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# IMPACT

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# CHANGE

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# EQUITY

**COOK COUNTY HEALTH  
STRATEGIC PLAN 2023-2025**



**COOK COUNTY  
HEALTH**

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Note to the reader: **IMPACT-CHANGE-EQUITY** provides strategic concepts and initiatives to guide CCH through the next three years recognizing that the System is operating in an extremely dynamic local, state and federal environment that may result in adjustments and reprioritizations to ensure success for the organization. The organization of the plan should not be seen as a prioritization of initiatives and objectives; rather, it is intended to describe how CCH will adapt and respond to the new healthcare landscape.

Once adopted, progress toward attainment of the objectives in **IMPACT-CHANGE-EQUITY** will be monitored by the CCH Board of Directors. Tactics, measurements and milestones will be incorporated into the budget approval process over the next three years.

For more information, please visit [www.cookcountyhealth.org](http://www.cookcountyhealth.org).

# About Cook County Health

**Cook County Health (CCH) is one of the largest public health systems in the United States, providing a range of health services to its patients, health plan members and the larger community. Through the health system and the health plan, CCH serves more than 600,000 unique individuals annually.**

The System operates:

- John H. Stroger, Jr. Hospital of Cook County, a 450- bed tertiary, acute care hospital in the Illinois Medical District;
- Provident Hospital of Cook County, 79-bed community acute care hospital on the South Side of Chicago;
- More than a dozen community health centers throughout Cook County offering primary and specialty care, along with diagnostic services;
- The Ruth M. Rothstein CORE Center, a comprehensive care center for patients with HIV and other infectious diseases. The CORE Center is the largest provider of HIV care in the Midwest and one of the largest in the nation;
- Cook County Department of Public Health, a state and nationally certified public health department serving suburban Cook County;
- Correctional Health Services providing health care services to the detainees at the Cook County Jail and residents of the Juvenile Temporary Detention Center; and
- CountyCare, the largest Medicaid managed care plan in Cook County.

The System's hospitals and ambulatory network, including its Primary Care Medical Home model, are Joint Commission accredited. Stroger Hospital also holds certifications and recognitions in stroke, burn, cardiac, perinatal and oncology care and was recently named the most racially inclusive hospital in Illinois by the Lown Institute.

The Cook County Department of Public Health (CCDPH) is the nationally accredited, state-certified public health authority for nearly all suburban Cook County. CCDPH serves the public health needs of nearly 2.3 million suburban residents in 125 municipalities by focusing on health promotion and prevention, while advocating for and assuring the natural, environmental, and social conditions necessary to advance physical, mental, and social well-being. CCDPH's approach **brings residents, partners, and resources together to optimize health and achieve health equity for all people living in suburban Cook County.** The department is responsible for the prevention of the spread of nearly 70 reportable communicable diseases and the enforcement of Cook County and Illinois public health laws, rules, and regulations, as well as providing numerous services and programs to promote health and mitigate disease. CCDPH continues to play a critical role throughout the pandemic from public education and distribution of personal protective equipment to implementation of local initiatives to increase access to vaccines for communities most impacted by COVID-19.

Despite competing with national brands, CountyCare stands as the largest Medicaid managed care plan in Cook County and has earned top-quality ratings. CountyCare is also accredited by the National Committee on Quality Assurance. CountyCare receives a capitated per-member per-month payment and pays for services rendered to members within its vast network which includes all CCH facilities, Federally Qualified Health Centers throughout Cook County, community mental health centers and drug treatment centers as well as 4,500 primary care providers, 20,000 specialists and more than 70 hospitals. CountyCare also covers approved home- and community-based services, vision, and dental services, and provides prescriptions through a broad network of pharmacies, including CCH in-person and mail order pharmacy services.

# Letter from the CEO



I am immensely proud to serve as the Chief Executive Officer of Cook County Health and fully understand my responsibility to maintain its nearly 200-year-old mission while adapting to the myriad changes in the healthcare industry – the latest being the COVID-19 global pandemic that illuminated inequities and placed new responsibilities on every healthcare system.

