



# Cook County Department of Public Health

Review of Core Public Health Functions & Effects of COVID-19 Pandemic

## Third Quarter Report 2021

Report to the Cook County Board in their capacity as the Cook County Board of Health  
As presented to the CCH Board of Directors

August 27, 2021



Cook County DEPT. of Public Health



COOK COUNTY HEALTH

# Preventive Services Unit



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# Prevention Services Unit

- Lead or support policy, systems and environmental changes to advance community health and health equity
- Establish strategic partnerships & collaborations
- Conduct outreach and education on current and emerging issues
- Provide technical assistance and build organizational capacity
- Lead and support mandated community health assessment and health improvement plan process
- Secure and manage grants
- Respond to community events

Community Engagement  
& Health Education

Behavioral Health

Chronic Disease  
Prevention & Control

Lead Poisoning Prevention  
& Healthy Homes



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# I-PLAN for Suburban Cook County, 2021-2025

- Requirement for state-certification
- Initiated planning process in Fall 2019 with a commitment that:
  - Community and populations most affected by inequities are at the center of the process
  - Plan to advance equity through upstream approaches
  - Organizational structures and systems will be established to support plan development, implementation, performance monitoring and evaluation
- Held three meetings with partners whereby a collective vision was developed, and priority community health improvement issues were identified
- Suspended planning process during COVID-19 response, and reinitiated it in July 2021



# Community Engagement and Health Education Unit: Impact of COVID-19

## Pre COVID-19

### School Outreach and Education

School Nurse Advisory

Annual School Health Meeting

### Community Conversations

Community Health Planning

### Co-design with Community leaders

### Community Meetings & Outreach Activities



## Post COVID-19

**Weekly Educational Webinars and Updates** (more frequent communications)

**Conversations halted due to implementation COVID-19 response**

**Continued virtually but focus changed to COVID-19 information sharing, updates and planning with communities**



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# Behavioral Health



CCDPH's Behavioral Health program engages public and non-profit partners to address urgent behavioral health needs, including the responding to the opioid overdose crises.

The Behavioral Health program also uses a prevention approach to address upstream drivers of mental illness and substance use.

Key initiatives:

- **Opioid overdose prevention** and promotion of harm reduction approaches
- Convening of CCH **Trauma-Informed Care** Task Force



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# Behavioral Health: Impact of COVID

March 2020 to November 2020 : 80% reduction in capacity

## Work that continued

- Basic opioid grants administration (contract development, hiring, reporting to funders)

## Work that was suspended

- Ability to work closely with partners to execute grants-based initiatives and broker connections
- Needs assessment of behavioral health needs
- Convening of community-based substance use partners
- Facilitation of full CCH Trauma-Informed Care Task Force



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# Behavioral Health: Impact of COVID

March 2020 to November 2020: 80% reduction in capacity

## Implications

- CCDPH lost 7 months of progress on opioid overdose prevention work during a time when community partners were seeing heightened risk for overdose
- Carryover dollars were not granted by one opioid funder, creating a loss of revenue to CCDPH and our partners
- CCDPH was unable to work with partners to identify and help respond to mental health needs in jurisdiction
- CCH Trauma-Informed Care Task Force was unable to meet to address urgent needs from COVID-19 or the murder of George Floyd and other people of color



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# Behavioral Health: Impact of COVID

December 2020 to May 2020: 5% reduction in capacity

## Work that continued

- Grants based staff started in December and January 2020, program grew to 3 FTE

## Accomplishments (until August 2020)

- Convened Opioid and Substance Use Advisory Council and CCH Trauma-Informed Task Force
- Published comprehensive report on opioid and substance use in suburban Cook County
- Launched law-enforcement driven deflection program
- Distributed 319 nasal naloxone kits to suburban police departments in priority communities, began distributing naloxone to community-based organizations serving high-risk individuals
- Supported 3 bills related to criminal justice reform, harm reduction, and an employer tax incentive for hiring people with lived experience.
- Developed 6 proposals for grant funding



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# Chronic Disease Prevention & Control

- Implements evidence-based programs and promotes policies that advance:
  - healthy eating
  - active living
  - tobacco-free living in suburban Cook County (SCC)
- Oversees implementation of the Illinois Tobacco Free Communities Grant (ITFC)
- subgrantee on the Illinois State Physical Activity and Nutrition Grant



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# Chronic Disease Prevention & Control: Impact of COVID-19

- Majority of the Unit staff re-assigned to assist with various aspects of the CCDPH's COVID response including contact tracing, alternate housing, COVID-19 testing and mobile vaccination coordination, community mobilization, and COVID-19 communications
  - **Three Unit staff are still currently supporting COVID-19 work fulltime**
- Most work including our grant-funded tobacco prevention and control activities were put on hold or scaled back significantly starting March 2020
  - Unit leadership and staff participated in partner meetings (virtually), as schedules allowed
  - **Many ITFC subgrantees and community partners were also impacted by COVID-19** and unable to fully execute FY20 and FY21 scopes of work
  - Some Smoke-Free Illinois Act enforcement activities continued, including checking/logging complaints received, but **all in-person checks/inspections were suspended**



