

Minutes of the Meeting of the Cook County Health (CCH) Board of Directors held on Friday, January 24, 2025 at the hour of 9:00 A.M., at 1950 West Polk Street, Room 5301, in Chicago, Illinois.

I. Attendance/Call to Order

Chair Taylor called the meeting to order.

Present: Chair Lyndon Taylor and Directors Inger Burnett-Ziegler, PhD; Maya Green, MD, MPH, FACHE; Joseph M. Harrington; Sage J. Kim, PhD; Robert G. Reiter, Jr.; Sam A Robinson, III, PhD; Tanya R. Sorrell, PhD, PMHNP-BC (8)

Remotely

Present: Vice Chair Commissioner Bill Lowry and Directors Jay Bhatt, DO, MPH, MPA; and Mia Webster Cross, MSN, RN (3)

Absent: Director Raul Garza (1)

Director Reiter, seconded by Director Harrington, moved to allow Directors Bhatt and Webster Cross to remotely participate as voting members in this meeting. THE MOTION CARRIED UNANIMOUSLY.

Director Reiter, seconded by Director Green, moved to allow Vice Chair Lowry to remotely participate as a voting member in this meeting. THE MOTION CARRIED UNANIMOUSLY.

Additional attendees and/or presenters were:

Paul Beddoe – Paul V. Beddoe Government Affairs,
LLC

Win Buren –Chief Human Resources Officer

Kathy Chan – Director of Policy

Letitia Close – Executive Director of Government
Affairs

Anthony Drew – Operations Counsel, EEO Office

Andrea M. Gibson – Chief Strategy Officer
Kiran Joshi, MD – Interim CCDPH Chief Operating
Officer

Jeff McCutchan – General Counsel
Erik Mikaitis, MD –Chief Executive Officer
Deborah Santana – Secretary to the Board

The next regular meeting of the Board is scheduled to be held on Friday, February 28, 2025 at 9:00 A.M.

II. Employee Recognition (details included in Attachment #2)

Dr. Erik Mikaitis, Chief Executive Officer, and Win Buren, Chief Human Resources Officer, recognized a number of employees for their outstanding work.

III. Public Speaker Testimony

The following speakers provided public testimony:

1. Susan Avila, RN, representing the Collaborative for Health Equity Cook County (written testimony included in Attachment #1)
2. Linda Rae Murray, MD, representing Health and Medicine Policy Research Group (written testimony included in Attachment #1)
3. Alejandra Ibáñez, representing Illinois Unidos (written testimony included in Attachment #1)
4. Wesley Epplin, representing Health and Medicine Policy Research Group

IV. Board and Committee Reports

A. Board of Directors Meeting Minutes, December 20, 2024

Chair Taylor inquired whether any corrections or revisions to the minutes were needed.

Director Sorrell, seconded by Director Harrington, moved to approve Item IV(A) the Minutes of the Board of Directors Meeting of December 20, 2024. THE MOTION CARRIED UNANIMOUSLY.

B. Human Resources Committee Special Meeting, January 9, 2025

- i. Meeting Minutes, which include the following action item:
 - Proposed Collective Bargaining Agreement (CBA) including an economic package (wage increases and healthcare) between the County of Cook and Service Employees International Union (SEIU), Local 73, CTW/CLC, representing Optometrists

Director Robinson provided an overview of the Meeting Minutes.

Director Sorrell, seconded by Director Harrington, moved to approve Item IV(B) the Minutes of the Special Meeting of the Human Resources Committee of January 9, 2025, containing the following action item: approval of the proposed Collective Bargaining Agreement (CBA) including an economic package (wage increases and healthcare) between the County of Cook and Service Employees International Union (SEIU), Local 73, CTW/CLC, representing Optometrists. THE MOTION CARRIED UNANIMOUSLY.

C. Quality and Patient Safety Committee Meeting, January 17, 2025

- i. Meeting Minutes, which include the following action items:
 - Approval of proposed Stroger Hospital Department/Division Chair Initial Appointments and Reappointments
 - Approval of proposed Stroger Hospital and Provident Hospital Medical Staff Appointments/Reappointments/Changes

Director Bhatt provided an overview of the Meeting Minutes.

Director Reiter, seconded by Director Harrington, moved to approve Item IV(C) the Minutes of the Meeting of the Quality and Patient Safety Committee of January 17, 2025, containing the following action items: approval of one (1) Stroger Hospital Department Chair Reappointment, and approval of the proposed Stroger Hospital and Provident Hospital medical staff appointments/reappointments and changes. THE MOTION CARRIED UNANIMOUSLY.

D. Finance Committee Meeting, January 17, 2025

- i. Meeting Minutes, which include the following action items:
 - Approval of Contracts and Procurement Items
 - Receive and file Grant Award-Related Items

Director Reiter provided an overview of the Meeting Minutes. He noted that request numbers 1, 2, 12 and 18 under the Contracts and Procurement Items are pending review by Contract Compliance. The Board reviewed and discussed the information.

Director Harrington, seconded by Director Sorrell, moved to approve Item IV(D) the Minutes of the Finance Committee Meeting of January 17, 2025, which include approval of the Contracts and Procurement Items, and receiving and filing of the Grant Award-Related Items. THE MOTION CARRIED UNANIMOUSLY.

V. Action Items

A. Contracts and Procurement Items

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

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

VI. Report from Chair of the Board

Chair Taylor indicated that he didn't have any additional reports to present.

VII. Report from Chief Executive Officer (Attachment #2)

Jeff McCutchan, General Counsel, reviewed information regarding work being done to prepare for Potential Immigration Enforcement Activities. The Board reviewed and discussed the information. Vice Chair Lowry requested that this subject be included in the CCH report to the Cook County Board of Commissioners.

Dr. Mikaitis provided an introduction to the reports and presenters listed below. Also included for the Board's information were the Divisional Executive Summaries (included in Attachment #2).

A. Update on ARPA Obligations - reviewed by Andrea Gibson, Chief Strategy Officer (Attachment #3)

B. Update on Strategic Planning – reviewed by (Attachment #4):

- Andrea M. Gibson, Chief Strategy Officer
- Letitia Close, Executive Director, Government Affairs
- Kathy Chan, Director of Policy
- Paul Beddoe, Paul V. Beddoe Government Affairs, LLC
- Dr. Kiran Joshi, Interim CCDPH Chief Operating Officer

During the review of the Update on ARPA Obligations, a question was raised regarding the reporting frequency for this report. Chair Taylor indicated that it should be presented monthly to the Board.

During the review and discussion of the Update on Strategic Planning, Director Reiter requested that a breakdown of populations into payer status be included. Director Burnett-Ziegler requested that information on behavioral health legislative efforts and initiatives be provided when available. She also requested the income and employment breakout, along with a listing of the most common chronic health conditions. She recommended that the Board have a further discussion to clarify the definition of what is considered to be our vulnerable population.

VIII. Informational Reports

The following informational reports were received but not reviewed at this meeting.

A. Human Resources Committee Metrics (Attachment #5)

B. December Financial Report (Attachment #6)

IX. Closed Meeting Items

- A. Claims and Litigation**
- B. Discussion of Personnel Matters**
- C. Update on Labor Negotiations**

The Board did not recess into a closed meeting.

X. Adjourn

Director Harrington, seconded by Director Sorrell, moved to adjourn the meeting.
THE MOTION CARRIED UNANIMOUSLY.

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

XXXXXXXXXXXXXXXXXXXX
Lyndon Taylor, Chair

Attest:

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
January 24, 2025

ATTACHMENT #1



Testimony
Susan Avila RN MPH

Today I am speaking as retired Health System nurse and leadership of the Collaborative of Health Equity Cook County. It is beyond disappointing that we are here again demanding that the System meet its mission. During these challenging times, one of the nation's largest Public Health Systems should be a leader in the area instead the System is barely visible.

There are no posted signs in multiple languages declaring the System's commitment to care for all regardless of immigration status. Policies and procedures of the System have not been clarified or even identified and staff training in these rapidly changing times is the same training given in 2017. This training generated multiple complaints to the 2017/18 Board.

It is critical to remember that while Latinos may form the largest immigrant community; the people under attack represent the world. Those of Europe, of Muslim faith and immigrants from Africa, Asia and the Caribbean also enrich Cook County.

In 2018 a collation of groups throughout Cook County graded the Health System's response to the attacks on those we serve. The overall grade in 2018 was D- today that grade is F.

Demands of the Community and Current Grade:

1. Place abundant and clear signage in multiple languages assuring a welcoming institution. F
2. Staff Training and resources addressing the needs of marginalized patients and families. F maybe D-
3. Establish referral systems for legal services, know your rights information and other resources needed by immigrant and other marginalized communities F
4. Clarify, revise and strengthen policies and procedures that focus on protecting immigrant and marginalized patients F
5. Identify and monitor indicators and neighborhood stress in immigrant and marginalized communities F
6. Design and implement best practices for clinical and public health providers to deliver appropriate care F

We again demand that the system establish a task force that will move forward with what is really just providing quality care.

TESTIMONY OF HEALTH & MEDICINE POLICY RESEARCH GROUP
BEFORE THE BOARD OF DIRECTORS COOK COUNTY HEALTH

FRIDAY JANUARY 24, 2025

By Linda Rae Murray M.D. MPH

HEALTH
AND
MEDICINE
POLICY
RESEARCH
GROUP

I come before you today on behalf of the board of HMPRG. Eight years ago, we came before your predecessors to discuss the deficiencies in the reaction of County Health to the challenges of the then new President Trump. I have attached that previous testimony. If I thought history repeated itself, I could simply say DITTO.

What we face today is far more dangerous than Trump's attack on our communities of eight years ago. Already, ICE SUVs are cruising our city creating fear. Trump's decision to rescind protected areas policies creates an even greater danger to the communities we serve.

As a Past President of the American Public Health Association, I have spent hours in national and regional meetings strategizing how to protect the health of the public from Trump's efforts to turn back history. Immigration is just one of many fronts where Trump is instituting policies that threaten the health of us all.

These changes in ICE policies and procedures endanger all of us by undermining trust in health facilities and creating panic that force people to postpone or avoid necessary care. The 2017 recommendations presented to this board were drafted by Collaborative for Health Equity, Cook County; 7th District Cook County Health Task Force; UIC School of Public Health - Coordinating Center for Public Health Practice and Health & Medicine Policy Research Group.

The second Trump administration is threatening the fundamental rights of any who give aid and comfort to those they deem undesirable. In addition to our 2017 demands, it is critical that ALL Cook County Health staff receive MANDATORY training on updated policies and procedures. Our staff, the unions that represent them must understand their rights and be prepared to fulfill their obligations as health workers to our patients and the communities we serve. It is critical that all staff be reminded of their rights under the fourth and fifth amendments to the U.S. Constitution. Clear signage designating "private" areas of County Health facilities, where ICE should not be permitted without a valid judicial warrant, should be immediately posted. This board should order an evaluation of all data collection practices of our system to guarantee that immigration status is not collected and so cannot be misused by immigration authorities. The internal system of County Health should contain links to the immigration response networks of

our area, including State, County and City resources. This is necessary so that staff can provide basic help for our patients. A monitoring system should be set up to document all interactions with immigration and regular report should be made to this board.

In 2017 the Board of Directors agreed with the spirit and intent of our recommendations. Members of that 2017 board urged rational actions, however, the senior leadership failed to implement an acceptable plan.

You are a new board, with a different CEO. The quality of the care that Cook County Health offers the people of the County rests with you. It is a responsibility you cannot delegate. We urge YOU the board to set clear expectations and hold Dr. Mikaitis , our CEO, accountable.

**Statement to the Cook County Health & Hospitals Board
Concerning response to changes in immigration policies from
Health & Medicine Policy Research Group**

February 24, 2017

Linda Rae Murray M.D. MPH

Good morning. My name is Linda Rae Murray and I rise on behalf of the Board of Health and Medicine to ask that you take prompt actions to address the rapidly changing situation with immigrants, both those with and without documents; and other marginalized groups such as Muslims, LGBTQ people and communities of color.

Our County government, and its health system are to be congratulated for progressive policies designed to protect of the rights of all people and treat everyone with dignity and respect. These longstanding policies and procedures were designed for an atmosphere that no longer exists. In a short few weeks the new President and his administration have taken actions designed to create division, fear, and terror in the communities you serve.

Cook County has an estimated 307,000 undocumented residents. The majority of immigrants in our County originate from Mexico and other nations in Latin American; however, all parts of the world are represented. In addition to Latino neighborhoods, people from our Polish, Asian, and African communities are staying home. They are afraid to get groceries, send children to school, and keep doctor's appointments. You can see this if you look at retail sales on 26th street or clinic visits in the Cook County system.

Since slavery, Black Americans have been stigmatized, incarcerated, shot like dogs in the streets by a system of structural racism and a criminal justice system that views us as sub-human. It should come as no surprise that data from Homeland Security show undocumented immigrants of African descent have been disproportionately turned over to ICE (Immigration and Customs Enforcement) for deportation. Some estimate that the deportation rate for those of African descent is five times higher than others. Black immigrants make up only 7% of the total immigrant population; however, 20% of all immigrants in deportation proceedings due to criminal convictions are of African descent.

President Trump has greatly expanded the definition of who will be prioritized for ICE raids. Furthermore, any non-prioritized folk caught up in such raids may be subject to detention and deportation. These actions have included young people with DACA status. A woman seeking justice in our courts on matters of domestic violence has been arrested. Earlier this week ICE returned to detention a young woman with a diagnosis of a brain tumor in need of surgery.

We urge this board to respond to these rapidly changing and unpredictable new policies of the Federal government. Such action would be completely in line with the County's long standing policies and our traditional of caring for all regardless of status or ability to pay.

The Cook County Department of Public Health has been a national leader on health equity for well over a decade. They play a leadership role in the National Association of City and County Health Officers (NACCHO), the National Collaborative for Health Equity (through the Collaborative for Health Equity – Cook County) and other national leadership bodies around health equity. Most recently Human Impact's national leadership group around health equity issued an important document we have included in your packet. ("Public Health Actions for Immigrant Rights: A Short guide to protecting undocumented residents and their families for the benefit of

public health and safety.") This document has been extremely well received around the nation. The guide benefited from the contributions of Mr. James Bloyd MPH, a member of the Cook County Department of Public Health, and a national leader on Health Equity. We encourage the Health and Hospitals System to make use of this excellent guide.

We know that both the City and County governments are actively exploring ways to respond to the new administration and protect our residents. However, only this Board, the leadership, and staff of the health system are capable of responding with the specialized level of detail to protect patients and the public. We do NOT wish to increase the level of panic in our communities. We believe a thoughtful, prompt, and transparent process will help reassure patients and the communities you serve. We urge this board to form a special Task Force to protect marginalized communities. The most important goal is to assure that the spirit of the health systems present policies to protect our patients, and public health and safety of all residents of Cook County can be realized. This task force should include members of this board, leadership of the health system, rank and file workers, and community organizations familiar with immigration issues. The task force should be empowered to consult with appropriate sister agencies (e.g. States Attorney, Sheriff) as well as outside experts. The Task force should begin by address the following points:

1. To review and clarify (and recommend modification if necessary) present system policies designed to protect our patients. For example, is the present collection of social security numbers necessary? When none is offered and recorded as such in the EMR is this an inadvertent way to identify vulnerable populations? What should staff do if police or ICE appear without a legal warrant seeking access to patients? What steps should be taken to protect patients who are referred outside of our system for services? Health system staff working on visas need to be afforded legal counseling. The details of such scenarios need to be carefully examined and appropriate revisions and clarifications made.
2. Train all staff about the truth and myths around immigration and the details of the clarified system policies and procedures. Staff need to understand the history of immigration in the United States, the rights people enjoy, and the health and safety impact of immigration policy. Clinical staff, in particular, may need refresher training on how to provide services to vulnerable populations without causing additional trauma around immigration status.
3. There needs to be abundant and clear signage in multiple languages reassuring staff, patients, and visitors that we are a welcoming institution. We have enclosed one example in our packet.
4. The health system needs to be prepared to refer patients for legal and other services they might need.
5. The health system needs to monitor show rates, utilization of its services and other indicators of neighborhood distress in immigrant and marginalized communities.
6. The Cook County Department of Public Health should prepare a policy brief detailing the threat of Trump's immigration policies to the public health and safety of all who live in the county.
7. The Health & Hospitals System board and management should continue to play a visible leadership role by designing and implementing best practices for medical and public health providers in our state.

We are confident that this Board and our health system will rise to the occasion. The staff and board of HMPRG stands ready to assist in any way we can.

CONTACT:

Alejandra Ibañez, Executive Director
alejandra@illinoisunidos.org

Illinois Unidos
773-732-1114



January 24, 2025

Testimony to the Cook County Health Board of Directors

Good morning. My name is Alejandra L. Ibañez, and I am the Executive Director of Illinois Unidos, a statewide coalition dedicated to achieving healthcare equity for Latinx and immigrant communities. I am here today to sound the alarm about the devastating impact of recent federal healthcare policy reversals on our most vulnerable populations—and to call on Cook County leadership to stand with us in protecting access to healthcare for all.

Illinois Unidos was born out of necessity during the COVID-19 pandemic, when Illinois' 2.3 million Latinx residents faced disproportionate mortality rates. These were our essential workers—individuals laboring in factories, warehouses, and other dangerous environments—who kept our economies and this country moving forward, often at great personal cost. Today, many of these same workers, if they survive, are living with the highest rates of Long COVID—a chronic condition affecting between 17 and 20 million adults and nearly 6 million children nationwide.

Our work at Illinois Unidos continues to evolve. Most recently, our bilingual, bicultural health navigators spent two and a half months enrolling uninsured individuals during Open Enrollment—including immigrants, DACA (Deferred Action on Childhood Arrivals) recipients, and DALE (Deferred Action for Labor Enforcement) workers—into the ACA Marketplace. With funding from an Illinois Department of Insurance grant, this initiative provided a lifeline to countless families who might otherwise end up at Cook County clinics and hospitals, struggling with untreated chronic conditions or preventable emergencies.

Yet, today we are facing even greater challenges. Recent federal executive orders threaten not only immigrant communities but also all Americans who rely on healthcare systems like Medicare, Medicaid, and the ACA Marketplace. These reversals eliminate initiatives to lower prescription drug costs, weaken Medicaid pilot programs, and dismantle progress in expanding access to care. This is not just about policy—it is about lives.

I know personally how critical your work is. My own mother, while uninsured, relied on Cook County's healthcare system to fight her second battle with cancer.

You serve over 600,000 patients annually, many of whom are uninsured or underinsured. Your dedication is a lifeline for families like mine, and I am deeply grateful for it.

But now, more than ever, we need you to do even more. We need you to be champions for immigrant and mixed-status families, who are, in every sense, American families. In light of the federal attacks on healthcare, we ask you to take the following seven steps to protect the communities you serve:

1. Develop a strong, written policy to safeguard your immigrant workforce and patients from unjust ICE enforcement.
2. Designate personnel to review and handle ICE warrants and subpoenas.
3. Train all staff and volunteers on how to appropriately respond to ICE requests.
4. Understand the distinctions between public and private areas, particularly given the rescission of protected areas under the latest executive orders.
5. Document all interactions with immigration enforcement.
6. Collaborate with Cook County's robust immigrant response networks.
7. Expand telehealth services to better reach vulnerable populations.

Too many members of our community are afraid to seek care—whether preventative or emergency—due to anti-immigrant rhetoric and harmful policies. By taking these steps, Cook County can set a powerful example of what a truly inclusive, welcoming healthcare system looks like.

Thank you for your time, your leadership, and your commitment to caring for our families. Together, we can ensure that healthcare remains a right, not a privilege, for everyone in Cook County.

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
January 24, 2025

ATTACHMENT #2

CEO Report

Dr. Erik Mikaitis, Chief Executive Officer

January 24, 2025



COOK COUNTY
HEALTH

New Hires and Promotions



COOK COUNTY
HEALTH

Welcome



New Hires

Rasa Kazlauskaite, Medical Director, Endocrinology, Endocrinology-Clinical

Sayona John, Chair of the Division of Neuro-Clinic, Neurology Clinical

John Lestina, House Administrator, Nursing Administration

Rashika Whitaker, Surgical Clinical Nurse Navigator, Ophthalmology

Ricky Hem, Clinical Operations Nurse Supervisor, Medical Surgical

Phillip Scott Montgomery, Human Resources Business Partner, Human Resources

Congratulations



COOK COUNTY
HEALTH

Promotions

Michael Bednarz, Chief Psychiatrist, Correctional Health, Mental Health Services

Recognition & Announcements



COOK COUNTY
HEALTH

Cook County Health's First Baby of 2025



Welcome to the world, Astrid Sophia!

Cook County Health's first baby of 2025 was born on January 1 at Stroger Hospital at 8:53 am.



Birthday Health Screening



COOK COUNTY
HEALTH

Cook County Health is encouraging Cook County residents to give themselves the gift of health during their birthday and schedule a free prostate cancer screening or mammogram.

CCH launched the birthday health screening program this month thanks to the support of CCH Board Vice Chair Commissioner Bill Lowry.

Cook County Health Birthday Health Screening Program

Cook County Health is proud to offer **free prostate cancer** and **free breast cancer screens to eligible Cook County residents** during the month of their birthday.



Prioritize your health on your birthday and schedule your appointment today!

Call **312-864-4289**

Some private insurance plans may require a co-pay or co-insurance to be collected. Having trouble paying your bill? Cook County Health can help. Call 866-223-2817.



COOK COUNTY
HEALTH

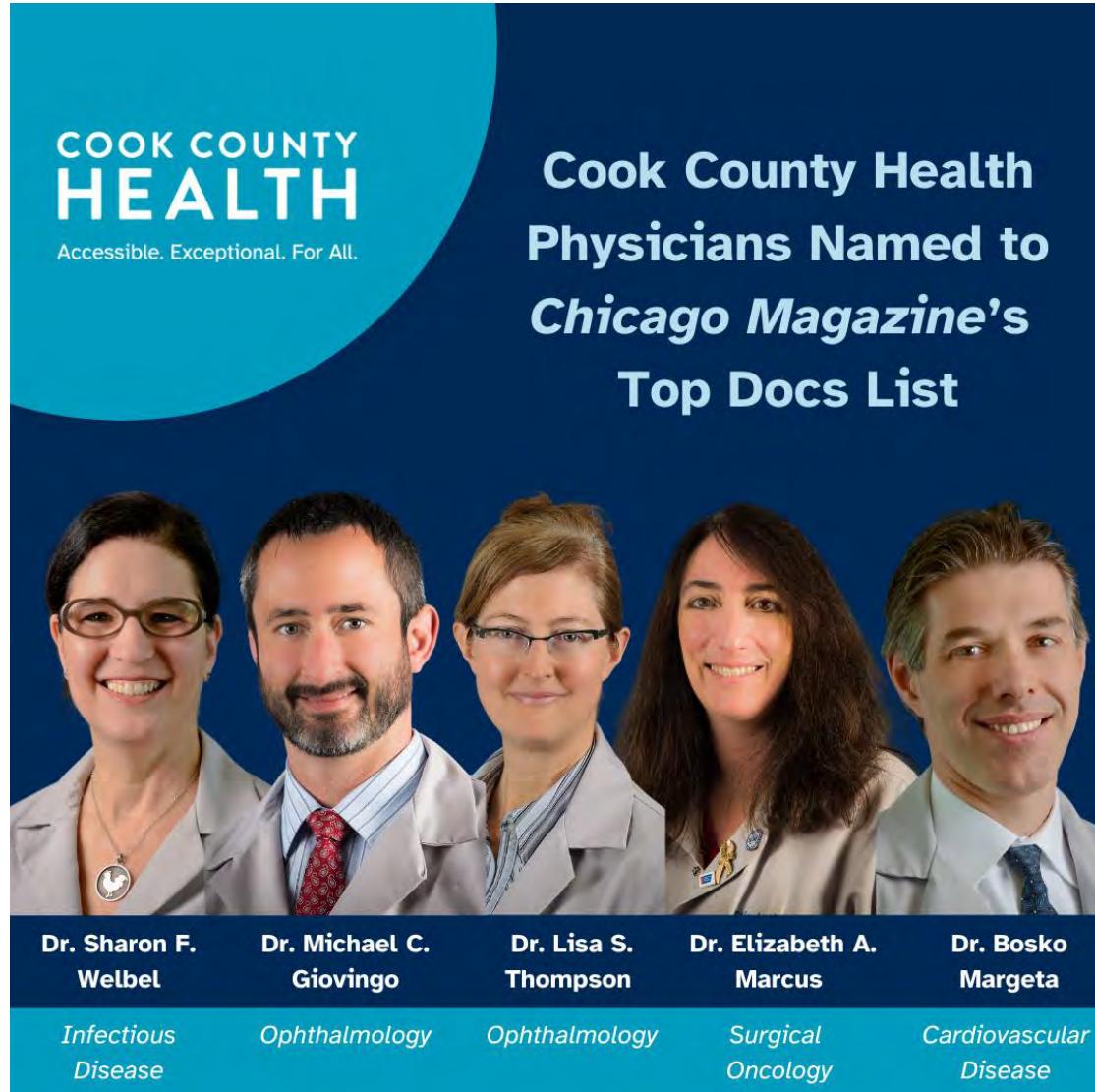
Accessible. Exceptional. For All.

Chicago Magazine's Top Docs



Congratulations to the Cook County Health physicians who were named in Chicago Magazine's Top Docs list!

The list included 1,395 area physicians, nominated by their peers as the best across various specialties.



COOK COUNTY
HEALTH
Accessible. Exceptional. For All.

**Cook County Health
Physicians Named to
Chicago Magazine's
Top Docs List**



Dr. Sharon F. Welbel Dr. Michael C. Giovingo Dr. Lisa S. Thompson Dr. Elizabeth A. Marcus Dr. Bosko Margeta

Infectious Disease Ophthalmology Ophthalmology Surgical Oncology Cardiovascular Disease

Becker's Healthcare



COOK COUNTY
HEALTH

Congratulations to **Craig Williams**, Cook County Health's Chief Administrative Officer, for being recognized by Becker's Healthcare on their "COOs to Know" list!

The list included leaders who expand service lines, foster employee engagement and spearhead transformative organizational improvements. Wielding highly strategic visions, they lead the charge in crafting and executing initiatives that elevate operational efficiency and fuel success across their organizations.



Congratulations to **Angela O'Banion**, Cook County Health's Chief Information Officer, for being selected as one of the Chicago Defender's 2025 Women of Excellence!

The Chicago Defender Women of Excellence Awards celebrate African-American women in our community who inspire others through their dedication, accomplishments, visionary leadership, and positive influence.





ASNC's 2025 Executive Council

Congratulations to **Dr. Rami Doukky**, Cook County Health's Medical Director for the Cardiovascular Service Line, for being named to the American Society of Nuclear Cardiology's Executive Council for 2025! He will be serving as the Secretary.



Rami Doukky, MD,
MSc, MBA, FASNC
Secretary

ACAP Leadership Academy Class of 2025



Congratulations to **Maeve Dixon**, Director of Projects and Strategic Initiatives, Health Plan Services for being selected to join the 2025 Leadership Academy for the Association of Community Affiliated Plans!

ACAP's Leadership Academy is a one-year program that empowers up-and-coming health plan staff on important issues related to Medicaid managed care programs.



ACAP
Association for Community
Affiliated Plans
Mission driven. People focused.

Civic Leadership Academy



Congratulations to **Deanna Durica**, Director of Public Health Policy, CCDPH, for being selected to be a part of the 2025 cohort of the Civic Leadership Academy (CLA) at the University of Chicago Center for Effective Government. The CLA is an interdisciplinary leadership development program for emerging leaders in nonprofit organizations and local government agencies.



