

COOK COUNTY  
HEALTH



# Monthly Report

to the Cook County Board of Commissioners

August 2021



COOK COUNTY  
HEALTH

# Administrative & Legislative Updates



Presented to the CCH Board on July 30, 2021



COOK COUNTY  
**HEALTH**

# Administrative Update

## RECOGNITION

- **Cook County Health’s Health Information Systems team**, headed by **Robert Sumter**, Chief Information Officer, received its Stage 7 recertification from Healthcare Information and Management Systems Society. This accomplishment reaffirms our commitment in leading the way to Electronic Medical Record adoption across the country and optimized patient care. While the entire CCH team deserves recognition, there is a core group of staff who led the charge.

|                       |                        |                            |                         |
|-----------------------|------------------------|----------------------------|-------------------------|
| <b>Andrew Bullock</b> | <b>Angela O’Banion</b> | <b>Beth Erdman</b>         | <b>Amy Looi</b>         |
| <b>Angie Smith</b>    | <b>Adam Weber</b>      | <b>Christopher Caudill</b> | <b>Jerry Pagell</b>     |
| <b>Bryan Pravel</b>   | <b>Amanda Grasso</b>   | <b>Pamela Gooden</b>       | <b>Leathecia Arnold</b> |

- **Hand hygiene** is a critical patient safety indicator for all health systems and has also been a key factor in fighting the COVID-19 pandemic. Like other systems, Cook County Health has a team of hand hygiene champions who routinely monitor staff compliance with hand hygiene protocols. The information gathered is used to develop and implement interventions to improve compliance and, therefore, patient safety. The following individuals have gone above and beyond in CCH’s efforts to provide high quality patient care:

|  |  |
|--|--|
| <b>Indu Abraham</b> , Clinical Nurse, Coronary Care Unit         | <b>Sajini Joseph</b> , Clinical Nurse, General Surgery and Orthopedics |
| <b>Mini Aernat</b> , Clinical Nurse, General Medicine Clinic     | <b>Teresita Rescober</b> , Clinical Nurse Specialist, Obstetrics       |
| <b>Stella Evulukwu</b> , Specialty Nurse, Nursing Administration | <b>Cecilia Soriano</b> , Clinical Nurse, Coronary Care Unit            |

- **Congratulations** to resident physicians **Dr. Ali Sherazi** and **Dr. Muhammad Tariq**, and to **Dr. Shweta Gupta**, Attending Physician in Oncology and Senior Author, for their abstract presented at the European Society of Medical Oncology’s World Congress of Gastrointestinal Cancers held in Barcelona, Spain. Dr. Sherazi presented the abstract and was honored with the Young Investigator Award. The abstract evaluated characteristics and outcomes, including health care utilization, in oncology patients with HIV compared to a non-HIV population using a national sample.
- As Cook County Health rolled out our mass vaccination sites across the county, we were fortunate to partner with the **Chicago Federation of Musicians** to have live musical performances at our sites for patients coming to get vaccinated. A big thank you to the Chicago Federation of Musicians, especially **BJ Levy**, Secretary-Treasurer, for making the vaccination experience more pleasant. The Federation and their leadership have been true partners during the COVID-19 pandemic.

## ACTIVITIES and ANNOUNCEMENTS

- **US News & World Report Rankings** Cook County Health’s John H. Stroger, Jr. Hospital was recently recognized by U.S. News & World Report as a high performing organization for heart attack and heart failure, chronic obstructive pulmonary disease (COPD) and pneumonia care. U.S. News & World Report annually releases rankings for organizations based on several factors, including outcomes, patient safety, nurse staffing and more. Hospitals are also rated for their performance in treating more commonly occurring conditions and performing certain medical procedures. High performing organizations rank within the top 10 percent nationally of a given specialty. Hospitals that are high performing are considered significantly better than the national average. **IMPACT 2023 Focus Area 1**

# Administrative Update

## ACTIVITIES and ANNOUNCEMENTS (cont.)

- **COVID-19 Vaccine Strategy** Cook County is evolving its strategy to redeploy resources to support hyperlocal, community-based vaccination initiatives. Specific focus will continue to be placed on the municipalities identified by CCDPH based on the Centers for Disease Control and Prevention’s social vulnerability index and the COVID-19 community vulnerability index that have low vaccine uptake rates. These communities, primarily in the west and south suburbs, are receiving additional resources through a variety of tactics to address vaccine hesitancy and increase vaccine access.

Mobile and pop-up events, in-home vaccinations, and collaboration with community-based organizations, faith-based organizations and schools will continue, as well as additional efforts like door-to-door outreach with FEMA volunteers, incentives and transportation assistance. CCDPH is coordinating a vaccine pilot at the Markham Courthouse in August to serve community members, visitors and employees. If successful, it will be rolled out to other County courthouses.

CCH’s three remaining mass vaccination sites were sunset on July 21 and 22, as demand for vaccinations wanes locally and across the country. CCH hosted clap-out events to celebrate the hard work of the teams staffing the mass vaccination sites. CCH continues to offer COVID-19 vaccinations at all of its community health centers and hospitals to any individual age 12 or older. There is no cost to be vaccinated. Walk-ins are welcome at all locations between 8:30 am – 4:00 pm Monday through Friday. For complete details or to make an appointment call 833-308- 1988 or visit [MyShotCookCounty.com](https://MyShotCookCounty.com).

Following CDC and IDPH recommendations, CCDPH has issued school guidance and continues to host Ask the Doctor webinars. The My Shot Campaign continues to educate individuals on the effectiveness of vaccines, and the communications team continues to position CCH experts in the media.

CCH and CCDPH are closely monitoring the rise in cases and making any necessary adjustments or changes in strategies. Along with many health systems across the country, CCH is evaluating mandatory vaccines for all employees. **IMPACT 2023 Focus Areas 1 and 5**

- **Gender Pronoun Initiative** Cook County Health is continuing to enhance its delivery of inclusive, affirming care to our patients. The health system is working on several tactics to raise awareness about the importance of appropriate gender pronouns. Understanding and sharing preferred gender pronouns helps us all know how to respectfully address one another and promotes an inclusive health care environment for everyone.