And while Cook County Health has been in the business of health equity for nearly two centuries, the COVID-19 pandemic demonstrated that even we could do more to impact the inequities that continue to contribute to higher morbidity and mortality in vulnerable communities. Our role moving forward has to be to keep the conversations - as uncomfortable as they can be - front and center BUT also to demand the development of policies, programs and services to ensure every resident of Cook County has access to world class care.

The pandemic has forever changed our world. The healthcare system must adapt accordingly to improve both individual and community health or the millions who suffered or died from COVID-19 will have done so in vain. Cook County Health is well positioned to be at the forefront of this change. Over the past few years, we have demonstrated a nimbleness that few other health systems could, and we are committed to remaining flexible and responsive to the needs of the individuals and communities we serve.

**Impact-Change-Equity** provides a framework for our work for the next three years and beyond. The plan stays true to our historic mission but also envisions our future in a post-pandemic world. It recognizes where we have significant opportunity from strengthening our public health infrastructure to leading the way in developing and delivering equitable care continuums. The plan contemplates Cook County Health being both an employer and provider of choice delivering the highest quality healthcare while maintaining our important role in education, discovery, and innovation across the entire healthcare industry. This plan organizes our work into seven pillars and provides the necessary flexibility to adapt to current and emerging changes. In that sense, it is a living document that will provide us with direction as we navigate existing and new opportunities to improve the health of Cook County.

In the end, our collective aspiration is to build on the important legacy of this historic organization while positioning it for great success in the years to come. We will provide periodic reports on our progress and look forward to continued engagement with our patients, our employees, and the community we are so proud to serve.

Sincerely,

**Israel Rocha**  
Chief Executive Officer

# Mission, Vision & Values

Cook County Health has a nearly 200-year mission of caring for all regardless of their ability to pay. That mission will not change but our future work must include ensuring both coverage AND quality, timely and equal access to health services for all. This is a natural evolution of our historic mission as coverage without access will only create further inequities.

We are fortunate that in Illinois, children, regardless of immigration status, are covered by Medicaid. The Affordable Care Act provided expanded coverage to millions of individuals through both Medicaid and marketplace insurance plans. Illinois is the first state in the nation that has further expanded coverage to the undocumented ages 55 and older and, starting in 2023, to those undocumented individuals 42 and older. Despite these strides, we must remember that coverage does not equal access.

We have not solved for the shortage of providers, nurses and even facilities across the country – particularly as our population continues to age. These shortages are exacerbated in vulnerable communities and for those covered by Medicaid.

If we are serious about achieving health equity, we must achieve equal access to high quality care for everyone. We must advocate for policies and funding and we must encourage the healthcare industry to work together to address these challenges.

## MISSION

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

## VISION

To ensure healthcare as a human right.

## VALUES

### ICARE

- Innovation
- Compassion
- Accountability
- Respect
- Excellence & Education

# Strategic Plan Pillars



## **PATIENT SAFETY, CLINICAL EXCELLENCE & QUALITY**

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



## **PATIENT EXPERIENCE**

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



## **WORKFORCE: TALENT & TEAMS**

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



## **FISCAL RESILIENCE**

Ensure CCH finances enable the expansion of our mission.



## **HEALTH EQUITY, COMMUNITY HEALTH & INTEGRATION**

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



## **OPTIMIZATION, SYSTEMIZATION & PERFORMANCE IMPROVEMENT**

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



## **GROWTH, INNOVATION & TRANSFORMATION**

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

# Patient Safety, Clinical Excellence & Quality

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

## Objectives

Right Care: Provide safe, consistent high-quality care.

Right Place: Ensure access to care for all patients in need in the right setting.

Right Time: Provide timely access to the appropriate clinical intervention.

## Key Results

- All patient care, quality and safety outcomes are at or exceed national and state benchmarks.
- Patients have the information they need to make the best decisions about their health.
- Secure Center of Excellence designations for critical services lines by delivering the best practices in care.
- Patient care coordination is robust, multidisciplinary, and fully accessible.
- The full spectrum of comprehensive care services are offered at Cook County Health.
- Invest in key services and specialty care access. (Behavioral Health, Cardiovascular, Neurosciences, Oncology, Endocrinology, etc.)
- Acute care facilities are recognized as Pathway to Excellence Centers by Magnet® Hospital program.
- Our educational training programs are nationally recognized.
- Increase annual primary care visits for Managed Care empaneled members.
- Create pathways for continued care for justice-involved patients.
- Create a one-stop universal care access hotline for care services at Cook County Health.
- Patients have timely and reliable access to care through a combination of enhanced efficiency and additional physical and telehealth capacity.
- By ensuring all employees are working at the top of their licenses, patient wait times are decreased.
- Mitigate variations in life expectancy throughout the county by providing timely and universal access to advanced care services.
- Launch aggressive public health, community and health outreach campaigns to reach patients where they live and work.