Staying Healthy & Safe This Winter



Cook County Health clinicians led a discussion on winter safety in late December with the Cook County Office of Emergency Management and Regional Security (EMRS). Panelists shared tips to avoid cold-weather injuries and resources available to residents.

The event earned more than 30,000 impressions on social media.

Thank you to Drs. Umakanth Avula and Stathis Poulakidas, Kate Hedlin, Deanna Jackson, Angelica Moore, Bobbi Pollard, Laura Kozak and our partners at EMRS for a successful and insightful event!



Crain's Chicago Business



Congratulations to **Dr. Erik Mikaitis**, Cook County Health's Chief Executive Officer, for being included by Crain's Chicago on their "Who's Who in Chicago Business 2025" list!

This year's edition features more than 450 influential leaders who are shaping Chicago's business, civic, and cultural spaces.



Preparing for Potential Immigration Enforcement Activities



COOK COUNTY
HEALTH

Protecting Patients' Rights in Health Care Facilities

- Cook County Health proudly cares for all residents, regardless of immigration status. We will protect our patients' rights within our facilities.
- Federal administration recently lifted long-standing policy restricting immigration enforcement activity in “protected spaces” (schools, churches, health care sites).
- US Immigration Customs and Enforcement (ICE) agents are treated like any other law enforcement agency who may present to a CCH facility.
- CCH is not required to comply with any immigration enforcement activities unless the activity is directed by a judicial warrant.
- Staff are instructed to call Security and CCH Risk Management/Legal for guidance should a law enforcement official come to a CCH facility.



Preparedness Activities

- Reviewing existing policies and practices
- Staff training on patients' rights and responding to agents
- Sharing "Know Your Rights" materials with patients at facilities and via social channels
- Convening internal and external stakeholder groups to help inform ongoing preparedness and response in fluid environment



Resources for Patients



KNOW YOUR RIGHTS WHEN INTERACTING WITH IMMIGRATION OFFICERS (ICE)

- **If you believe you are witnessing ICE activity**, please call ICIRR's 24-Hour Family Support Hotline at 1-855-HELP-MY-FAMILY (1-855-435-7693) to report it.
- **If you find yourself interacting with an ICE officer in any location including your workplace, or out in the community, remember that you:**
 - Have the right to remain silent when questioned or arrested by immigration officers
 - Should remain calm and keep your hands where the officer can see them
 - **DO NOT:**
 - discuss your immigration or citizenship status with the police, immigration agents, or other officials
 - sign anything you do not understand. You should state that you wish to speak with an attorney
- **If an officer knocks on your door at home:** Do NOT open the door. Teach your children not to open the door.
 - ICE officers must have a **warrant signed by a judge** to enter your home. ICE "warrants" are not signed by judges; they are ICE forms signed by ICE officers and they do not grant authority to enter your home without your consent
- **If you are outdoors and think you see immigration officers nearby:**
 - Move to a safe indoor space
 - If you are a U.S. citizen and feel safe to do so, record the activity with your phone or write down any relevant information about what you witness—**ALWAYS** being careful to not interfere or otherwise obstruct the operation
- **DO NOT**
 - Post unverified information on social media
 - Interfere with the investigation or otherwise put yourself in harm's way

NEED SUPPORT? CALL ICIRR'S FAMILY SUPPORT NETWORK HOTLINE: 1-855-435-7693



CONOZCA SUS DERECHOS CUANDO INTERACTÚE CON AGENTES DE INMIGRACIÓN (ICE)

- **Si cree que es testigo de una actividad de ICE**, llame a la línea directa de apoyo familiar de 24 horas de ICIRR al 1-855-HELP-MY-FAMILY (1-855-435-7693) para reportarlo.
- **Si usted se encuentra interactuando con un oficial de ICE en cualquier lugar**, incluyendo su lugar de trabajo, o en la comunidad, recuerde que usted:
 - Tiene derecho a permanecer en silencio cuando sea interrogado o arrestado por oficiales de inmigración
 - Debe permanecer tranquilo y mantener sus manos donde el oficial pueda verlas
 - **NO:**
 - comparta su estatus de inmigración o ciudadanía con la policía, agentes de inmigración u otros funcionarios
 - firme nada que no entienda. Debe declarar que desea hablar con un abogado
- **Si un agente toca la puerta de su casa:** NO abra la puerta. Enseñele a sus hijos a no abrir la puerta.
 - Los agentes de ICE deben tener una **orden firmada por un juez** para entrar a su casa. Las "órdenes" de ICE no están firmadas por jueces; son formularios de ICE firmados por oficiales de ICE y no dan autoridad para entrar a su casa sin su permiso.
- **Si está al aire libre y cree ver agentes de inmigración cerca:**
 - Vaya a un espacio interior seguro
 - Si usted es ciudadano estadounidense y se siente seguro de hacerlo, grabe la actividad con su teléfono o escriba cualquier información relevante sobre lo que vea, teniendo siempre cuidado de no interferir u obstruir de otro modo la operación.
 - **NO:**
 - Publique información no verificada en las redes sociales
 - Interferir en la investigación o se ponga en peligro de otro modo

¿NECESITA AYUDA? LLAME A LA LÍNEA DIRECTA DE APOYO FAMILIAR DE ICIRR: 1-855-435-7693



COOK COUNTY
HEALTH

Cook County Resources:
www.cookcountyl.gov/immigration

State of Illinois Resources:
<https://illinoisattorneygeneral.gov/rights-of-the-people/civil-rights/immigration/>

Illinois Coalition for Immigrant & Refugee Rights:
www.icirr.org

Thank you!



COOK COUNTY
HEALTH



COOK COUNTY HEALTH

DR. ERIK MIKAITIS
CHIEF EXECUTIVE OFFICER
REPORT TO THE BOARD OF DIRECTORS
January 24, 2025

Employee Recognition

Dr. Erik Mikaitis, CEO, was included by Crain's Chicago on their "Who's Who in Chicago Business 2025" list. This year's edition features more than 450 influential leaders who are shaping Chicago's business, civic, and cultural spaces.

Several Cook County Health physicians who were named in Chicago Magazine's Top Docs list: **Dr. Sharon Welbel**, Infectious Disease, **Dr. Michael Giovingo**, Ophthalmology, **Dr. Lisa Tompson**, Ophthalmology, **Dr. Elizabeth Marcus**, Surgical Oncology, and **Dr. Bosko Margeta**, Cardiology. The list included 1,395 area physicians, nominated by their peers as the best across various specialties.

Craig Williams, Cook County Health's Chief Administrative Officer, was recognized by Becker's Healthcare on their "COOs to Know" list! The list included leaders who expand service lines, foster employee engagement and spearhead transformative organizational improvements. Wielding highly strategic visions, they lead the charge in crafting and executing initiatives that elevate operational efficiency and fuel success across their organizations.

Angela O'Banion, Cook County Health's Chief Information Officer, was selected as one of the Chicago Defender's 2025 Women of Excellence! The Chicago Defender Women of Excellence Awards celebrate African-American women in our community who inspire others through their dedication, accomplishments, visionary leadership, and positive influence.

Dr. Rami Doukky, Cook County Health's Medical Director for the Cardiovascular Service Line, was named to the American Society of Nuclear Cardiology's Executive Council for 2025! He will be serving as the Secretary.

Maeve Dixon, Director of Projects and Strategic Initiatives, Health Plan Services was selected to join the 2025 Leadership Academy for the Association of Community Affiliated Plans! ACAP's Leadership Academy is a one-year program that empowers up-and-coming health plan staff on important issues related to Medicaid managed care programs.

Deanna Durica, Director of Public Health Policy, CCDPH, was selected to be a part of the 2025 cohort of the Civic Leadership Academy (CLA) at the University of Chicago Center for Effective Government. The CLA is an interdisciplinary leadership development program for emerging leaders in nonprofit organizations and local government agencies.

Activities and Announcements

Cook County Health is encouraging Cook County residents to give themselves the gift of health during their birthday and schedule a free prostate cancer screening or mammogram. CCH launched the birthday health screening program this month thanks to the support of CCH Board Vice Chair Commissioner Bill Lowry.

CCH hosted a Facebook Live panel with several CCH team members and partners at the Cook County Office of Emergency Management and Regional Security to share tips to avoid cold-weather injuries and resources available to residents. The event earned more than 30,000 impressions on social media.

Legislative Updates

Local

- Cook County Health's work to address food insecurity began in 2015 with a two-question food insecurity screening, which was later adopted by all CCH primary care sites and incorporated into the CountyCare health risk screening tool. CCH patients who screened positive received a voucher to access fresh produce from the Greater Chicago Food Depository's Fresh Truck.

Since its inception, CCH's Fresh Truck partnership with GCFD has resulted in more than 500 visits to CCH health centers providing fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to over 50,000 households, representing more than 165,000 individuals.

Over the next several months, CCH and GCFD will be pivoting to a different model to connect patients with fresh and nutritious food. This includes piloting an onsite food pantry at Belmont Cragin Health Center and a medically-tailored meals program based initially at Provident Hospital that will further align the health conditions identified by CCH providers with food-related resources following a provider visit. These efforts are funded by an ARPA award to CCH from Cook County; these funds will also support a full-time Food Security Manager, based in the Office of Diversity, Equity, and Inclusion. We are also exploring other models that work best for our patients and look forward to sharing more when details are available.

- The week of January 13, CCH leadership appeared before the following Cook County Board committees to provide testimony and respond to questions from Commissioners.
 - **Audit Committee** – Representatives of the Cook County Budget Office and the Housing Authority of Cook County (HACC) appeared before the committee in response to a report from the Cook County Auditor on an ARPA funded program to provide care coordination to HACC residents. CCH provided programmatic oversight for the program and Andrea Gibson, CCH Chief Strategy Officer also participated in the meeting to respond to potential questions from Commissioners.
 - **Finance Committee** – Scott Spencer, CCH Associate CFO addressed questions related to the *County's Monthly Revenues and Expenses Report* as well as CCH finances. CCH leadership was also available to respond to questions related to *CCH's January 2025 Monthly Report* which is a compilation of the metrics and presentations made to the CCH Board of Directors from the previous month. Craig Williams, CCH Chief Administrative Officer and Win Buren, CCH Chief Human Resources Officer also participated in the meeting to respond to questions related to the status of agency utilization.
 - **Health & Hospitals Committee** – Dr. Kiran Joshi, CCDPH Interim Chief Operating Officer appeared before the committee to provide a quarterly update on COVID-19 and other infectious diseases.
- The Cook County Board of Commissioners met on January 16, 2025. The following items pertaining to CCH appeared on the agenda:
 - Resolution calling for a hearing of the Health & Hospitals Committee to receive an update on the full spectrum of Maternal Health Care and Morbidity & Mortality Rates in Cook

County. This item was referred to the Health & Hospitals Committee. A public hearing on this matter is expected to be scheduled for June 2025.

- Resolution supporting intergovernmental collaboration to better understand and prevent transfemicide. The resolution calls for a number of Cook County agencies, including CCDPH, to participate in a city of Chicago led task force on transfemicide. This item was approved.
- Proposed grant award – Strategies and Treatment for Respiratory and Viral Emergencies (STRIVE) with Hennepin Healthcare Research Institute. This item was approved.
- Proposed grant award – CCDPH grant renewal from CDPH for the Overdose Data to Action Grant. This item was approved.
- Collective Bargaining Agreement for SEIU Local 73 Optometrists. This CBA was approved.
- Cook County's Office of Contract Compliance Annual Diversity Report for Fiscal Year 2023. This item was referred to the Contract Compliance Committee for consideration.

State

- The House and Senate held their “lame duck” session which began Saturday, January 4 and concluded Tuesday, January 7. Despite reports that legislators would be working on bills that would defend against actions of the incoming federal administration, those bills did not materialize. Very few bills focused on health care advanced and no action was taken on bills that would have a direct impact on Cook County Health.

Legislators passed [HB4144](#), also known as Karina’s Law, which requires law enforcement agencies to remove firearms within 96 hours of a judge’s order from individuals whose Firearm Owner’s Identification (FOID) cards are revoked due to emergency restraining orders. The bill will be sent to the Governor for signature.

[HB4293](#), which would have imposed new regulations on hemp sales including age restrictions, requirements to test and label for potency and purity, and creating new taxes and fees did not advance during lame duck but sponsors indicate that they intend to refile in the new session.

- New members of the 104th General Assembly were sworn in January 8. The House and Senate return to Springfield the last week of January for the first days of the Spring 2025 session.
- The 2025 spring session calendars for the [House](#) and [Senate](#) are online. The Governor’s state of the state and budget address will take place February 19 and the scheduled adjournment date is May 31. The state fiscal year ends June 30.
- Cook County Health has been working with President Preckwinkle’s legislative team on the 2025 state legislative agenda. CCH’s priorities for the upcoming session include:
 - Protecting and preserving Medicaid
 - Increasing funding for local health departments
 - Supporting harm reduction legislation that reduces overdose deaths and prioritizes treatment
 - Improving behavioral health infrastructure and addressing gaps in workforce
- On December 19, HFS issued long-awaited provider notices for [doulas](#) and [lactation consultants](#), which outlines how and when these provider types can bill for Medicaid services. Federal CMS approved coverage of these services effective February 1, 2024.

Prior to enrolling with Illinois Medicaid, doulas must obtain a certificate from the Illinois Medicaid-Certified Doula Program, which is administered by the Southern Illinois University School of Medicine. The certificate is good for three years. Lactation consultants must obtain a certificate from their relevant certifying board before enrolling with Illinois Medicaid.

Doulas and lactation consultants may bill through an institution (group practice or facility, agency or organization) or as an individual provider. Additional details are in the HFS provider notices, and the [Medicaid Technical Assistance Center](#) is providing support for these new providers to enroll in and bill Medicaid.

Federal

- **FY 2025 Appropriations and Health Extenders**

On December 20, just hours before the deadline, the House passed *H.R. 10545, FY 2025 Further Continuing Appropriations Act*, which extends funding for federal government agencies and programs through March 14, 2025. The bill passed with strong bipartisan support, 366-34. The Senate moved quickly to vote on the bill, approving it 85-11 shortly after the midnight deadline. President Biden signed the measure on December 21, averting a government shutdown. It includes a package of provisions to extend expiring health programs through the end of March, including a short-term fix for the pending statutory cuts to Medicaid disproportionate share hospital (DSH) allotments to states.

Earlier House Speaker Mike Johnson (R-LA) had released a much larger version of the legislation which included numerous substantive program reauthorizations which had been negotiated on a bipartisan basis. A health section included multiyear extensions of the SUPPORT Act of 2018, to improve SUD prevention and treatment and address the opioid crisis, and the Pandemic and All Hazards Preparedness Act (PAHPA), to support federal, state and local public health prepare for future public health emergencies. The health package also had provisions aimed at reforming the way pharmacy benefit managers (PBMs) conduct business. Multi-year funding for FQHCs and a multi-year fix for the Medicaid DSH cuts.

Ultimately the size and scope of the bill drew the ire of Elon Musk and President-elect Trump who called on Congressional Republicans to reject the measure and also address the debt limit, to prepare the way for the incoming Trump Administration's agenda. A slimmed down CR with the debt limit provision was rejected by the House with nearly unanimous Democratic support and a cadre of Republicans objecting to raising the debt limit without spending cuts or other budget reforms. The failure of the Trump-endorsed bill forced the Speaker to advance the relatively "clean" H.R. 10545 on December 20 and signed into law the next day as noted above.

- **Trump-Vance Administration Health Policy Agenda and the 119th Congress**

The 119th Congress opened on January 3. Senate confirmation hearings for President-elect Trump's cabinet nominees began on January 14, though the hearing for Robert F. Kennedy, Jr., the nominee for Health and Human Services Secretary has not been scheduled.

On December 9, Rep. Brett Guthrie (R-KY), was selected to be the next Chair of the House Energy and Commerce Committee (E&C). He is expected to continue the committee's focus on the oversight of the U.S Department of Health and Human Services and its agencies. Rep. Guthrie was the Chairman of E&C's health subcommittee and co-chair of the House Republicans' Healthy Futures Task Force. He recently told the press that he is interested in reviving a proposal that would cap Medicaid spending on each enrollee, known as a "per capita cap" or allotment, a component of the failed ACA "repeal and replace" legislation in 2017.

Medicaid cuts totaling over two trillion dollars are on the table as Republicans are working to offset the cost of extending the expiring Tax Cuts and Jobs Act of 2017 and significant new funding for border security and immigration enforcement. Options under discussion include imposing work requirements, making block grants or spending caps for states (as noted above), and reducing the Affordable Care Act's ninety percent match for the Medicaid expansion population. These changes would likely take shape in the context of budget reconciliation bill, which can evade the Senate filibuster and advance with a simple majority.

Community Events

- February 7 – Participation in the **National Black HIV/AIDS Awareness Day** which is hosted by the Sisters Working It Out and which will take place at the Blue Door Neighborhood Center in Morgan Park located at 11840 S Marshfield Avenue in Chicago, IL 60643.
- February 7 – Participation in the **National Black HIV/AIDS Awareness Day (NBHAAD) Health and Resource Fair** which is hosted by the Chicago Department of Family and Support Services and the CORE Center and which will take place at the Dr. Martin Luther King Community Service Center located at 4314 S Cottage Grove Avenue in Chicago, IL 60653.
- February 8 – Participation in the **Chinese Mutual Aid Association (CMAA) Lunar New Year Celebration** which will take place at St. Augustine College located at 1345 W. Argyle St. in Chicago, IL 60640.
- February 8 – Participation in the **Third Annual Community Health Expo in Beverly/Morgan Park** which is hosted by the Beverly Area Planning Association and which will take place at Ridge Park located at 9625 S Longwood Drive in Chicago, IL 60643
- February 21 – Participation in the **Bremen High School's Health and Prosperity Fair** which will take place at the school located at 15203 S. Pulaski in Midlothian, IL 60445.
- February 26 – Participation in the **Provident Hospital Blood Drive** which is hosted by Vitalent, CountyCare and CCH and which will take place at the hospital located at 500 E 51st Street in Chicago, IL 60615.

Redetermination Events

Cook County Health and CountyCare are currently hosting a series of Redetermination events in the System's facilities, other FQHCs and community partners. Redetermination events target CountyCare members living in or close to the Zip Codes of the hosting site. Members receive calls, postal correspondence, email, and texts advising them of the event happening in their vicinity.

- February 1 – **Blue Island Health Center** – 12757 S. Western Avenue, Blue Island, IL 60406
- February 3 – **North Riverside Health Center** – 800 S. Harlem Ave, North Riverside, IL 60546
- February 4 – **Cottage Grove Health** Center – 1645 S. Cottage Grove Ave Ford Heights, IL 60411
- February 5 – **Primicare Health Center** – 5635 W. Belmont, Chicago, IL 60634
- February 6 – **Friend Health** – 5635 S. Pulaski, Chicago IL 60629
- February 7 – **Stroger Hospital** – 1969 W. Ogden, Chicago, IL 60612
- February 8 – **Cottage Grove Health Center** – 1645 S. Cottage Grove Ave Ford Heights, IL 60411
- February 10 – **Austin Health Center** – 4800 W. Chicago Avenue, Chicago, IL 60651

- February 11 – **Robbins Health Center** – 13450 S. Kedzie Ave Robbins, IL 60472
- February 12 – **Provident Hospital** – 500 E. 51st Street, Chicago, IL 60615
- February 13 – **Alivio Health** – 2021 S Morgan St., Chicago, IL 60608
- February 14 – **Englewood Health Center** – 1135 W. 69th Street, Chicago, IL 60621
- February 15 – **Robbins Health Center** – 13450 S. Kedzie Ave Robbins, IL 60472
- February 18 – **Esperanza Health Center** – 4700 S. California Ave Chicago, IL 60632
- February 19 – **Primicare Health Center** – 5635 W. Belmont, Chicago, IL 60634
- February 20 – **Friend Health** – 5635 S Pulaski Road, Chicago, IL 60629
- February 22 – **Arlington Heights Health Center** – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- February 24 – **Blue Island Health Center** – 12757 S. Western Avenue, Blue Island, IL 60406
- February 25 – **Lawndale Christian Health Center** – 3750 W. Ogden Ave., Chicago, IL 60623
- February 26 – **Provident Hospital** – 500 E. 51st Street, Chicago, IL 60615
- February 27 – **Arlington Heights Health Center** – 3520 N. Arlington Heights Road, Arlington Heights, IL 60004
- February 28 – **Englewood Health Center** – 1135 W. 69th Street, Chicago, IL 60621
- February 28 – **Lakeview YMCA** - 3333 N Marshfield Ave, Chicago, IL 60657

CCH Community Advisory Councils

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

The 2025 First Quarter topic presentations include CCH's ExpressCare program. CountyCare will also provide an update on plan activities and rewards. In addition, the meeting provides updates on Cook County Health, Community Outreach, and each clinic's programs.

Upcoming CAC meeting dates, including the 2025 schedule:

Blue Island: Wednesday at 1:00 PM: February 12, May 14, August 13, November 12
12757 S. Western Ave., Blue Island, IL 60406

Arlington Heights: Tuesday at 1:00 PM: February 18, May 20, August 19, November 18
3520 N. Arlington Heights Road, Arlington Heights, IL 60004

Prieto: Tuesday at 1:00 PM: March 4, June 3, September 2, December 2
2424 S. Pulaski, Chicago, IL 60623

Robbins: Tuesday at 1:00 PM: March 11, June 10, September 16, December 9
13450 S. Kedzie Road, Robbins, IL 60472

North Riverside: Wednesday at 1:00 PM: March 12, June 11, September 15, December 10
1800 S. Harlem Avenue, North Riverside, IL 60546

Englewood: Thursday at 1:00 PM - March 13, June 12, September 17, December 11
1135 W. 69th Street, Chicago, IL 60621

Provident/Sengstacke: Wednesday at 9:00 AM: April 9, July 9, October 8
500 W. 51st Street, Chicago, IL 60609

Cottage Grove: Tuesday at 1:00 PM: April 22, July 22, October 21
1645 S. Cottage Grove Avenue, Ford Heights, IL 60411

DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES

Lead Executive: Craig Williams, Chief Administrative Officer, Operations and Development
Reporting Period: December 2024
Report Date: January 15, 2025

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

- Over the past several weeks, several providers have undergone specialized training to support our new Birthday Screening Program, developed and delivered by experts in Breast Oncology, Urology, and OB-GYN. The training focused on:
 - Breast Health** – Providers were trained to perform focused breast histories and exams to enhance breast disease detection and ensure women, starting at age 40, undergo regular mammography screenings every other year, even if they show no symptoms.
 - Prostate Screening** – Training was provided on conducting prostate cancer screenings, particularly for vulnerable populations (e.g., those with a family history or of Black ancestry). This included guidance on identifying signs and symptoms of prostate disease.
- These trained providers (Advanced Practice Providers) are stationed at five key ACHN sites (Belmont Cragin, North Riverside, GMC, Blue Island, Sengstacke), ensuring that patients enrolled in the Birthday Screening Program receive top-tier care, screening, and education.
- The Radiology team has expanded mammography screening to Saturdays to accommodate patients unable to attend weekday appointments, improving access for County residents and established CCH patients.
- The Quality team continues to follow up on Joint Commission compliance data for each finding and collaborates with operations leadership to address ongoing action plans related to the implementation and compliance of the self-management goal worksheet. Weekly rounding assignments are distributed to ACHN leadership, and clinic managers continue to conduct weekly audits related to Joint Commission findings to ensure continuous preparedness.



Health Equity, Community Health & Integration



COOK COUNTY
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DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES

- In December 2024, the Patient Support Center handled 50,500 patient calls with an average response time under 54 seconds, and 4,500 nurse triage calls with an average response time of 54 seconds. This was a 15% increase in calls from last month after the Central Triage Unit expanded to add Sengstacke nurse calls.
- The Patient Support Center reduced the average post-hospital primary care wait time from over 30 days to under 17 days by scheduling across two shifts, maximizing schedule utilization, and increasing efforts to connect more patients with community primary care sites.
- Cook County Health continues its vaccination efforts for both the community and our patients. In December, the total number of individuals vaccinated for COVID-19 was 2,278 including 22 staff members, 813 non-CCH patients, and 1,443 CCH patients.
- All ACHN clinics are equipped to screen, test, and vaccinate community members. Additionally, the CORE Center administered 17 MPox vaccinations this month.
- This month, the Belmont Cragin New Arrival Health Center reported serving 33,366 unique patients to date. The CCH Mobile Care Coordination team registered 12,515 new arrival patients at the City of Chicago landing zone, with 50% receiving same-day medical screenings and care at the New Arrival Clinic. 7,591 were vaccinated with the Measles, Mumps, and Rubella (MMR) vaccine, and 5,572 with the chicken pox vaccine.
- The Mobile Care Coordination Team (MCCT) achieved a 61% vaccination rate for measles, mumps, and rubella (MMR) and a 45% vaccination rate for chickenpox (varicella). Through our partnership at the Landing Zone (new arrivals), ACHN successfully reduced outbreaks of MMR and chickenpox at city shelters.
- On December 19, 2024, the CCH Mobile Care Coordination Team wrapped up services at the Landing Zone as the city transitioned its shelters to the state's One Source initiative. By December 31, 2024, the team had also completed services at the remaining city shelters, which were similarly transferred to state management.
- In its debut year, Express Care successfully met the FY24 visit volume goal of 2,400 visits, with an average triage time of less than 30 seconds. In December, 16% of patients who visited the Express Care Clinic were triaged and resolved by a Registered Nurse without needing to see a provider. The operations team is working to expand weekend hours starting in February to increase access for patients when primary care is closed.
- The development of an Intake Center for Behavioral Health is ongoing. This center will serve as a centralized access point for all behavioral health services within CCH. A workflow has been developed and will be initially focus on psychiatry.
- CORE/Cook County HIV Integrated Programs (CCHIP) celebrated World AIDS Day with community awareness and testing events held throughout the Chicagoland area. The Executive Director of HIV Services received an award of appreciation on December 1st from Congressman Danny K. Davis for outstanding work and activism in the field of HIV/AIDS.



COOK COUNTY
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DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES

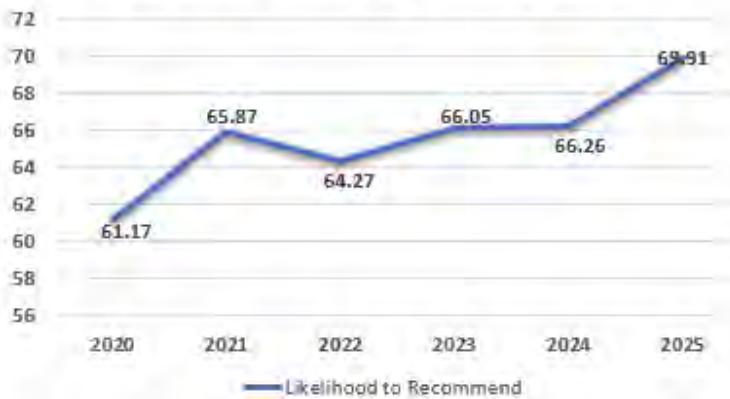
- In December, a total of 54 patients were re-engaged in ambulatory care after being lost to care for more than 12 months. The retention in care rate was 74%, with an undetectable viral load rate of 89%. Additionally, 130 individuals in the community received a rapid HIV test through targeted screening, and 4 newly diagnosed clients were successfully linked to care. New collaborations were established with Air Force Academy High School and the School of Opulence.
- The Women and Children's Service Line has partnered with a vendor to provide 10 doulas at Stroger Hospital through a \$1M pilot program. This initiative offers free doula services for patients during pregnancy and postpartum, aiming to improve outcomes like fewer C-sections and better communication with healthcare teams.



