

# Cook County Department of Public Health Fourth Quarter Report to the Cook County Board in their capacity as the Board of Cook County

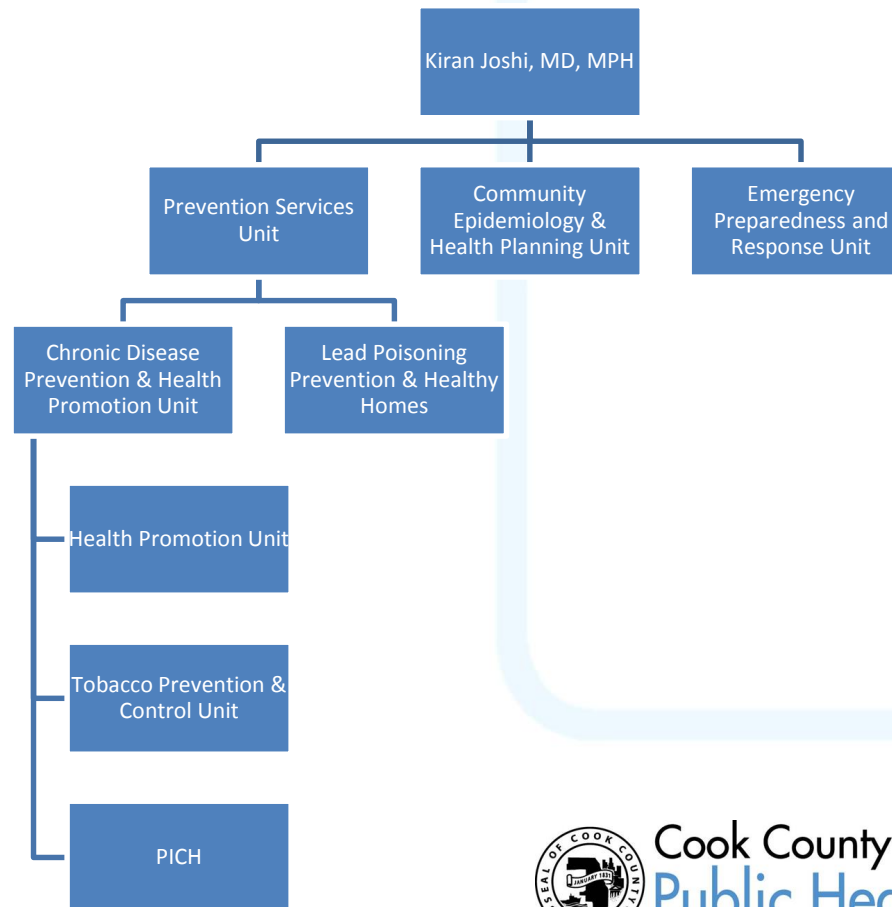
**November 15, 2017**

# Overview

- Community Epidemiology and Health Planning Key Functions and Successes
- Prevention Services Unit Key Functions and Successes
- Partnerships to Improve Community Health (PICH) Grant Sustainability