# Chronic Disease Prev & Control: Impact of COVID-19

- CCDPH's Tobacco Control Coalition meetings continued virtually and CCDPH worked with media subcontractors to execute multiple tobacco-related media campaigns
- With support from CCDPH's partners, CCDPH continued to advance food access and active transportation work in SCC:
  - Convened quarterly Cook County Good Food Task Force Meetings (virtually)
  - Supported implementation of Good Food Purchasing Program in Cook County Departments/Agencies
  - Advanced adoption of local complete streets policies in the South Suburbs and provide technical assistance to secure transportation funding



# Lead Poisoning Prevention & Healthy Homes units; 1 goal: eliminating lead exposure in SCC

## Nursing



- Public Health Nurse case management
- Home visits
- Developmental assessment
- Nutritional assessment
- Family education
- Patient Advocacy
- Social Service and medical referral

## Environmental



- Home risk assessments
- Mitigation notices
- Enforcement
- CCDPH-funded abatement program
- Family education
- Assistance with correction of lead paint hazards

## Prevention Services



- Policy, systems & environmental change
- HUD-funded remediation program
- Community and provider education
- Technical assistance



# Lead Poisoning Prevention & Healthy Homes

## Policy, systems & environmental change

- Early Intervention- lead exposure now criteria for automatic eligibility
- Lead Ordinance for suburban Cook County

## HUD-funded remediation program

- First funding cycle = approx. 90 units remediated
- Application submitted for second round of funding

## Community and provider education

- Website resources, in-office education, video tutorials

## Technical assistance and data

- Community lead action plans; consolidated plan assistance; grant support

## Radon testing program and energy efficiency referrals



**Lead Fact Sheet**

**What is Lead?**  
Lead is a poisonous metal that our bodies can't use. It was used in paint before it was banned in the United States in 1978. Homes built before 1978 contain lead-based paint. Children under the age of 6 are at greatest risk for lead poisoning.

Lead is mostly found in:

- Dust that is created when home surfaces are scraped, sanded or rubbed together. Paint chips and dust that contain lead can gather on surfaces and objects that people touch or children put in their mouths.
- Ethnic home (folk) remedies like azaroon and pay-loo-ah; and cosmetics, such as kohl, kajal and surma.
- Imported candies and spices.

**Children under 6 are at greatest risk for lead poisoning.**

**How does a child become lead poisoned?**  
Children become lead poisoned by:

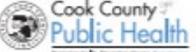
- Eating lead paint chips and soil.
- Chewing on toys or furniture covered in lead paint.
- Eating food prepared in imported pottery.
- Breathing in lead-contaminated dust.

**How can I find out if my child is lead poisoned?**  
The only way to know if your child is lead poisoned is by getting a blood test. Signs of lead poisoning are hard to see, but lead is harmful and can cause:

- Lowered IQ and learning problems.
- Trouble concentrating and behavioral problems.
- Anemia (a disease caused by low iron levels), which can result in tiredness, shortness of breath, and difficulty paying attention.

For more information:  
[www.cookcountypublichealth.org](http://www.cookcountypublichealth.org)





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# Lead Poisoning Prevention: Impact of COVID

- **Lead PSU Staff redeployed – some almost full-time**
  - Limited community and provider education, policy research and development, technical assistance
- **Limited in-home services**
  - Stay at home order = phone services only for nurse case management and environmental risk assessments. In home environ. assessments resumed in 2021
  - Reduced number of applicants to grant programs; fewer homes remediated
  - Increased time between hazard identification and remediation (ex: increase from 2 weeks to 6-8 weeks for new window order)
- **Increased risk for children**
  - When children spend more time in a home with hazards, more risk of exposure



# Emergency Preparedness & Regional Response Unit



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# Emergency Preparedness and Response Unit

- Coordinates with Cook County Dept. of Emergency Management and Regional Security, and other partners to plan for, respond to, and recover from public health events impacting suburban Cook County residents.
- Ensure CCDPH is prepared to effectively respond to public health emergencies
- Create plans that enable CCDPH to receive, distribute and dispense Strategic National Stockpile (SNS) medications/vaccines to Suburban Cook Co. residents in a timely fashion



# Emergency Preparedness & Response Unit: Impact of COVID-19

- All staff redirected to support COVID-19 response.
- Played integral role in setting up Incident Management Team structure and planning and coordinating with hospitals and first responder community; and PPE and testing distribution.
- Continue to be essential for COVID-19 vaccine administration (e.g., redistribution of COVID-19 vaccine; planning and operations of Cook County-MABAS Clinics; and coordination of mobile approach)