Patient Experience

- ACHN's overall "Likelihood to Recommend" score increased this month, surpassing the 67.13% goal with a score of 69.91%, reflecting a 3.65% improvement from the previous month.

ACHN Patient Experience Score



- Specialty Care surpassed their goal of 67.55% this month, achieving a strong 70.15%. Additionally, top box scores have consistently been met since Q4, exceeding expectations.
- Primary Care exceeded its goal of 68.71%, achieving 70.23%. The majority of sites surpassed their individual targets, contributing to this improvement, which represents a 5% increase from the previous month.



Growth Innovation & Transformation

- Phase 1 of construction at the new Bronzeville clinic for the Psychiatry outpatient space has been completed. Over the next weeks, we will install furniture and computer equipment. We expect



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DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES

to start seeing patients beginning in March for Psychiatry with Family Medicine and Rehab Services in early April.

- CORE Medical Services revamped the medical fellow's clinic and launched a pilot project aimed at reducing no-show rates and enhancing the overall clinic experience for new patients seen by the fellows.
- CORE has been approved to launch a new service for FY25, focusing on HIV Anal Dysplasia. Providers will refer and screen high-risk patients for anal cancer. The CORE team has begun collaborating with project management, revenue cycle, and other departments to plan for implementation and the upcoming go live date.



Optimization, Systemization & Performance Improvement

- Revisions to the Psychiatry order in the electronic medical record were finalized, and an algorithm was developed to ensure appropriate referrals to various levels of care and help address patients waiting for psychiatry appointments.
- The CORE Executive Director continues to collaborate with CCH Human Resources and the Sponsored Programs Office on the transition of Hektoen-funded grants and staff. A total of 26 staff members transitioned from Hektoen to the third-party transitional vendor, Medix/CCH. Additionally, CCH received a Notice of Award from the Health Resources and Services Administration (HRSA) for the Part C Early Intervention, Community Testing, and Linkage to Care programs, as well as Notices of Award from CDPH for Ryan White Health Care Access, Ambulatory Care, and PrEP/Pre-Exposure Prophylaxis Prevention services.
- The Cancer Center Service Line team partnered with HIS to implement template and provider updates across the Oncology scheduling books, optimizing the scheduling process and reducing errors.
- The team also changed chemotherapy administration processes for some drugs from IV formulations to subcutaneous (Sub-Q) formulations, reducing patient chair time and the need for IV fluids. Moving forward, we will track cost savings and volume improvements resulting from this change.



Workforce: Talent and Teams

ACHN has 235 vacant positions: 8 Administrative Support Staff, 31 Clinicians/Physicians, 14 Management Positions, and 182 Clinical Support Staff. Of the 235, currently 169 roles are in recruitment (16 posted, 8



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DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES

pending, 42 validations in progress, 35 interviews underway, 49 decision-to-hire packets under review, 19 offers accepted, and 3 on hold).

Human Resources Recruitment

| Vacant PID's by Role | Nov-24 | | | Dec-24 | | |
|------------------------|--------|------|-------|--------|------|-------|
| Job title | ACHN | Core | Total | ACHN | Core | Total |
| Admin Support Staff | 17 | 1 | 18 | 7 | 1 | 8 |
| Clinical Support Staff | 157 | 9 | 166 | 172 | 10 | 182 |
| Clinicians/Physicians | 30 | 2 | 32 | 30 | 1 | 31 |
| Management Position | 13 | 1 | 14 | 13 | 1 | 14 |
| Total | 217 | 13 | 230 | 222 | 13 | 235 |

Number of Vacant - Dec 24



Fiscal Resilience

- As of December 2024, ACHN is meeting expectations, having used 5% of the budgeted spending projections year-to-date.
- Primary Care: ACHN is above budgeted volumes for December by 4,845 visits and 23.9% above budget year-to-date totaling 25,077 visits in FY2025.
- Specialty Care: ACHN is above budgeted volumes for December by 6,764 visits and 33% above budgeted volumes year-to-date totaling 27,338 visits in FY2025.
- We have three non-personnel contracts valued at \$500,000 or more. Two of these contracts have expired, but amendments are in progress and there are no service gaps.



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DIVISIONAL EXECUTIVE SUMMARY

AMBULATORY SERVICES

Budget

| Office / Program / Account | FY25 Budget | Expenses | Obligations (BPA's/PO's) | Expenditures (Expenses + Obligations) | Funds Available | % Expended |
|--|-------------|-----------|-----------------------------|---|-----------------|---------------|
| 4893 - Ambulatory & Community Health Network of Cook | | | | | | |
| Grand Total | 207,499,811 | 4,680,935 | 4,993,745 | 9,674,680 | 197,825,131 | 5% |

Procurement

| Non Agency Contracts | | | | |
|----------------------|--------------------|------------------|------------|--------------------------------|
| Contract Number | Contract Name | Agreement Amount | Expiration | Notes |
| H17-25-064 | Medspeed | \$3,843,844.06 | 11/30/2024 | RFP and amendment in progress. |
| H18-25-037 | Alivio | \$1,262,145.09 | 11/30/2024 | RFP-Contract awarded. |
| H20-25-033 | Chicago Lighthouse | \$6,220,000.00 | 2/28/2025 | Amendment in progress. |



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DIVISIONAL EXECUTIVE SUMMARY

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

Lead Executive: Kiran Joshi, MD, MPH, Interim Chief Operating Officer
Reporting Period: December, 2024
Report Date: January 2, 2025

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

- The Cook County Department of Public Health (CCDPH) Nursing and Community Health Promoter (CHP) teams, in collaboration with County Care and the ACHN clinics, distributed free Flu and COVID vaccines in December. The nursing team administered 181 Flu vaccines and 226 COVID vaccines.
- The new Respiratory Disease Dashboard is now operational. Information on Influenza, COVID-19, and RSV is compiled into a weekly surveillance report that is distributed to our partners in the healthcare community, schools, community groups, and the public. Visit at <https://ccdphtcd.shinyapps.io/respiratory/>.
- The Cottage Food Industry, or home-based food business, is expanding. CCDPH has been receiving 3-4 licensing applications a week and is carefully monitoring for food safety issues, as home-based food preparation needs to adhere to strict hygienic standards to prevent food-borne illnesses. Learn more about [cottage food operations HERE](#).
- The Community Immunization Program worked with Illinois Chapter - American Academy of Pediatrics (ICAAP) to develop a survey for distribution to healthcare partners. The survey will assess interest and readiness to participate in a quality improvement activity focused on increasing vaccine uptake.



Health Equity, Community Health & Integration

- The CCDPH Policy team is participating in meetings preparing for state implementation of the Medicaid 1115 waiver that expands access for low-income residents through CountyCare and municipal collaboration to advance health equity and healthcare access.
- CCDPH continued its ongoing promotional support of the “Every Mother, Every Child” initiative through [various media sources](#) and community outreach. The marketing campaign attracted 700 unique visitors, and the *Lawndale News* featured a story generated from the campaign which reached over 1,800 viewers.



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BUILDING
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COMMUNITIES

DIVISIONAL EXECUTIVE SUMMARY

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

- CCDPH deployed the [Myth vs. Fact](#) Initiative. The team plans include ongoing marketing through various media sources and the initiative's dedicated webpage. In addition, the *Chicago Tribune* published an article highlighting CCDPH's free vaccine clinics and emphasizing the importance of public health departments on busting myths about the vaccine.
- CCDPH participated in the Cook County Safety Action Plan Steering Committee to develop a traffic safety plan that aims to reduce traffic-related injuries in high-risk communities by addressing the following statistics:
 1. Fatalities increased even though total crashes stayed relatively flat
 2. Deadly crashes surged 52% from 2018 to 2022
 3. Fatalities for Black residents are twice that of White residents
 4. Bike and pedestrian crashes comprise 2% of all crashes, but make up 23% of fatal and serious injury crashes
- CCDPH hosted a kickoff meeting for WePlan 2030, the Community Health Assessment/Community Health Improvement Plan for Suburban Cook County. The steering committee consists of partners including community-based organizations and Cook County agencies. The steering committee reviewed the planning process, roles and responsibilities, and discussed how health equity principles could be integrated.



Fiscal Resilience

- The 2025 Fiscal Year budget was published at \$24.1M, denoting a \$2.1M increase from last year.

Human Resources Recruitment

As of January 2, 2025, CCDPH has – 16 vacant positions to date (actively recruited) - 4 Requests to Hire (RTH) are awaiting budget approval or to be posted/reposted. The remaining positions are being actively recruited (see table below).



COOK COUNTY
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DIVISIONAL EXECUTIVE SUMMARY

COOK COUNTY DEPARTMENT OF PUBLIC HEALTH

FY25 metrics Snapshot, as of January 2, 2025

| RTHs Submitted MTD/YTD | Current posted | Validation in Progress | Interviews in Progress | DTH Review Underway | Offer Accepted | Vacancies Filled In December | YTD Position Filled |
|------------------------|----------------|------------------------|------------------------|---------------------|----------------|------------------------------|---------------------|
| 16/69 | 4 | 4 | 3 | 3 | 1 | 1 | 37 |

Budget

| Office & Account | FY24 Budget | Expenses | Obligations (BPA's/PO's) | Expenditures (Expenses + Obligations) | Funds Available | % Expended |
|------------------|-------------|----------|--------------------------|---------------------------------------|-----------------|------------|
| 4895 - DPH Total | 24,102,557 | 813,103 | 126,424 | 939,528 | 23,163,030 | 4% |

1/2/2025

Procurement

The following vendors or subgrantee \$500K or more are all active contracts.

| Contract # | Vendor or Subgrantee Name | Expires On |
|------------|--|------------|
| H21-25-129 | AgeOptions | 5/31/25 |
| H22-25-154 | Flowers Communications Group | 5/31/25 |
| H21-25-138 | Housing Helpers/Proviso Partners for Health | 5/31/25 |
| H21-25-140 | Illinois Board of Trustees/UIC School of Public Health | 5/31/25 |
| H21-25-182 | United Way of Metropolitan Chicago | 5/31/25 |



COOK COUNTY
HEALTH



Cook County DEPT. of
Public Health

BUILDING
HEALTHIER
COMMUNITIES

DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

Lead Executive: Manny Estrada, Chief Operating Officer, Cermak Health Services

Reporting Period: December 2024

Report Date: January 10, 2025

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

Cermak, with the help of the CCH system Substance Use Disorder (SUD) leadership team, will be deploying its first Narcan vending machines for community access on the Cook County Jail compound. We are proud to provide this life-saving intervention in novel and accessible locations (Division 10 visiting center, Division 11, and Post 5 (public entry location) under the CCH umbrella, for accessibility to the public. Machines have been received and will be deployed soon.

The Illinois Department of Juvenile Justice (IDJJ) reported the medical services available to youth at the Juvenile Temporary Detention Center (JTDC), "exceed the standards identified in County Detention Standards. Likewise, the breadth of mental health services available to youth at the JTDC exceed minimum standards".



Health Equity, Community Health & Integration

To address the ongoing public health issue of ectoparasites, Cermak Patient Care Services and Infection Control are coordinating a new ectoparasite eradication program together with our Department of Corrections partners. This will involve building new upstream screening protocols in our intake facility, surveillance and treatment sweeps, and sustained monitoring for future outbreaks.



Patient Experience

Cermak employees developed and initiated the "Lunchtime Jump Session". The session includes jumping rope, hula hooping, and water weights and is conducted two times a week. The program was established to motivate staff from all departments to get moving, get healthy and de-stress.



Growth Innovation & Transformation



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

Cermak Analytics Team is working with the Cook County Sheriff's IT to determine root causes for some security alerts not always transferring to CCH's electronic medical record system. The interface issue was identified by our clinical team. It appears to be intermittent. Until the issue is resolved (as a stop gap measure) the Cermak Analytics Team performs a daily reconciliation of the security alerts not passing from the jail management systems to Cerner.



Optimization, Systemization & Performance Improvement

Cermak Patient Care Service leaders developed and participated in a bed control staffing pilot call. This call was implemented to address staffing during the holidays and to address unforeseeable call offs. The team will meet on Monday to evaluate and formalize standing bed control staffing calls throughout the year.



Workforce: Talent and Teams

Cermak Health Services onboarded a returning psychiatrist as the new Chief Psychiatrist.

Cermak Health Services has hired a physician in the Infectious Diseases physician position and is expected to be onboarded in the summer of 2025.



Fiscal Resilience

Cermak Health Services continues to meet with the State of Illinois Department of Healthcare and Family Services (HFS) to discuss the next steps regarding the implementation of the newly approved 1115 Waiver. Five milestones were identified for the successful implementation of the waiver, which will allow Cermak to bill for patients receiving key services 90 days prior to discharge from the Cook County Jail. This program will allow Cermak and Juvenile Detention patients to have improved transitions of care into the community and Cermak is excited to continue these discussions with HFS.

Human Resources Recruitment

Cermak Health Services



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

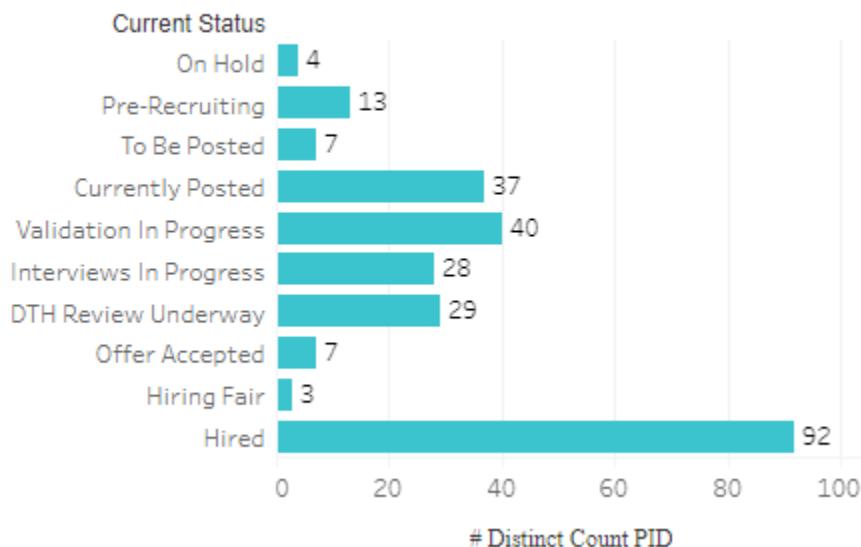
CERMAK HEALTH SERVICES

A Look into HR Recruitment

Access the dashboard training guide and request new user access through Hiring Central. [⊕](#)



What Stage are my Current Requisitions?



Juvenile Temporary Detention Center



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

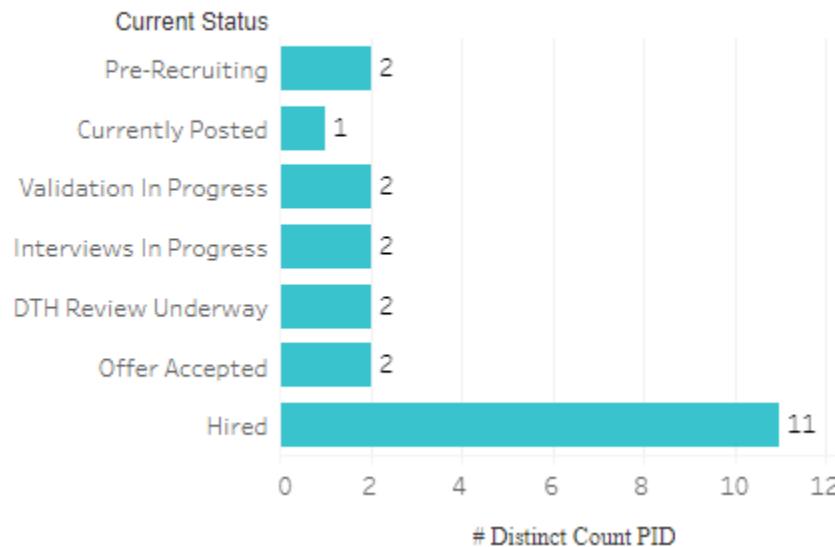
CERMAK HEALTH SERVICES

A Look into HR Recruitment

Access the dashboard training guide and request new user access through Hiring Central. [⊕](#)



What Stage are my Current Requisitions?



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

Budget

Overall, across all accounts, Cermak and JTDC are on track with budgeted expectation through the end of December 2024.

| Office / Program / Account | FY24 Budget | Expense | Obligations (BPA's/PO's) | Funds Available | % Expended |
|--|--------------------|-------------------|--------------------------|-------------------|------------|
| 4240 - Cermak Health Services of Cook County | | | | | |
| 0-DEFAULT(41195.4240.0) Total | - | 9,770 | - | (9,770) | No Budget |
| 10155 - Administration (41195.4240.10155) Total | 12,446,771 | 11,176,883 | 732,904 | 536,984 | 96% |
| 10160 - Administration and Clerical (41195.4240.10160) Total | - | - | 3,571 | (3,571) | No Budget |
| 13500 - Environmental Services (41195.4240.13500) Total | 2,762,461 | 2,599,235 | 15,398 | 147,828 | 95% |
| 13945 - Finance (41195.4240.13945) Total | 243,273 | 227,839 | - | 15,434 | 94% |
| 14915 - Human Resources (41195.4240.14915) Total | 263,532 | 153,178 | - | 110,354 | 58% |
| 15050 - Information Technology (41195.4240.15050) Total | 231,171 | 241,853 | - | (10,682) | 105% |
| 15435 - Laboratory Services (41195.4240.15435) Total | 641,650 | 521,769 | 5,751 | 114,130 | 82% |
| 15805 - Material Management (41195.4240.15805) Total | 462,003 | 312,534 | 16,805 | 132,664 | 71% |
| 15880 - Med/Surg - Administration (41195.4240.15880) Total | - | - | 2,810 | (2,810) | No Budget |
| 15895 - Medical Administration (41195.4240.15895) Total | 10,762,658 | 8,815,800 | 188,524 | 1,758,335 | 84% |
| 16480 - Nursing - Administration (41195.4240.16480) Total | - | - | 283 | (283) | No Budget |
| 17015 - Oral Health (41195.4240.17015) Total | 2,496,986 | 1,758,259 | 412 | 738,315 | 70% |
| 17170 - Patient Care Services (41195.4240.17170) Total | 42,980,058 | 33,212,985 | 489,752 | 9,277,321 | 78% |
| 17395 - PCS - Emergency Services (41195.4240.17395) Total | - | 1 | - | (1) | No Budget |
| 17610 - Pharmacy (41195.4240.17610) Total | 9,838,834 | 6,528,399 | 224,115 | 3,086,319 | 69% |
| 18445 - Quality Assurance (41195.4240.18445) Total | 776,331 | 748,657 | - | 27,674 | 96% |
| 18485 - Radiology (41195.4240.18485) Total | 845,217 | 733,149 | - | 112,068 | 87% |
| 19650 - Storerooms (41195.4240.19650) Total | - | - | 18 | (18) | No Budget |
| 29235 - 240 General Store Inventory (IV) (41195.4240.292 | - | 581,473 | 6,836 | (588,310) | No Budget |
| 16005 - Health Information Management (HIM) (41195.42 | 422,736 | 407,799 | - | 14,938 | 96% |
| 16125 - Mental Health Services (41195.4240.16125) Total | 15,008,018 | 12,057,419 | 57,340 | 2,893,259 | 81% |
| 19635 - Store Room (41195.4240.19635) Total | - | - | 141 | (141) | No Budget |
| 20475 - Txb1 GO Ser 2009B BABS Bond Fd (41195.4240.204 | - | 16,832 | - | (16,832) | No Budget |
| 29165 - General Store Inventory (IV) (41195.4240.29165) | 271,687 | 210,565 | 49,976 | 11,146 | 96% |
| 15485 - Law Administration (41195.4240.15485) Total | - | - | 562 | (562) | No Budget |
| 17005 - Ophthalmology-Administration (41195.4240.1700 | - | 4 | - | (4) | No Budget |
| Grand Total | 100,453,386 | 80,314,405 | 1,795,201 | 18,343,781 | 82% |



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

| Office / Program / Account | FY24 Budget | Expense | Obligations (BPA's/PO's) | Funds Available | % Expended |
|---|------------------|------------------|--------------------------|------------------|------------|
| 4241 - Health Services - JTDC | | | | | |
| 10155 - Administration (41197.4241.10155) Total | 1,041,815 | 871,097 | 101,911 | 68,806 | 93% |
| 16015 - Medical Services Administration (41197.4241.160 | 731,730 | 710,030 | - | 21,700 | 97% |
| 17015 - Oral Health (41197.4241.17015) Total | 309,492 | 336,247 | - | (26,755) | 109% |
| 17170 - Patient Care Services (41197.4241.17170) Total | 3,629,502 | 3,041,876 | 30,305 | 557,321 | 85% |
| 19815 - Support Services Administration (41197.4241.198 | - | - | 356 | (356) | No Budget |
| 10755 - Behavioral Health (41197.4241.10755) Total | 3,971,104 | 3,328,917 | 319 | 641,868 | 84% |
| Grand Total | 9,683,643 | 8,288,167 | 132,892 | 1,262,585 | 87% |



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

CERMAK HEALTH SERVICES

Procurement

Contracts expiring in next 9 months

| Number | Supplier | PO Description | End Date |
|------------|--|---|------------|
| H17-25-037 | CORPORATE CLEANING SERVICES INC | H17-25-037 - Service, Window Cleaning | 5/31/2024 |
| 7.7E+10 | SCHECK & SIRESS PROSTHETICS, INC | 77000032606 - SERVICE, CUSTOM ORTHOTICS | 7/31/2024 |
| H19-25-077 | ODP Business Solution LLC | H19-25-077 - Supplies and Services, Office Supplies | 11/21/2024 |
| H19-25-063 | W. W. Grainger | H19-25-063 - Supply, Institutional Supplies for Maintenance, Repair, and Operations | 11/30/2024 |
| H19-25-103 | ALLIED WASTE TRANSPORTATION, INC. | H19-25-103 - Service, Waste Removal Services Throughout CCH | 11/30/2024 |
| H19-25-063 | W. W. Grainger | H19-25-063/77000063013 - Supply, Institutional Supplies for Maintenance, Repair, and Operations (MRO) | 11/30/2024 |
| H18-25-008 | MAXIM HEALTHCARE SERVICES INC | H18-25-008 - Service, Temporary Staffing | 11/30/2024 |
| H18-25-114 | Kore SAE | H18-25-114 - Service, Temporary Staffing | 11/30/2024 |
| H20-25-023 | Praxair now 'Linde Gas and Equipment Inc.' | H20-25-023 - SERVICE, MEDICAL GAS | 12/8/2024 |
| H22-25-164 | AB Staffing | H22-25-164 SERVICE, PROFESSIONAL RADIOLOGY STAFFING SERVICES | 12/31/2024 |
| H21-25-034 | Quest Diagnostics | H21-25-034_SERVICE, REFERENCE LABORATORY TESTING | 12/31/2024 |
| H22-25-052 | Maxim Physician Resources | H22-25-052_Services_Locum Tenens and AP Staffing | 2/14/2025 |
| H20-25-063 | Stericycle | H20-25-063 - Waste Removal for Medical, Hazardous, Sharps and Pharma Waste | 3/31/2025 |
| H16-72-052 | Linde Gas | H16-72-052 - Service, Certification, Maintenance, and Repair of Medical Gas Systems | 3/31/2025 |
| H22-25-095 | Orkin | H22-25-095 Services, System-Wide Pest Contract Services (Orkin) | 5/31/2025 |



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES

Lead Executive: Aaron Galeener, Chief Administrative Officer, Health Plan Services
Reporting Period: December 2024
Report Date: January 17, 2025

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

Preventing lead exposure in children

A study published in the *Journal of the American Medical Association Pediatrics* estimates that two-thirds of young children in Chicago have been exposed to lead through their home drinking water. In the fall, Senator Durbin, Cook County Health, Cook County Department of Public Health, and CountyCare leadership held a press conference to raise awareness about the detrimental effects of lead poisoning. Senator Durbin stated, "Children continue to face the unacceptable risk of lead poisoning in the very place they call home... I applaud CountyCare for being the first to step up and implement innovative strategies to prevent the threat of lead exposure for low-income children."

To prevent lead exposure in children, CountyCare launched a one-time benefit for approximately 89,000 households to provide lead removing water filters to all families with a CountyCare member 12 or under.

- Educational materials were developed with the Cook County Department of Public Health and the Chicago Department of Public Health and were mailed with a coupon to nearly 90,000 households or 126,500 members.
- As of December, over 7,900 lead-removing water pitchers have been redeemed through this program.



Hello from CountyCare!

Supporting your family's health is important to us! Please use this coupon to get a **free water filter** to remove lead from your drinking water.



What is lead?

Lead is a highly toxic metal that can cause health problems, especially in children under age 6. There is no safe level of lead in children.



Why is lead bad?

Children exposed to lead may have stomach (belly) pain, low blood count (anemia), behavior problems, and trouble paying attention in school.



How are children exposed to lead?

80% of children's lead exposure comes from paint in homes built before 1978. Lead can break down into dust or chips that children can breathe in or swallow. Lead can also be found in drinking water when the water takes in lead from lead pipes.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES



Health Equity, Community Health & Integration

National Committee for Quality Assurance Health Equity Accreditation

CountyCare is a 4-star health plan accredited by the National Committee of Quality Assurance (NCQA). NCQA accreditation is a best practice and requirement of our contract with Healthcare and Family Services. To build on this foundation, CountyCare will be pursuing a new Health Equity Accreditation from NCQA in 2026 that is focused on:

- Improving race, ethnicity, gender identity, and sexual orientation data
- Accessibility of language and interpretation services
- Provider network cultural and linguistic appropriateness
- Linguistically and culturally responsive programs
- Reducing health inequities

In 2024, CountyCare conducted a gap analysis to better understand the changes that would be required to its policies and procedures, and data infrastructure. In December, CountyCare began a readiness project prior to applying for this new accreditation in 2026.



Member Experience

Turkey Giveaway Events

In November and December, CountyCare held Turkey Giveaway Events in partnership with various Cook County Commissioners and local food vendors.

- In total, **17 events were held, and 3,400 turkeys and 1,700 sides were given away** to Cook County community residents.
- **Approximately 1,100 CountyCare families and 1,700 community members were served at the events**, and 600 meals were donated to local food pantries.
- **Over 100 volunteers participated.**
CountyCare, Cook County Health, Cook County Commissioners, and other elected officials donated their time to support these events throughout Cook County.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES



Growth, Innovation & Transformation

Open enrollment

Each year Medicaid members have the opportunity to select a new health plan, and members stay with their existing plan if they take no action during their open enrollment period. Forty-nine percent, or over 207,000 members will go through open enrollment between January and May 2025. Between September 2024-December 2024, CountyCare completed the following Open Enrollment activities:

- **CountyCare has launched its CountyCare Rewards You open enrollment campaign.** The CountyCare Rewards You is an omnichannel campaign that launched in September and will go through May of 2025. It includes digital (e.g., social media), out of home (e.g., billboards, bus shelters), and video assets (e.g., broadcast and streaming). The CountyCare Rewards You Campaign had more than 358.4 million total impressions (a 29% increase from the prior year), over 3.8 million digital video views (a 20% increase), and over 404,700 clicks to the campaign webpage (an 84% increase).
- **CountyCare sent over 299,000 open enrollment postcards.**
- **Provider partners sent over 75,000 letters to their patients sharing that CountyCare is their health plan of choice.**
- **The health plan also launched a new campaign webpage that promotes the health plan and its Rewards Program.**



Optimization, Systemization & Performance Improvement

Expanding Telehealth Services

In alignment with CountyCare's commitment to improve access to care for our members, in 2024, CountyCare focused on expanding its telehealth network and partnering with [Cook County Health's new Express Care services](#). CountyCare fully covers telehealth appointments that are conducted using a member's computer, tablet, or phone.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES

As of December, CountyCare has contracts with over 10 new telehealth providers, with a special focus on telehealth providers with virtual behavioral health services. In the first quarter of 2025, CountyCare will be raising awareness about these expanded services on its website and social media.