# Organizational Structure: Community Epidemiology & Health Planning Unit and Prevention Services Unit



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# COMMUNITY EPIDEMIOLOGY & HEALTH PLANNING UNIT



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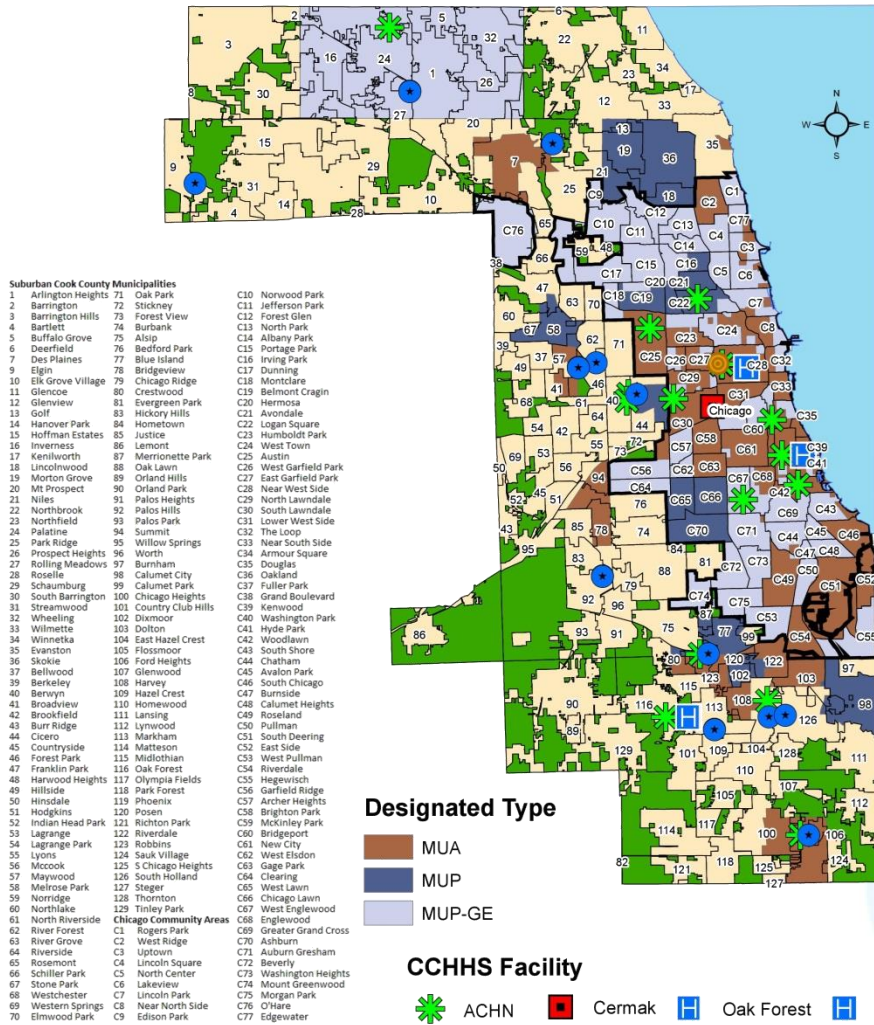
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# Community Epidemiology & Health Planning Key Functions

- Compile and analyze population, vital statistics, hospitalization, risk factor and other secondary database data for suburban Cook County (SCC)
- Prepare community profiles of all SCC municipalities
- Support CCDPH and community partners' epi data needs
- Lead and support mandated WePlan community health assessment and health improvement plan every 5 years
- Lead implementation of health plan priority actions
- Develop awareness of key issues related to population health (e.g. health equity, ACA, social determinants)



# Designated Medically Underserved Areas/Populations Cook County, IL (2015)



Cook County Department of Public Health, Epidemiology Unit  
\*Data Source: Health Resources and Services Administration

Support CCDPH  
program and  
community partners'  
epidemiologic data  
needs including  
identification of  
target or vulnerable  
populations

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# Community Epidemiology & Health Planning Successes

- Cook County Open Data Portal
- Joint CDPH, CCDPH, CCHHS opioid mortality data brief
- 2017 SCC County Health Rankings Equivalent Measures report
- CDC Sub-County assessment of life expectancy project
- 2017 Council of State and Territorial Epidemiology conference presentation on data portal
- 2017 CCDPH All Staff Meeting Health Equity session
  - Roots of Health Inequity training for all CCDPH staff
- HRSA Maternal and Child Health Bureau Graduate Student in Epidemiology match





# COOK COUNTY GOVERNMENT

# OPEN DATA



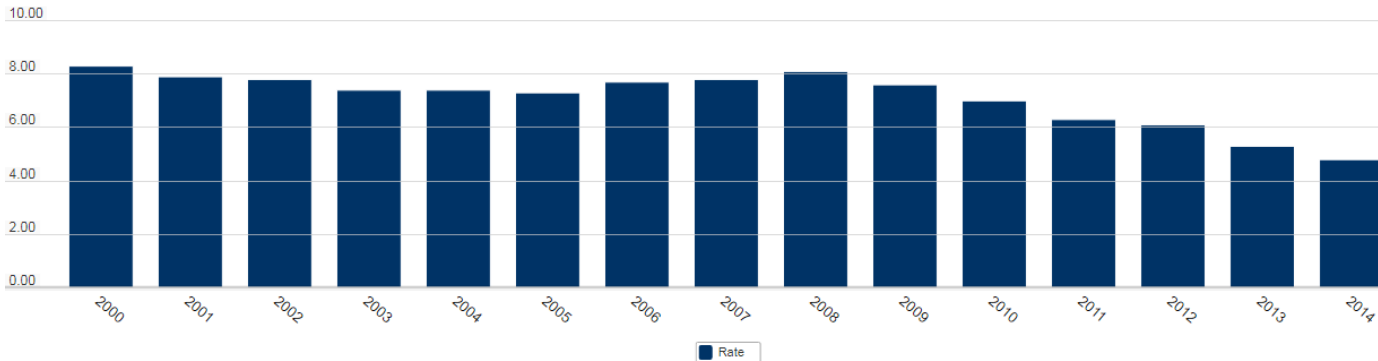
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Based on Suburban Cook County - Births (Birth Related Outcomes & Characteristics)  
This data is compiled by the Cook County Department of Public Health using data from the Illinois Department of Public Health Vital Statistics. It includes the annual