CCH distributed new buttons this week that patients and staff may pick up at any of our clinical locations to signal their preferred pronouns. New email signature templates have also been shared that include a line for preferred pronouns. Also, more precise fields are being created in our electronic medical record system to better reflect a variety of gender identities and pronouns so providers can provide the most gender-affirming care possible. These efforts represent a continuation of ongoing efforts to ensure that CCH is always pursuing opportunities to better serve all of our community.

**IMPACT 2023 Focus Area 5**



# Administrative Update

## UPDATES

- **Food as Medicine** – As access to healthy food remains a great need for our patients and communities, the Fresh Truck partnership between Cook County Health (CCH) and the Greater Chicago Food Depository (GCFD) continues. The onset of the COVID-19 pandemic required CCH and GCFD to develop and implement revised protocols for the Fresh Truck distributions that allow for appropriate screenings and social distancing to protect patients, as well as CCH and GCFD staff and volunteers. These revised protocols are in place until further notice.

Through July 16, CCH’s Fresh Truck partnership with the GCFD resulted in 335 visits to CCH health centers – Arlington Heights, Austin, Blue Island, the CORE Center, Cottage Grove, Englewood, Logan Square, North Riverside, Provident/Sengstacke, Prieto, and Robbins.

Collectively, the Fresh Truck distributions have resulted in the provision of fresh fruits and vegetables, as well as some shelf stable items during the COVID-19 pandemic, to an estimated 39,322 households, representing 130,250 individuals, totaling more than 864,250 pounds of food. Most of the individuals benefiting from the Fresh Truck screened positive for food insecurity at a CCH health center visit.

The GCFD’s Fresh Food Truck visits for the month of August include the following ACHN Health Centers.

- August 3 – **North Riverside Health Center** – 1800 S. Harlem Avenue, North Riverside
- August 5 – **Austin Health Center** – 4800 W. Chicago Avenue, Chicago
- August 19 – **Cottage Grove Health Center** – 1645 Cottage Grove Avenue, Ford Heights
- August 17 – **Robbins Health Center** – 13450 S. Kedzie Avenue, Robbins
- August 19 – **Englewood Health Center** – 1135 W. 69th Street, Chicago

### IMPACT 2023 Objective 5.1C

- **Community Advisory Councils** – Cook County Health Community Advisory Councils (CAC) include patients, community and religious organizations and provide an opportunity to engage patients, organizations and civic leaders in the communities where our centers are located. The Councils provide feedback to our staff and help strengthen our health centers’ 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.

Upcoming CAC meeting dates:

- **Robbins:** Tuesday at 1:00 PM: August 17, November 16
- **Arlington Heights:** Tuesday at 1:00 PM: August 24, November 23
- **North Riverside:** Wednesday at 1:00 PM: September 15, December 15
- **Englewood:** Thursday at 1:00 PM: September 16, December 16
- **Provident Hospital/Sengstacke Health Center:** Wednesday at 10:00 AM: October 13
- **Cottage Grove:** Tuesday at 1:00 PM: October 26

### IMPACT 2023 Focus Area 5



# Legislative Update

## LOCAL

- On July 21, the Cook County Board's Legislation and Intergovernmental Affairs Committee approved the appointment of Dr. Karen Kim to the Cook County Health Board of Directors. The appointment is effective August 1, 2021 and expires July 31, 2025.
- On July 23, the Cook County Board's Health & Hospitals Committee held its monthly meeting. The agenda included a *COVID-19 Vaccine and Contact Tracing Update* from CCH CEO Israel Rocha and CCDPH Co-Leads Dr. Kiran Joshi and Dr. Rachel Rubin. The agenda also included CCDPH's *Second Quarterly Report on Opioids* from Dr. Joshi.

The next meeting of the Cook County Board's Health & Hospitals Committee is scheduled for September. At that meeting all County departments and agencies that provide mental health services will present their *Quarterly on Mental Health Services Activities Reports*. CCH will present on services provided through the system, including Cermak Health Services and CCDPH.

CCH will continue to provide a *COVID-19 Vaccine and Contact Tracing Update* to the committee every month through the end of calendar year 2021.

- On July 28, the Cook County Board's Audit Committee met to review the results of the County's *Comprehensive Annual Financial Report (CAFR)* including the *Cook County Health and Hospitals System Financial Report, 11/30/2020* and the *Cook County Health and Hospitals System Report to the Audit and Compliance Committee, 5/28/2021*.
- On July 28, the Cook County Board's Finance Committee held its monthly meeting. CCH presented its *Monthly Report to the Cook County Board* and responded to questions pertaining to the *Cook County Monthly Report on Revenues and Expenses*.

## STATE

- Over 7,800 bills and resolutions were filed by House and Senate members in the spring legislative session. The legislature passed a total of 666 bills. As of July 22, the Governor signed 105 of the bills into law. Once bills are sent to the Governor, he has 60 days to take action; if he takes no action, the bill automatically becomes law on day 61. A summary of legislation of interest to CCH follows:
  - [SB1840](#) – Joint effort between Cook County and Cook County Health to improve health equity and access to care by increasing transparency and reporting requirements in nonprofit hospital community benefits reports and improving the process for uninsured patients to access hospital-based services. CCH is working with stakeholders to ensure successful implementation. *Awaits action by the Governor.*
  - [SB2017](#) - (2022 Budget Implementation Bill or BIMP) includes expansion of Medicaid-like coverage to immigrants 55 – 64 years with income less than 138% FPL, with coverage starting no later than May 2022. This builds on the Medicaid-like expansion for older adult immigrants authorized in the FY2021 BIMP. *Signed June 17 (Public Act 102-0016); takes immediate effect unless otherwise noted in the bill.*
  - [SB2294](#) - (Medicaid omnibus) – Adds additional covered services and providers to the Medicaid program, increases reimbursement rates for certain dental codes for adults and children as well as administrative fees for immunizations provided to children, and makes other changes related to Medicaid. *Signed July 6 (Public Act 102-0043); takes immediate effect unless otherwise noted in the bill.*
  - [SB818](#) – Requires Illinois public and charter schools to teach comprehensive personal health and safety education in grades K-5 and comprehensive sexual health education in grades 6-12 that is age and developmentally appropriate, medically accurate, complete, culturally appropriate, inclusive, and trauma informed. *Awaits action by the Governor.*
  - [HB1063](#) – Repeals harmful and outdated HIV criminalization law and treats HIV like any other chronic disease, using proven and effective public health strategies. *Awaits action by the Governor.*



