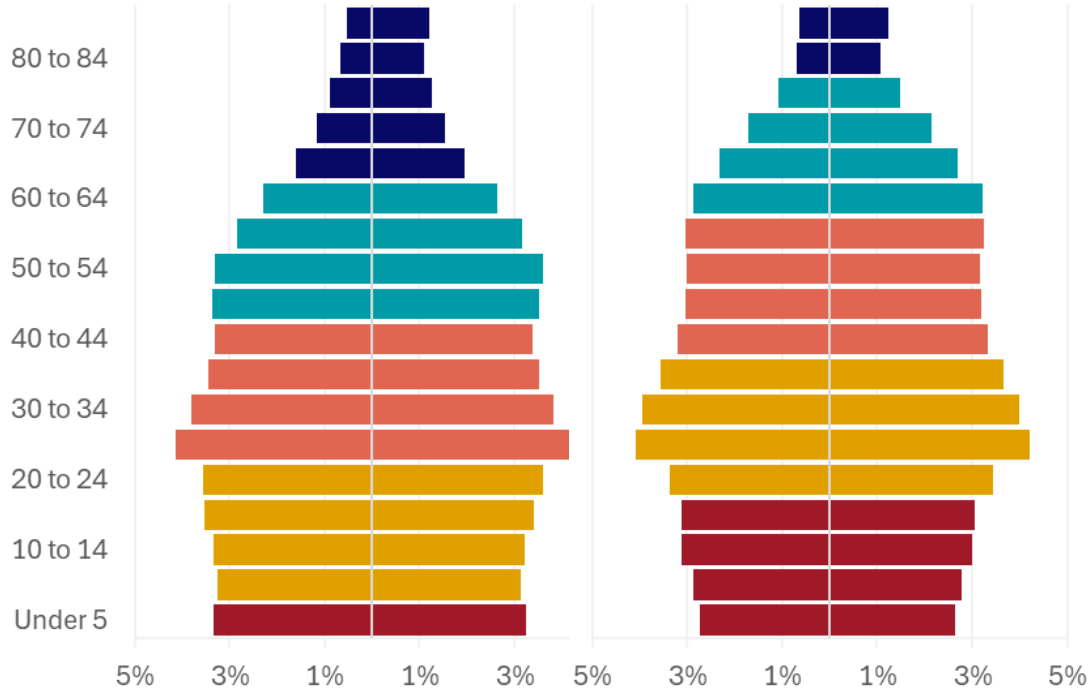
Source: US Bureau of the Census Decennial Census, 2010, 2020

Annual births in Cook County have dropped by over 30% since 2010 from 72,227 (2010) to 51,011 per year in 2020.

Aging Population

2010

2020



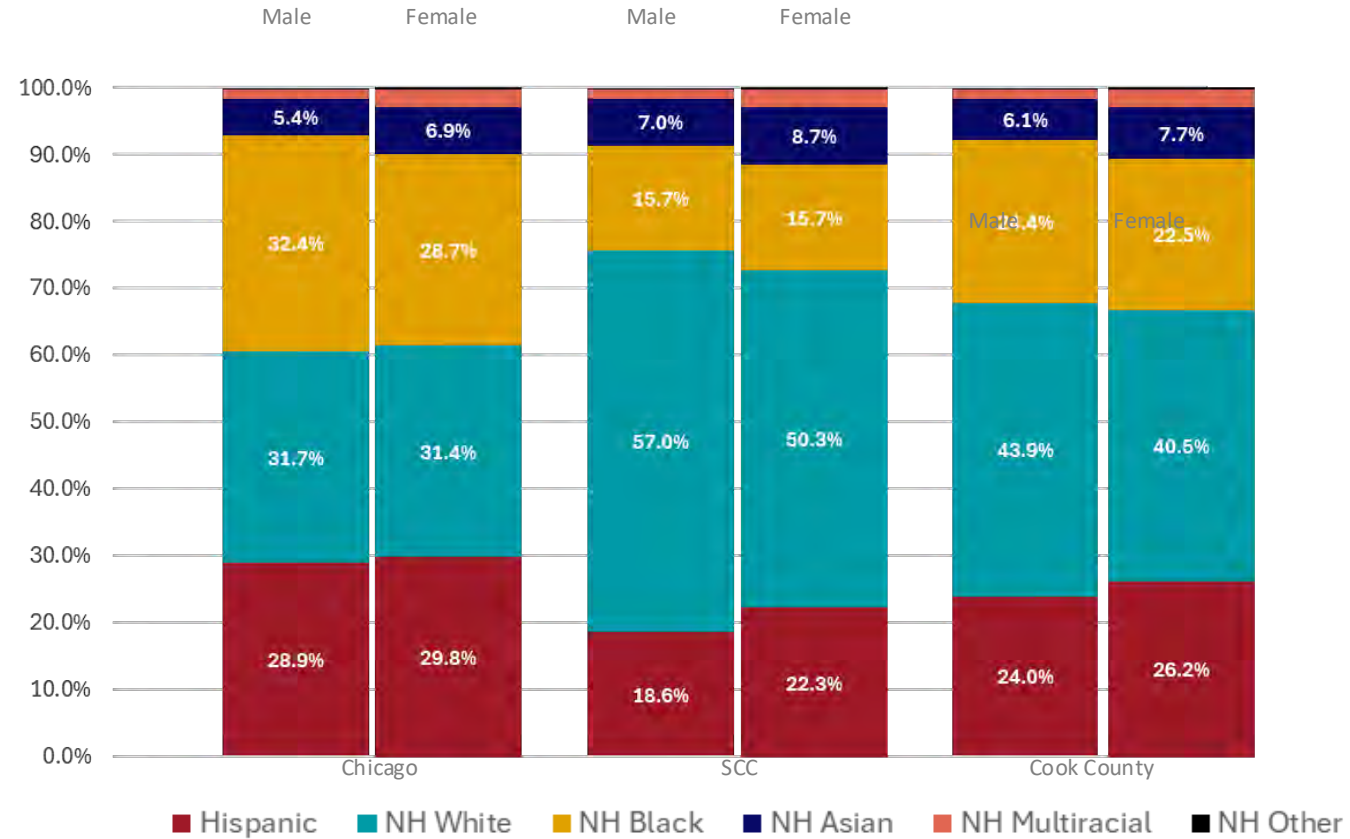
Cook County's 65 and older population has grown by over 28% since 2010 from 620,329 (2010) to 794,459 (2020).