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**Visualize**

**Data Selection**

▼ Chart Definition

\* Choose label data  
Year

\* Choose value data  
Rate

+ Add Data Column

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**Data Presentation**

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**Chart Details**

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Year	Section	Sub-Section	Place	Age Group	Race/Ethnicity	Number	Population	Rate	
1	2000	Sociodemographic Characteristics	Teenage Childbearing	1 Suburban Cook County	a) All Ages	All Race/Ethn	2,860	34,618	8.3
2	2001	Sociodemographic Characteristics	Teenage Childbearing	1 Suburban Cook County	a) All Ages	All Race/Ethn	2,754	34,673	7.9
3	2002	Sociodemographic Characteristics	Teenage Childbearing	1 Suburban Cook County	a) All Ages	All Race/Ethn	2,627	33,609	7.8
4	2003	Sociodemographic Characteristics	Teenage Childbearing	1 Suburban Cook County	a) All Ages	All Race/Ethn	2,517	34,028	7.4
5	2004	Sociodemographic Characteristics	Teenage Childbearing	1 Suburban Cook County	a) All Ages	All Race/Ethn	2,476	33,401	7.4

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## Epidemiology Brief: Opioid-Related Overdose Deaths in Cook County, IL, 2015 May 2017

In 2015, there were a total of 647 drug overdose deaths involving opioids in Cook County, IL. Of those, 426 were in Chicago and 221 were in suburban Cook County. The rate of overdose deaths involving opioids in Chicago (15.5 per 100,000) was above the national rate (10.4 per 100,000)<sup>1</sup> and was 1.7 times higher than the rate in suburban Cook County (8.8 per 100,000).

The rate of opioid-related drug overdose death was higher among men than among women for both Chicago and suburban Cook County. The rate of opioid related-drug overdose death was highest among older individuals (age 55-64) in Chicago, but highest among younger individuals (age 25-34) in suburban Cook County (Table 1).

*Heroin was the opioid involved in the majority of overdose deaths in both Chicago and Suburban Cook County.*

In both Chicago and Suburban Cook County, heroin was the opioid involved in the majority of overdose deaths (Table 2). However, the percentage of opioid-related overdose deaths involving opioid pain relievers in suburban Cook County (20.4%) was 2.7 times higher than the percentage in Chicago (7.5%).

### Data and Methods

These data were obtained and analyzed through a partnership of the Chicago

Department of Public Health, Cook County Medical Examiner's Office, Cook County Department of Public Health, and Cook County Health and Hospitals System. Overdose death data were obtained directly from the Medical Examiner's Office, and then processed and analyzed collaboratively to gain a nuanced understanding of overdose deaths in Cook County. The agencies reviewed individual overdose cases as well as categorization methodology with the Medical Examiner to ensure standardization of data analysis.

**Table 1. Opioid-related overdose deaths in Cook County, IL<sup>1</sup> (2015)**

Drug Type <sup>**</sup>	Chicago Population: 2,695,598		Suburban Cook Population: 2,499,077	
	Number	Rate <sup>***</sup>	Number	Rate <sup>***</sup>
All opioids	426	15.5	221	8.8
Heroin-involved	345	12.4	152	6.2
Fentanyl-involved	71	2.7	32	1.3
Opioid Pain Reliever-involved <sup>†</sup>	32	1.1	45	1.7
Methadone-involved	28	1.0	19	0.8 <sup>†</sup>
<b>Gender</b>				
Male	322	23.8	149	12.0
Female	104	7.5	72	5.6
<b>Age</b>				
15-24	27	6.7	20	6.1
25-34	78	15.1	62	19.6
35-44	89	23.5	42	12.7
45-54	121	35.7	52	13.7
55-64	96	36.5	39	12.7
65-74	14	9.3 <sup>†</sup>	<5	**

Data Source: Cook County Medical Examiner's Office, US Census Bureau.  
<sup>1</sup>Geographic designations are based on address of incident.  
<sup>\*\*</sup>Drug type categories are not mutually exclusive as some deaths involved more than one type of opioid.  
<sup>\*\*\*</sup>Rates express the number of overdoses per 100,000 people in the population. Denominators are based on the 2010 census population. Rates are age-adjusted to the 2000 US standard population.  
<sup>†</sup>Opioid pain reliever: buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, morphine, oxycodone, oxymorphone, or tramadol.  
<sup>††</sup>For counts less than 20, rates may be unstable and should be interpreted with caution.  
<sup>†††</sup>For counts less than 5, rates are not reported.