# Legislative Updates

## STATE (cont)

- [HB3308](#) – Makes permanent (until 2027 for most services) telehealth coverage, reimbursement, and flexibilities initiated in response to COVID-19. While the bill only applies to private insurance plans regulated by the Illinois Department of Insurance, the Illinois Department of Healthcare and Family Services (HFS) has agreed to payment parity and coverage of telehealth for Medicaid beneficiaries beyond the end of the pandemic, as permitted by the telehealth administrative rules filed last year. HFS intends to meet with stakeholders over the next several months to determine what, if any, legislative changes need to be in place. *Signed July 22 (Public Act 102-0104); takes immediate effect unless otherwise noted in the bill.*
  - [HB3739](#) – Requires local lead service line replacement and creates a low-income assistance program to help fund water infrastructure projects, including replacement. *Awaits action by the Governor.*
  - HB711 – Reforms the prior approval/prior authorization process by increasing transparency and standardization among Medicaid MCOs and private insurance plans regulated by the Illinois Department of Insurance, and also improves continuity of care and clinical review standards. *Awaits action by the Governor.*
- The fall veto session is currently scheduled to take place October 19-21 and 26-28.
  - Earlier this month, the [Illinois Department of Healthcare and Family Services announced nearly \\$95M in health care transformation funding for eight collaboratives](#), with six of the projects based in the Chicago/Cook County area. Cook County Health is pleased to be part of the following collaboratives:
    - The [West Side Health Equity Collaborative](#) seeks to increase convenient access to culturally responsive healthcare, supporting the unique and changing socio-economic needs of individuals and families. The lead agency is ACCESS Community Health Network, and other participating entities include: Ann & Robert H. Lurie Children’s Hospital; Bobby E. Wright Comprehensive Behavioral Health Center, Inc.; Habilitative Systems, Inc.; Humboldt Park Health; the Loretto Hospital; Medical Home Network; Rush University Medical Center; Sinai Chicago; and West Side United.
    - [Prison Emergency Early Release Response Network](#) is a model approach to care coordination and social determinants of health for men and women released from the state prison system returning to Cook County. The lead agency is SAFER Foundation, and other participating entities include: Heartland Alliance Health, Healthcare Alternatives Systems, Inc. (HAS), KAM Alliance, Transforming Reentry Services/MWPM, Get to Work Illinois, Smart Policy Works, and Legal Council for Health Justice.

State legislation authorized up to \$150M in funds that may be appropriated annually by the Illinois General Assembly through state fiscal year 2027. The full funds were appropriated in the FY2021 and FY2022 state budgets. The funds seek to transform the Medicaid program by supporting innovative partnerships and efforts that improve health outcomes, address social determinants of health, and reduce health inequities.

## FEDERAL

- **FY 2022 Budget and Appropriations** – As planned, the House Appropriations subcommittees marked up all twelve FY 2022 annual appropriations bills. The full committee took them up and cleared them for consideration by the full House. During the week of July 26, a “minibus” was made up of seven bills, including the measure that funds the U.S. Department of Health and Human Services (Labor-HHS-Education).

As expected, the Senate is moving more slowly. We continue to expect that one or more short-term stop-gap measures will be needed to keep the government funded after the end of the fiscal year Sept. 30, 2021, until a bipartisan, bicameral agreement can be reached.

# Legislative Updates

## FEDERAL (cont)

- The House Labor-HHS-Education bill provides a total of \$119.8 billion for HHS, an increase of \$22.9 billion above the FY 2021 enacted level and \$129 million below the President’s budget request. Funding levels for programs of interest to CCH include:
  - Hospital Preparedness Program: \$320 million, an increase of \$39 million
  - Centers for Disease Control and Prevention (CDC): The bill includes a total of \$10.6 billion for CDC, an increase of \$2.7 billion above current year funding and \$1 billion above the President’s budget request. This includes:
    - \$1 billion in a new, flexible funding stream for public health infrastructure and capacity
    - \$150 million, an increase of \$100 million over current funding levels, to modernize public health data surveillance and analytics at CDC and state and local health departments
    - \$106 million, an increase of \$50 million over current funding levels, for public health workforce initiatives
    - \$843 million, an increase of \$250 million over current funding levels, for global health
    - \$25 million, an increase of \$12.5 million over current funding levels, for firearm injury and mortality prevention research
    - \$74 million, an increase of \$10 million over current funding levels, for the Racial and Ethnic Approach to Community Health (REACH) program, which addresses racial and ethnic health disparities
    - \$153 million, an increase of \$150 million over current funding levels, for social determinates of health
    - \$275 million, an increase of \$100 million over current funding levels, for the Ending the HIV Initiative
    - \$115 million, an increase of \$100 million over current funding levels, for community and youth violence prevention.
    - \$250 million, an increase of \$12.5 million over current funding levels, to address tobacco and e-cigarettes
  - Substance Abuse and Mental Health Services Administration (SAMHSA): The bill funds SAMHSA at \$9.16 billion, an increase of \$3.14 billion above current funding levels. SAMHSA funding includes:
    - Mental Health: \$3.16 billion, an increase of \$1.36 billion over current funding levels, including an \$825 million increase to the Mental Health Block Grant (MHBG)
    - Suicide prevention: \$113.6 million for the Suicide Lifeline, an increase of \$89.6 million over current funding levels, to support implementation of the new 988 number
    - Creates a new Mental Health Crisis Response Partnership Pilot Program, which will provide
    - \$100 million to help communities create mobile crisis response teams
    - Substance use treatment: \$5.5 billion, an increase of \$1.6 billion over current funding levels. This includes \$2.8 billion, an increase of \$1 billion over current funding levels, for the Substance Abuse Prevention and Treatment Block Grant (SABG) and \$136.5 million, an increase of \$56.5 million, for Medication Assisted Treatment (MAT)
- **Biden Administration** – On July 14, 2021, HHS Secretary Xavier Becerra swore in Miriam E. Delphin-Rittmon, PhD, as the Assistant Secretary for Mental Health and Substance Use and Administrator of the Substance Abuse and Mental Health Services Administration (SAMHSA). Dr. Delphin-Rittmon previously served as Commissioner of the Connecticut Department of Mental Health and Addiction Services, where she focused on recovery-oriented, integrated and culturally responsive services and systems to promote dignity, respect, and meaningful community inclusion.