- Silents/Traditionals (1931-45)
- Baby Boomers (1946-65)
- Gen X (1966-80)
- Millennials (1981-2000)
- Gen Z and later (2001+)

Source: US Bureau of the Census American Community Survey, 2010-2023



Increasing Diversity



Source: US Bureau of the Census Decennial Census, 2010, 2020

Crosscutting Issues

Climate Change:

- Climate change is a major environmental health threat that will have significant impacts on public health and health care systems in the years to come.

Immigration Policy Changes:

- Potential changes to immigration policy and implementation, with significant impacts on the healthcare workforce, DACA health insurance coverage, and care-seeking by immigrants

Funding for Public Health / Healthcare:

- Significant uncertainty regarding future funding for public health / healthcare, including potential threats to immunization coverage and infectious disease research AND opportunities for chronic disease prevention.

Social Determinants of Health

Educational Inequities: Lack of Access to Quality Education

- Poorly funded schools in low-income areas lead to lower educational attainment.

Employment and Workforce Issues

- Low-Wage Jobs and underemployment: Overrepresentation of disadvantaged populations in minimum-wage, low-growth positions. Working part-time or temporary jobs with no benefits.

Health Risks in Housing Persist

- 37% of all housing in SCC has potential to be a source of lead exposure. National advocates estimate that half of that contains significant risk for children. In the ten SCC communities with the oldest housing stock, greater than 70% of all units pose a risk for lead.

Geographic and Racial Disparities

- Racial and Gender Inequality: Discrimination leading to wage gaps and limited economic mobility for marginalized groups.

Housing Costs are Increasing While Poverty and Income Inequality Persist

- Housing costs have increased across the County although at a faster within the city of Chicago where poverty is also more prevalent.

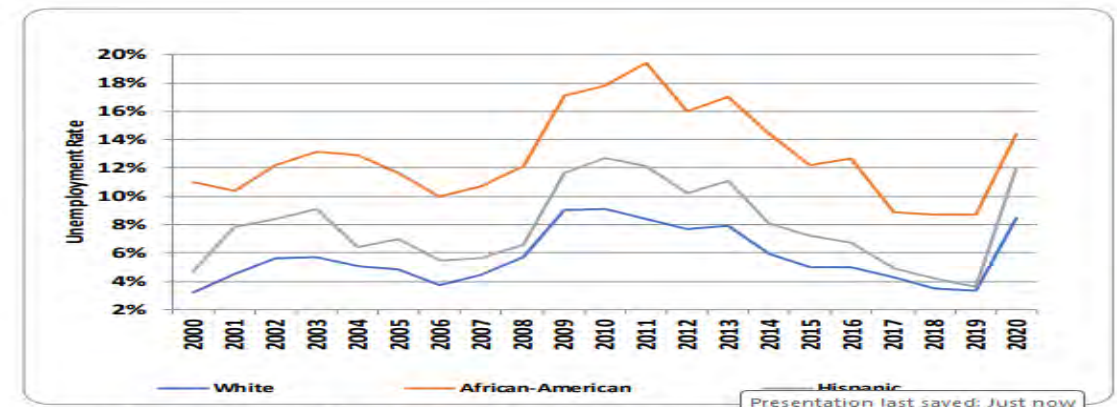


Figure 3. Unemployment Rate by Race/Ethnicity in Illinois, 2000-2020

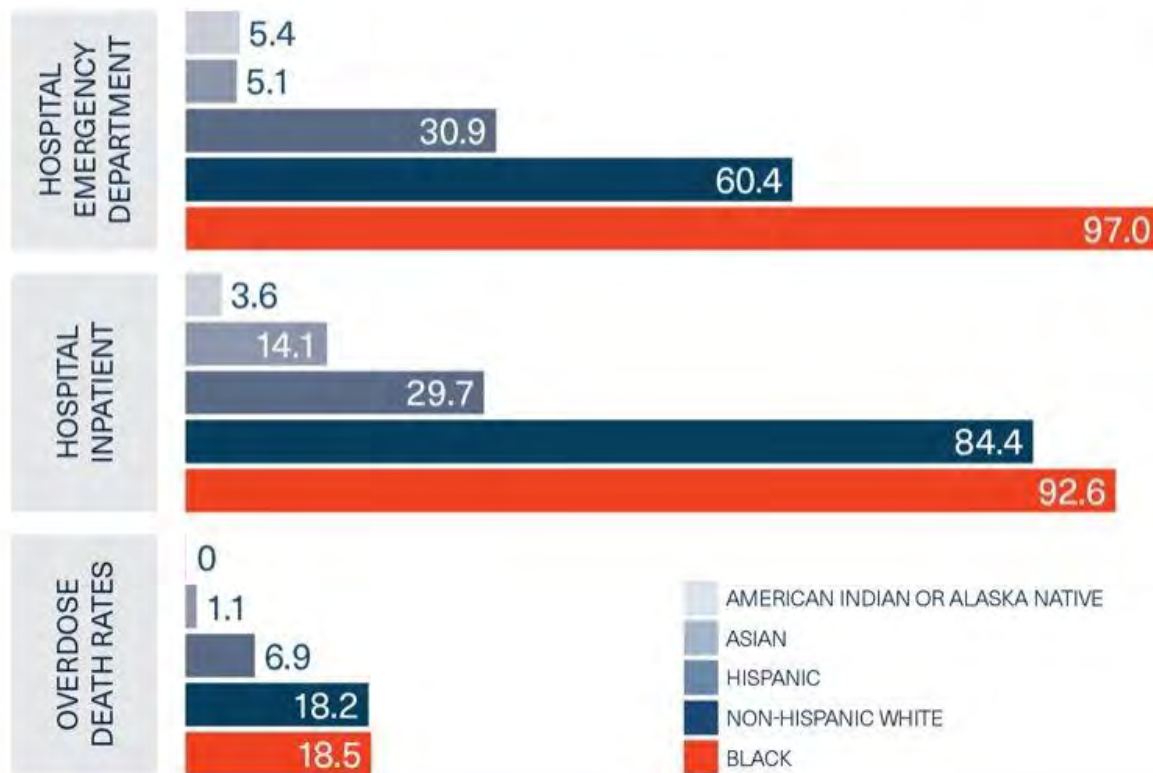
Source: U.S. Bureau of Labor Statistics

Substance Use

- Approximately **8,600 Cook County residents died from opioid-involved overdoses** between 2020 and 2024 (CCMEO, 2025).
 - For every fatal overdose, CCDPH analysis has found 10 times as many non-fatal overdose outpatient and inpatient hospitalizations (2020).
- Provisional data indicates a **17% decrease in drug overdose deaths in the U.S.** between July 2023 to July 2024 (CDC, 2024).
 - We urge caution, deaths among groups other than whites increased between 2021 and 2023 (Stateline, 2024)
 - Cook County is also seeing a decrease in deaths, but data is also provisional (CCMEO, 2025)
- The **rate of alcohol related-deaths doubled** between 1999 and 2020 (AJM, 2024).
 - 22% of suburban Cook County high school students stated they were current drinkers.
 - 23% of suburban Cook County adults reported binge drinking, which is defined as consuming more than 4 drinks in one sitting for women and more than 5 drinks in one sitting for men.
- While overall marijuana use is decreasing in suburban Cook County, among high school students who ever used marijuana, the percentage of first use before age 13 was 26% for Blacks, 16% for Hispanics, and 8% for Whites (YRBS, 2022).