**Table 2. Percentage of all opioid related overdose deaths involving specific opioids (2015)**

Drug Type <sup>*</sup>	Chicago (n=426)	Suburban Cook (n=221)
Heroin-involved	80.9%	68.8%
Fentanyl-involved	16.7%	14.5%
Opioid Pain Reliever-involved <sup>†</sup>	7.5%	20.4%
Methadone-involved	6.6%	8.6%

Data Source: Cook County Medical Examiner's Office.  
<sup>\*</sup>Categories are not mutually exclusive as some deaths involved more than one type of opioid. Percentages will not add to 100%.  
<sup>†</sup>Opioid pain reliever: buprenorphine, codeine, hydrocodone, hydromorphone, meperidine, morphine, oxycodone, oxymorphone, or tramadol.

# Involved with multi-agency collaborations to address issues affecting our region

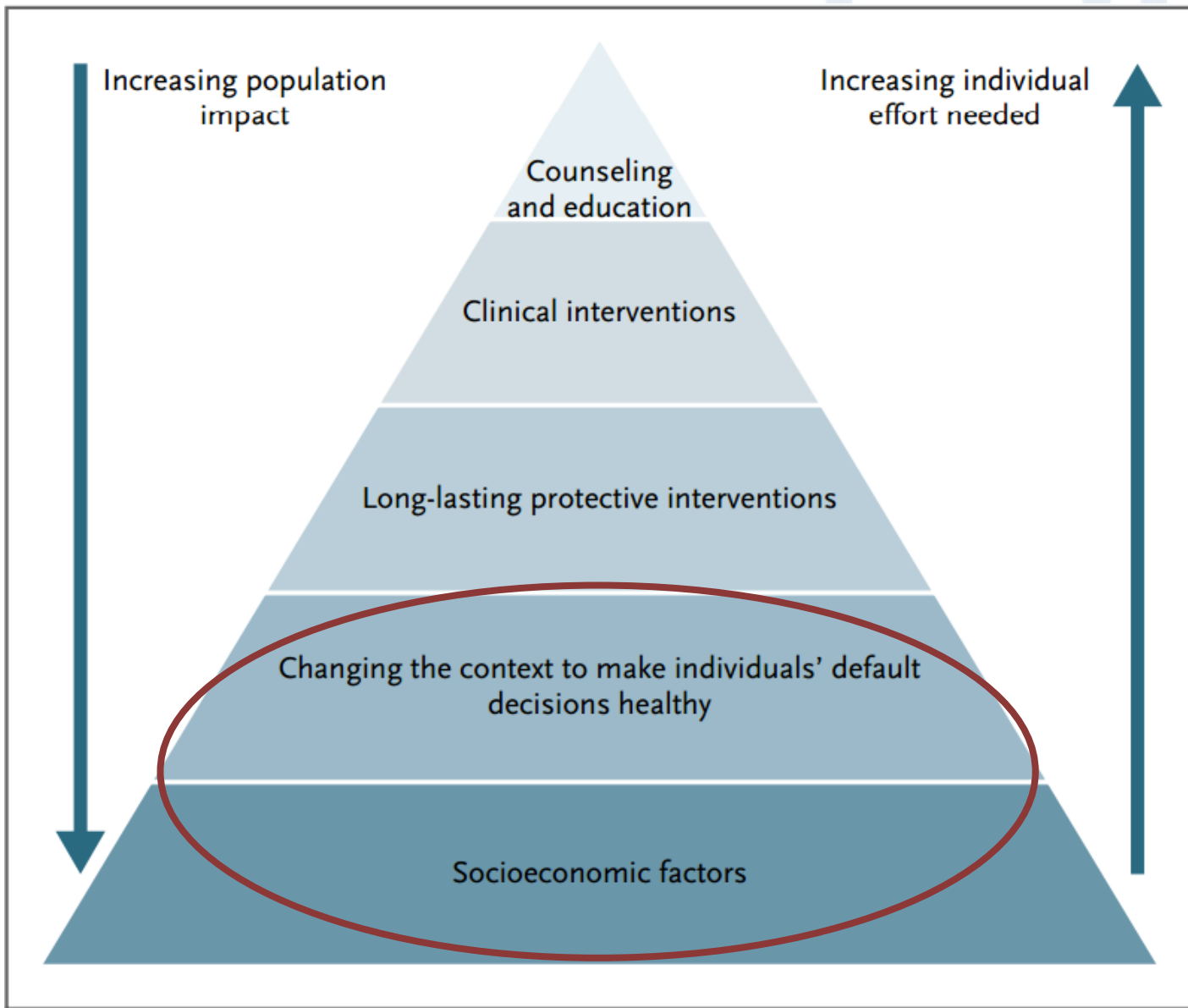
[http://cookcountypublichealth.org/images/images/behavioral-health/Joint\\_Chicago\\_and\\_Cook\\_County\\_Opioid\\_Brief\\_2015.pdf](http://cookcountypublichealth.org/images/images/behavioral-health/Joint_Chicago_and_Cook_County_Opioid_Brief_2015.pdf)