CMS Administrator Chiquita Brooks-LaSure assured Medicaid advocates at a conference that she is working to ensure that Medicaid beneficiaries can continue their coverage post-pandemic or can be transitioned to a new insurance after the COVID-19 public health emergency (PHE) ends. The Biden Administration indicated in January that it would continue to extend the PHE declaration through the end of calendar year 2021. The declaration must be renewed every 90 days. While Congress created the Medicaid maintenance of effort requirements, the Administration must issue guidance or regulations on how states should resume removing people from the rolls once the PHE ends. The Administration has indicated that it plans to revise this Trump Administration guidance giving states six months after the PHE to update their Medicaid rolls, but no details have been released yet.





# Legislative Updates

## FEDERAL (cont)

- **Biden “American Jobs Plan” and “American Families Plan”** – Senate negotiators on a bi-partisan infrastructure/jobs bill are said to be close to reaching a deal, which could be brought to the Senate floor for votes the week of July 26. This bill is expected to focus on “traditional” infrastructure: roads, bridges, airports, transit, water and broadband. There have been indications that the plan might be partially paid for with unspent COVID relief funds from 2020 legislation. The approximately \$24 billion remaining in the Provider Relief Fund could well be targeted.

Meanwhile, the Senate Budget Committee is preparing to mark up a Budget Resolution which will include “reconciliation instructions” for certain Senate authorizing committees to write legislation which then can pass the Senate under expedited reconciliation rules, with a simple majority. This will require all 50 Senate Democrats to agree to the bill, plus Vice President Harris to cast the deciding vote.

While hospital groups continue to advocate that the infrastructure package should include funding for safety net hospitals, including hospital capital investments (e.g., a renewed Hill-Burton program as envisioned by House Energy and Commerce Democrats), digital infrastructure, emergency preparedness and workforce development, it is not clear that the tight top-line caps and fierce competition for offsets will support their inclusion.

Democrats are also looking to include an expansion of Medicare, possibly by offering dental, hearing and vision coverage. They are also wrestling with approaches to closing the Medicaid gap to provide coverage for those in states that have not expanded Medicaid under the ACA, who do not qualify for their state’s coverage or for subsidized coverage on the ACA exchanges.

- **Public Charge Rule:** On July 22, CMS encouraged states to work with local partners and community organizations to raise awareness that the Trump-era public charge rule no longer applies. CMS noted that states cannot share a Medicaid applicant or beneficiary’s information for reasons that go beyond Medicaid administration, and are not, in general, allowed to share applicant information with the Department of Homeland Security (DHS). DHS is now operating under the previous 1999 public charge guidance, which does not take Medicaid or CHIP enrollment into account in public charge determinations.

# Community Outreach

As in person event participation resumes, Cook County Health and CountyCare will be present at events to promote the health system and the Medicaid program. Events in the month of August include the following:

- August 6 Cook County Health and CountyCare promotion at **Community Consolidated School District 59's Back to School Fair**, which takes place at the John Jay Elementary School located at 1835 Pheasant Trail in Mount Prospect. Special attention will be given to the promotion of the Arlington Heights Health Center, which is located in the service area.
- August 7 Cook County Health and CountyCare promotion at **Community Consolidated School District 59's Back to School Fair**, which takes place at the Blackhawk Estates Mobile Homes located at 402 W Touhy Avenue in Des Plaines. Special attention will be given to the promotion of the Arlington Heights Health Center, which is located in the service area.
- August 7 Cook County Health and CountyCare promotion at **State Senator Mattie Hunter's 16th Annual Health, Fun & Fitness Fair**, which takes place at the Illinois Institute of Technology's Crown Hall located at 33rd Street and State Street in Chicago. The event offers a variety of different health screenings, fitness activities, and fun for the entire family.
- August 13 Cook County Health and CountyCare promotion at **11th Police District Resource Fair and Back to School**, which takes place at Horan Park located at 3035 W. Van Buren Street in Chicago. The event is co-sponsored by the Sinai Health Ministry Program.
- August 14 Cook County Health's Provident Hospital is one of the main sponsors and supporters of the **Annual Bud Billiken Parade**, which is the second largest parade in the United States. CCH physicians and nurses provide first aid support along the parade route. In addition, staff will be at Washington Park in a separate tent to promote CCH and CountyCare, as well as provide information on the Covid-19 vaccination.
- August 14 Cook County Health and CountyCare promotion at **Westside Pastor's Coalition for Aids and Inner City Health Back to School and Resource Fair**, which takes place at the West Suburban Medical Center Parking Lot located at 3 Erie Street in Oak Park. The event is co-sponsored by the Sinai Health Ministry Program.
- August 14 Cook County Health and CountyCare promotion at **Evangelism of Grace and the SSAC for Justice Lively Souls Community Meeting on Healthcare, Public Safety and other topics**, which takes place at the In the Upper Room Ministry located at 17601 S. Wentworth in Lansing.
- August 14 Cook County Health and CountyCare promotion at **Alderman Ariel E. Reboyras' Back-to-School Health Fair**, which takes place at CTS Health located at 2715 N. Central Ave. in Chicago.
- August 21 Cook County Health and CountyCare promotion at **His Amazing Grace Outreach Ministry Health and Resource Back to School Event**, which takes place at His Amazing Grace Outreach Ministry located at 915 N. Pulaski Ave. in Chicago. The event is co-sponsored by the Sinai Health Ministry Program.
- August 27 Cook County Health and CountyCare promotion at **Commissioner Brandon Johnson's 1st Annual First District Family Health Day**, which takes place at Brookfield Zoo located at 8400 W 31st St. in Brookfield.