# Nursing and Integrated Health Support Services



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# Nursing/Integrated Health Support Services

Consist of six (6) programs:

1. Adverse Pregnancy Outcome Reporting System (APORS) grant
2. Lead Program grant (nurse home visits component)
3. Genetic, Hepatitis B, Newborn Screening grant
4. Breast and Cervical Cancer Program (BCCP) grant
5. Vision and Hearing Screening
6. Tuberculosis (TB) Program (non-grant)

In addition, provides support for emergency preparedness, vaccinations, connection to care (primary care referrals), case management activities



# APORS Impact of Covid - 19

## **Public Health Nurses redeployed – 75% of time**

- Covid-19 Hotline 5 days/week, 8 hour/day **Nov.2019 – March 2021**
- Nurse Managers – Covid-19 Alternative Housing 7 days/week, 8 hour/day. **April 2020-April 2021**
- Limited family education and community interaction

## **Limited home visits**

- No home visits per the state – telehealth visits only. No visits currently restarted.
- Deceased case load of clients to the program
- Increase follow-up time with clients

## **Increased risk for children**

- Delay in receiving referrals and available resources



# Lead Poisoning Prevention: Impact of Covid

## **Public Health Nurses redeployed – 75% of time**

- Covid-19 Hotline 5 days/week, 8 hour/day. **Nov.2019 – March 2021**

## **Limited home visits**

- No home visits per the state – telehealth per phone for case management, education, environmental and nutritional assessments
- Reduced number of children referred to the program or identified
- Increase time between assessing children and identifying hazards in the home
- Limited family education and community interaction

## **Increased risk for children**

- More exposure for children and obtaining the services needed



# Breast and Cervical Cancer Program Impact of Covid-19

## **Public Health Nurses redeployed – 75% of time**

- Covid-19 Hotline 5 days/week, 8 hour/**Nov.2019 – March 2021**
- Nurse Managers – Covid-19 Alternative Housing 7 days/week, 8 hour/day. **April 2020-Dec. 2020**

## **Limited Outreach**

- Decreased program enrollment
- Clients unable to access services due to lock down, facilities' constraints
- Nurse Manager retired December 2020

## **Increased risk to Women**

- Delay in identifying potential need for needed care
- Delay in receiving referrals and available services



# Vision and Hearing Screening Impact of Covid - 19

## **Vision and Hearing Technician redeployed – 100% of time**

- V & H Tech- Covid-19 Hotline 5 days/week, 8 hour/day **Nov.2019 – March 2021**

## **No school or day care visits**

- No school visits, schools were remote learning, daycare centers were closed.
- **No vision or hearing screenings.**

## **Increased risk for children**

- Delay in receiving preventive screenings
- Delay in identifying potential deficits
- Delay in referrals and decrease in resources available



# Genetic Program Impact of Covid-19

## **Public Health Nurses redeployed – 75% of time**

- Covid-19 Hotline 5 days/week, 8 hour/day **Nov.2019 – March 2021**

## **Limited Outreach**

- Deceased program enrollment
- Clients unable to access services due to lock down, facilities restraints
- Limited family education and community interaction

## **Increased risk for children**

- Delay in identifying potential genetic issues
- Delay in receiving referrals and available services
- Delay in families receiving genetic information that would alleviate future genetic issues



# Tuberculosis (TB) Impact of Covid-19

## **Public Health Nurses redeployed – 75% of time**

- Covid-19 Hotline 5 days/week, 8 hour/day. **Nov.2019 – March 2021**
- Nurse Managers – Covid-19 Alternative Housing Prog. **April 2020- April 2021**

## **Limited home and clinic visits**

- No home visits – telehealth case management visits, education, and assessments. No Direct Observation Therapy visits, all done by telehealth.
- Decreased patient visits to the clinic
- Limited family education and community interaction

## **Increased risk community**

- Delays in receiving treatments and medication as less patients identified with TB
- Referrals and available resources limited



# Nursing/IHSS Summary Impact of COVID-19

- **Majority of the Unit staff and Nursing management re-assigned to assist with various aspects of the CCDPH's COVID response** including COVID-19 phone hotline, alternate housing, COVID-19 testing, mobile vaccination coordination and vaccine redistribution support
  - Nursing is still currently supporting COVID-19 vaccinations and vaccine distribution to community partners.
  - Nursing has been understaffed. Recently 6 PHN I nurses were hired. Two managers retired.
- **Most of our grant-funded client interaction and activities were put on hold or scaled back** significantly starting March 2020
  - Unit leadership and staff participated in partner meetings (virtually), as schedules allowed as several units worked from home due to limited workspace.
  - The state and community partners were impacted by COVID-19 which impacted our ability to fully carry out FY20 and FY21 scopes of work for the grants.