Substance Use

Black individuals experiencing opioid overdose had higher hospitalization and death rates (per 100,000) compared to other races and ethnicities



Black individuals also have more barriers and fewer options to access needed services.

- 13.1% of suburban Cook County adults stated that there were times in the previous year that they **needed mental health treatment or counseling but did not get it** (CDC, 2022)
- Depression affected a greater percentage of suburban Multiracial (51%), Hispanic (37%), and Black (36%) high school students compared to their White counterparts (29%) (YRBS, 2022).
- **Suicide rates among youth and young adults ages 10-24 rose by 52%** from 2000 to 2021 (CDC, 2024).
 - During this period, there was a staggering 78% increase in suicide rates among Black youth ages 10-19 (AAMC, 2023).
- Between 2003 and 2020, **social engagement with friends dropped by 40%**, a decrease of 20 hours per month (U.S. Surgeon General, 2023).
 - **Lower-income adults are more likely to be lonely** than those with higher incomes. 63% percent of adults who earn less than \$50,000 per year are considered lonely, 10 percentage points higher than those who earn more than \$50,000 per year (U.S. Surgeon General, 2023).

SUBURBAN COOK COUNTY

531

There were **531** non-fatal suicide attempts among 15-18 year olds in 2020.¹

15%

15% (16,540) of high school students reported having seriously considered attempting suicide in 2022.²

9

The youngest child to attempt suicide in 2019 was **9 years old**.¹

1. Suburban Cook County, IL; Cook County Hospital Discharge; 2016 to 2020

2. Youth Suburban Cook County, IL; Youth Risk Behavior Survey; 2022; 9th to 12th Graders

Maternal and Child Health

- Pregnancy-related deaths are a public health crisis in Cook County, Illinois and the U.S., especially for non-Hispanic Black women, who are two to three times more likely to die from complications during pregnancy than white women.
- Inequities are largely due to discrimination and other social, economic and structural factors.
- According to the CDC, more than 80 percent of pregnancy-related deaths are preventable with early and regular healthcare before, during and after pregnancy.
- In 2022, infants born to Black women were more than twice as likely to die as those born to White women.
- Leading causes of pregnancy-related death include:
 - Substance Use Disorder (32%)
 - Cardiac and coronary conditions (16%)
 - Pre-existing chronic medical conditions (12%)
 - Sepsis (9%)
 - Mental Health Conditions (8%)
 - Embolism (7%)

“

“Risk factors like obesity, gestational diabetes, hypertension, asthma, preeclampsia, and tobacco use have increased.”

--White House white paper, 2022

“Causes of inequity in maternal health are often structural and include economic, housing, and food insecurity, and environmental stressors, discrimination, and racism.”

--White House white paper, 2022

”

MATERNAL MORTALITY IN ILLINOIS



Pregnancy-related deaths increased by 40% in Illinois from 2015-2017 to 2018-2020



About 88 women die each year while pregnant or within one year of pregnancy

90% are preventable

BLACK WOMEN HAVE THE HIGHEST RISK OF PREGNANCY-RELATED DEATH



2-3X

Black women are 2-3X as likely to die from a pregnancy-related condition than white women.



High-poverty counties had higher rates of pregnancy-related deaths than low-poverty counties.



Chronic Diseases

Chronic Diseases continue to be the leading cause of illness, disability, and death in the U.S.

- **Significant health disparities persist:**

- Black residents in Cook County have the highest heart disease mortality rates, well above the Healthy People 2030 target*

* Data reported in Cook County Health Atlas, Deaths (and age-adjusted rates per 100,000 population) by cause, 2018-2022

- **Disparities in tobacco use and secondhand smoke exposure remain:**

- Tobacco use is the leading cause of preventable death among Black Americans, claiming 45,000 Black lives every year*

* American Cancer Society. Cancer Facts & Figures for African American/Black People 2022-2024. Atlanta: American Cancer Society, 2022.

- **Increasing food insecurity in black and brown communities:**

- Food insecurity is 19% higher overall compared to pre-pandemic levels; it is 37% higher for Black households in Cook County*

* Data reported by Greater Chicago Food Depository

More than 2/3 of all deaths in the U.S. are caused by one or more of five chronic diseases: heart disease, cancer, stroke, COPD, and diabetes.

Raghupathi W, Raghupathi V. An Empirical Study of Chronic Diseases in the United States: A Visual Analytics Approach. *Int J Environ Res Public Health*. 2018 Mar 1;15(3):431. doi: 10.3390/ijerph15030431. PMID: 29494555; PMCID: PMC5876976.

Chronic diseases are the primary drivers of the nation's annual health care costs, accounting for 90% of the \$4.5 trillion spent annually.

National health expenditure data: historical. Center for Medicare & Medicaid Services. Updated December 13, 2023. Accessed December 20, 2024. <https://www.cms.gov/data-research/statistics-trends-and-reports/national-health-expenditure-data/historical>

Secondhand smoke exposure is more than 2x greater among Black adults compared to White.

U.S. Department of Health and Human Services. Eliminating Tobacco-Related Disease and Death: Addressing Disparities—A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2024.