Cook County Health and CountyCare will participate in various **National Night Out** events on August 3. These events serve as a safe haven for families to congregate, and the goal of the events is to build stronger, safer communities. Cook County Health and CountyCare will have a presence at the following locations:

- **25<sup>th</sup> Police District** – Lafollette Park, 1333 N. Laramie, Chicago
- **Maywood Police Department** – Maywood's Veteran's Memorial Park, 1<sup>st</sup> Avenue and Oak Street, Maywood



# Finance Metrics

Presented to the CCH Finance Committee on 07/20/2021  
Approved by the CCH Board on 07/30/2021



COOK COUNTY  
**HEALTH**

# Executive Summary

- Cook County Health (CCH) interim financial results for the period ending May 31, 2021:
  - Accrual. On an accrual basis, interim financials show that CCH is ending May \$84M ahead of budget.
  - Cash. The County's preliminary cash report on revenues and expenses ending May 31, show a positive variance of \$40.2M. CountyCare PMPM payment impacted the revenue variance and increased claims payments impacted expenses.
  - Revenue Commentary:
    - Net patient service revenue exceeding expectation
    - CountyCare capitation significantly higher than expected due to membership
  - Expenditures:
    - CountyCare claims expense higher than budget due to membership
    - Better than expected domestic spend
    - Pending reimbursements related to COVID related expenses
  - Revenue Cycle Indicators:



# Interim Financial Results

May 31 2021 FYTD

| Dollars in 000s                 | FY2021 Actual      | FY2021 Budget      | Variance          | %              | FY2020 Actual (3)  |
|---------------------------------|--------------------|--------------------|-------------------|----------------|--------------------|
| <b>Revenue</b>                  |                    |                    |                   |                |                    |
| Net Patient Service Revenue (1) | \$303,499          | \$281,616          | \$21,883          | 7.77%          | \$231,071          |
| Government Support (2)          | \$191,076          | \$191,076          | (\$0)             | 0.00%          | \$308,131          |
| CountyCare Capitation Revenue   | \$1,207,307        | \$1,055,311        | \$151,996         | 14.40%         | \$927,435          |
| Other                           | \$11,870           | \$7,500            | \$4,370           | 58.27%         | \$2,692            |
| CountyCare Elimination (1)      | (\$59,098)         | (\$37,549)         | (\$21,550)        | 57.39%         | (\$100,397)        |
| <b>Total Revenue</b>            | <b>\$1,654,653</b> | <b>\$1,497,953</b> | <b>\$156,700</b>  | <b>10.46%</b>  | <b>\$1,368,932</b> |
| <b>Operating Expenses</b>       |                    |                    |                   |                |                    |
| Salaries & Benefits             | \$277,668          | \$310,356          | \$32,688          | 10.53%         | \$281,389          |
| Overtime                        | \$18,814           | \$14,574           | (\$4,240)         | -29.09%        | \$20,365           |
| Supplies & Pharmaceuticals      | \$60,699           | \$56,450           | (\$4,249)         | -7.53%         | \$61,196           |
| Purchased Services & Other      | \$142,681          | \$141,409          | (\$1,272)         | -0.90%         | \$129,274          |
| Medical Claims Expense (1)      | \$943,992          | \$826,866          | (\$117,126)       | -14.17%        | \$720,837          |
| Insurance                       | \$13,277           | \$15,060           | \$1,783           | 11.84%         | \$13,277           |
| Utilities                       | \$5,999            | \$4,288            | (\$1,711)         | -39.91%        | \$5,355            |
| CountyCare Elimination (1)      | (\$59,098)         | (\$37,549)         | \$21,550          | -57.39%        | (\$100,397)        |
| <b>Total Operating Expenses</b> | <b>\$1,404,032</b> | <b>\$1,331,454</b> | <b>(\$72,578)</b> | <b>-5.45%</b>  | <b>\$1,131,295</b> |
| <b>Operating Margin</b>         | <b>\$250,622</b>   | <b>\$166,500</b>   | <b>\$84,122</b>   | <b>-50.52%</b> | <b>\$237,637</b>   |
| <b>Non-Operating Revenue</b>    | <b>\$61,352</b>    | <b>\$61,352</b>    | <b>\$0</b>        | <b>0.00%</b>   | <b>\$41,352</b>    |
| <b>Net Income (Loss) (3)</b>    | <b>\$311,974</b>   | <b>\$227,852</b>   | <b>\$84,122</b>   | <b>0.00%</b>   | <b>\$278,989</b>   |