Workforce: Talent and Teams

Holiday Breakfast and Staff Townhall

On December 3, the Health Plan Services department held a Holiday Breakfast for its staff, including games and festivities. Immediately following the Holiday Breakfast, Health Plan Services held its third employee Townhall in 2024 with highlights from each of the health plan's divisions:

- Finance shared CountyCare's financial results through October 2024.
- Member Operations highlighted membership data, and the results of a project focused on member experience and growth.
- Clinical Services celebrated the health plan's 4-star NCQA rating and HEDIS performance and provided updates on its Community Transitions Initiative.
- Provider Operations updated the department on the new provider directory and contract management tool.



Health Plan Services will continue its focus on team satisfaction utilizing results from the Cook County Health Employee Engagement Survey.



Fiscal Resilience

Medical Cost Action Plans

In 2024, CountyCare implemented several key cost savings initiatives, or Medical Cost Action Plans, that will continue to generate savings in 2025. The most critical initiatives in 2024 included:

- Transition to a new non-emergency medical transportation partner.
- An increase in investment earnings.
- Enhanced contract with a key physical therapy provider.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES

- Fraud, waste, and abuse and payment integrity recoveries.

In 2025, CountyCare plans to focus on value-based contracting and risk adjustment strategies to continue to improve quality care and reduce unnecessary healthcare costs.

Human Resources Recruitment

Of the 103 FY2024 positions in recruitment, 75 (73%) of requisitions have been hired, 6 positions have interviews in progress, and 3 new hires are on track to start in the coming weeks. Since last month's update, 1 new team member has been hired. Health Plan Services is continuing to prioritize staff recruitment to ensure the continued success of the plan.

| | | | | | | |
|--|----|---|---|---|--|---|
| 28 | 75 | 5 | 6 | 2 | | 3 |
| *Excludes Hired, On Hold, Pre-Recruiting, Fellowship - In Dept | | | | | | New Hires Starting Soon *Offer Accepted/Hired Status |

Budget

Health Plan Services' December membership of over 419,200 members was higher than the monthly average budgeted projection of 391,000. The net impact of revenue and expenses remains balanced and within budget. Please see the actual expenditures and budget through December:

| Office & Account | FY25 Budget | Expenses | Obligations (BPA's/PO's) | Expenditures (Expenses + Obligations) | Funds Available | % Expended |
|--|----------------------|--------------------|--------------------------|---------------------------------------|----------------------|------------|
| 4896 - Health Plan Services | | | | | | |
| CONTRACTUAL SERVICE Total | 3,275,308,559 | 395,480,073 | 1,858,490 | 397,338,563 | 2,877,969,996 | 12% |
| OPERATIONS & MAINTENANCE Total | 28,205 | 27,413 | - | 27,413 | 792 | 97% |
| PERSONAL SERVICES Total | 49,465,221 | 501,384 | - | 501,384 | 48,963,837 | 1% |
| 4896 - Health Plan Services Total | 3,324,801,985 | 396,008,870 | 1,858,490 | 397,867,359 | 2,926,934,625 | 12% |
| Grand Total | 3,324,801,985 | 396,008,870 | 1,858,490 | 397,867,359 | 2,926,934,625 | 12% |

Procurement

| Service | Vendor | Description | Type of contract | Contract end date |
|-------------------------------------|------------|---|------------------|-------------------|
| Interoperability and Patient Access | 1Up Health | Centers for Medicare and Medicaid required interoperability and patient access technology services. | Procurement | 02/28/2025 |



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

HEALTH PLAN SERVICES



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

PROVIDENT OPERATIONS

Lead Executive: Arnold F. Turner, M.D. Chief Hospital Executive, Provident Hospital
Reporting Period: December 2024
Report Date: January 17, 2025

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

- Provident Hospital was awarded Leapfrog's Top General Hospital 2024 Award on December 17, 2024. Only four Illinois hospitals received a Leapfrog award and Provident was the only recipient of the Top General Hospital Award in Illinois. President Preckwinkle, Commissioner Lowry and members of the Sengstacke family were present held a press conference announcing the award.
- CCH's Police Superintendent conducted a walkthrough of the Clinical Triage and Stabilization Center (CTSC) and surrounding area for a security assessment and made recommendations to enhance the security of the center.



Health Equity, Community Health & Integration

- Pulmonary function testing resumed at Provident with new equipment and upgraded software.
- The required documents for the CTSC were submitted to IDPH on December 10, 2024. After their review, they will schedule an onsite inspection of the facility.



Patient Experience

- Provident received 13 new Styker wheelchairs that were assigned to departments, labelled and color coded.
- The renovation of the second passenger elevator, resulted in the completion of the passenger elevator renovation project. The programming of the software will be completed in January.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

PROVIDENT OPERATIONS



Growth Innovation & Transformation

- Plastics surgery expanded its services at Provident by opening a clinic on Thursday mornings in the Sengstacke Specialty Clinic.
- The Provident Hospital and Behavioral Health leadership met to discuss establishing a behavioral health intake center. The discussion included the purpose, space requirements, and the staffing. At the conclusion of the meeting, it was decided to proceed with a walkthrough of the proposed space on 6 East and develop this initiative as a project.



Optimization, Systemization & Performance Improvement

- The assembly and installation of the new cart washer was completed on 11/27/2024. The vendor trained the staff on the new equipment in early December. The Sterile Processing Department renovation project is expected to be substantially completed by the end of February.
- The CTSC staff held the first operations planning meeting to prepare for the opening of the behavioral health center. The staff discussed the admission process, workflows, and discharge planning. The meeting included a tour of the center.



Workforce: Talent and Teams

- Provident Hospital onboarded a new Manager of Imaging Services.



Fiscal Resilience

| Budget 2024 (in 000's) | Expenditures | Variance |
|---------------------------|--------------|--------------------------|
| \$100,984 | \$82,618 | \$18,366 (18%) Favorable |



COOK COUNTY
HEALTH

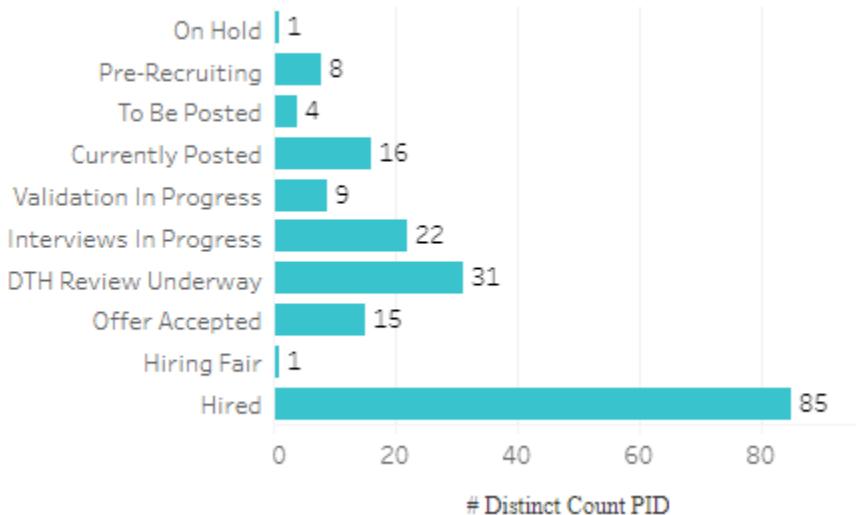
DIVISIONAL EXECUTIVE SUMMARY

PROVIDENT OPERATIONS

Human Resources Recruitment

| | | | | | | |
|--|----|---|----|----|---|---|
| 97 | 85 | 9 | 22 | 13 | 1 | 3 |
| *Excludes Hired, On Hold, Pre-Recruiting, Fellowship - In Dept | | | | | | New Hires Starting Soon *Offer Accepted/Hired Status |

Current Status



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

PROVIDENT OPERATIONS

Budget

| Office | ▼ FY25 Budget | Expenditures | | | Funds Available | % Expended |
|--|---------------|--------------|--------------------------|--------------------------|-----------------|------------|
| | | Expenses | Obligations (BPA's/PO's) | (Expenses + Obligations) | | |
| 4891 - Provident Hospital of Cook County | | | | | | |
| Non- Personnel | 16,904,145 | (172,749) | 328,375 | 155,626 | 16,748,519 | 0.92% |
| Personnel | 29,861,908 | 968,484 | - | 968,484 | 28,893,424 | 3.24% |
| 4891 - Provident Hospital of Cook County Total | 46,766,053 | 795,735 | 328,375 | 1,124,110 | 45,641,944 | 2.40% |

Procurement

The following contracts for \$500K or more and are set to expire in the next 6 months.

| Contract # | Vendor Name | Expires |
|------------|--|------------|
| H21-25-136 | Hospital Medicine Associates, LLC (dba TeamHealth) | 07/31/2025 |



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

STROGER OPERATIONS

Lead Executive: Donnica Austin-Cathey, Chief Hospital Executive, Stroger Hospital
Reporting Period: December 2024
Report Date: January 15, 2025

Strategic Initiatives • OKR Highlights • Status Updates



Patient Safety, Clinical Excellence & Quality

- Due to a new collaboration between nursing, phlebotomy, Infection Control and Microbiology, the Laboratory's blood culture contamination rate was lower than the 3% benchmark target for the third month in a row at 2.3%.
- Stroger Nursing recently implemented a "Fall Bundle" throughout the Critical Care Division. The Med-Surg fall rate was 2.37 per 1,000 patient days in December which is below the state and national average.
- The Emergency Department treated a total of 7,381 patients with a 1.48% Left Without Being Seen percentage.
- The mammography department has received accreditations for all new mammography units. This includes all five mammography sites; Stroger, Provident, Arlington Heights, Prieto and Blue Island.



Health Equity, Community Health & Integration

- The Laboratory partnered with Blue Island clinic team to ensure appropriate handling of endocrinology specimens and reduce high rates of hemolyzed specimens where the red blood cells are broken down. Successful implementation of the special processing requirements will prevent the need to send the patient to Stroger for the blood draws.
- The implementation of the Cook County Birthday Screening Mammography screening program will go into effect in January 2025. The IT team had created two new appointment types which will help us track these birthday screening exams better in our system.



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

STROGER OPERATIONS



Patient Experience

- Stroger Press Ganey Rolling 12 month % Top Box for Communication with Nursing Domain is 71.80 against the goal of 73.0.
- Stroger Press Ganey Percentage Top Box for Communication with Nursing Domain is 86.45 exceeding the goal of 73.0.
- The Imaging Team is collaborating with Patient Experience to achieve 100% compliance with the C-I-Care training.



Growth Innovation & Transformation

- Stroger Laboratory automation refresh project went live with two urinalysis analyzers, one AU5800 chemistry analyzer and one Abbott Alinity M for molecular testing. The lab took delivery of two new Abbott architect analyzers for Infectious disease serology testing.
- The Rehab Division has temporarily opened Clinic N at Stroger to see outpatients once again until the Bronzeville location is ready.
- The PET/CT Scanner in Clinic P has been installed at Stroger. There are some minor equipment needs that still need to be corrected.



Optimization, Systemization & Performance Improvement

- The Hospital Throughput Initiative for “Phlebotomy AM draws completed by 7 am” was 70% for December which is below the 75% benchmark.
- The Laboratory has been working closely with Cross County agency to implement electronic - timekeeping which should go live in mid-January.



Workforce: Talent and Teams



COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

STROGER OPERATIONS

- SEIU certified the new job description for Clinical Lab Technologist. Human Resources and Laboratory Management have collected credentials for review and will begin the reclass process in the coming months.
- Twenty registered nurses were onboarded in November and December of 2024 in Critical Care.
- Many ancillary areas within Stroger are working with our HR Business Partners to work on a conversion process of our agency staff into permanent full-time positions.



Fiscal Resilience

- The implementation of the new Abbott Alinity M analyzer will reduce the cost per test for our HIV, HCV AND HBV PCR testing. This is estimated to save us \$275,000 per year based on our current volumes.
- The Chair of the Laboratory Department is working on forming a test utilization committee and is evaluating the clinical necessity of requests for high dollar send out tests.
- The Rehab Division has educated all staff on updated ICD-10 Codes, Medicare plan of care certification policy and changes in commercial healthcare authorization process.

Human Resources Recruitment



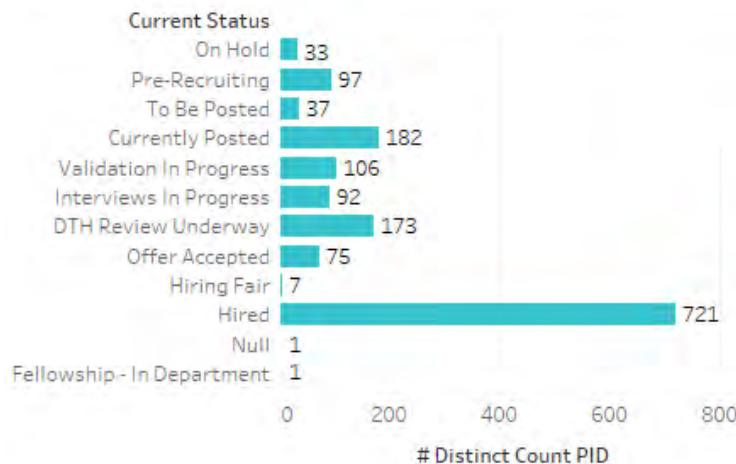
COOK COUNTY
HEALTH

DIVISIONAL EXECUTIVE SUMMARY

STROGER OPERATIONS

| | | | | | | |
|--|-----------------------------------|--|---|---|---|---|
| 673 <small>Current Requisitions *Excludes Hired, On Hold, Pre-Recruiting, Fellowship - In Dept.</small> | 721 <small>Total Hired</small> | 106 <small>Validation in Progress</small> | 92 <small>Interviews in Progress</small> | 43 <small>Open Interviews Greater than Two Weeks</small> | 18 <small>Submitted DTHs Older than 5 Days</small> | 58 <small>New Hires Starting Soon *Offer Accepted/Hired Status</small> |
|--|-----------------------------------|--|---|---|---|---|

What Stage are my Current Requisitions?



Stroger Budget

| Office & Account | FY25 Budget | Expenses | Obligations (BPA's/PO's) | Expenditures (Expenses + Obligations) | Funds Available | % Expended |
|--|---------------|------------|--------------------------|---------------------------------------|-----------------|------------|
| 4897 - John H. Stroger Jr. Hospital of Cook County Total | 1,222,924,976 | 27,232,163 | 13,789,323 | 41,021,486 | 1,181,903,490 | 3% |



COOK COUNTY
HEALTH

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
January 24, 2025

ATTACHMENT #3

ARPA Update

Andrea Gibson, Chief Strategy Officer



COOK COUNTY
HEALTH

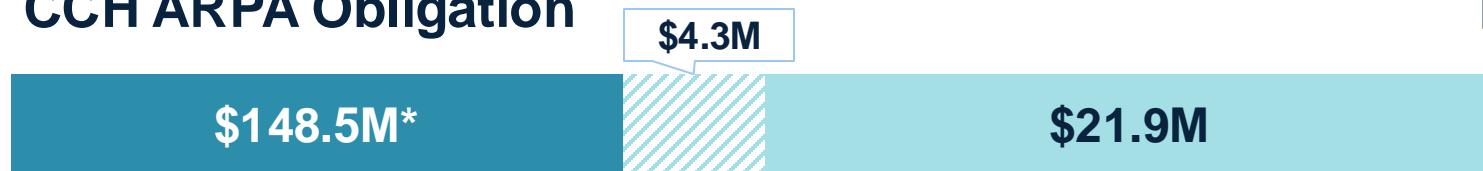
ARPA Progress to Date

CCH ARPA Expenses and Budgets



■ Total Expenses to date / Remaining Expenditures

CCH ARPA Obligation



■ Total Obligation to date / Remaining Obligation ■ Personnel

- The original obligation deadline was established as 12/31/2024
- In August we had obligated \$97M which increased to \$148M by the end of December
- The nonobligated non-personnel amount is \$4.3M as of 1/8/2025
- Program budgets will remain the same
- County revenue will support unobligated non-personnel and all personnel expenses, rather than ARPA funds
- There is no “lost” money or need to re-purpose any funds

Next 2025 Activities

- Finalize remaining contracts and agreements
- Manage budget rollover process
- Monitor monthly expenditures against the goal
- Develop an updated sustainability plan post-ARPA

Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
January 24, 2025

ATTACHMENT #4

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

Background



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



COOK COUNTY
HEALTH

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

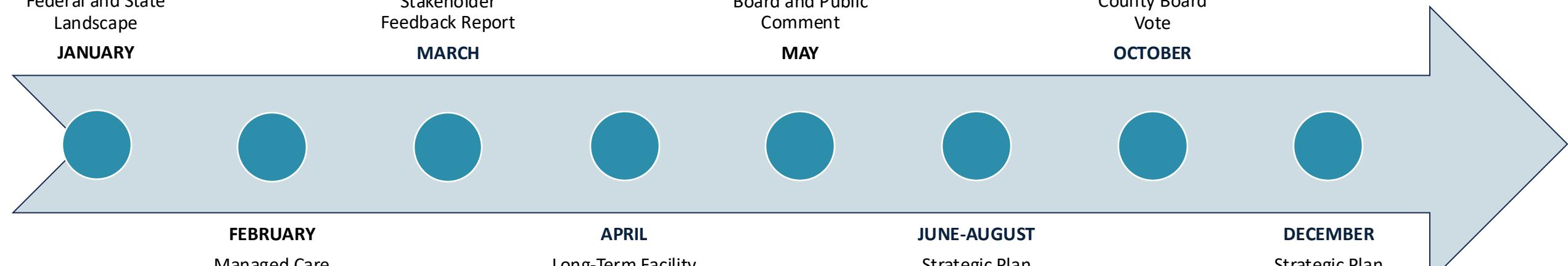
OCTOBER

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



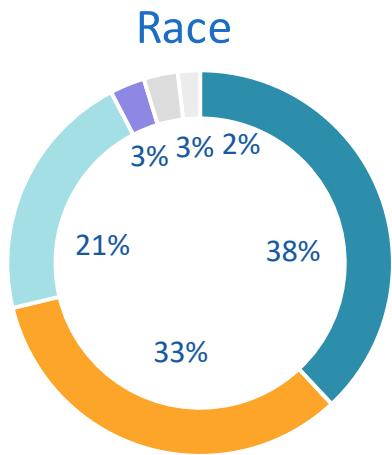
419K
MEMBERS

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

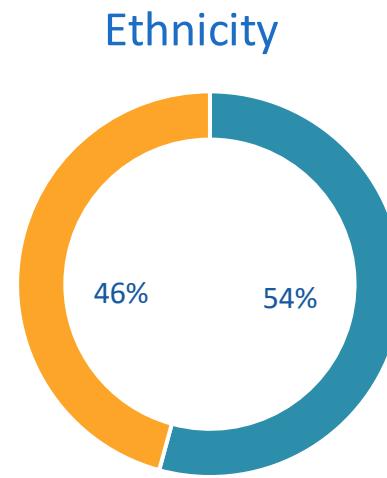


2.3M
Suburban residents in **127 municipalities** served by the Cook County Department of Public Health

Patient Demographics



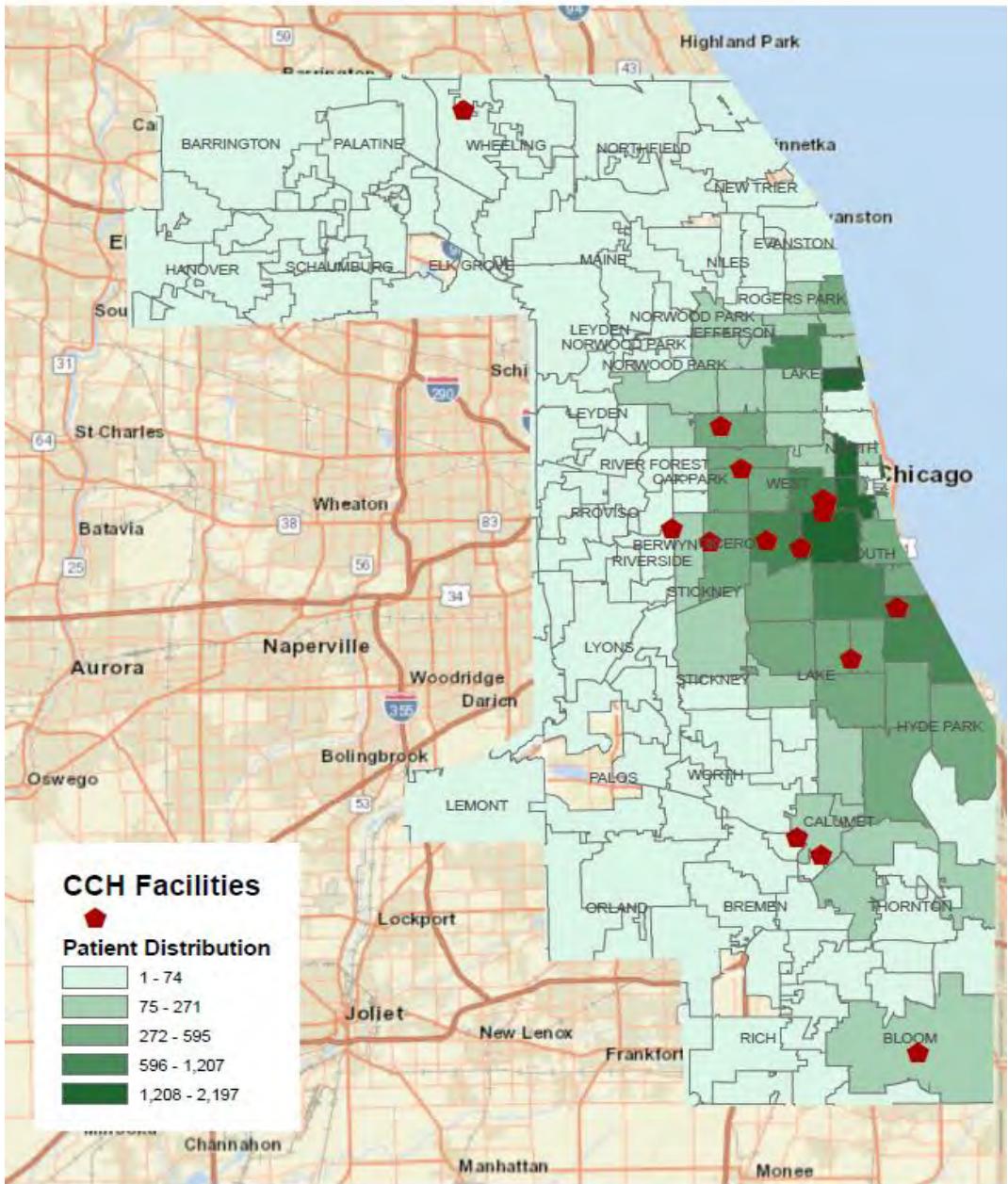
- African American/Black
- White
- Other
- Asian
- American Indian/Alaska Native
- Multiple