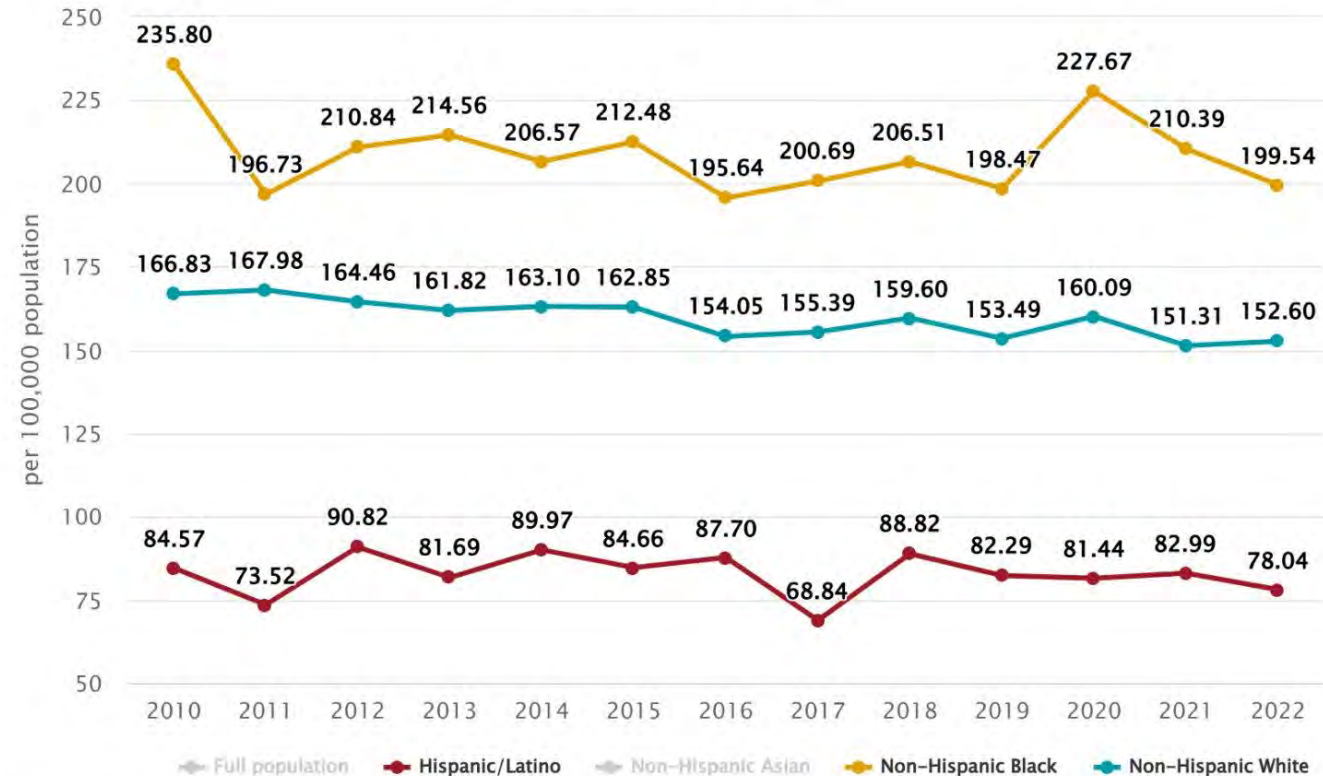
Adults in U.S. households that are less food secure are significantly more likely to have one or more chronic diseases.

Gregory, C.A. & Coleman-Jensen, A. (2017). *Food Insecurity, Chronic Disease, and Health Among Working-Age Adults*. U.S. Department of Agriculture, Economic Research Service. ERR-235.

Chronic Diseases

Heart disease mortality rate by Race and ethnicity

Suburban Cook County



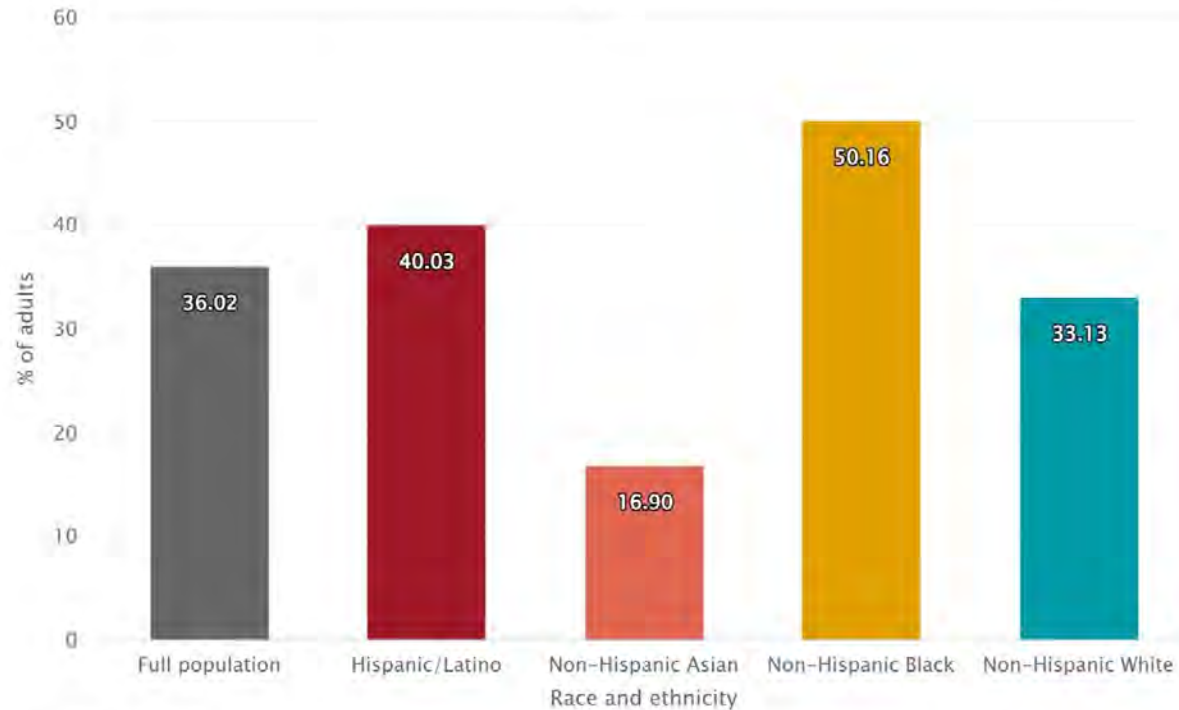
Created on Cook County Health Atlas | cookcountyhealthatlas.org/i/sph95tey | Data source: Illinois Department of Public Health (IDPH) Vital Records (<https://dph.illinois.gov/data-statistics/vital-statistics>)

Heart disease mortality rate: Age-adjusted rate of people who died due to heart disease