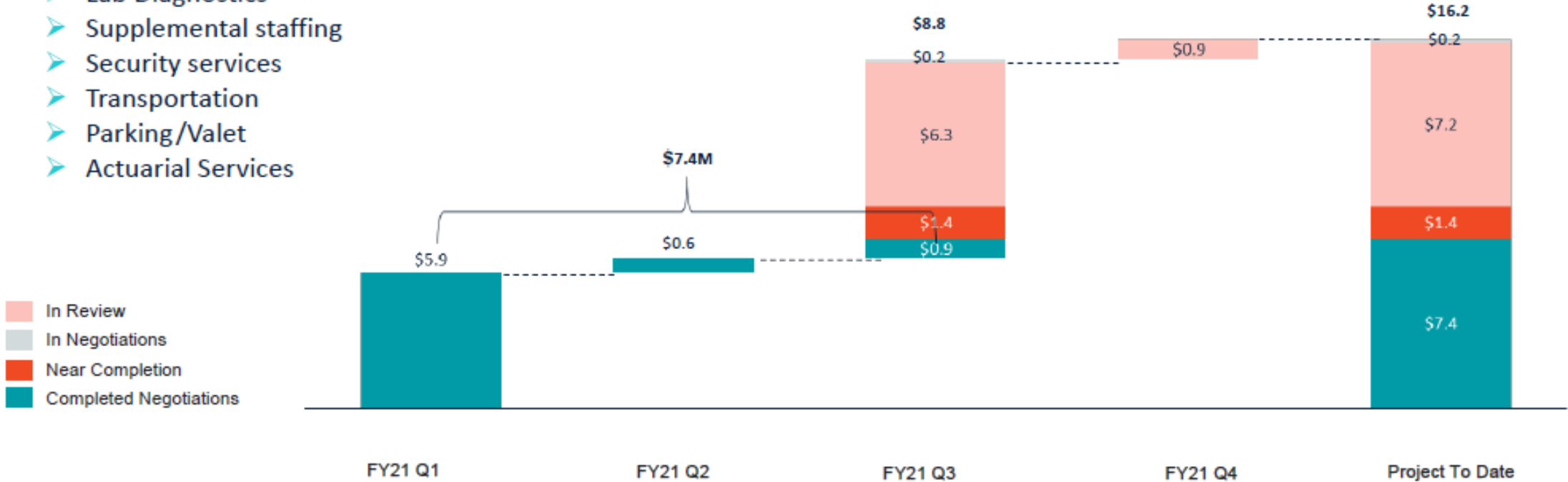
**Notes:**

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

# CCH Savings Forecast

Major categories of savings include:

- Lab Diagnostics
- Supplemental staffing
- Security services
- Transportation
- Parking/Valet
- Actuarial Services

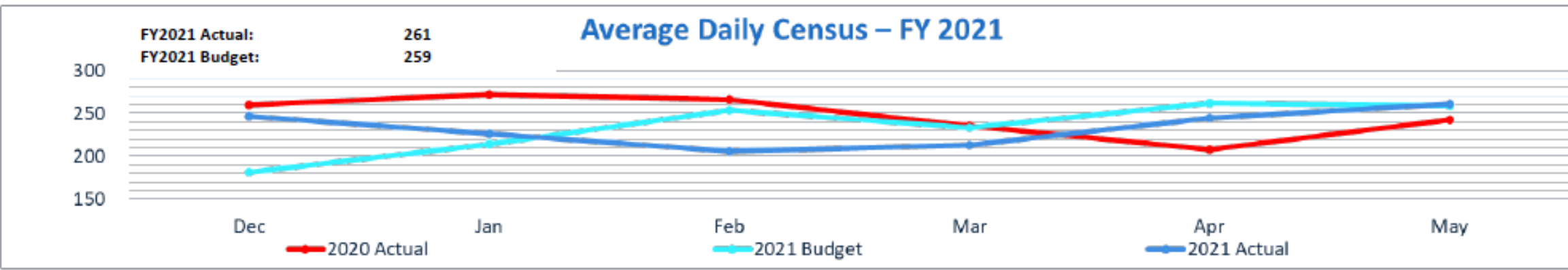
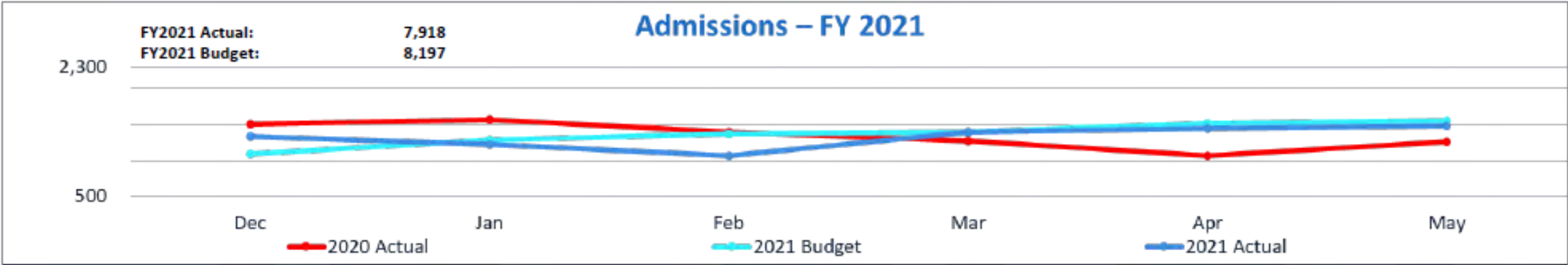