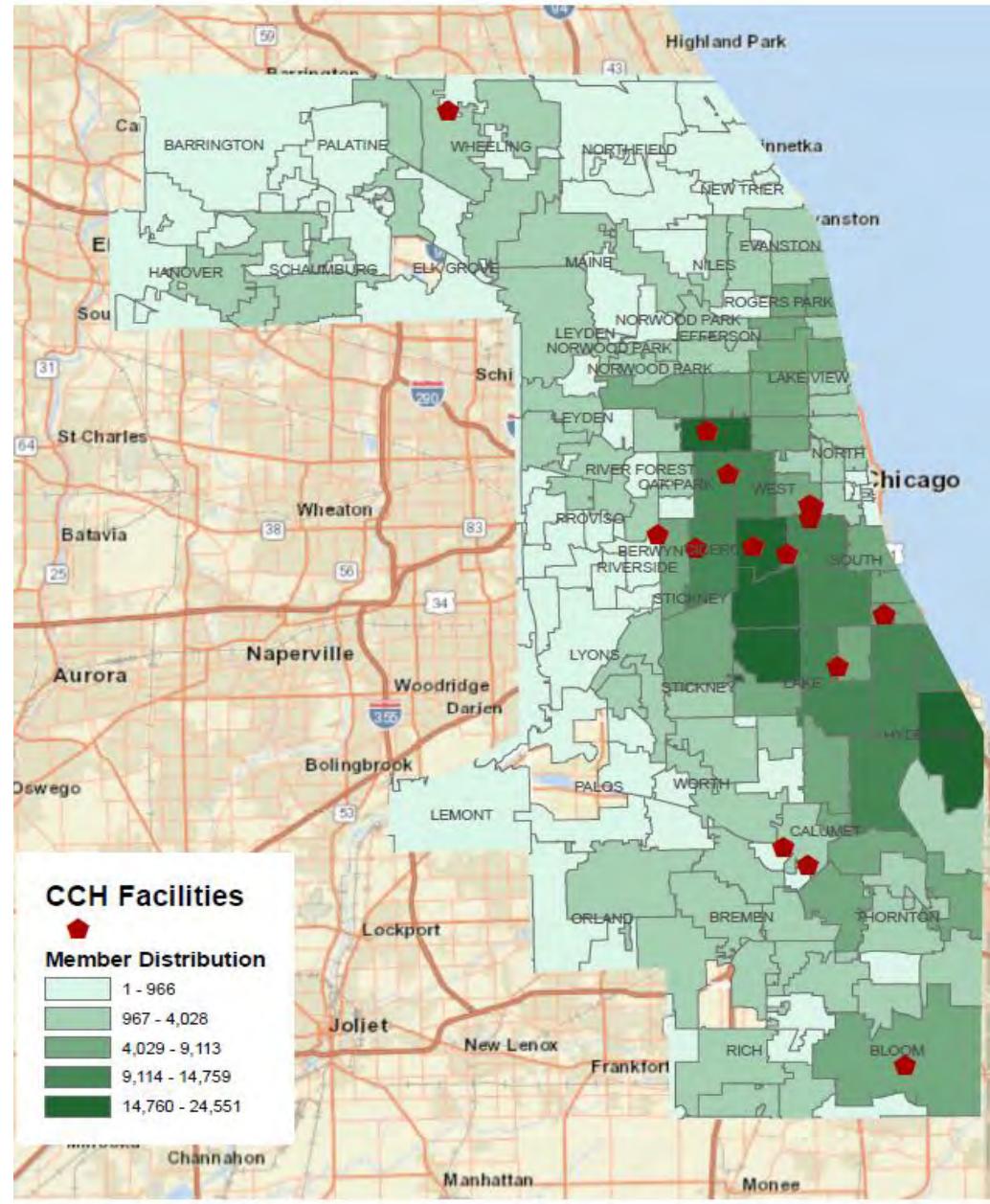
- Non-Hispanic/Latino
- Hispanic/Latino



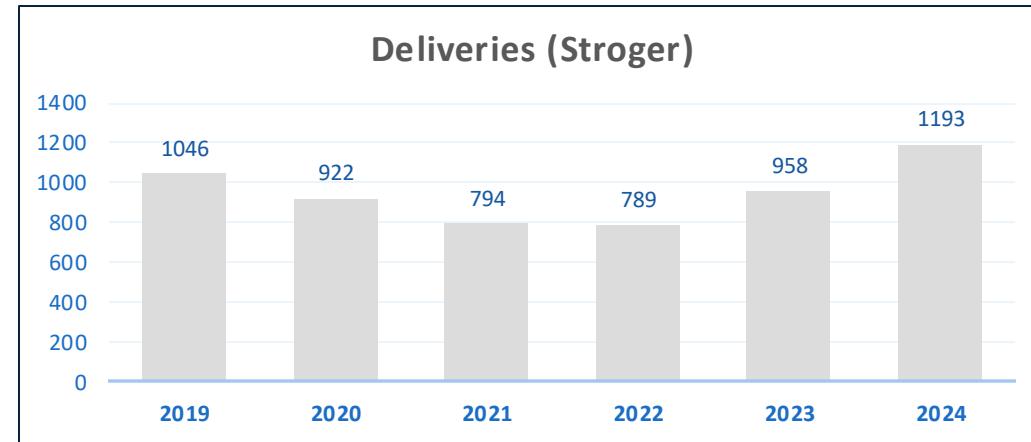
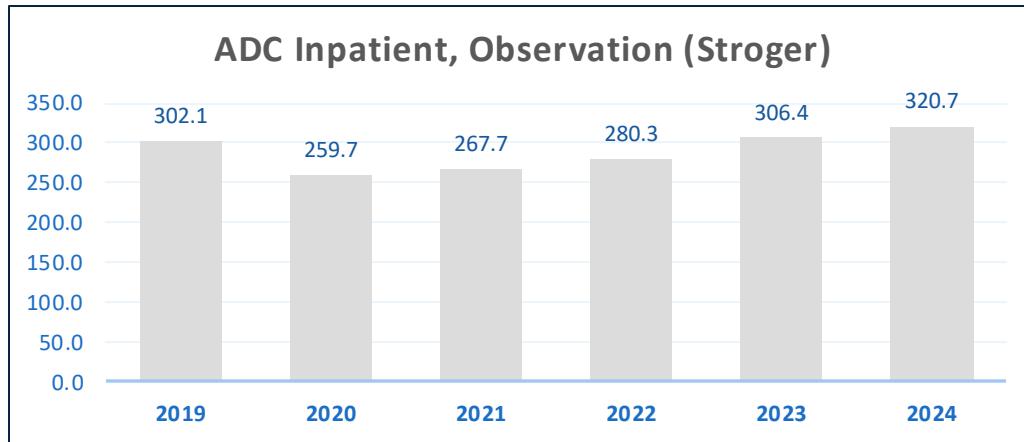
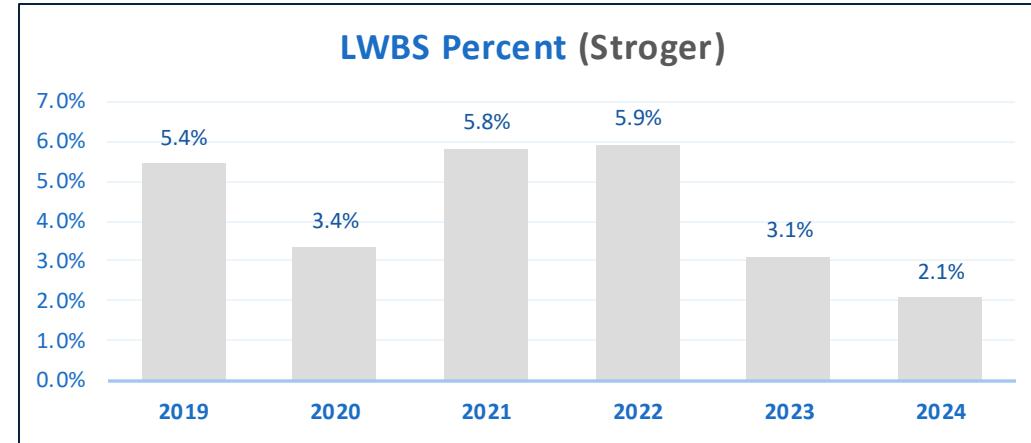
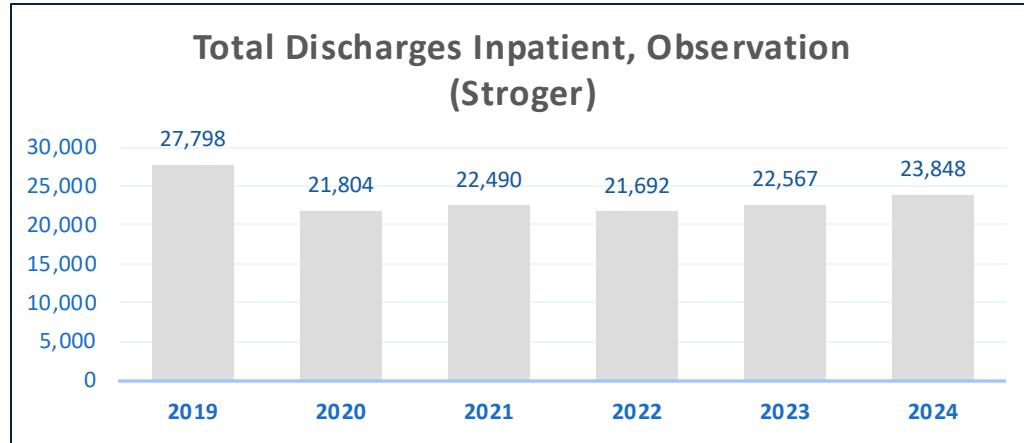
CCH Patients 2024



CountyCare Members 2024



Trends - Stroger

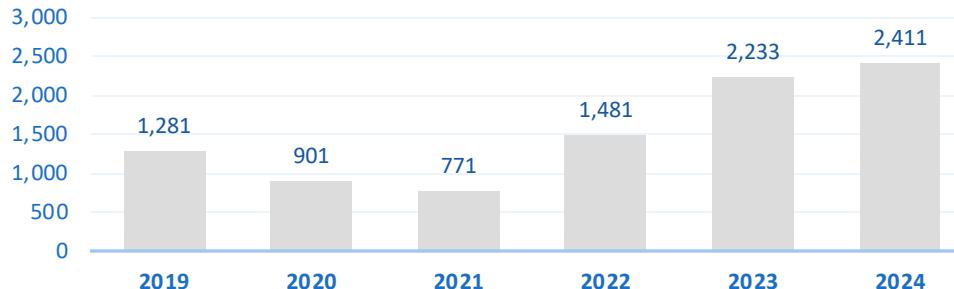


Trends - Provident

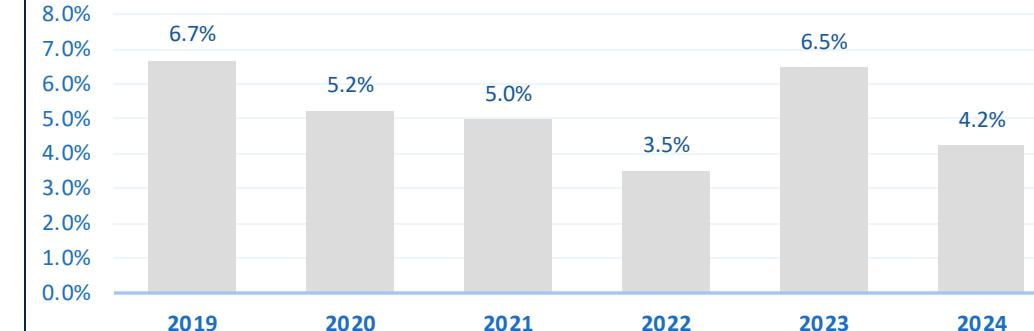


COOK COUNTY
HEALTH

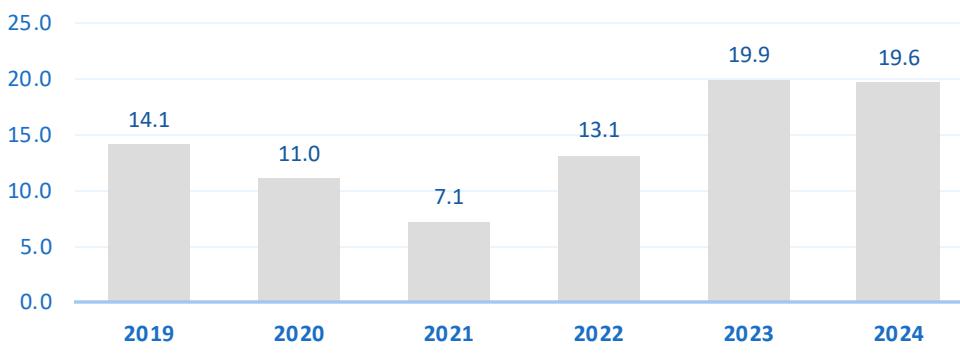
**Total Discharges Inpatient, Observation
(Provident)**



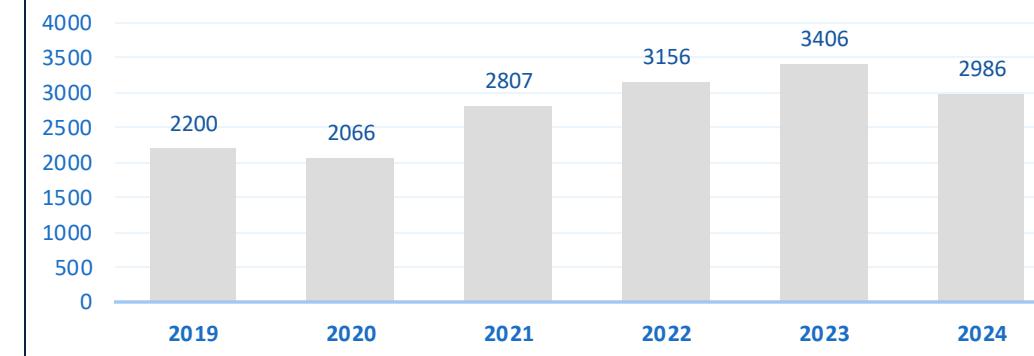
LWBS Percent (Provident)



ADC Inpatient, Observation (Provident)



Surgical Cases (Provident Main OR)

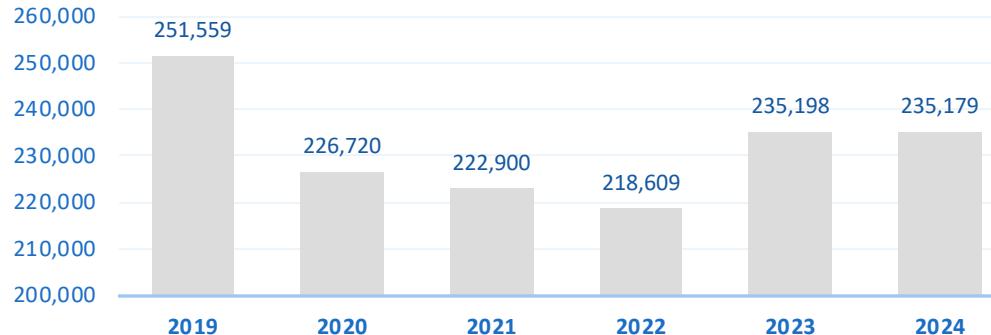


Trends - ACHN

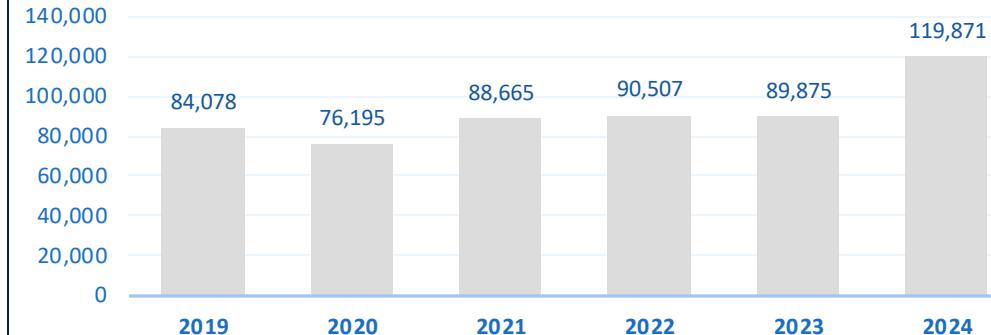


COOK COUNTY
HEALTH

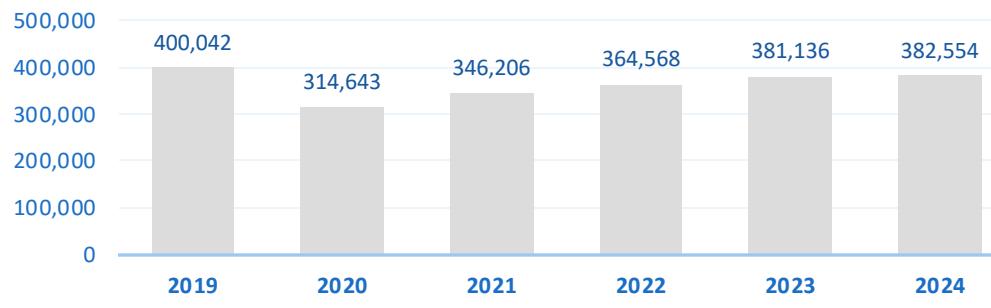
Outpatient Primary Care Provider Visits (CCH)



CountyCare CCH Utilization Outpatient



Outpatient non-Primary Care Provider Visits (CCH)



Total Payments Primary Care Provider Visits (CCH)



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



COOK COUNTY
HEALTH

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

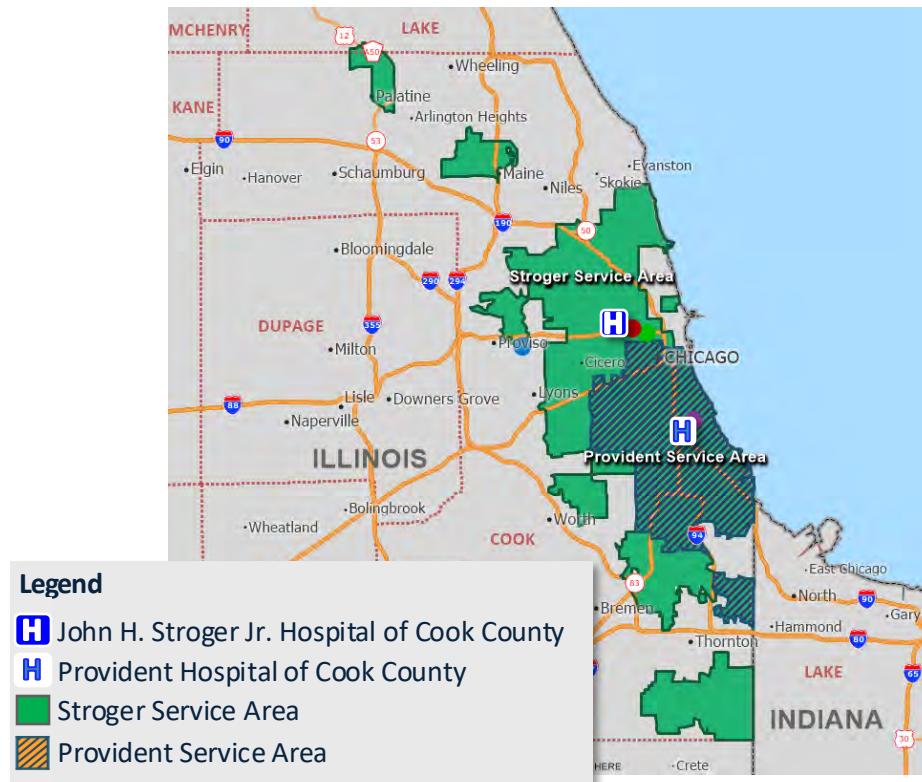
Addressing workforce shortages will require investing in recruitment for high-demand clinical talent and redesigning care delivery models.



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



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

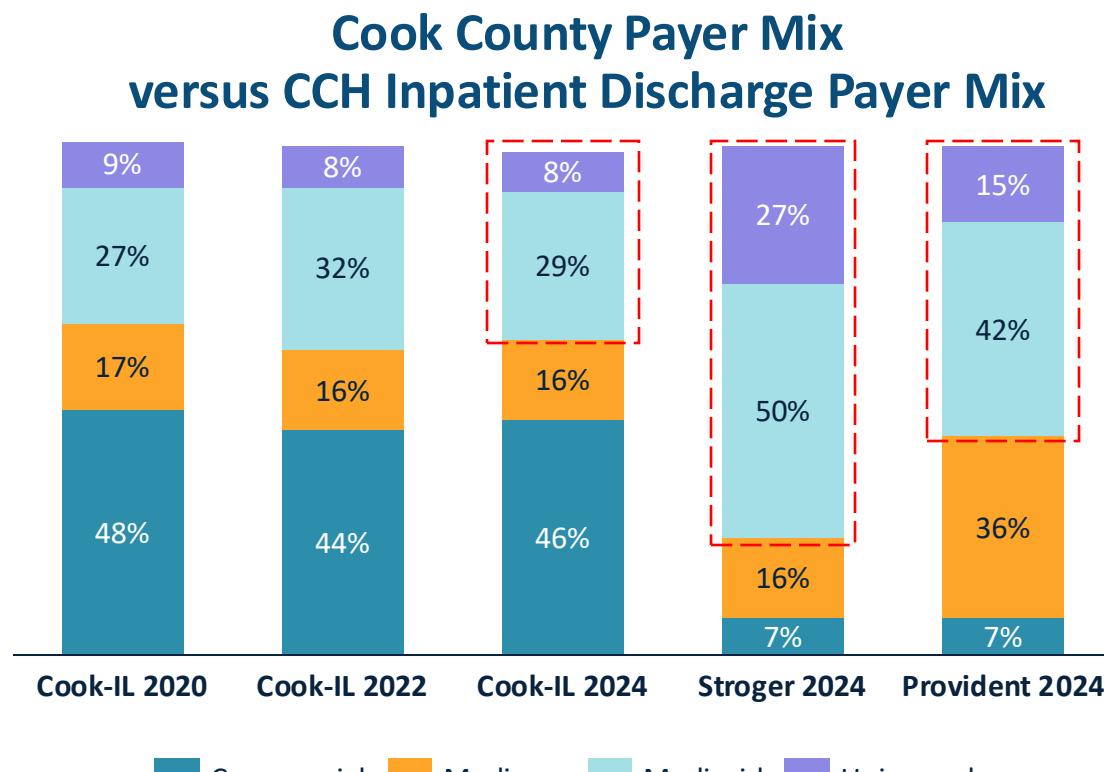
| Age Group | 2024 Population | 2029 Population Projection | Five-Year Change | 2024 to 2029 CAGR* |
|--------------|------------------|----------------------------|------------------|--------------------|
| 0 to 17 | 572,893 | 539,692 | -33,201 | -1.2% |
| 18 to 44 | 1,113,467 | 1,068,485 | -44,982 | -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 Sociodemographic Data

Life Expectancy

The greatest number of communities with **lower life expectancy** are found on the **West and South sides of Chicago and the county**.

Infant Mortality

In Cook County and Chicago **Black women** experience infant mortality at over **3 times the rate** of white women.

Behavioral Health

Similar to national metrics, vulnerable populations have greater challenges accessing behavioral healthcare.

Food Access

Thirty-nine percent of Cook County residents live in areas of **low food access** (i.e., limited accessibility and significant unaffordability).

Community Safety and Violence

Homicide rates in Chicago and Suburban Cook County are **higher in Black/non-Hispanic and Hispanic/Latinx/e** communities.

Housing

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.



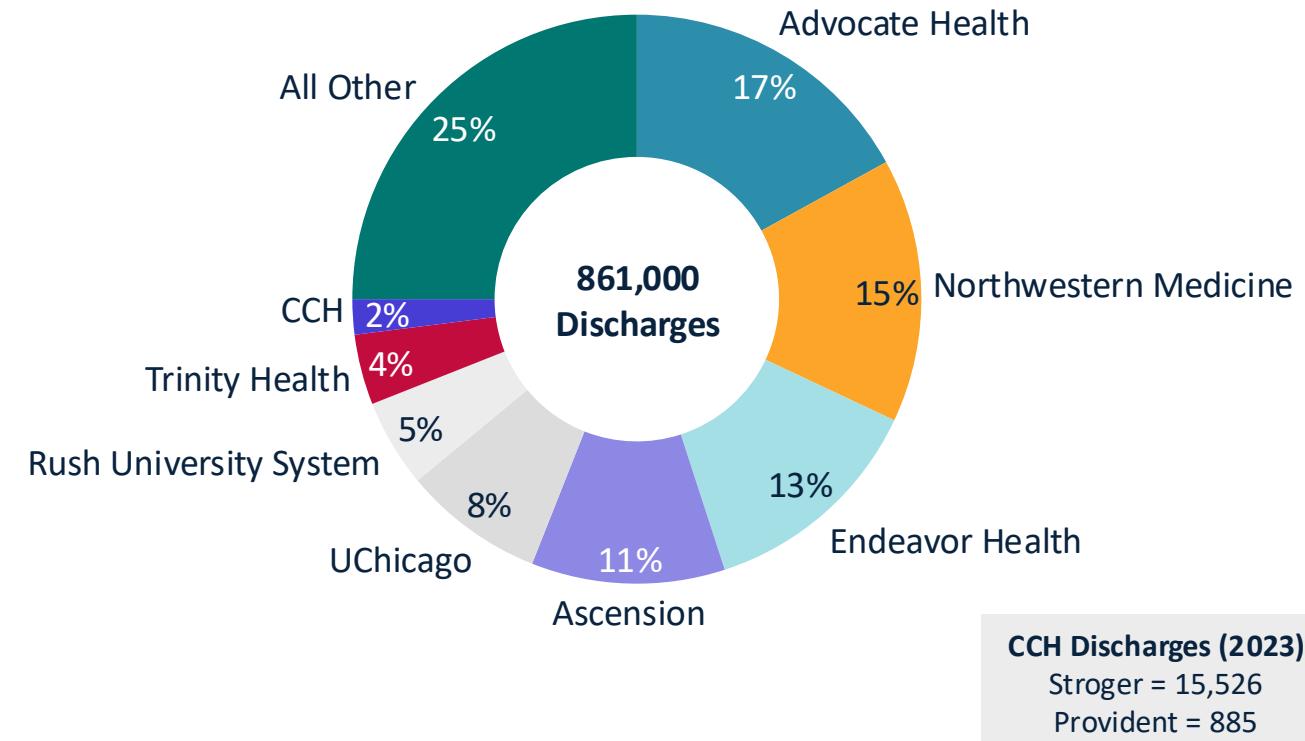
Fragmented Regional Healthcare Market

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.

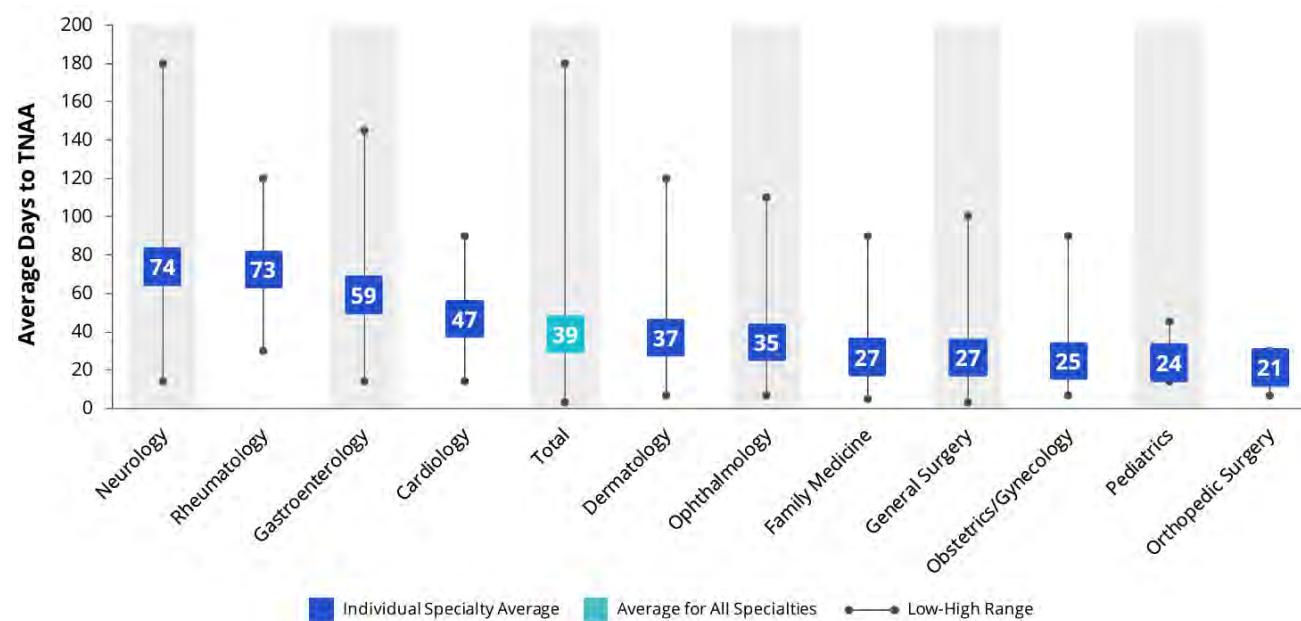
Sources: Definitive Healthcare. Clarivate, Chicago Market Overview, November 2024.

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



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

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.



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

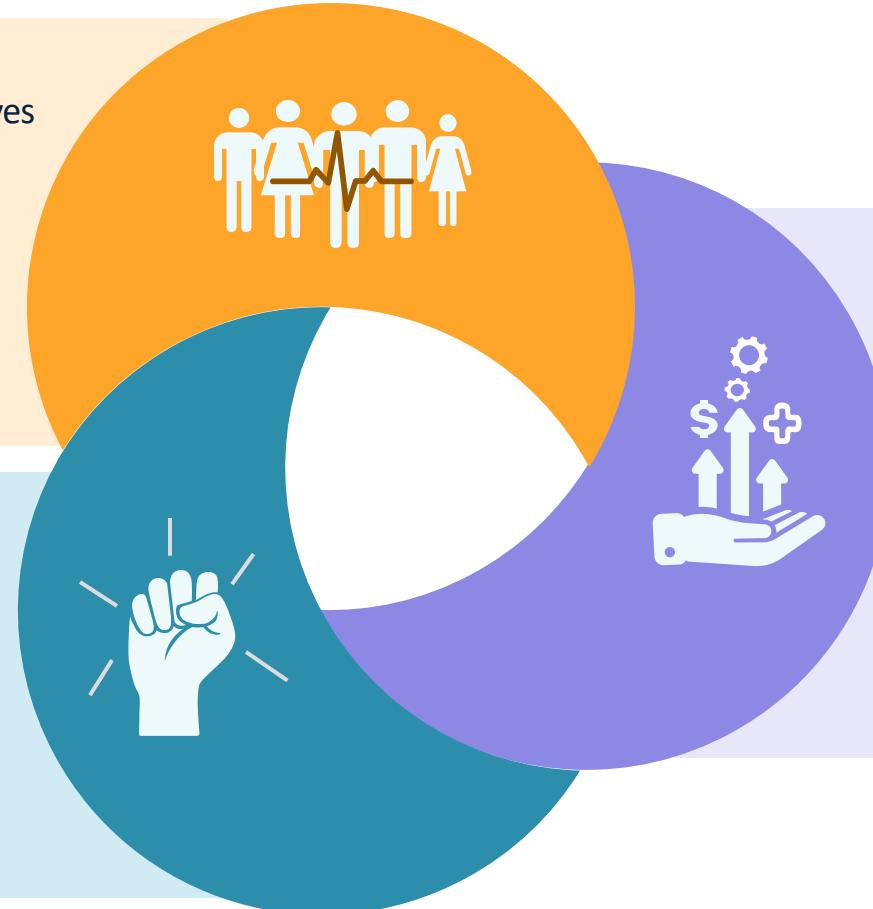
Quality can help drive patients to choose healthcare providers.

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

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

Background

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.