Chronic Diseases

Adult obesity rate (CCHS) by Race and ethnicity, Suburban Cook County

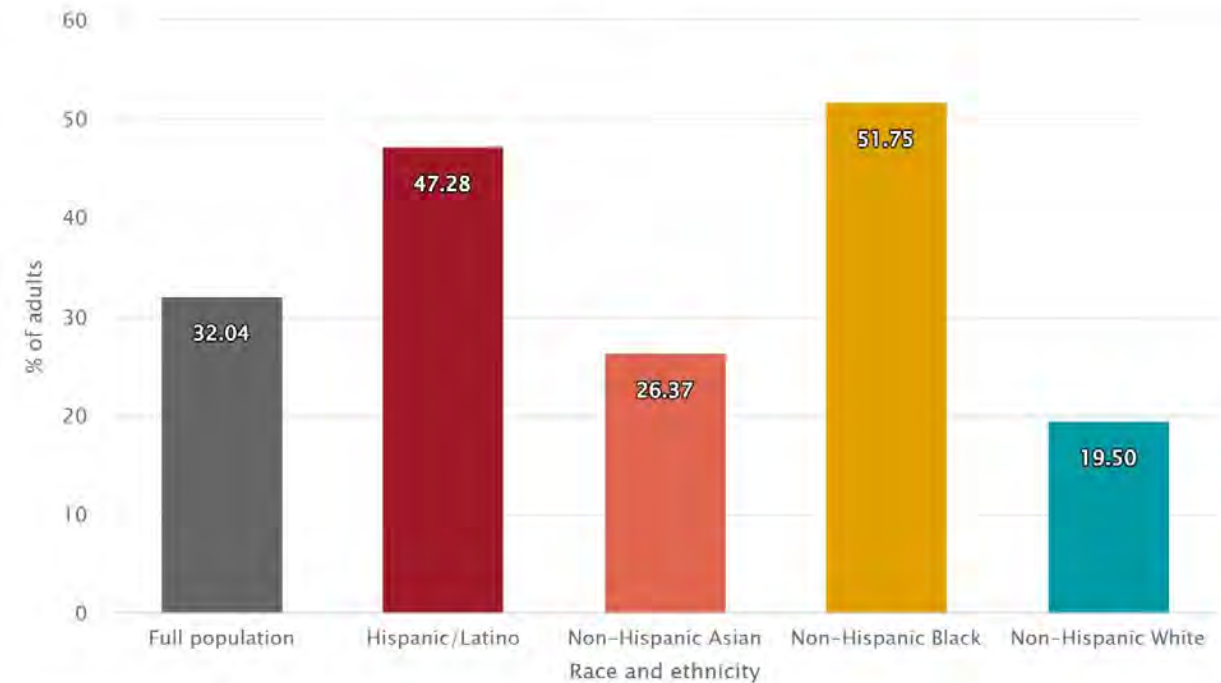
2023



Created on Cook County Health Atlas | cookcountyhealthatlas.org/j/jd44d9ku6 | Data source: Cook County Health Survey
Adult obesity rate (CCHS): Percent of adults who reported having a BMI \geq 30

Food security concern rate (CCHS) by Race and ethnicity, Suburban Cook County

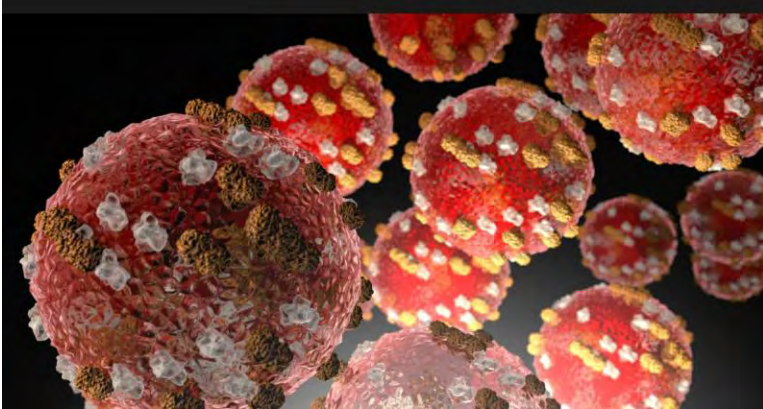
2023



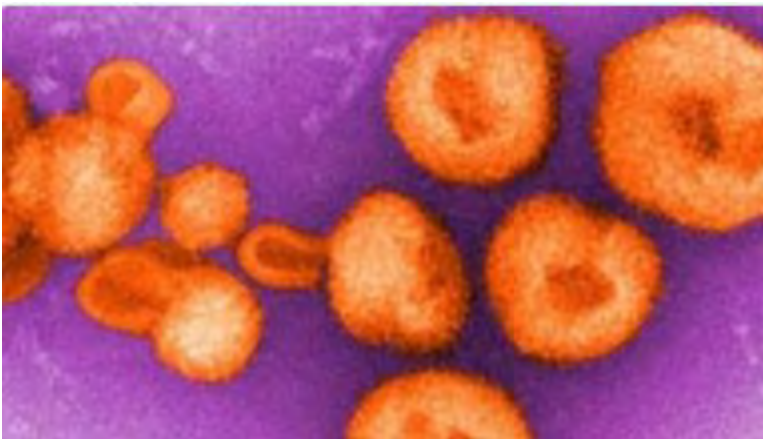
Created on Cook County Health Atlas | cookcountyhealthatlas.org/j/jd1c5vfyj | Data source: Cook County Health Survey
Food security concern rate (CCHS): Percent of adults who reported being worried about food running out sometimes or often

Communicable Diseases

Measles virions: <https://www.cdc.gov/measles/about/index.html>



Viral Hemorrhagic Fevers: <https://www.cdc.gov/viral-hemorrhagic-fevers/about/>



Vaccination Rates:

- Vaccination rates are decreasing nationally and locally; public health continues to see more frequent, resource-intensive measles outbreaks.

High Consequence Infections:

- Outbreaks of High Consequence Infectious Diseases, for example, Marburg, Lassa Fever, Ebola, etc. occurring overseas often require monitoring here; maintaining readiness is critical.

Syphilis:

- Congenital syphilis cases and syphilis infections in pregnant women have been on the rise locally, regionally and nationally.