## Initiatives Completed or Underway

- ✓ Improved patient outcomes (ulcers/falls, Central Line-Associate Bloodstream Infection (CLABSI), Catheter Associated Urinary Tract Infection (CAUTI)).
- ✓ Established nursing quality metrics for Stroger; Implementing them for Provident and Ambulatory services.
- ✓ More than 91% of CCH employees vaccinated and boosted against COVID-19.
- ✓ Ongoing protocols to mitigate spread of COVID-19 at Cook County Jail.
- ✓ Various initiatives underway to improve metrics on handwashing, pressure ulcers, Left Without Being Seen in the Emergency Department, and Sepsis.



# Patient Experience

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

## Objectives

Partner with patients, families, and caregivers to optimize patient outcomes and the patient experience.

Ensure that the organization always listens to the voice of the patients and that we are fulfilling their key needs and requirements.

Empower patients to be involved in decision making and proactive about their care.

## Key Results

- Improve patient satisfaction scores (Hospital Consumer Assessment of Healthcare Providers and Systems - HCAHPS).
- Improve patient education and engagement.
- Create an intuitive and seamless process to improve patient navigation across the continuum of care.
  
- Increase the number of community outreach events.
- Increase response rates on Press Ganey surveys.
- Fortify patient family advisory councils.
  
- Increase the adoption of the patient portal.
- Implement self-service scheduling for patients.
- Decrease emergency room visits.
- Establish patient health literacy trainings.

## Initiatives Completed or Underway

- ✓ Implemented patient navigator program.
- ✓ Implemented leadership rounding.
- ✓ Launched patient family advisory councils at Stroger Hospital.
- ✓ Improved patient satisfaction scores from 51 to 67 percent.
- ✓ Implementing a wayfinding initiative.
- ✓ Improving communication with the patient through the “whiteboard initiative”.

# Workforce: Talent & Teams

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

## Objectives

Support and invest in our workforce.

## Key Results

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

Recruit the best talent.

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

Foster robust teamwork.

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

## Initiatives Completed or Underway

- ✓ Launched process improvement project on the hiring process.
- ✓ Implemented hiring fairs.
- ✓ Established system-wide CCH Trauma-Informed Task Force and developed report with recommendations.



# Fiscal Resilience

Ensure CCH finances enable the expansion of our mission.

## Objectives

Maintain financial strength.

## Key Results

- Develop a 3-year sustainable financial plan that is aligned with the strategic plan.
- Maintain a positive operating margin.
- Increase the CountyCare reserve to industry standards.
- Continue to increase CountyCare member utilization of CCH services.

Optimize funding sources.

- Optimize third party payor reimbursements while minimizing barriers to care for patients.
- Secure external funding to support key initiatives.
- Continue to leverage the County tax allocation to support correctional and public health.

Control costs and maximize efficiencies.

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

## Initiatives Completed or Underway

- ✓ Managed FY21 budget with positive results.
- ✓ Established a revenue cycle turnaround plan.
- ✓ Achieved savings from contract renegotiations.
- ✓ Awarded over \$150M in funding from the County's American Rescue Plan Act (ARPA).

# Health Equity, Community Health & Integration

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

## Objectives

Create just spaces.

Patient and our community's comprehensive health needs are fully met.