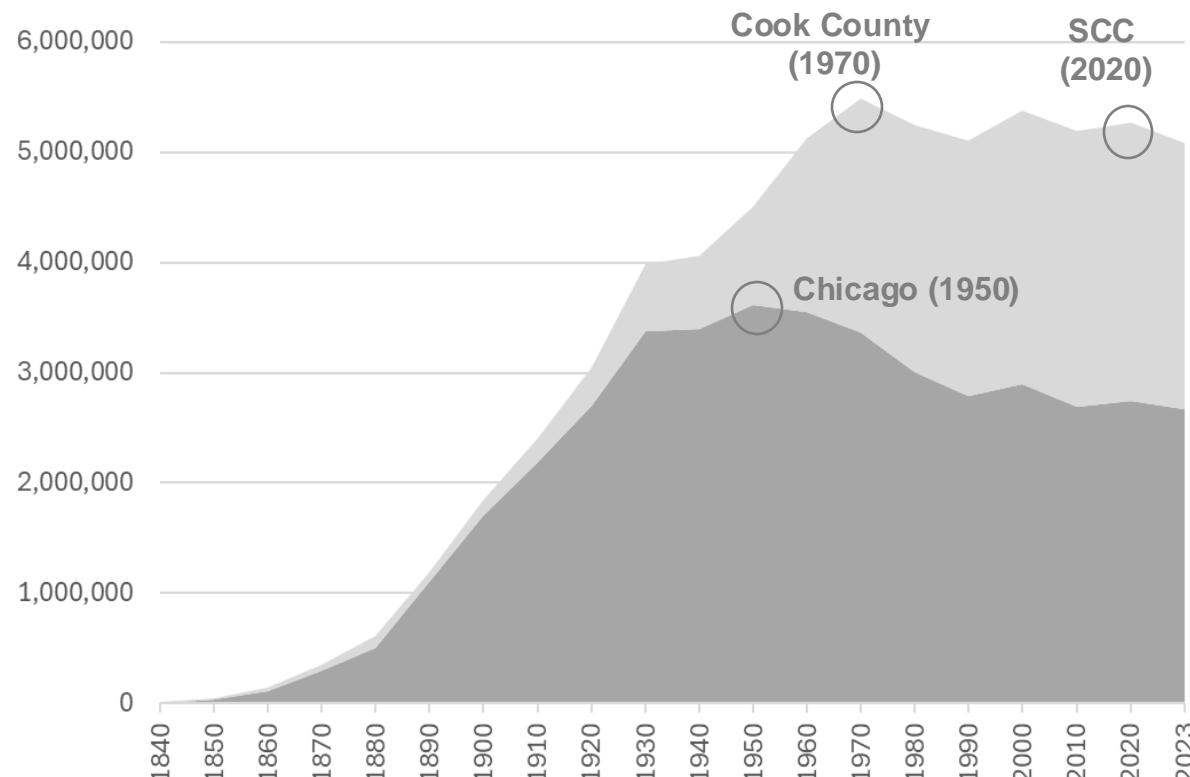
The number of live births has dropped nearly 30% since 2010.

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

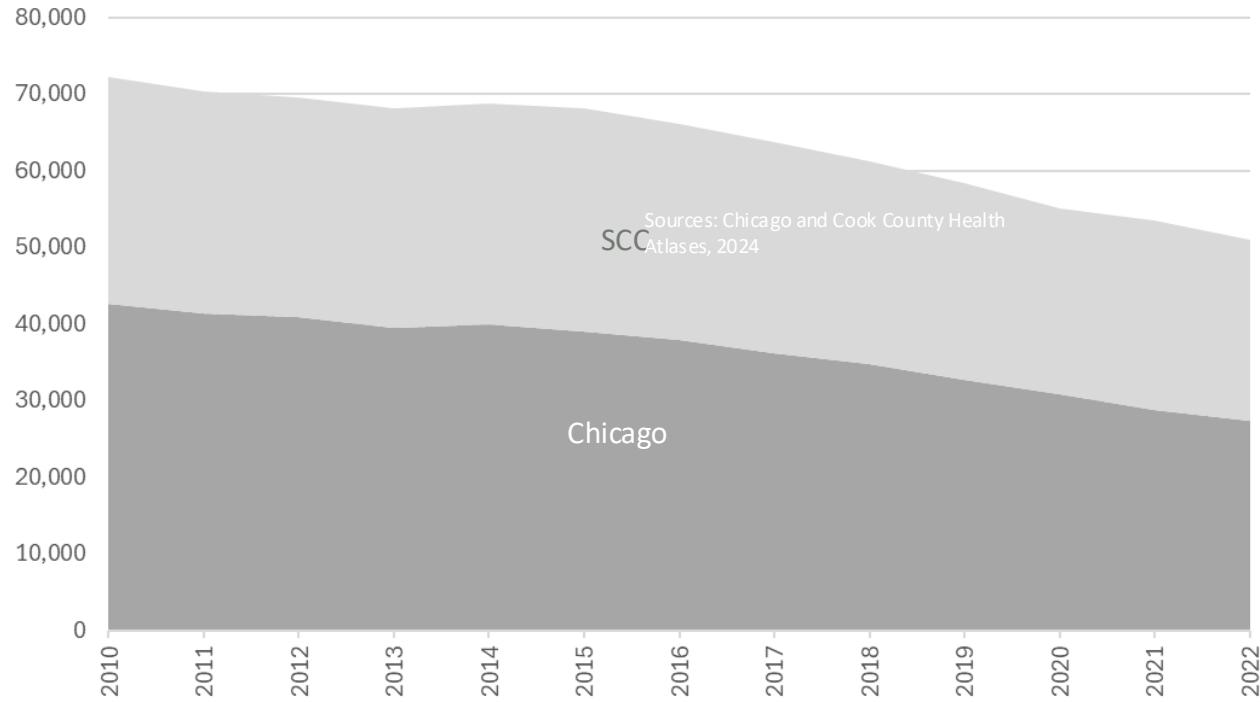


Source: US Bureau of the Census Decennial Census and ACS, 1840-2024



= Peak population

Declining Births



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

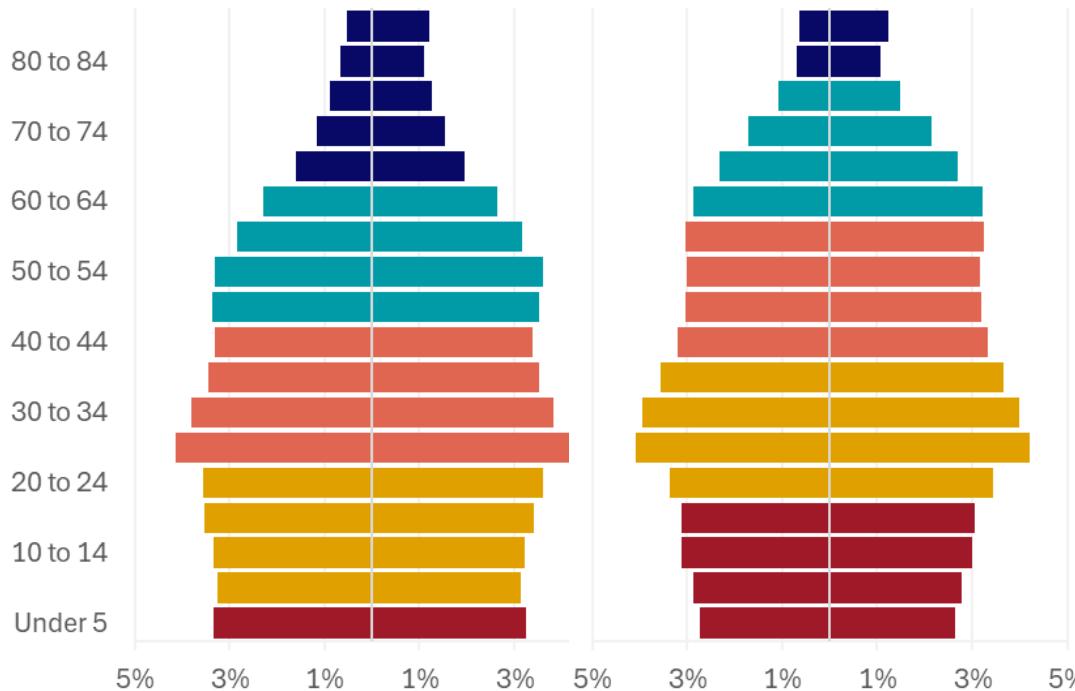
Annual births in Cook County have dropped by over 30% since 2010 from 72,227 (2010) to 51,011 per year in 2020.



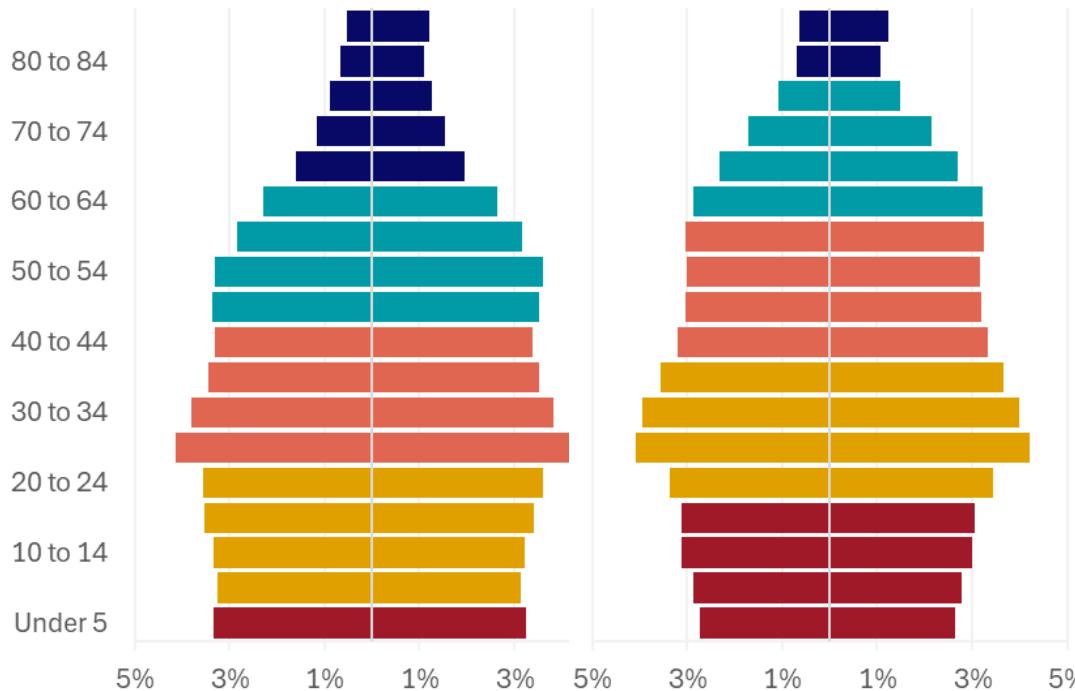
COOK COUNTY
HEALTH

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).

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



COOK COUNTY
HEALTH

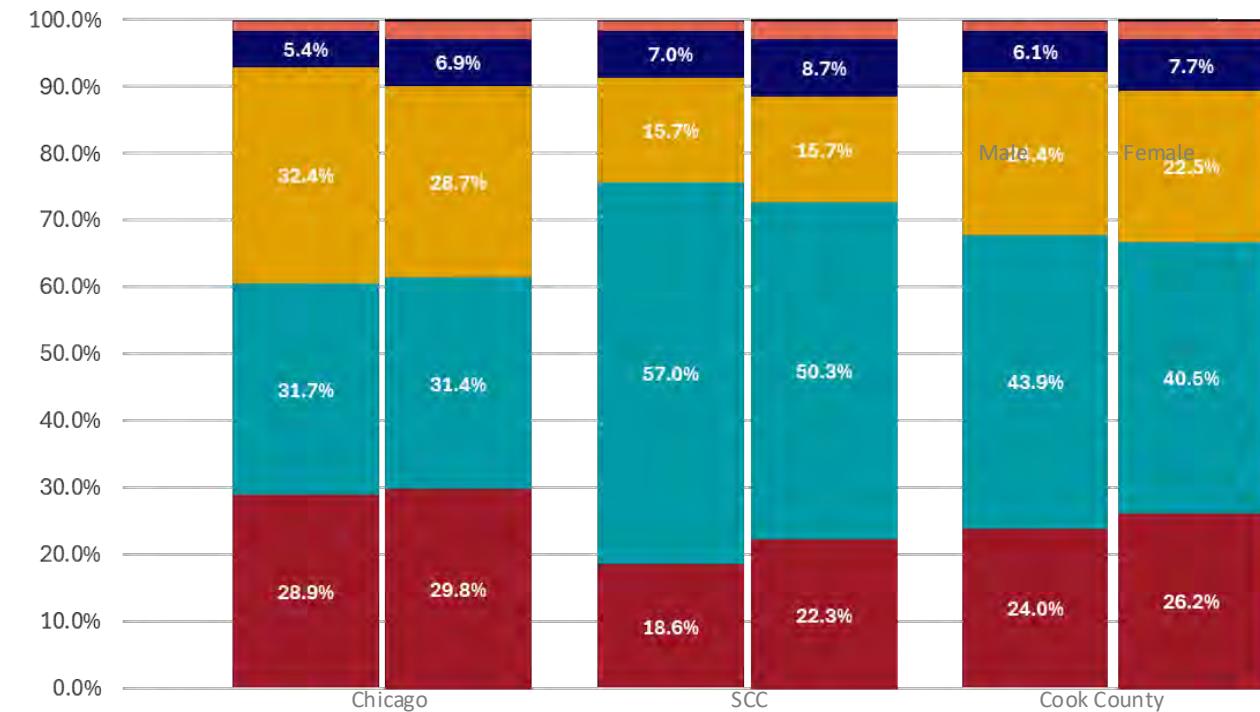
Increasing Diversity

Male

Female

Male

Female



■ Hispanic ■ NH White ■ NH Black ■ NH Asian ■ NH Multiracial ■ NH Other

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

Crosscutting Issues



COOK COUNTY
HEALTH

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.

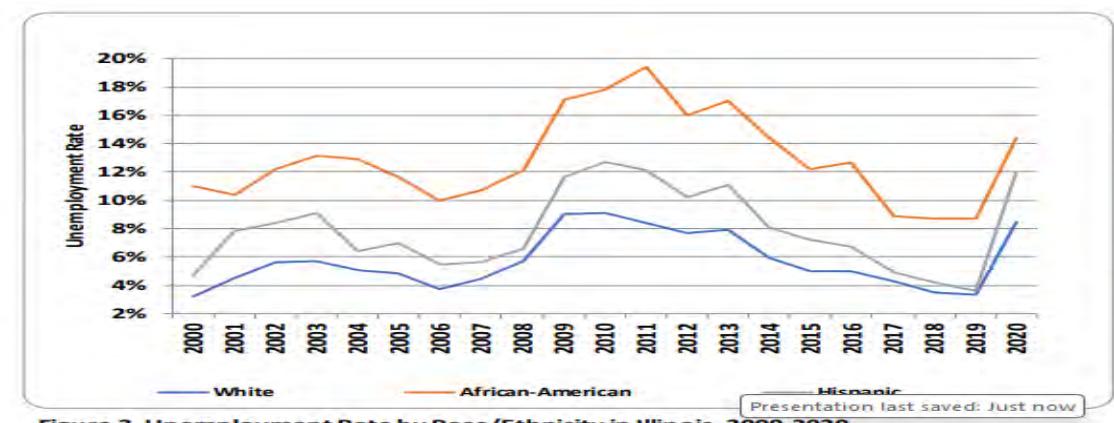


Figure 3. Unemployment Rate by Race/Ethnicity in Illinois, 2000-2020

Source: U.S. Bureau of Labor Statistics

Substance Use

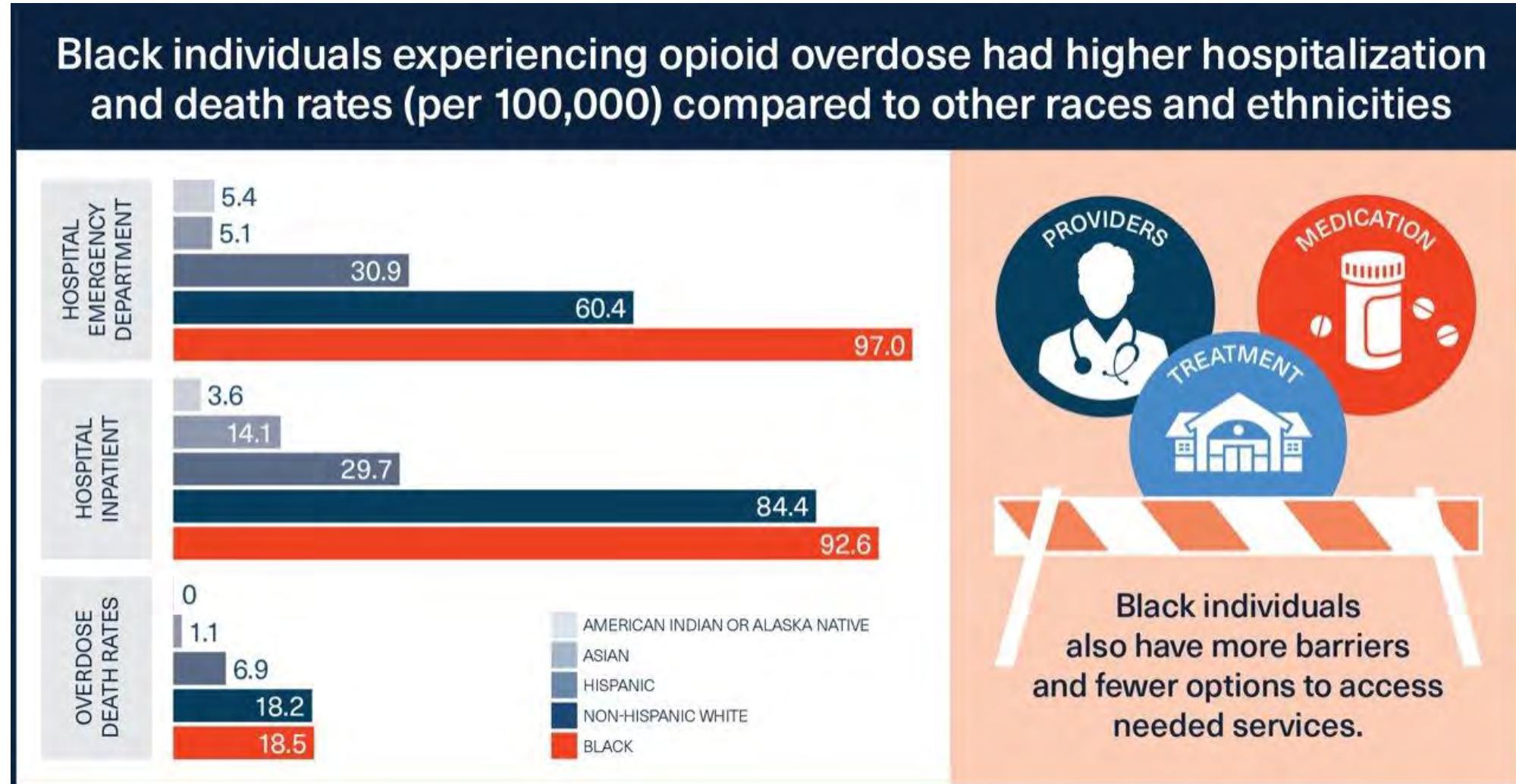


- Approximately **8,600 Cook County residents died from opioid-involved overdoses** between 2020 and 2024 (CCMEO, 2025).
 - For every fatal overdose, CCDPH analysis has found 10 times as many non-fatal overdose outpatient and inpatient hospitalizations (2020).
- Provisional data indicates a **17% decrease 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



COOK COUNTY
HEALTH



Mental Health



COOK COUNTY
HEALTH

- 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



COOK COUNTY
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



COOK COUNTY
HEALTH

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.

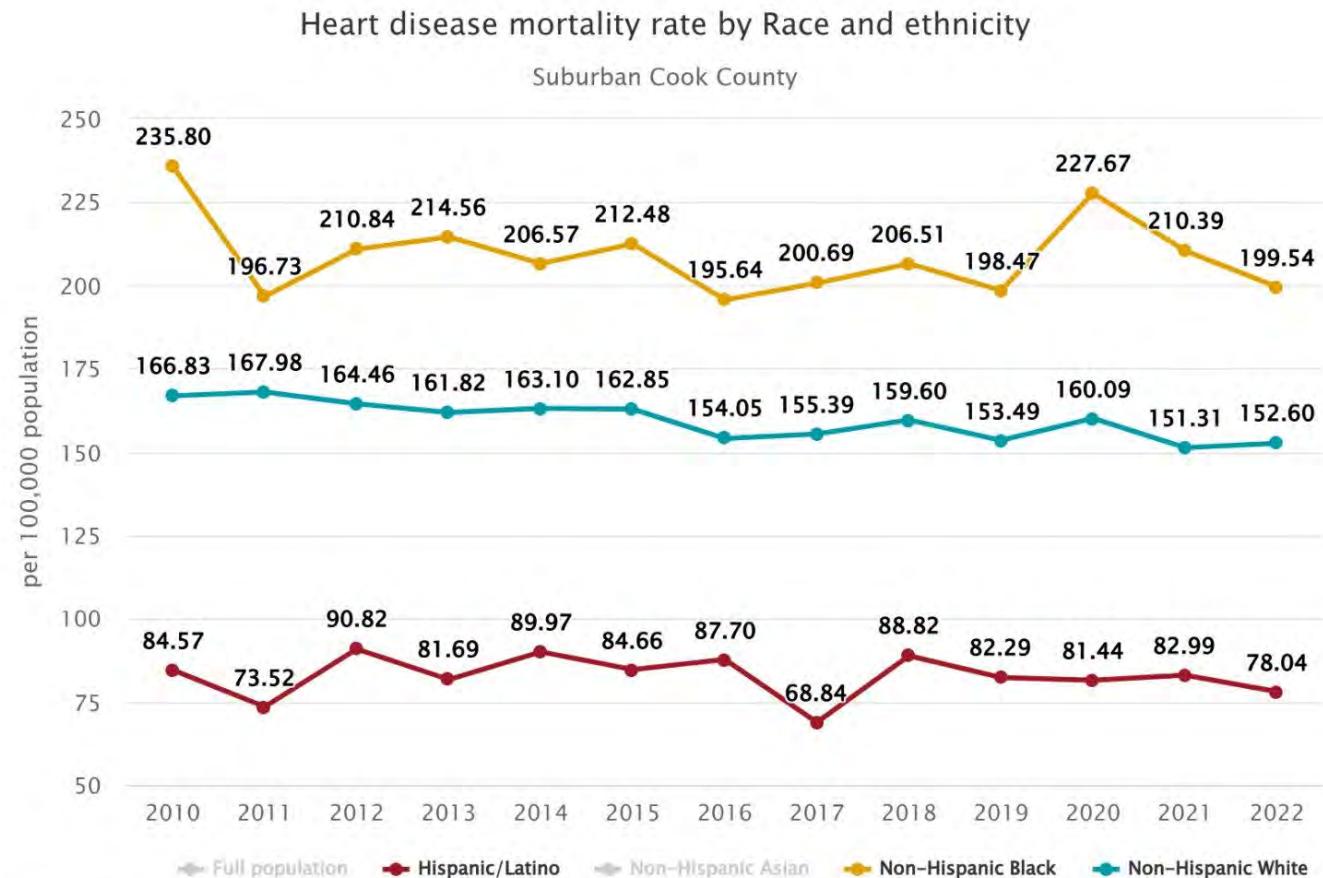
Adults in U.S. households that are less food secure are significantly more likely to have one or more chronic diseases.