<sup>1</sup>CDC MMWR "Increases in Drug and Opioid-involved Overdose Deaths — United States, 2010–2015" December 16, 2016 ([https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm?cid=mm655051e1\\_eRt1\\_down](https://www.cdc.gov/mmwr/volumes/65/wr/mm655051e1.htm?cid=mm655051e1_eRt1_down)).

# PREVENTION SERVICES UNIT







Frieden TR. A framework for public health action: The health impact pyramid. *American Journal of Public Health* 2010; 100(4): 590-595.



# Prevention Services Unit

## Key Functions

- Lead or support **p**olicy, **s**ystems and **e**nvironmental (**PSE**) changes
  - Our focus for 10 years
- Establish strategic partnerships & collaborations
- Build capacity
- Conduct outreach/education
- Secure and manage grants



# Policy, Systems, and Environmental Change

Aim to make healthy living easier and advance health equity through:

- **Policy** changes include passing of laws, ordinances, resolutions, mandates, regulations, or rules
- **System** changes involve change made to the rules within an organization
- **Environmental** changes are changes made to the physical environment



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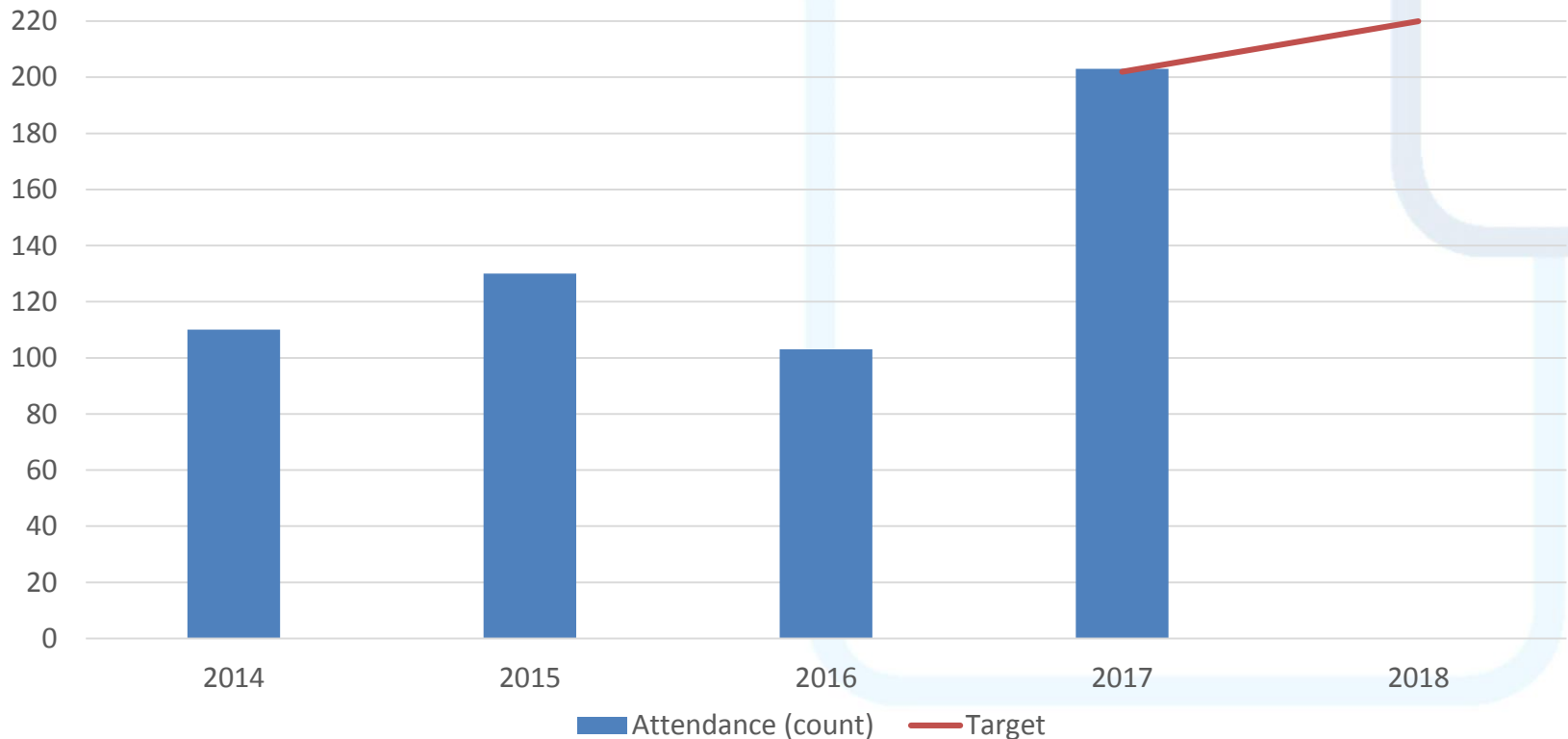
# Prevention Services Unit Successes