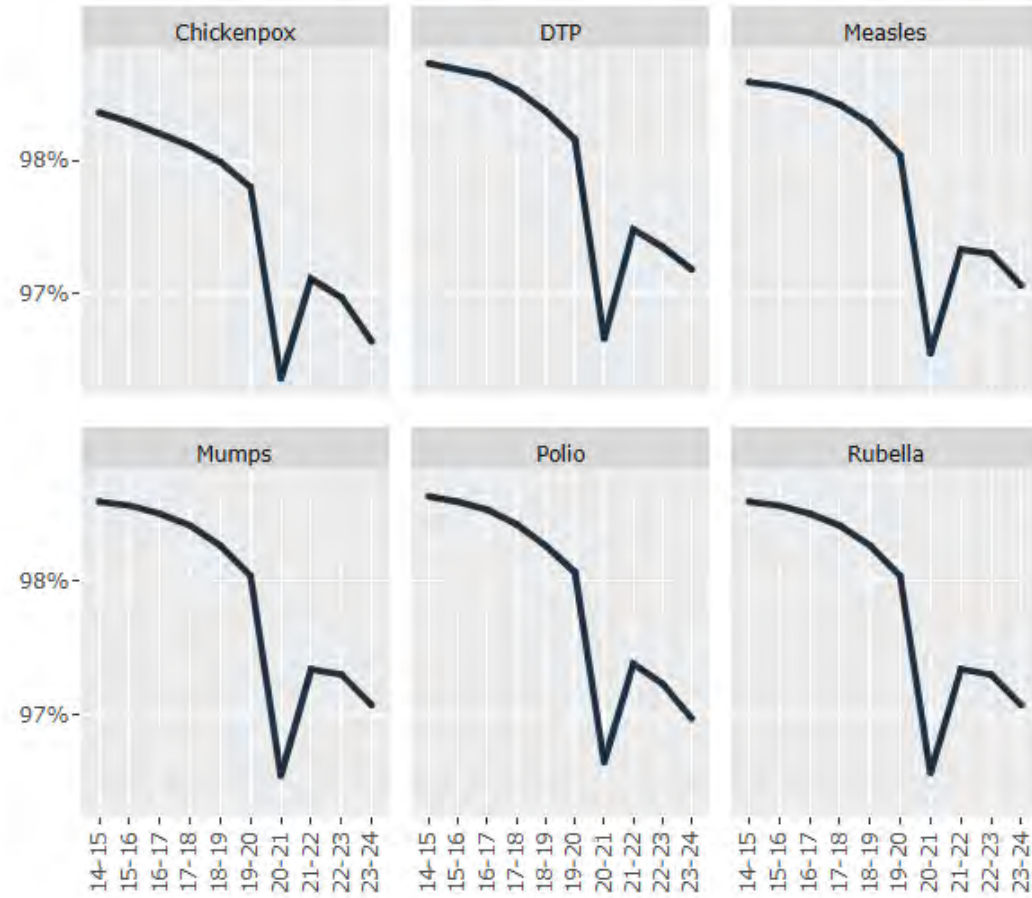
Drug Resistant Organisms:

- Spread of drug-resistant organisms, particularly in long-term care settings, continues to surge.

Communicable Diseases

Vaccination coverage among suburban Cook County school students has **steadily declined over the last 10 years.**

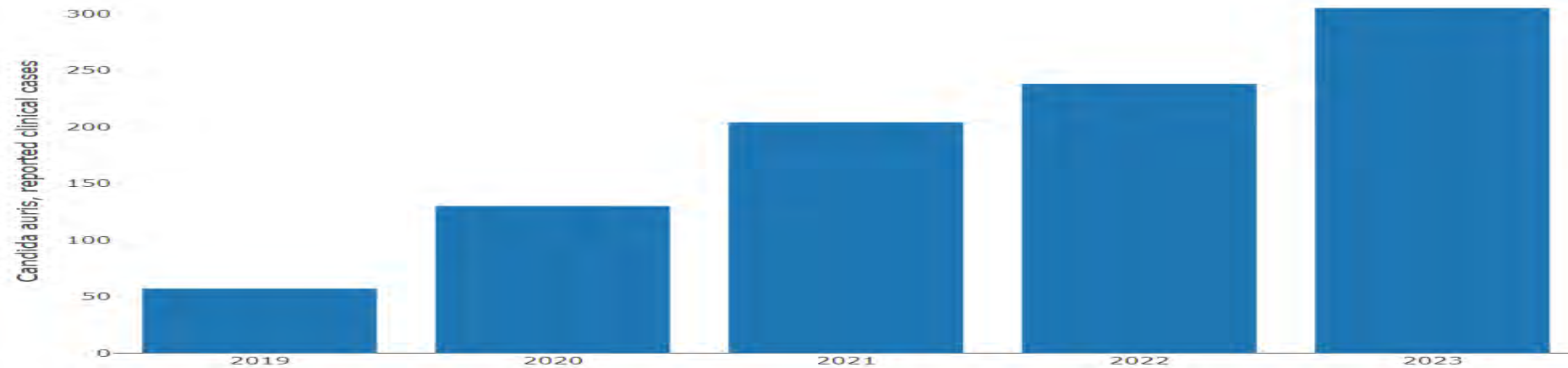
Suburban Cook County School Vaccination Trends



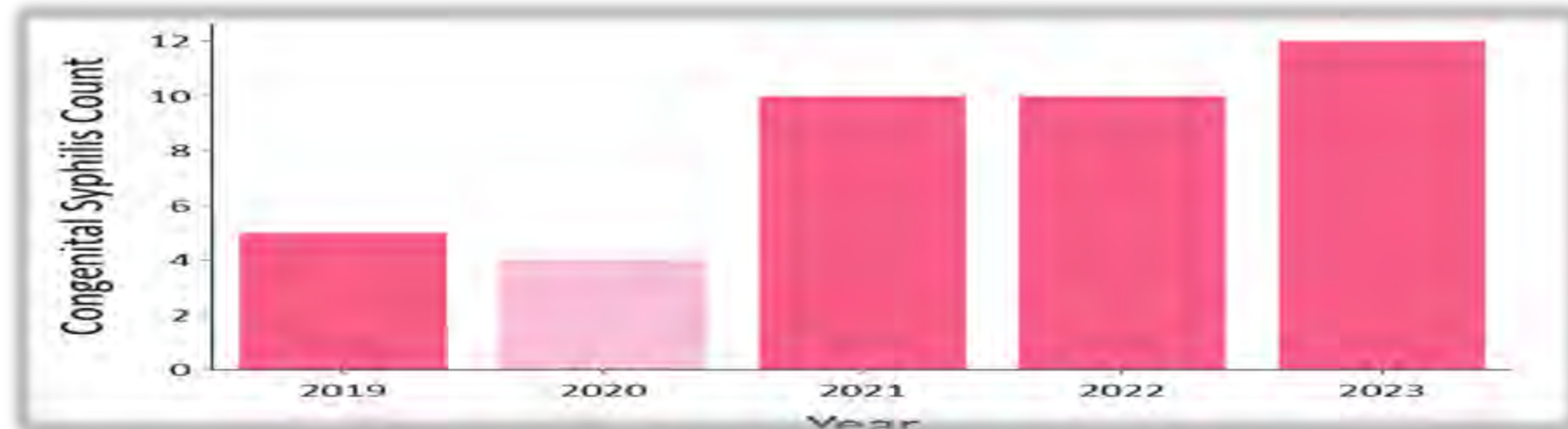
Source: [CCDPH School Vaccinations Dashboard](#); data from the Illinois State Board of Education

Communicable Diseases

Clinical cases of *Candida auris*, a yeast that can cause severe illness and is often resistant to antifungal medications, have **increased over 400% in suburban Cook in the last 5 years.**



Congenital syphilis cases **more than doubled** from 2020 to 2021 and remain elevated.