# CCH Health Providers Revenue May 31, 2021

## Revenue Operating Indicators

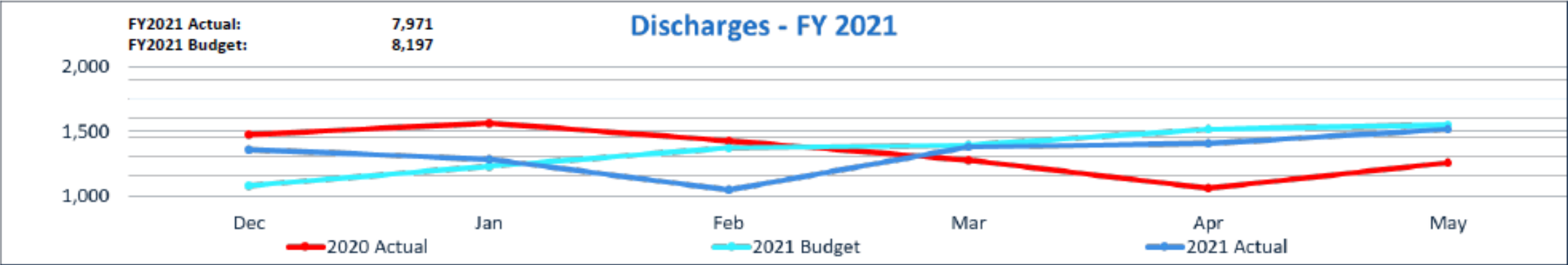
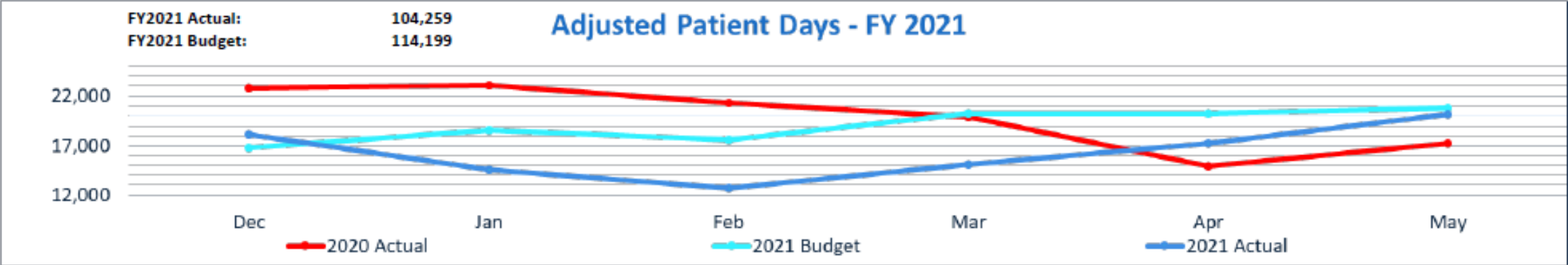
| Patient Activity     | YTD 2021 Actual | YTD 2021 Budget | %     | May 2021 Actual | May 2020 Actual | May 2019 Actual | 2020 YTD Actual | 2019 YTD Actual |
|----------------------|-----------------|-----------------|-------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Admissions           | 7,918           | 8,197           | -3.4% | 1,477           | 1,258           | 1,439           | 8,064           | 8,126           |
| Patient Days         | 42,488          | 42,486          | 0.0%  | 8,085           | 7,531           | 7,882           | 45,295          | 45,054          |
| Average Daily Census | 261             | 259             | 0.8%  | 261             | 243             | 254             | 247             | 248             |
| Adjust Patient Days  | 104,259         | 114,199         | -8.7% | 20,197          | 17,269          | 20,862          | 119,198         | 121,167         |

# CCH 12 Month Patient Activity Levels

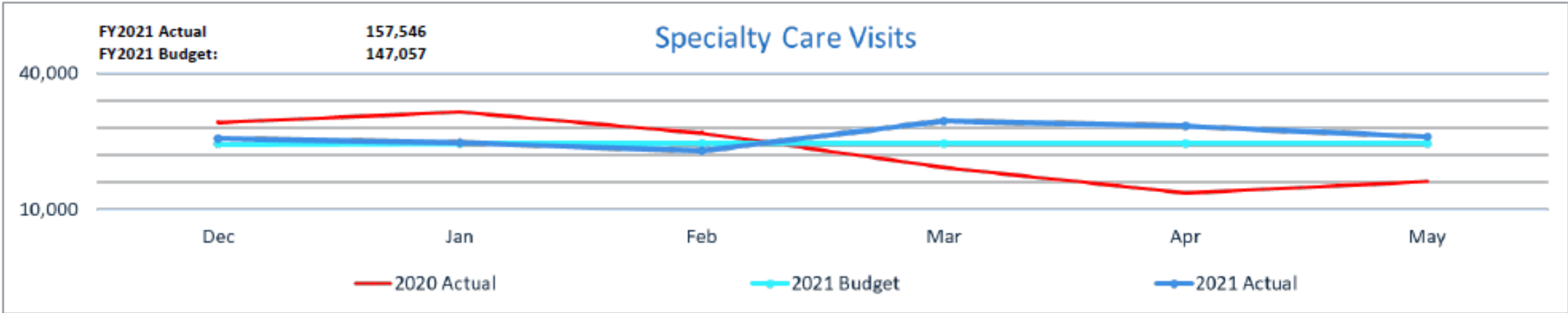
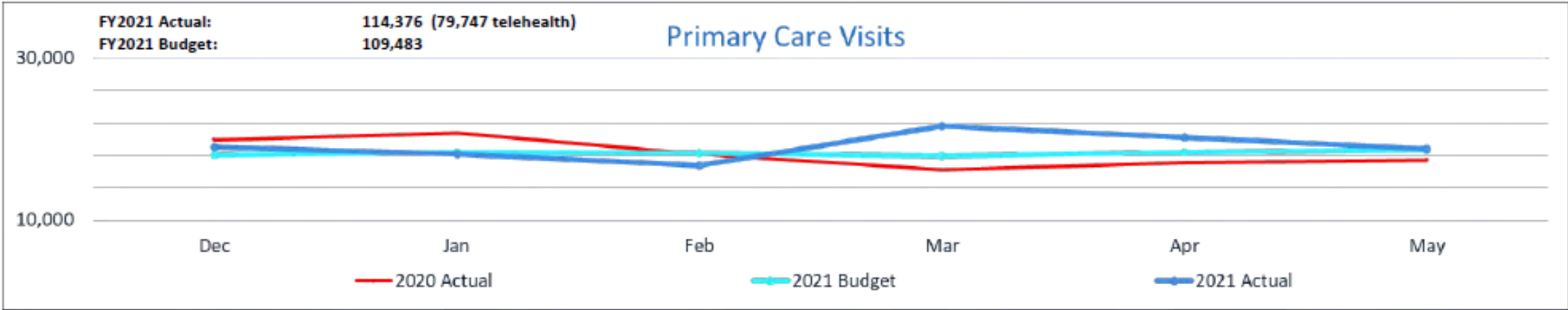