- Illinois Association of Park District award with Forest Preserves of Cook County
- Annual School Health Conference
- Advanced local PSE changes
- Healthy HotSpot campaign
- Implemented referral system for Diabetes Self-Management Program
- Participated in national Walkability Action Institute



# School Health Meeting Attendance

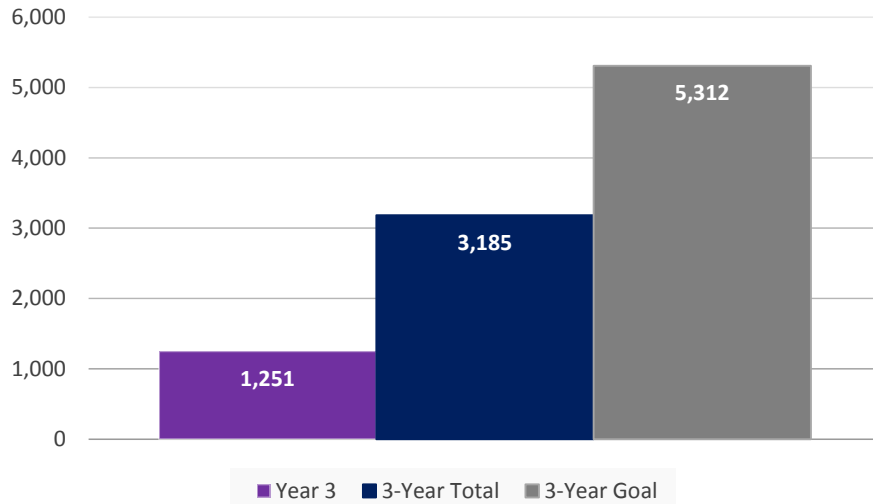
In 2017, the School Health Conference had **over 200** school health professionals in attendance, and aims to reach 220 in 2018.





# Policy, System, Environmental Change: Smoke-Free Housing

No. of Multi-Housing Units with  
Smoke-Free Protections



A total of 3,185 units or 60% of the total goal of 5,312 units are smoke-free with a potential reach of 6,857 residents.

- 22 properties of Housing Authority of Cook County and 51 market-rate buildings went smoke-free
- About 3,300 people spared from second-hand smoke exposure
- \$9,411,675 est. to be saved by property mgrs/owners