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



COOK COUNTY
HEALTH



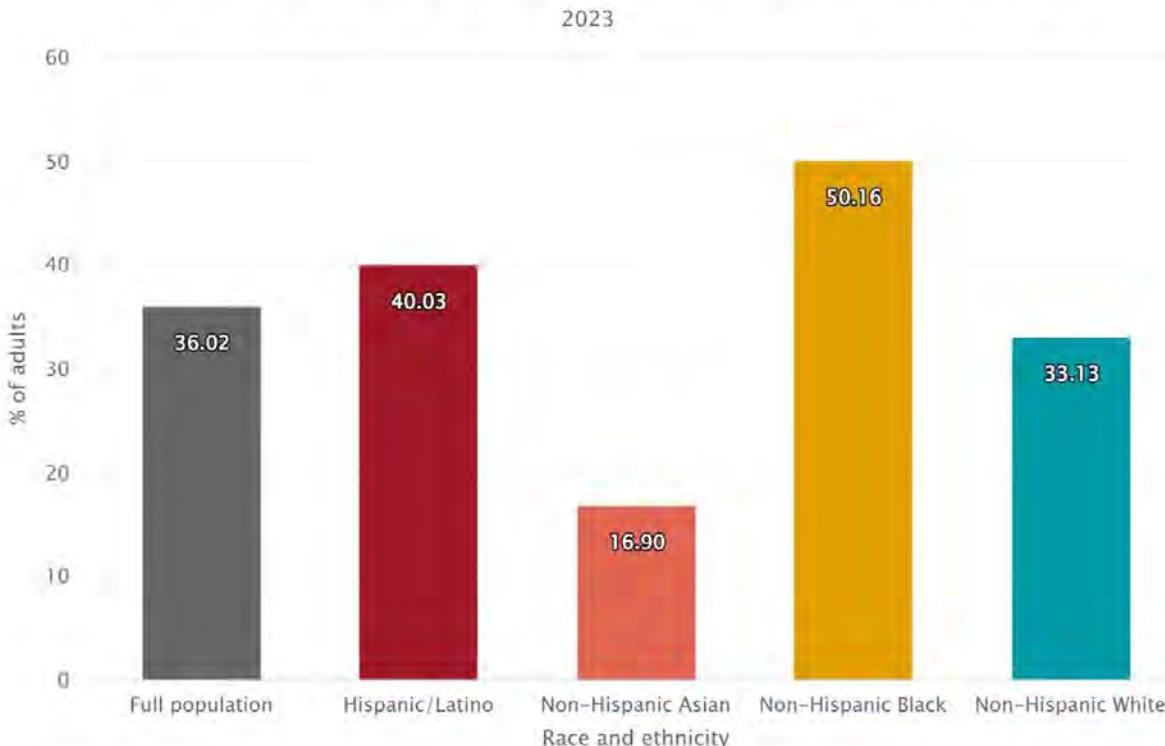
Created on Cook County Health Atlas | cookcountyhealthatlas.org/i/sph95tey | Data source: Illinois Department of Public Health (IDPH) Vital Records (<https://dph.illinois.gov/data-statistics/vital-statistics>)
Heart disease mortality rate: Age-adjusted rate of people who died due to heart disease

Chronic Diseases

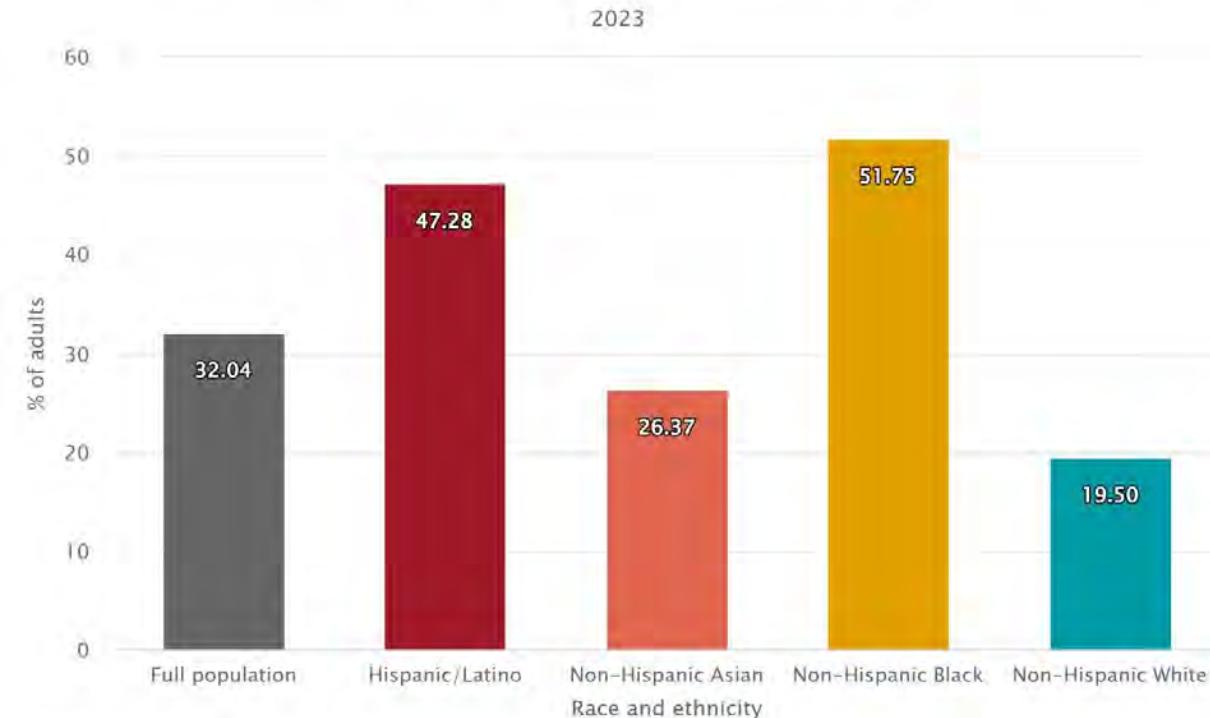


COOK COUNTY
HEALTH

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



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



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

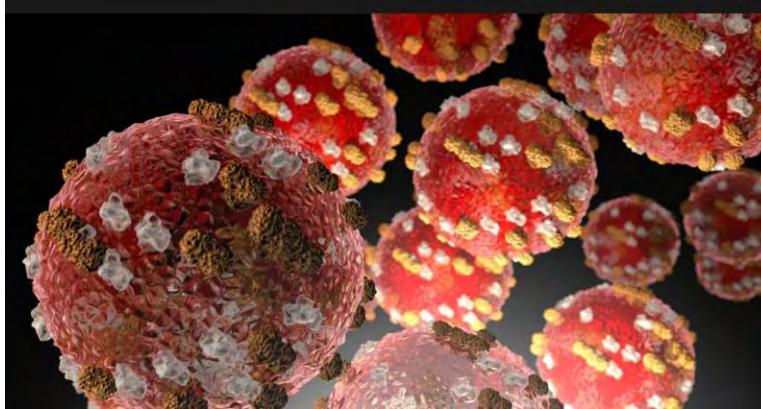
Created on Cook County Health Atlas | cookcountyhealthatlas.org/ | Data source: Cook County Health Survey
Food security concern rate (CCHS): Percent of adults who reported being worried about food running out sometimes or often

Communicable Diseases

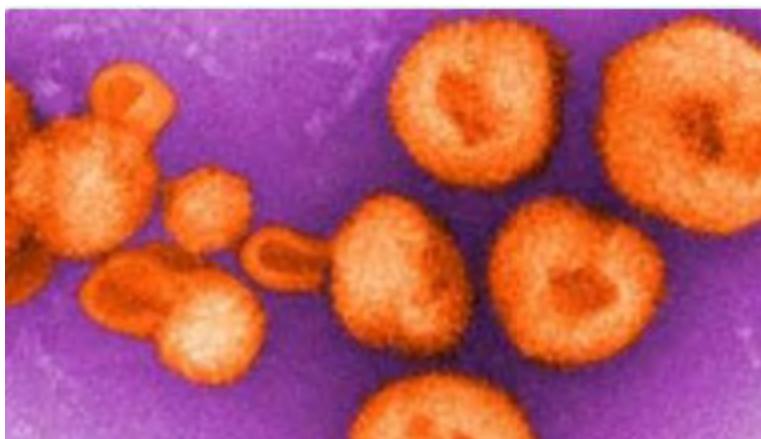


COOK COUNTY
HEALTH

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.

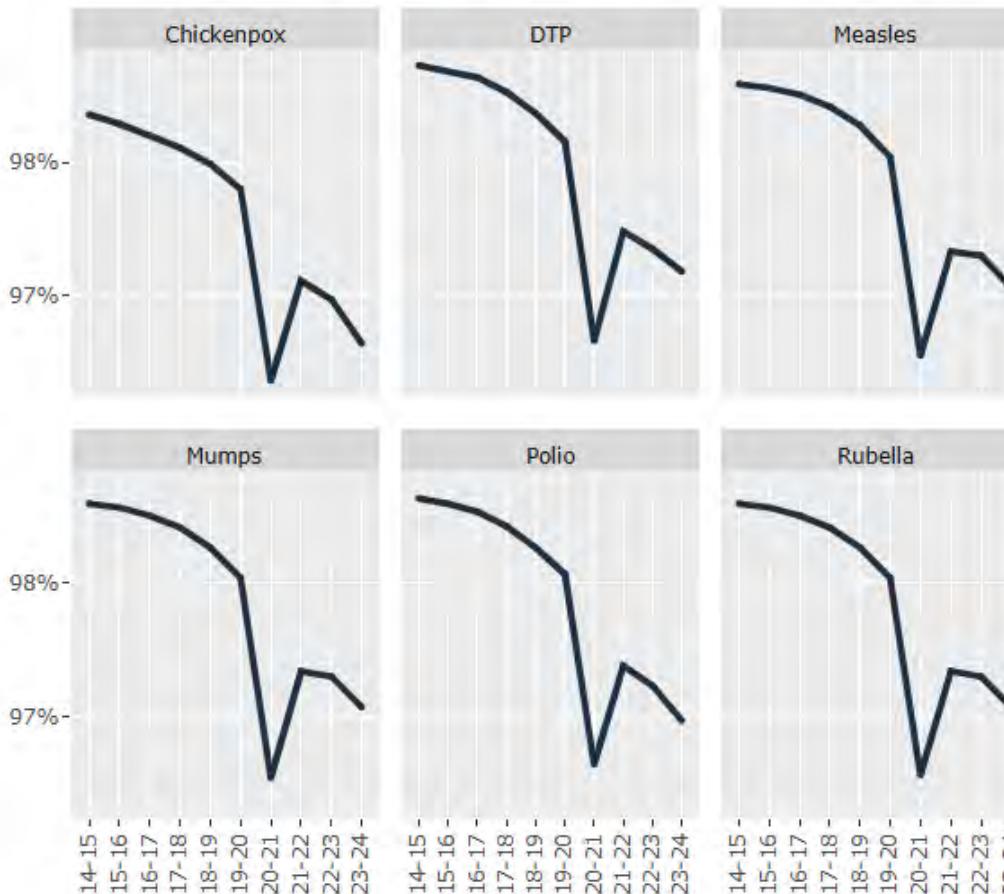
Communicable Diseases



COOK COUNTY
HEALTH

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

Suburban Cook County School Vaccination Trends



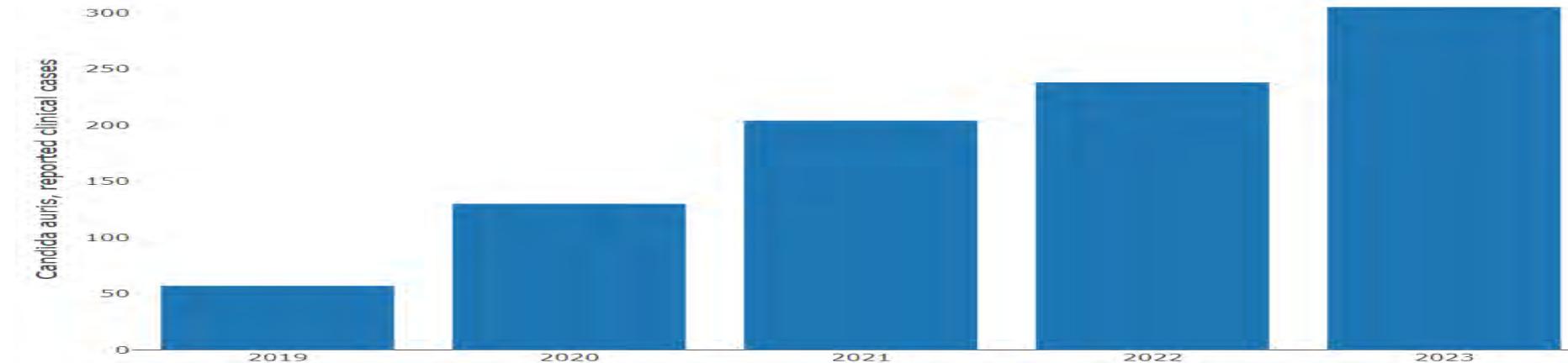
Source: [CCDPH School Vaccinations Dashboard](#); data from the Illinois State Board of Education

Communicable Diseases

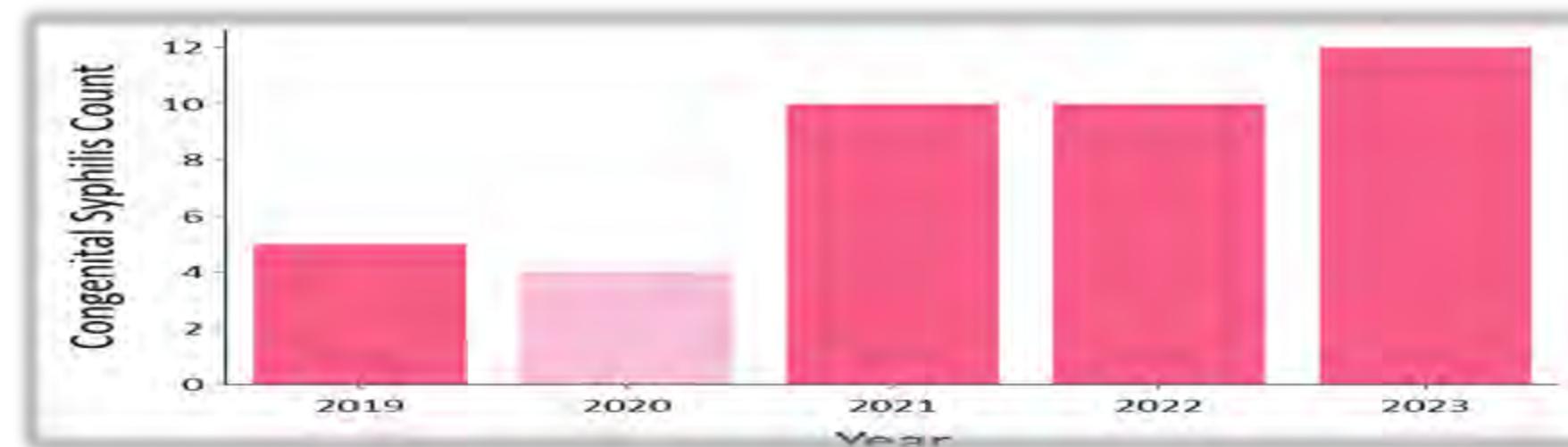


COOK COUNTY
HEALTH

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.



Source: Data from Illinois' National Electronic Disease Surveillance System (I-NEDSS)

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

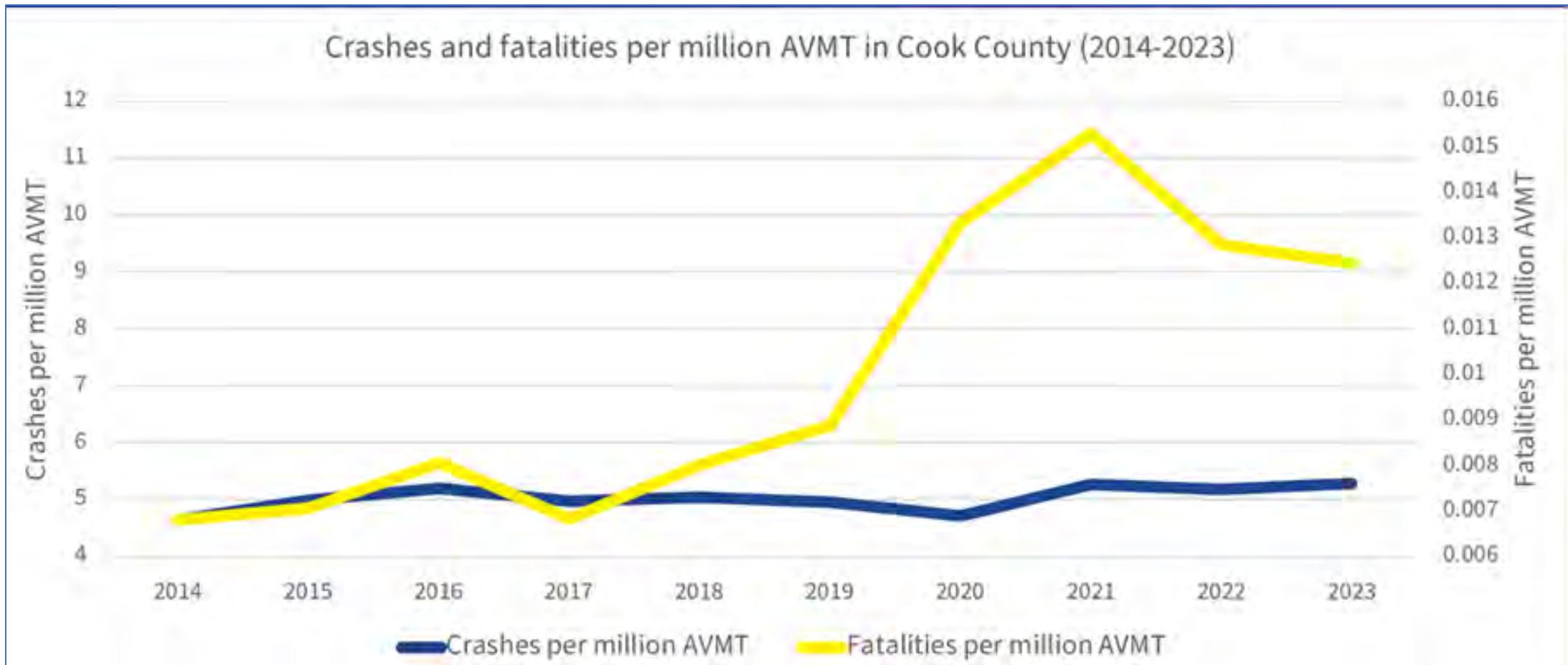
Homicides in 2024 fell by more than 9% in Cook County from 2023 levels, and by more than 29% from their peak in 2021 (CCMEO, 2025).

- 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



COOK COUNTY
HEALTH



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 • Robins, 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

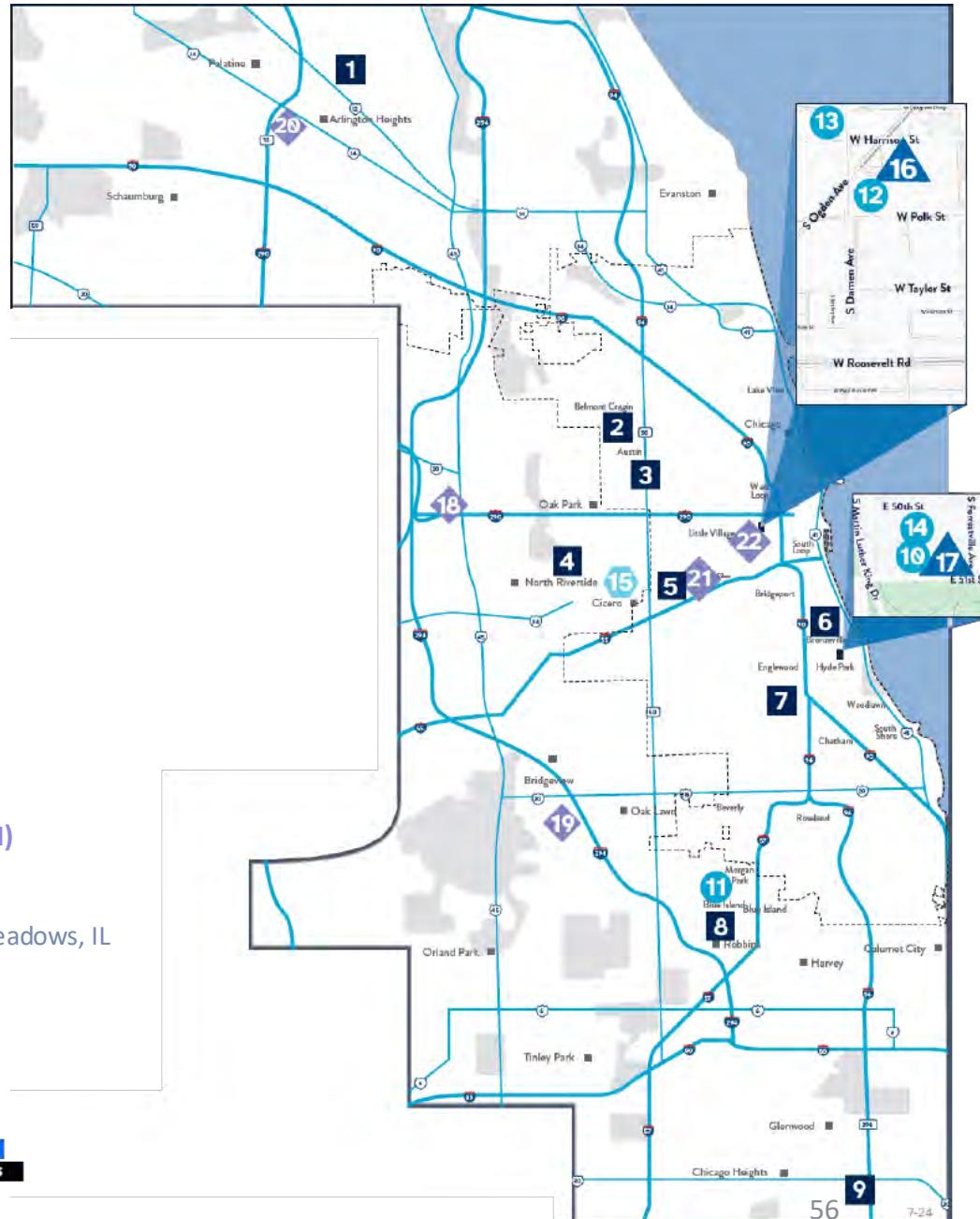
◆ Additional Services

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



COOK COUNTY HEALTH

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 |



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
January 24, 2025

ATTACHMENT #5

Human Resources Report

Win Buren, Chief Human Resources Officer

January 24, 2025



COOK COUNTY
HEALTH

FY 2025 Metrics

Hiring Impact



COOK COUNTY
HEALTH

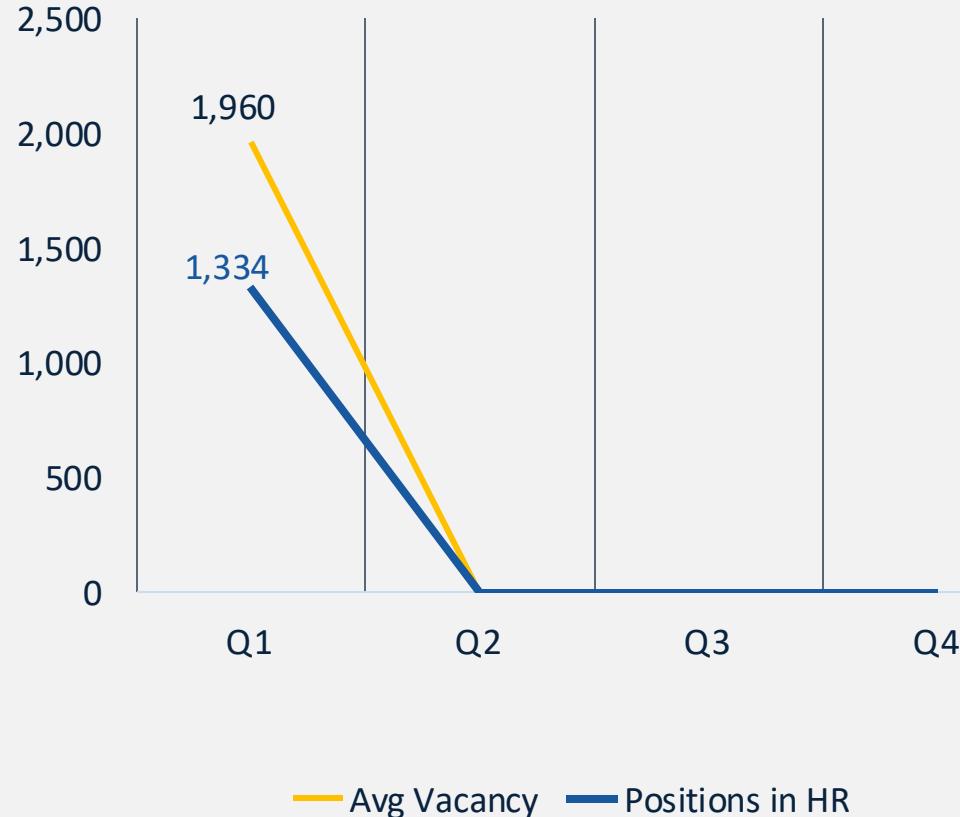
FY25 CCH HR Activity Report



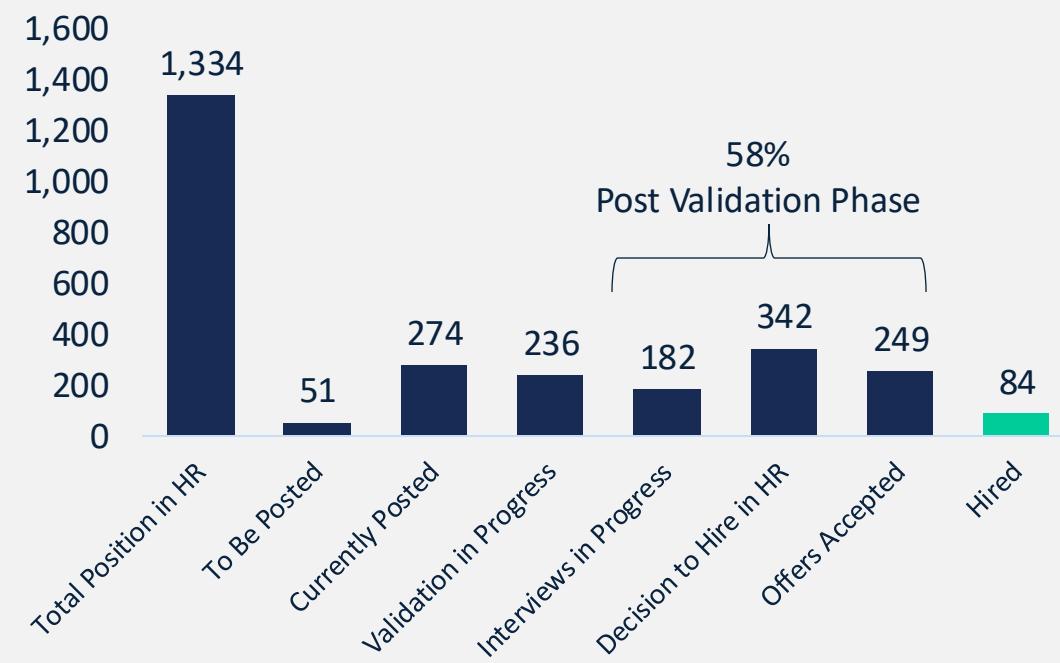
As of 12/31/2024



Vacant Positions



Positions in Process



FY25 CCH HR Activity Report



12/01/2024 thru 12/31/2024



Filled Positions

84

Total Filled Positions YTD

81% Offer Acceptance Ratio



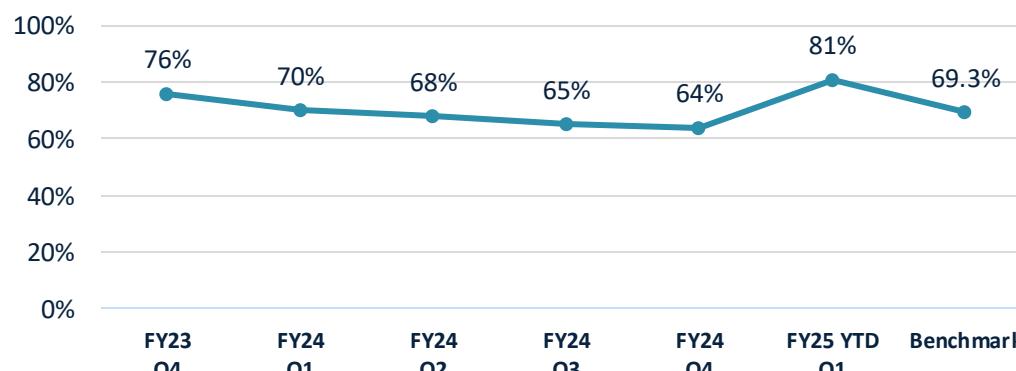
External Filled Velocity

67

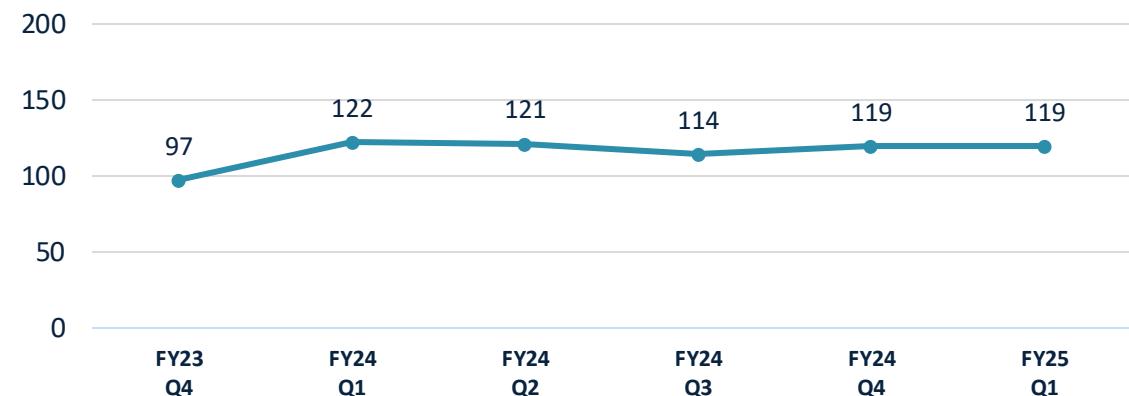
Total External Filled Positions

119 Days Overall Time to Fill

Quarterly Offer Acceptance



Overall Time to Fill (days) Quarterly



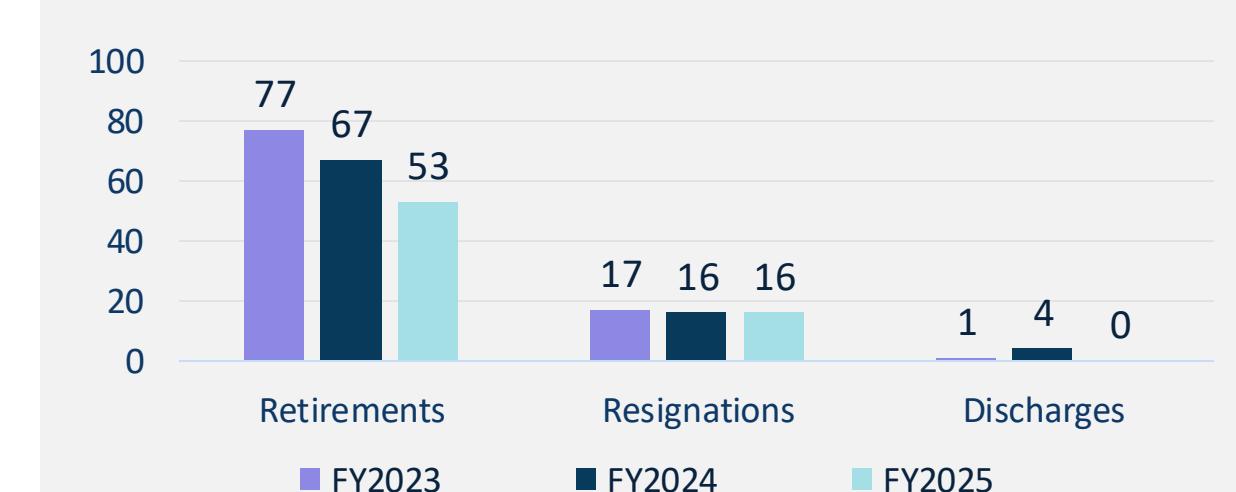
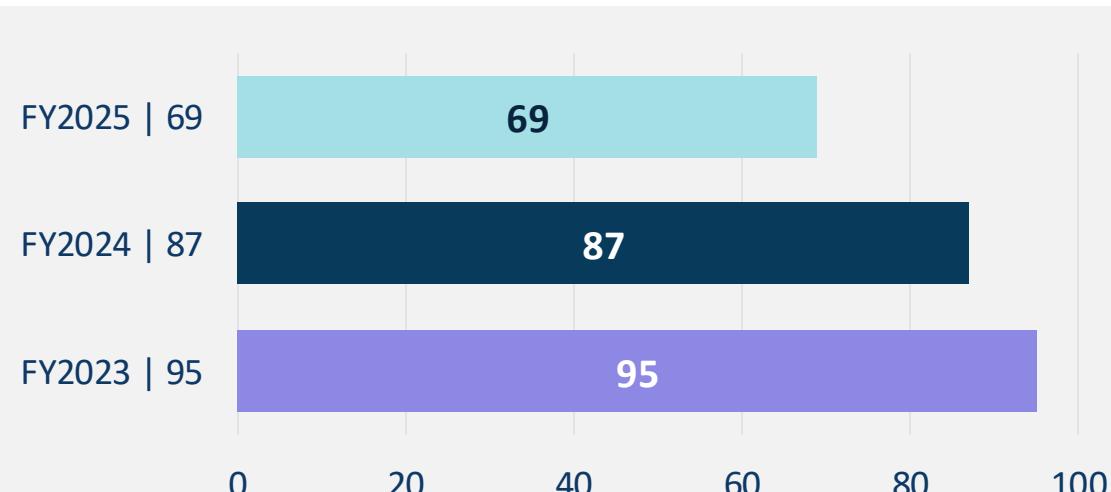
Current State Of Hiring & Separation