## Key Results

- The physical locations of our clinics, hospitals and programs serve communities with the greatest need and resolve gaps in access to care.
- Patients feel comfortable and at home when receiving care at CCH.
- Our workforce reflects the diversity and experiences of our patients.
- Patients receive healthcare information in the language of their choice.
- CCH is recognized as a Leader in LGBTQ Healthcare Equality by the Human Rights Campaign.
- CCH fully supports MBE/WBE participation in procurement opportunities.
- CCH continually utilizes pay parity studies to close race, ethnic and gender pay gaps.
- The Change Institute of CCH implements key strategies to help reduce the gaps in life expectancy across Cook County.
- The CCH 25 Campaign helps mitigate the top 25 conditions that lead to premature death across Cook County.
- CCH operates patient support programs to mitigate the impact of social risk factors such as food or housing insecurity.
- All patients receive access to the world's best treatments and advancements in medical care.
- CCH/CCDPH leverage data and experience to address health inequities by operating robust interventions to improve population health.

## Initiatives Completed or Underway

- ✓ Established an Office of Equity and Inclusion.
- ✓ Administered 1 million COVID-19 vaccines.
- ✓ Conducted hyper-local campaign for COVID-19 vaccines led by CCDPH.

# Optimization, Systemization & Performance Improvement

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

## Objectives

Standardize tools, processes and procedures across the system.

Implement performance and process improvement initiatives in both clinical and non-clinical areas.

Create and sustain a culture of high reliability and transparency.

## Key Results

- Geographic localization is used in acute care setting to improve health outcomes and standardize care programs.
- System integration with external providers and partners make seamless referrals and care processes. (Direct Scheduling, Cerner HUB, etc.)
- Electronic ticketing and monitoring programs ensure life safety systems and equipment continually operate at optimal conditions.
- New contract and policy management system make standardization and systemization easy for CCH employees.
- CCH call centers make patient access simple and available.
- 5- And 10-Year Space Utilization Plan helps keep pace with infrastructure needs and ensures plant modernization.
- Clinical Documentation Initiative helps providers across all CCH divisions.
- Patient length of stay in our acute care centers meets national benchmarks.
- Time to hire and procure is reduced.
- Ongoing process improvement work helps establish enhanced Standard Operating Procedures.
- Agency and overtime utilization is reduced.
- Maintain high reliability workgroups that achieve the aims of the strategic plan.
- Achieve and hardwire objectives identified in high reliability goals.
- CCDPH creates a 2030 Public Health Department of the Future Program.
- Office of Life Sciences ensures equitable access to needed programs and research.
- Compliance programs use latest technology to ensure comprehensive adherence and adoption.

## Initiatives Completed or Underway

- ✓ Established a community vaccine information portal and the largest vaccine call center in the State of Illinois, helping over 1 million users register for the vaccine.
- ✓ Restructured the CountyCare managed care contracting template to follow industry best practices.
- ✓ Created and successfully implemented a CountyCare financial performance improvement plan, inclusive of cash flow stress testing programs.
- ✓ Reinstated fire marshal program at CCH.
- ✓ Launched and systemized a hand hygiene monitoring program across CCH clinical areas.

# Growth, Innovation & Transformation

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

## Objectives

Sound infrastructure and transformative access to care resources.

Use innovative products, services, processes, and technology to lead the journey to effective care and better health outcomes.

Promote a culture of innovation throughout the organization.

## Key Results

- Execute timely on all projects and enhancements in system and facilities master plan to better serve patients.
- Preventative maintenance programs extend life of buildings and equipment.
- Facilities are right-sized to ensure maximum efficiency, access and patient throughput.
- Comprehensive bed board and patient transfer center is established. (Including capacity for direct admissions from affiliated providers)
- Surgical capacity for both inpatient and outpatient services is expanded across the CCH system.
- Care capacity at Provident Hospital, Stroger Hospitals and ACHN sites is expanded.
- Community and health need assessment is conducted to ensure facilities and care access are available in underserved communities.
- Improved supply chain programs throughout organization.
- Created new care delivery programs by testing transformative concepts. (Mental Health Urgent Care Centers, Retail Clinics, etc.)
- Established a Mental Health Authority.
- Developed a comprehensive Cook County Health Care Network with and for safety net providers.
- Developed a multi-product strategy to serve members throughout their lifecycle. (I.e. – Medicaid, Exchange Products, Private Insurance, Medicare, PACE, etc.)
- Created a learning collaborative with community-based organizations to ensure responsiveness to patient needs and foster new support programs.
- Modernized technology systems at CCH.
- Established innovative and sustainable solutions to improve healthcare delivery systems.
- Established partnerships in care with external organizations to jointly build community care capacity.
- Secured external funding for innovation that aligned with strategic objectives.
- Established new patient safety and quality protocols.
- Pioneered new discoveries in care.
- Launched new clinical education, training and research programs.
- Developed new strategies for justice involved patients.
- Created new public health programs that increase patient engagement and expanded data sharing.