Injuries and Violence

Injuries

Traffic related fatalities in Cook County are increasing even though total crashes are relatively flat

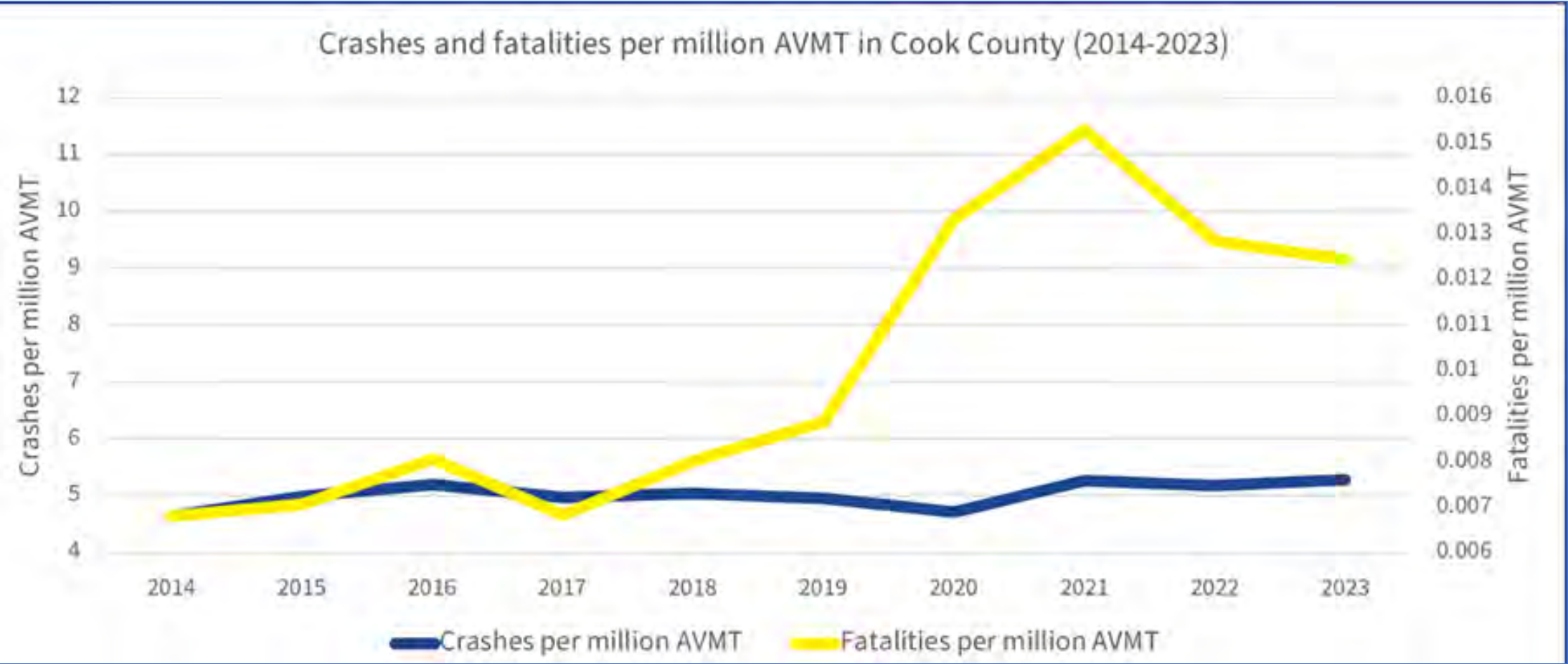
- Deadly crashes in Cook County surged 52% from 2018 to 2022
- Bike and pedestrian crashes are 2% of all crashes but 23% of fatal and serious injury crashes
- Traffic fatalities do not impact all communities in Cook County equally

Violence

Homicides in 2024 fell by more than 9% in Cook County from 2023 levels, and by more than 29% from their peak in 2021 (CCMEO, 2025).

- 1,608 suburban Cook County residents visited the ED for firearm related violence between 2018-2023 (Cook County Health Atlas (IDPH)).
- 2,313 Cook County civilians were treated in outpatient and inpatient settings for injuries stemming from law enforcement legal intervention between 2016 and 2023 (UIC, 2024).
- Across Illinois, people with neurologic conditions, substance use disorders and major psychiatric conditions, and persons who are homeless are more likely to suffer an injury from law enforcement that requires hospital care.

Injuries and Violence



Summary

- The healthcare and public health sectors face a dynamic environment with a myriad of opportunities and threats
- Health inequities persist across multiple health outcomes; primary drivers include structural and societal factors such as structural racism
- CCH and CCDPH are positioned to respond by making strategic investments while considering impending shifts in policy at the federal level
- CCDPH is conducting its every-five-year Community Health Improvement Planning process (WePlan) which will involve three separate community assessments and engaging community partners to develop public health strategies for suburban Cook County as required by IDPH.
 - We expect to present on this in Q1 2026
 - WePlan coordination with the CCH strategic plan underway

Appendix



COOK COUNTY
HEALTH

Primary Care Medical Homes (Family Health Care)

1. Arlington Heights Health Center • Arlington Heights, IL
2. Belmont-Cragin Health Center • Chicago, IL
3. Austin Health Center • Chicago, IL
4. North Riverside Health Center • North Riverside, IL
5. Dr. Jorge Prieto Health Center • Chicago, IL
6. Bronzeville Health Center • Chicago, IL (COMING SOON)
7. Englewood Health Center • Chicago, IL
8. Robbins Health Center • Robbins, IL
9. Cottage Grove Health Center • Ford Heights, IL

Regional Outpatient Centers (Includes Primary Care Medical Homes, specialty, diagnostic and procedural services)

10. John Sengstacke Health Center at Provident Hospital • Chicago, IL
11. Blue Island Health Center • Blue Island, IL
12. Central Campus • Chicago, IL

- Professional Building
- Harrison Square
- General Medicine Clinic (GMC)
- Specialty Care Center (Clinics A-V)
- Women & Children’s Center at Stroger Hospital