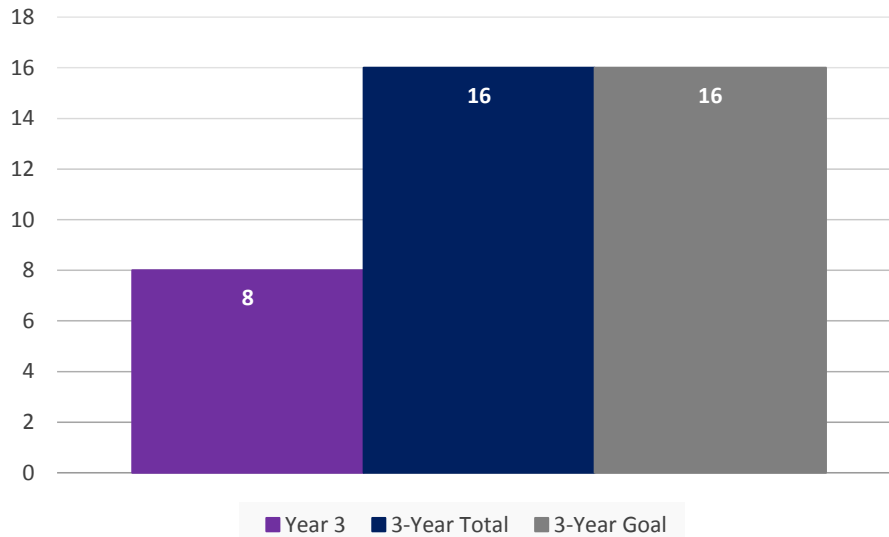
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# Policy, System, Environmental Change: Active Transportation Plans & Policies

No. of Complete Streets Adopted or Active Transportation Plans Finalized



A total of 10 Complete Streets policies were adopted, and 6 Active Transportation Plans were finalized for 13 municipalities with potential reach of 218,536 residents.

- Pop-up events held to bring Complete Streets to life
- A walkable, bikeable communities subcampaign of Healthy HotSpot was launched
- 5 of these municipalities awarded grants from CCDOTH's Invest in Cook



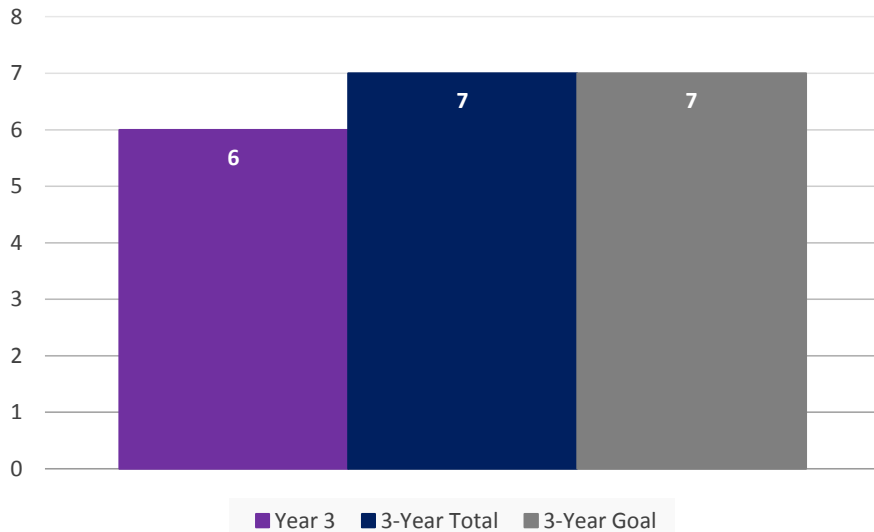
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# Policy, System, Environmental Change: Clinical-Community Linkages

No. of Clinics that Implemented IL Pathways to Health Referral System



A total of 7 clinics implemented an integrated, systemized referral process to the Diabetes Self-Management Program (DSMP), increasing access of this evidence-based program to nearly 8,000 patients.

- CCHHS was one of two systems implementing Pathways to Health; and linked patients to DSMP in 4 CCHHS clinics
- AgeOptions secured additional grant funding through Administration for Community Living



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# Factors for Success & Challenges Faced by CCDPH\*

## Factors for Success

- PSE: long-term, 6 phases
- CCDPH's role: systems convener; fostering backbone development in communities
- Communications: Tailored messaging, multi-modal and multi-level
- Engagement and capacity building: early and often to have multiple decision makers, champions, and community support

## Challenges

- Implementing agencies often do not identify CCDPH's role in supporting PSE interventions
- Mixed resource availability
- Partner concerns about CCDPH commitment due to diminished capacity

\*Community partner and local organization feedback from qualitative inquiry portion of evaluation



# Opportunities to Collaborate within CCHHS

- Continue to collaborate on clinical-community linkages to evidence-based or –informed community resources (such as Diabetes Self-Management Program; IL Tobacco Quitline; and Forest Preserves)
- Nutrition standards (e.g., vending; meals; etc.) at CCHHS locations with an equity lens
- Continue to support county-wide policies (e.g. Tobacco 21)