## Initiatives Completed or Underway

- ✓ Opened new health centers in Arlington Heights, North Riverside, and Belmont Cragin.
- ✓ Invested in imaging, dialysis, and other modernization at Provident Hospital.
- ✓ Built out telehealth capabilities.
- ✓ Established community COVID-19 vaccine program and information portal.
- ✓ Initiated the process to conduct a facilities master plan.
- ✓ Established collaborations with other hospitals on the South Side.

# A Case for Change



**The Change Institute**  
of Cook County Health

Over the course of the COVID-19 pandemic, the healthcare industry rallied with a sense of urgency in a way we have not experienced in recent decades. In addition to caring for more than 2,000 hospitalized COVID patients and providing more than 300,000 COVID-19 tests and developing an award winning, multi-million-dollar public education campaign, CCH built one of the largest mass vaccination efforts in the US administering one million doses to date. While our efforts were broad in reach, we hyper-focused on communities hardest hit by the pandemic. We conducted more than 1,300 hyperlocal vaccination events providing over 45,000 in additional community vaccinations. As part of our strategic plan, CCH will leverage a similar multi-pronged response to COVID-19 to address other disease states that disproportionately impact the CCH patient population.

If CCH approaches other diseases with the same urgency and innovation that used in our approach to COVID-19, we can make a major difference in health outcomes now and in the future.

To focus this work, CCH announced the creation of The Change Institute in March, 2022. The Change Institute will focus work on four of the most prevalent causes of premature death in Cook County – cancer, diabetes, heart disease and stroke. By addressing the stages of care for each disease, we will identify actionable steps that deliver immediate impact and improve health outcomes for generations to come. This is a bold initiative that will centralize much of our existing work and address these diseases in four distinct quadrants of care: prevention, primary care, acute care, to social risk factors to fill in gaps to ensure a robust approach to preventing disease and premature death.

## Why should CCH take this on?

### CANCER



- Black men have the highest rate of prostate cancer deaths, more than twice as high as any other group.<sup>1</sup>
- Hispanic men and women are almost twice as likely to have, and to die from, liver cancer.<sup>2</sup>
- Hispanic women are 40 percent more likely to be diagnosed with preventable cervical cancer, and 30 percent are more likely to die, compared to non-Hispanic women.<sup>3</sup>
- Black women are more 40% more likely to die of breast cancer than white women.<sup>4</sup>

### DIABETES



- In 2017, black men and women were nearly two and a half times more likely to be hospitalized for lower limb amputations related to diabetes compared to non-Hispanic whites.<sup>5</sup>

### HEART DISEASE/STROKE



- In 2018, African Americans were 30 percent more likely to die from heart disease than non-Hispanic whites.<sup>6</sup>
- African American women are nearly 60 percent more likely to have high blood pressure compared to non-Hispanic white women.<sup>7</sup>
- Of African American women ages 20 and older, 49 percent have heart disease.<sup>8</sup>
- Black men are 70 percent more likely to die from a stroke compared to non-Hispanic whites.<sup>9</sup>

**More information on The Change Institute can be found at [www.cicch.org](http://www.cicch.org).**

<sup>1</sup> <https://www.kff.org/racial-equity-and-health-policy/issue-brief/racial-disparities-in-cancer-outcomes-screening-and-treatment/>

<sup>2</sup> <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=61>

<sup>3</sup> <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=61>

<sup>4</sup> Why Black women are more at risk of dying from breast cancer | Health News | stlamerican.com

<sup>5</sup> <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=18#:~:text=In%202017%2C%20non%2DHispanic%20blacks,compared%20to%20non%2DHispanic%20whites>

<sup>6</sup> <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=19>

<sup>7</sup> <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=19>

<sup>8</sup> <https://www.goredforwomen.org/en/about-heart-disease-in-women/facts/heart-disease-in-african-american-women>

<sup>9</sup> <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=4&lvlid=28>

# COMMUNITY TOWN HALL MEETINGS AND SURVEY SUMMARY

As part of the community input process, Cook County Health (CCH) hosted four virtual Strategic Planning Town Halls. CCH sent out more than 23,000 Town Hall email invites through a community email distribution list on three separate occasions. In addition, Community Affairs staff contacted partner organizations to ensure that they would disseminate the schedule to their constituencies and to encourage their participation at these meetings.