Thru 12/31/2024



Separations – December Year-Over-Year



As of 12/31/2024

Thank You



COOK COUNTY
HEALTH

Appendix



Agency Transition

As of 12/31/2024

HR Conversion from Agency to Employee

| Unions | # of PIDs | Total Vacant | Total Applied | Offers Made | Offers Accepted | Declined |
|--------|-----------|--------------|---------------|-------------|-----------------|----------|
| SEIU | 545 | 376 | 188 | 188 | 169 | 19 |
| RWDSU | 38 | 27 | 11 | 9 | 4 | 4 |



Cook County Health and Hospitals System
Minutes of the Board of Directors Meeting
January 24, 2025

ATTACHMENT #6

CCH YTD Financial Update – December 31, 2024

Pamela Cassara, Chief Financial Officer

Scott Spencer, Associate Chief Financial Officer

Curtis Haley, Chief Revenue Officer

January, 2025



COOK COUNTY
HEALTH

Executive Summary: Statement of Financial Condition - December 31, 2024



- On an accrual basis, interim financials show that CCH ended December with a **\$20.8M unfavorable** variance to budget. County's preliminary cash report on revenues and expenses not available currently.
- Revenue Commentary:
 - **Unfavorable** NPSR variance to Budget due to lower than budgeted volumes and increase in Charity Care
 - **Favorable** capitation variance to Budget due to higher than budgeted CountyCare membership
- Expenditures:
 - CountyCare claims **unfavorable** variance to budget due to higher than budgeted membership
- CountyCare:
 - CountyCare financials \$1.6M **unfavorable** to budget; rates paid by state continue to not reflect newly covered high-cost drugs
 - Membership remains over 419,000 which is 5.3% greater than budgeted

Financial Results – December 31, 2024



COOK COUNTY
HEALTH

| Dollars in 000s | FY2025 Actual | FY2025 Budget | Variance | % | FY2024 Actual |
|---------------------------------|-------------------|------------------|-------------------|-----------------|-------------------|
| Revenue | | | | | |
| Net Patient Service Revenue (1) | \$80,013 | \$100,299 | (\$20,286) | -20.23% | \$131,403 |
| Government Support (2) | \$33,973 | \$33,569 | \$404 | 1.20% | \$30,968 |
| Adjusted NPSR | \$113,986 | \$133,868 | (\$19,882) | -14.85% | \$162,371 |
| CountyCare Capitation Revenue | \$290,551 | \$280,881 | \$9,670 | 3.44% | \$227,940 |
| Other | \$4,992 | \$5,825 | (\$833) | -14.30% | \$1,124 |
| Total Revenue | \$409,529 | \$420,574 | (\$11,045) | -2.63% | \$391,435 |
| Operating Expenses | | | | | |
| Salaries & Benefits | \$65,160 | \$76,523 | \$11,363 | 14.85% | \$62,889 |
| Overtime | \$4,860 | \$4,586 | (\$274) | -5.99% | \$4,564 |
| Supplies & Pharmaceuticals | \$25,084 | \$21,236 | (\$3,848) | -18.12% | \$16,386 |
| Purchased Services & Other | \$70,642 | \$69,360 | (\$1,282) | -1.85% | \$74,687 |
| Medical Claims Expense (1) | \$268,916 | \$252,713 | (\$16,203) | -6.41% | \$306,474 |
| Insurance | \$2,793 | \$2,522 | (\$271) | -10.74% | \$0 |
| Utilities | \$607 | \$1,250 | \$643 | 51.45% | \$1,457 |
| Total Operating Expenses | \$438,062 | \$428,190 | (\$9,872) | -2.31% | \$466,457 |
| Operating Margin | (\$28,534) | (\$7,617) | (\$20,917) | 274.63% | (\$75,022) |
| Non-Operating Revenue | \$13,281 | \$13,142 | \$139 | 1.06% | \$12,829 |
| Net Income (Loss) | (\$15,253) | \$5,526 | (\$20,778) | -376.05% | (\$62,193) |

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 DSH, BIPA, & Graduate Medical Education payments.
- (3) Does not reflect Pension, OPEB, Depreciation/Amortization, or Investment Income.

Key Volume and Revenue Indicators



COOK COUNTY
HEALTH

| Patient Activity Stroger | 2025 YTD Actual | 2025 YTD Budget | % | 2024 YTD Actual | 2023 YTD Actual | | Dec 2024 Actual | Dec 2023 Actual |
|---------------------------------|--------------------|--------------------|--------|--------------------|--------------------|--|--------------------|--------------------|
| Average Daily Census | 317 | 316 | 0.3% | 327 | 321 | | 317 | 327 |
| Emergency Room Visits | 7,672 | 7,815 | -1.8% | 7,893 | 7,893 | | 7,672 | 7,893 |
| Surgeries | 865 | 1,032 | -16.2% | 886 | 886 | | 865 | 886 |

| Patient Activity Provident | 2025 YTD Actual | 2025 YTD Budget | % | 2024 YTD Actual | 2023 YTD Actual | | Dec 2024 Actual | Dec 2023 Actual |
|-----------------------------------|--------------------|--------------------|--------|--------------------|--------------------|--|--------------------|--------------------|
| Average Daily Census | 19 | 29 | -35.2% | 22 | 24 | | 19 | 22 |
| Emergency Room Visits | 2,180 | 2,240 | -2.7% | 2,149 | 2,149 | | 2,180 | 2,149 |
| Surgeries | 187 | 256 | -27.0% | 220 | 220 | | 187 | 220 |

| Patient Activity ACHN | 2025 YTD Actual | 2025 YTD Budget | % | 2024 YTD Actual | 2023 YTD Actual | | Dec 2024 Actual | Dec 2023 Actual |
|------------------------------|--------------------|--------------------|--------|--------------------|--------------------|--|--------------------|--------------------|
| Primary Care Visits | 16,680 | 20,328 | -17.9% | 18,505 | 18,505 | | 16,680 | 18,505 |
| Specialty Care Visits | 26,298 | 32,540 | -19.2% | 29,623 | 29,623 | | 26,298 | 29,623 |

| CountyCare Membership | 2025 YTD Actual | 2025 YTD Budget | % | 2024 YTD Actual | 2023 YTD Actual | | Dec 2024 Actual | Dec 2023 Actual |
|-----------------------|--------------------|--------------------|------|--------------------|--------------------|--|--------------------|--------------------|
| Membership Count | 419,273 | 398,296 | 5.3% | 426,925 | 449,049 | | 419,273 | 426,925 |



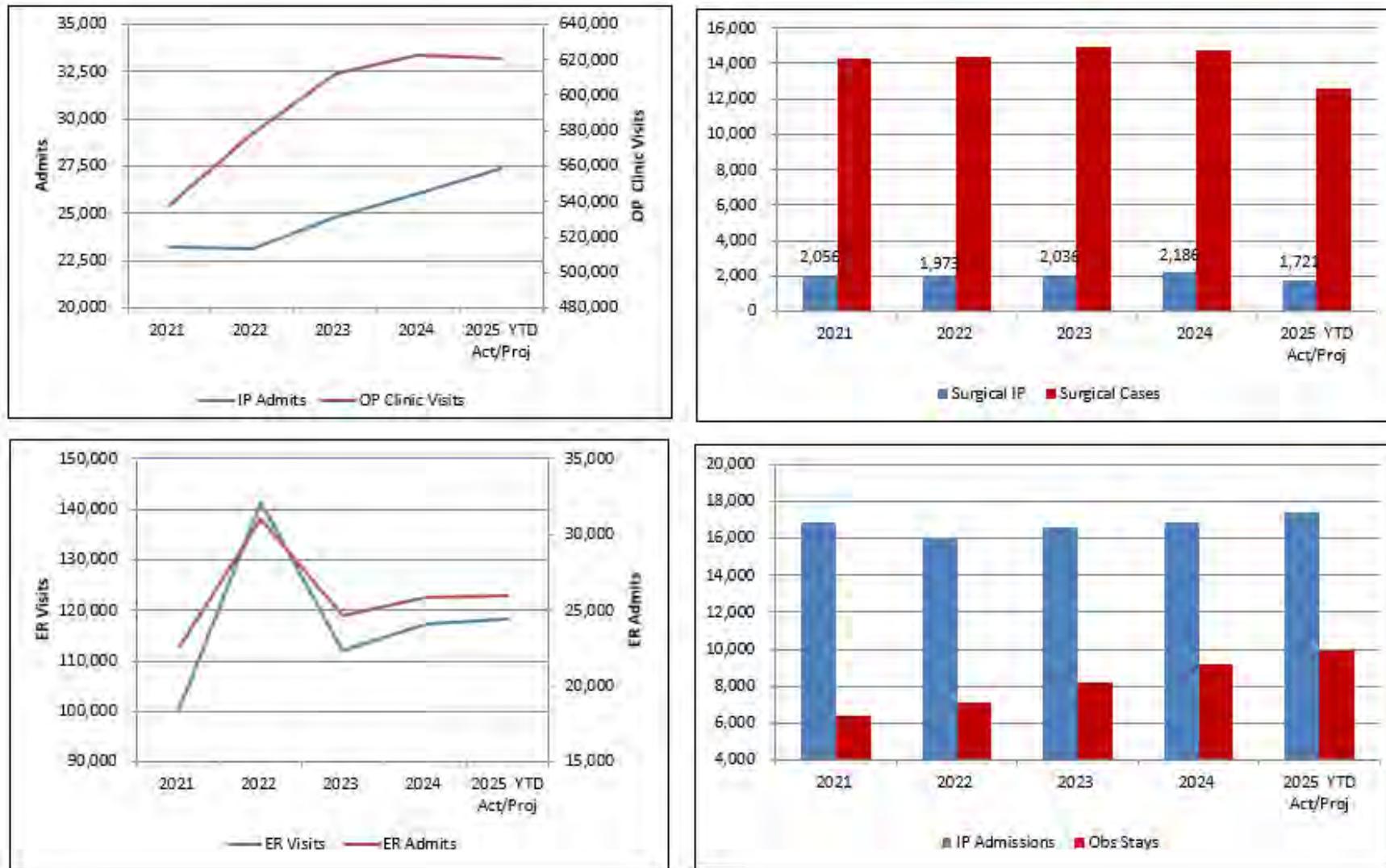
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* Includes IP + Observations

Operating Trends



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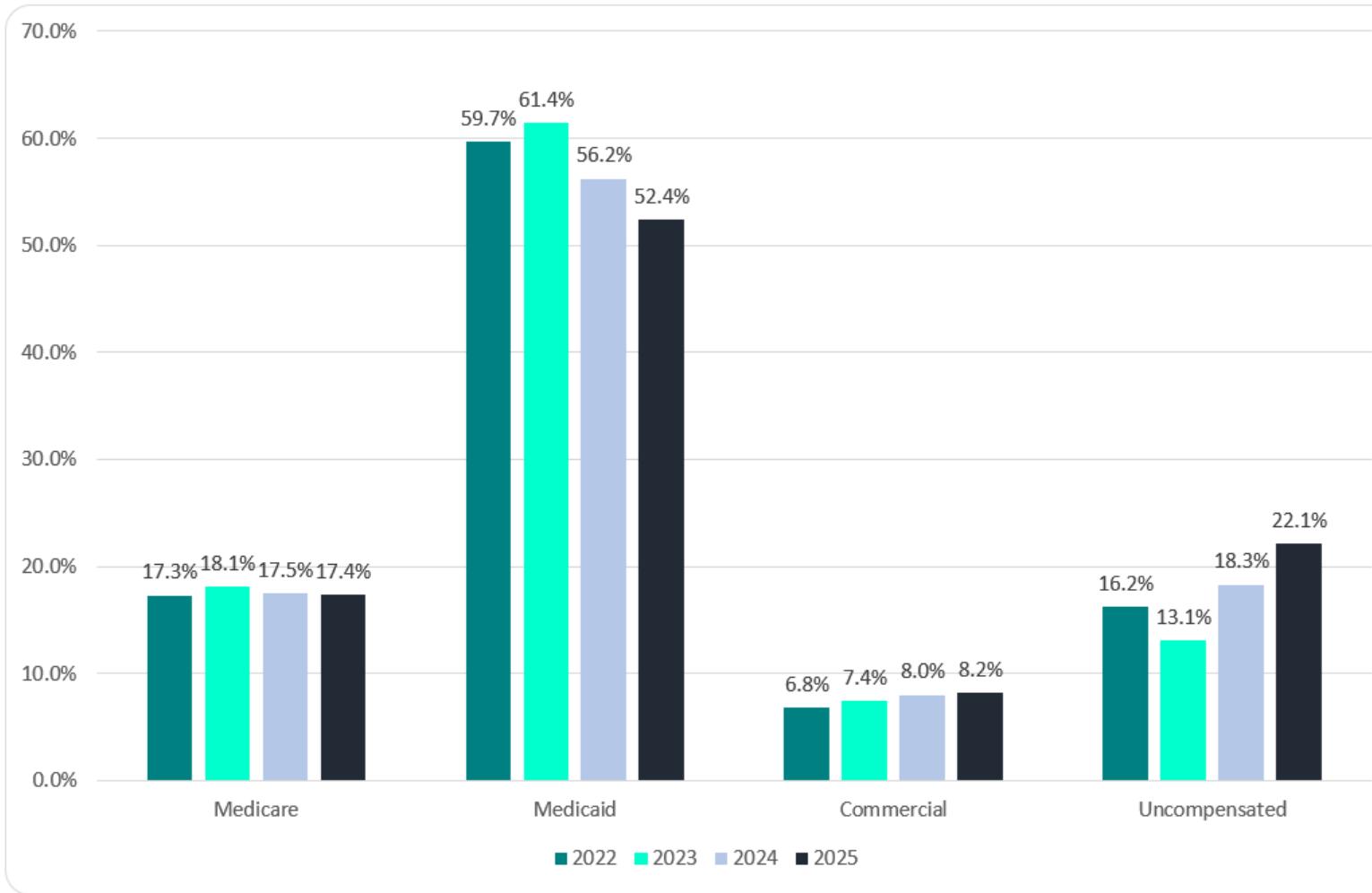


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Payer Mix – YoY Comparison



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Commentary:

- Prior Month Change:

- Medicare: -0.1%
- Medicaid: -3.8%
- Commercial: +0.2%
- Uncompensated: +3.8%

*NOTE: payor mix reflects 1 month (December); and not a rolling average

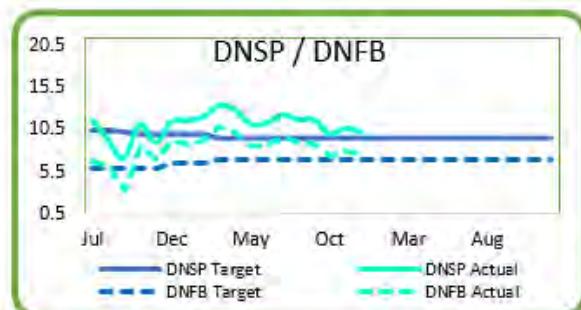
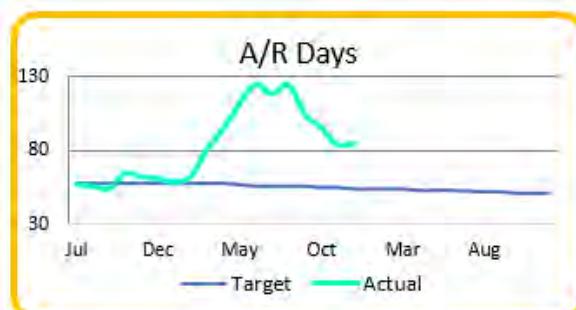


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Revenue Cycle KPI Trending



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Commentary:

Our AR metrics are off target and recovering due to the Change Healthcare cyber-attack. The remaining recovery efforts are in aged AR >90. We continue to work with the payers to provide additional documentation to get these impacted claims resolved.

Definitions:

DNSP: Discharged Not Submitted to Payer - Gross dollars from initial 837 claims held by edits in claims processing tool that have not been sent to payer.

DNFB: Discharged Not Final Billed - Gross dollars in A/R for all patient accounts (inpatient and outpatient accounts) discharged but not yet final billed for the reporting month. Refers to accounts in suspense (within bill hold days) and pending final billed status in the patient accounting system.

CMI: Case Mix Index - Represents the average diagnosis-related group (DRG) relative weight for that hospital. It is calculated by summing the DRG weights for all Medicare discharges and dividing by the number of discharges.



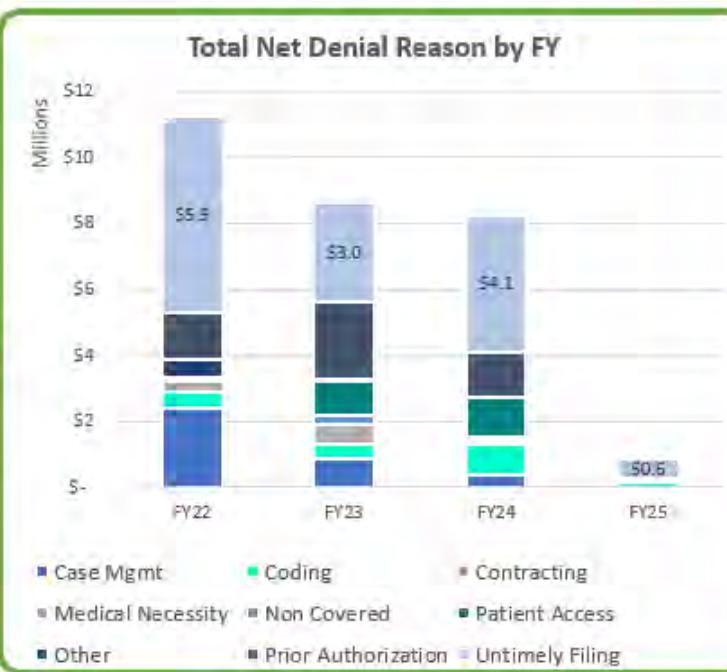
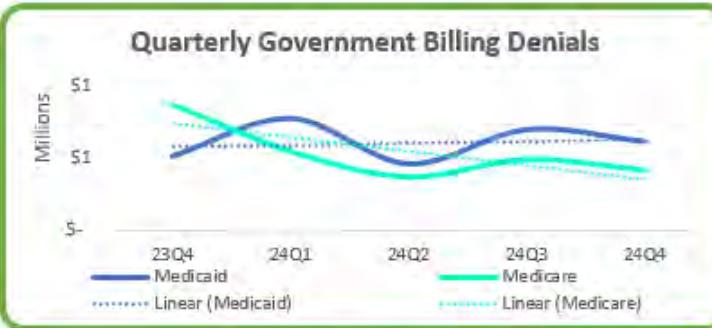
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Denial Focus & Trending



Commentary:

The net final denials are slightly off target, however we continue to work on overturning initial denials due to the Change Healthcare cyber-attack. Additionally, we continue to improve government specific denials.



Charitable & Public Program Expenditures



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| | 2023 Actual Net Benefit | 2024 Actual Net Benefit | 2025 Budget Net Benefit | 2025 Projected Net Benefit |
|--|-------------------------------|-------------------------------|-------------------------------|----------------------------------|
| <u>Charitable Benefits and Community Programs</u> | | | | |
| Traditional Charity Care | \$ 105,040 | \$ 201,962 | \$ 232,719 | \$ 232,719 |
| Other Uncompensated Care | 135,655 | 80,164 | 88,500 | \$ 88,500 |
| Cermak & JTDC Health Services | 100,779 | 116,223 | 143,621 | 143,621 |
| Department of Public Health | 12,712 | 22,113 | 27,553 | 27,553 |
| Other Public Programs & Community Services | 66,321 | 71,600 | 52,870 | 52,870 |
| Totals | \$ 420,506 | \$ 492,062 | \$ 545,263 | \$ 545,263 |
| % of Revenues * | 38.8% | 30.5% | 31.6% | 31.6% |
| % of Costs * | 23.1% | 28.5% | 24.2% | 24.2% |

* Excludes Health Plan Services



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Savings Initiatives: December 31, 2024



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| Current Activities in Progress | Budgeted FY25 Impact | YTD Achieved | Status |
|--------------------------------|-------------------------|-------------------|--------|
| Revenue Cycle: | | | |
| CDM Annual Pricing Review | 2,650,000 | 230,000 | ● |
| Revenue Recovery | 3,400,000 | 112,409 | ● |
| Point of Service Collections | 300,000 | 53,119 | ● |
| County Care: | | | |
| Vendor Contract Negotiations | 2,400,000 | - | ● |
| Health System: | | | |
| Vendor Contract Negotiations | 20,000,000 | - | ● |
| | <u>\$ 28,750,000</u> | <u>\$ 395,528</u> | 1% |
| | | Goal 12/12ths | 8% |

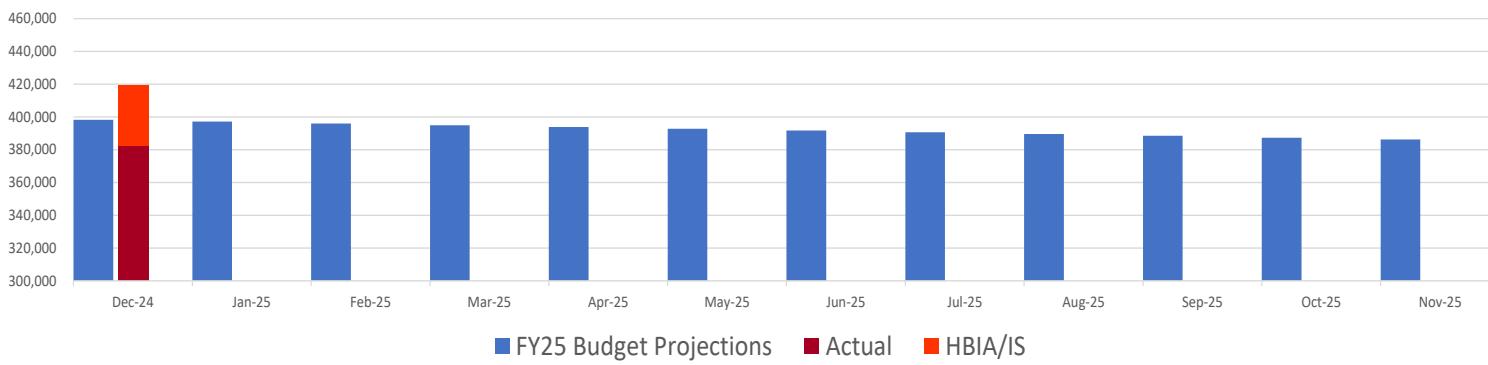


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| Dollars in 000s except PMPM amounts | FY2025 Actual | FY2025 Budget | Variance | % | Fy24 Actual |
|-------------------------------------|------------------|------------------|-------------------|----------------|------------------|
| Capitation Revenue | \$292,251 | \$281,672 | \$10,579 | 3.76% | \$254,789 |
| Operating Expenses | | | | | |
| Clinical - CCH | \$9,370 | \$11,805 | \$2,435 | 20.63% | \$5,925 |
| Clinical - External | \$269,173 | \$256,435 | (\$12,738) | (4.97%) | \$231,239 |
| Administrative | \$15,328 | \$13,149 | (\$2,180) | (16.58%) | \$13,454 |
| Total Expenses | \$293,871 | \$281,389 | (\$12,482) | (4.44%) | \$250,618 |
| Operating Gain (Loss) | (\$1,621) | \$283 | (\$1,904) | | \$4,171 |
| Activity Levels | | | | | |
| Member Months | 419,273 | 398,296 | 20,977 | 5.27% | 426,796 |
| Monthly Membership | 419,273 | 398,296 | 20,977 | 5.27% | 426,796 |
| CCH CountyCare Member Months | 31,738 | N/A | N/A | N/A | 36,781 |
| CCH % CountyCare Member Months | 7.57% | N/A | N/A | N/A | 8.62% |
| Operating Indicators | | | | | |
| Revenue Per Member Per Month (PMPM) | \$697.04 | \$707.19 | (\$10.15) | (1.44%) | \$596.98 |
| Clinical Cost PMPM | \$664.35 | \$673.47 | \$9.12 | 1.35% | \$555.69 |
| Medical Loss Ratio (1) | 94.6% | 95.2% | 0.59% | 0.62% | 92.4% |
| Administrative Cost Ratio | 5.2% | 4.7% | (0.54%) | (11.57%) | 5.2% |
| Total FTEs | 383 | 429 | 46 | | |

CountyCare Membership



Commentary

- Total YTD member months are exceeding budget by 20,977 members.
- Revenue and claims expense are higher than budget due to higher than budgeted membership.
- CountyCare's reimbursement to CCH for domestic spend is under budget.
- Most expenses are estimates, as minimal claims have been received thus far.
- Operating Loss of \$1.6M

Notes:

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

Questions?



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