13. Ruth M. Rothstein CORE Center • Chicago, IL
14. Provident Dialysis Center • Chicago, IL

Child & Adolescent Services

15. Morton East Health Center • Cicero, IL

Hospitals

16. John H. Stroger, Jr. Hospital • Chicago, IL
17. Provident Hospital • Chicago, IL

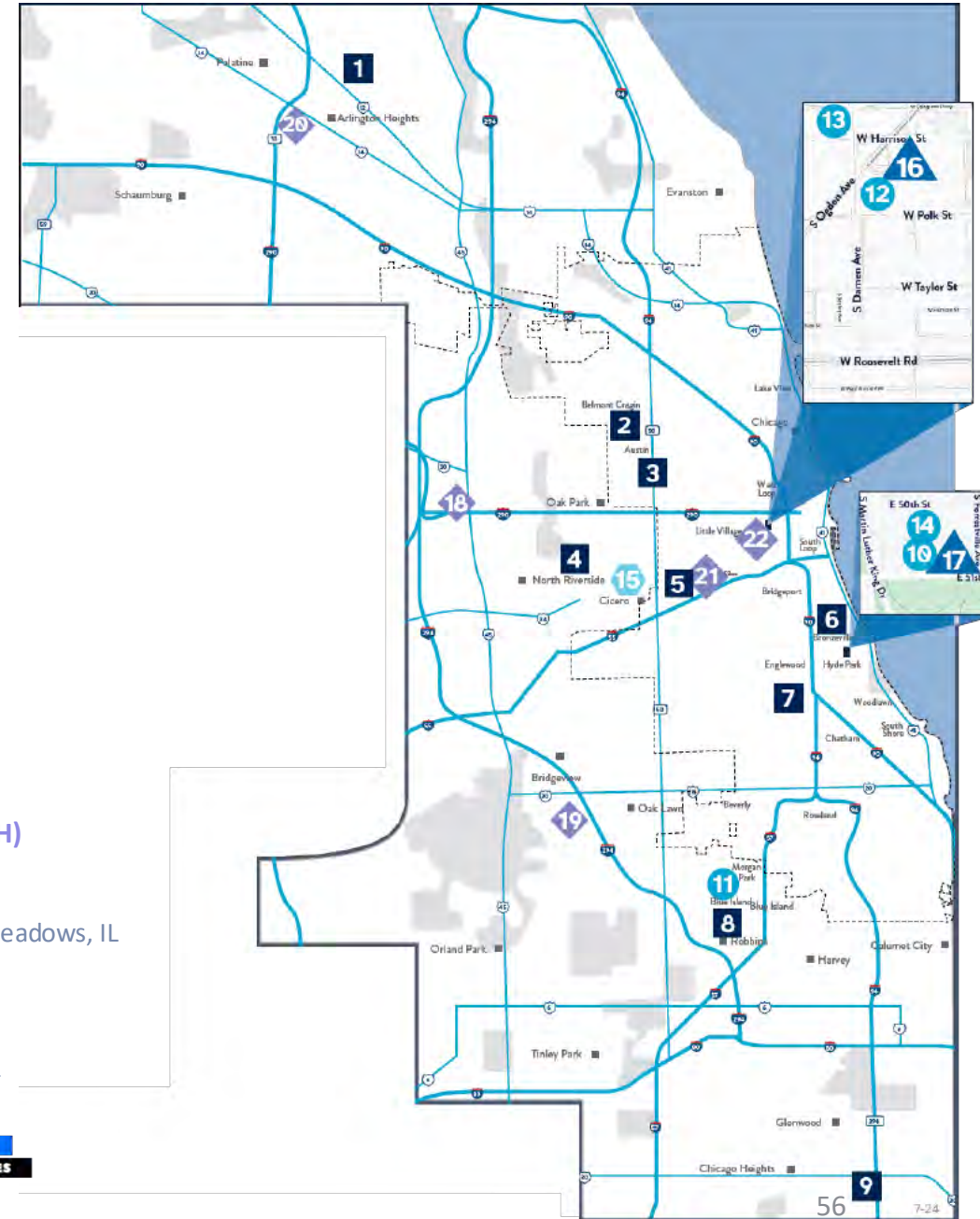
Additional Services

Cook County Department of Public Health (CCDPH)

18. CCDPH Main Office • Forest Park, IL
19. CCDPH at Bridgeview Courthouse • Bridgeview, IL
20. CCDPH at Rolling Meadows Courthouse • Rolling Meadows, IL

Correctional Health Services

21. Cook County Jail • Chicago, IL
22. Juvenile Temporary Detention Center • Chicago, IL



SWOT Analysis - Federal

Strengths

- Cook County Congressional delegation support
- Strong Medicaid program in Illinois – coverage, eligibility, uptake
- Success stories related to Medicaid implementation, CountyCare

Weaknesses

- Vulnerable to reductions in federal support, especially Medicaid
- Major legislative improvements to federal health programs unlikely
- Low-income, communities of color most likely to be impacted by federal policy changes

Opportunities

- 1115 Illinois Healthcare Transformation approved July 2, 2024
- Bipartisan support for continuation of telehealth flexibilities, Disproportionate Share Hospital funding
- Majority of states (40) have expanded Medicaid
- Interest in access to healthy food/reforming food systems
- 2026 Congressional elections (33 Senate seats, all 435 House seats)

Threats

- Changes to Medicaid structure and funding
- 340B program uncertainty
- Public charge and related immigration-focused issues
- Expiration of enhanced ACA premium tax credits at end of 2025
- Emerging public health threats combined with lack of investments/erosion in trust
- Impact of tariffs



SWOT Analysis - State

Strengths

- Strong Medicaid program in Illinois – coverage, eligibility, uptake
- Executive and legislative branches supportive of health care access
- Progress and investments in social determinants – housing, criminal justice reform

Weaknesses

- Projected \$3B FY26 state budget deficit
- Low per capita spending on Medicaid
- Limited state authority on specific issues, e.g. 340B, mifepristone access
- Any cuts to Medicaid result in a triple impact on CCH
 - loss of Medicaid revenue as a provider
 - loss of Medicaid members as a plan
 - increase of uncompensated care as a provider

Opportunities

- Broad-based stakeholders that support access to care
- Bipartisan support for behavioral health improvements
- 1115 waiver implementation – new coverage of health-related social needs and justice-involved
- HealthChoice Illinois RFP
- Establishment of state-based Marketplace/health insurance exchange

Threats

- State financial position – structural deficit
- Ongoing workforce challenges
- Increasing rates of uncompensated care due to redetermination fall off
- Health Benefits for Immigrant Adults and Seniors



Key Dates 2025

January 3	119 th Congress Sworn in & Start of Two-year Term
January 4-7	Illinois General Assembly (ILGA) Lame Duck Session
January 8	103 rd ILGA Inauguration
January 20	President Trump's Inauguration
February 15	President Trump's State of the Union Address
February 19	Governor Pritzker's State of the State & FY26 Budget Address
May 31	ILGA Scheduled Adjournment Date
June 30	Last Day Illinois State Fiscal Year 2025
August	Congressional Recess
September 30	Last Day Federal Fiscal Year 2025
TBD October/November	ILGA Fall Session
November 30	Last Day Cook County Fiscal Year 2025