The times and dates of the meetings were as follows:

March 1, 2022 – Tuesday, 6 PM – 7 PM (Spanish)

March 2, 2022 – Wednesday, 6 PM – 7 PM

March 3, 2022 – Thursday, 8 AM – 9 AM

March 3, 2022 – Thursday, 12 PM – 1 PM (Advisory Councils)

The virtual town halls brought a mixture of community members, partner organizations and representatives from different health care entities and medical insurance plans. At each town hall, CEO Rocha provided a general welcome on the Strategic Planning process and explained the focus on receiving feedback on CCH's Strengths, Weaknesses, Opportunities and Threats (SWOT). He also mentioned that these meetings were the first step to obtain information and general feedback on CCH. Chief Strategy Officer Andrea Gibson guided participants through the SWOT analysis and led the discussion on the four discussion areas.

All participants were encouraged to fill out surveys that provide general feedback.

## Spanish Language community town hall (March 1, 2022 6PM)

- 38 people registered, and 33 people attended this town hall.
- This town hall sought input from residents who identify as Latino/Hispanic.
- Representatives from Mujeres Latinas en Acción and Enlace Chicago spoke about issues with the CareLink program and access to medical services by the uninsured.
- Participants also encouraged CCH to provide more materials in Spanish, including marketing in the Spanish language media.
- Some participants also expressed that staff should be reminded to have more empathy with patients, especially those who do not speak the language.

## Evening Community town hall (March 2, 2022 6PM)

- 55 people registered, and 30 people attended this town hall.
- The Proyecto Acción de los Suburbios del Oeste (PASO) Executive Director thanked CCH/CCDPH for the Covid-19 vaccination clinic and spoke about the expansion of mental health services in the community.
- The League of Women Voters mentioned that CCH has impressive new facilities and commented that high charity care and low reimbursements is a threat as related to budget and expenditures.
- Health Connect One mentioned that expansion of maternal programs is an opportunity.
- A representative of the Collaborative for Health Equity of Cook County mentioned that an ARPA initiative should be to abolish medical debt and expand financial assistance programs.

## Morning community town hall (March 3, 2022 8AM)

- 88 registered and 69 people attended this town hall.
- The Executive Director of the Health & Medicine Policy Research Group provided feedback which included suggestions to expand maternal child programs, increase the use community health workers in initiatives and the strengthening of behavioral health and public health funding
- Several participants spoke on the need to expand behavioral and mental health services and added that wraparound services such as housing and food security should be added to medical action plans.
- The hiring process and the constant change of providers is a threat mentioned by some participants.
- Participants indicated that dealing with health disparities and the social determinants of health should be a focus area.

## Advisory Councils' community town hall (March 3, 2022 12 PM)

- About half of the 110 advisory council members representing the Arlington Heights, Blue Island, Cottage Grove, Englewood, North Riverside, Provident Hospital, and Robbins Advisory Councils attended the presentation.
- Expansion of community programs including health screenings was recommended as an action item.
- Kudos for the creation of the Health Equity Office and the COVID-19 vaccination initiatives.
- Mental and behavioral health is an issue to be addressed.

## Community Survey Results:

CCH received over 100 responses to the survey. Respondents identified CCH's commitment to serve everyone, provide high-quality medical care, and engage with community as strengths. Weaknesses identified include administrative processes, customer service, gaining access to specialty services and staffing. Opportunities highlighted include expansion

of partnerships, adding mental health services, and addressing housing and food insecurity. Threats that were noted include availability of financial resources, healthcare recruiting, and the pace to implement non-traditional care settings (e.g., telehealth, in home care, etc.).