# Resources to Advance PSE Change for Healthy Living and Health Equity

## Existing Resources

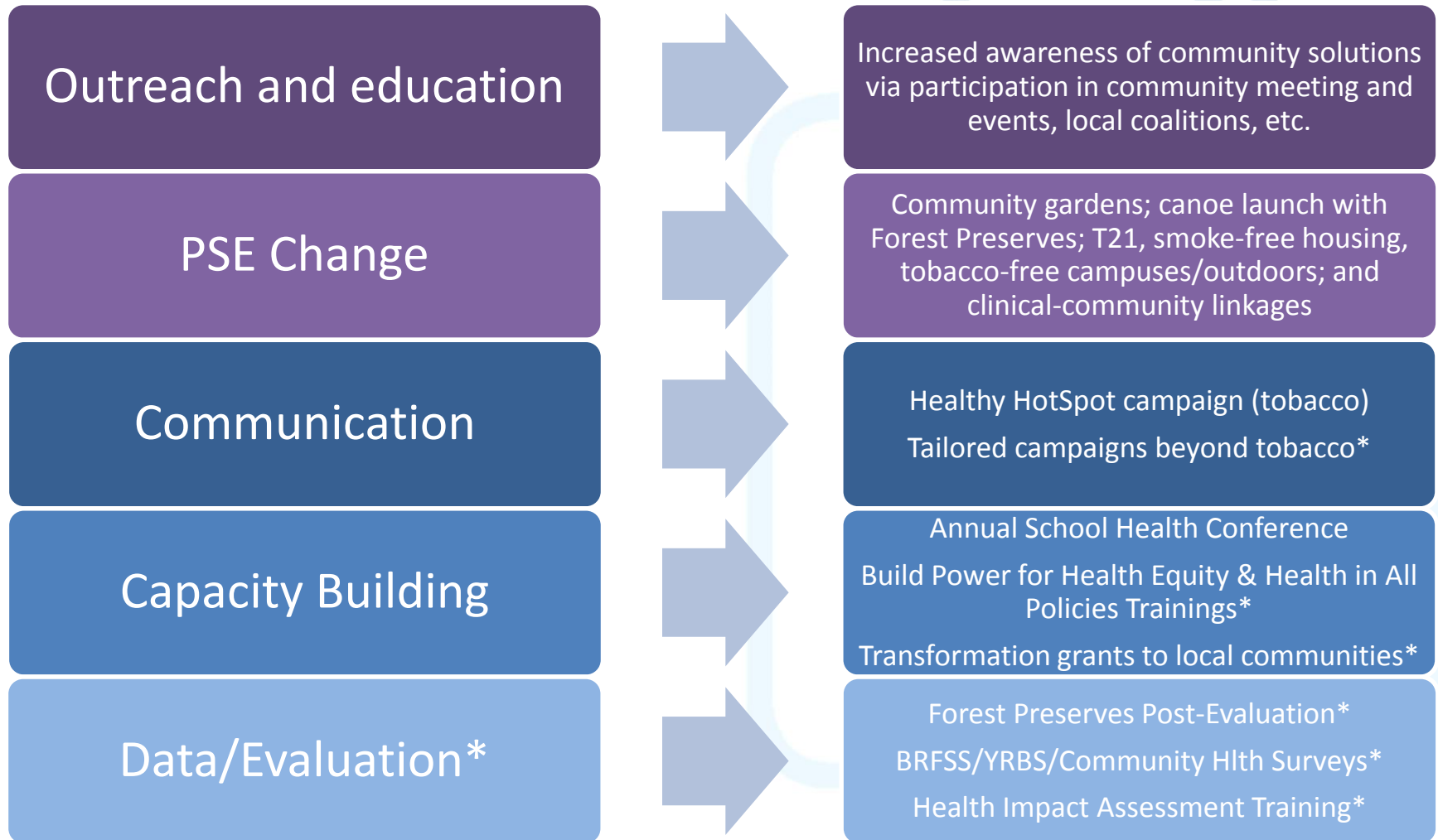
- EcoMedia
- Illinois Tobacco-Free Communities grant
- Alignment with sister County agencies (e.g., Complete Streets added to CDBG funds and CCDOH Invest in Cook grant program)
- Sustained resources and action through partners

## Resource Dev't Strategies

- Submit application for 2018 Culture of Health Award
- Explore internal investments
- Identify and secure additional grant funding
- Continue to align and coordinate with sister County agencies and partners



# Looking Beyond PICH



\*Activities possible with additional funding



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