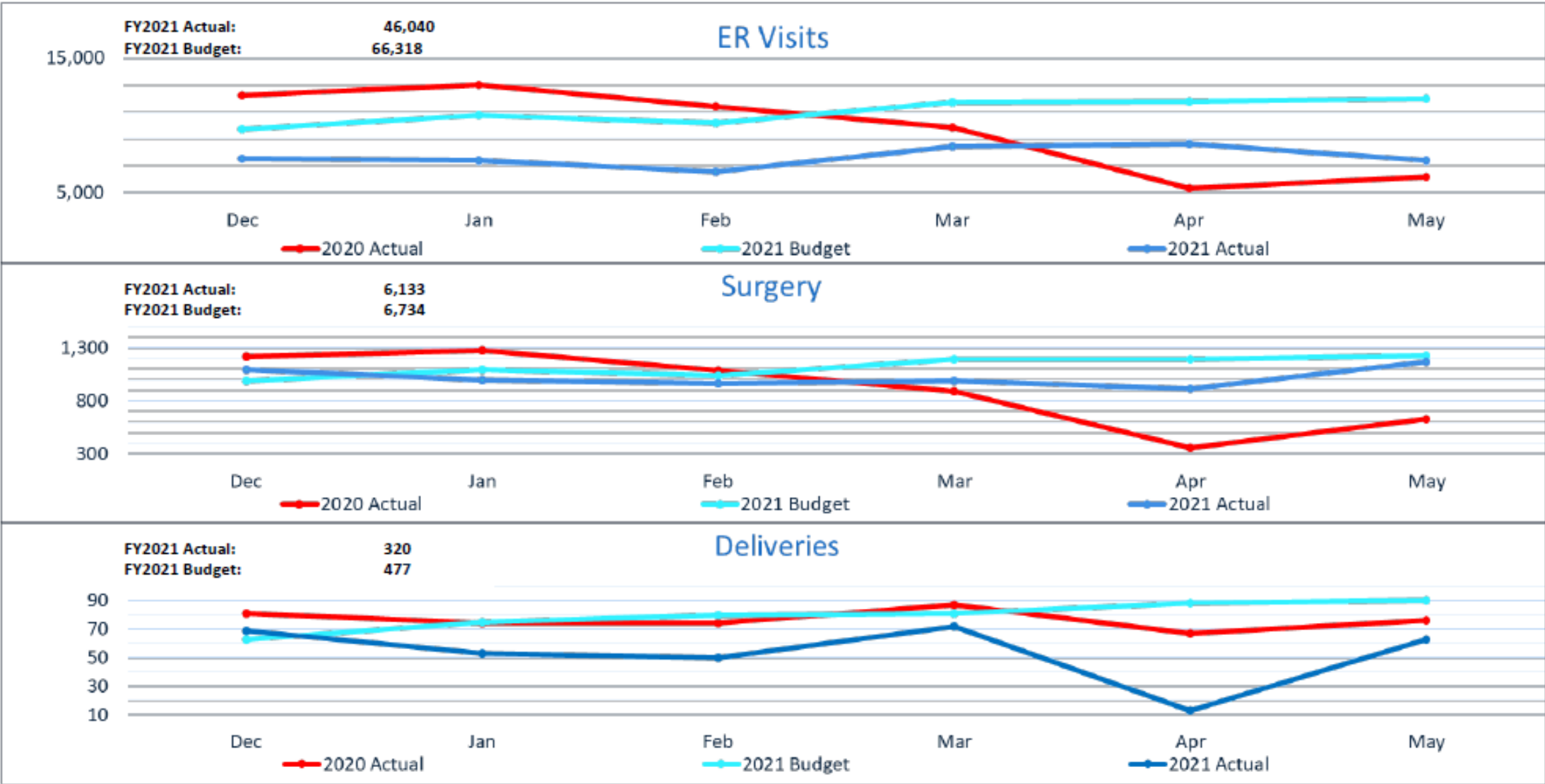
# CCH 12 Month Patient Activity Levels



# Patient Activity Indicators FYTD 2021



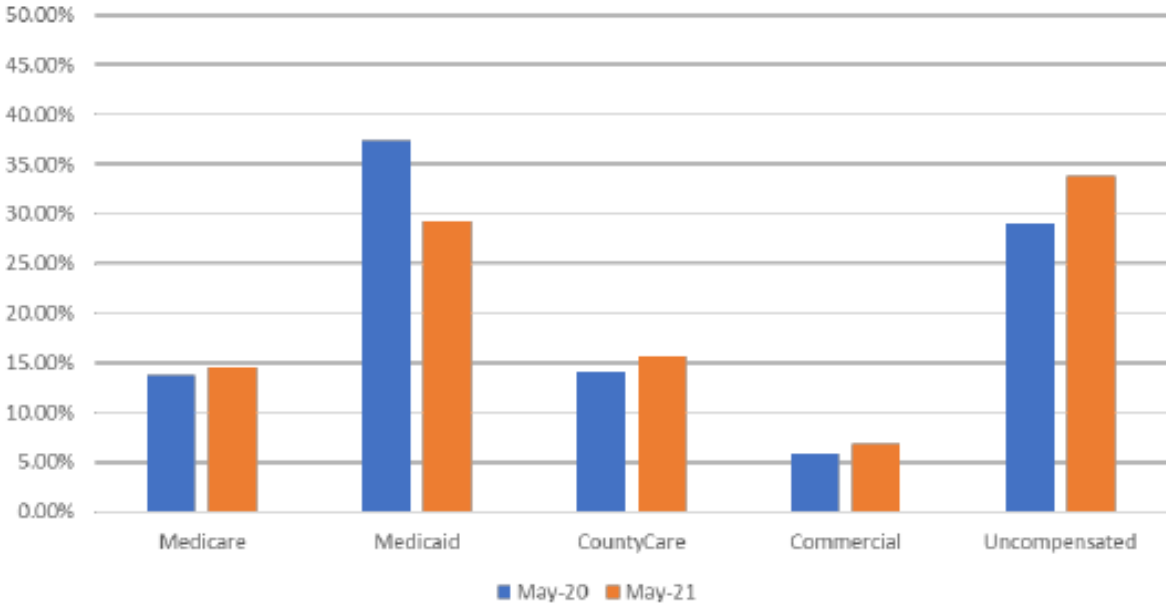
# Patient Activity Indicators FYTD 2021



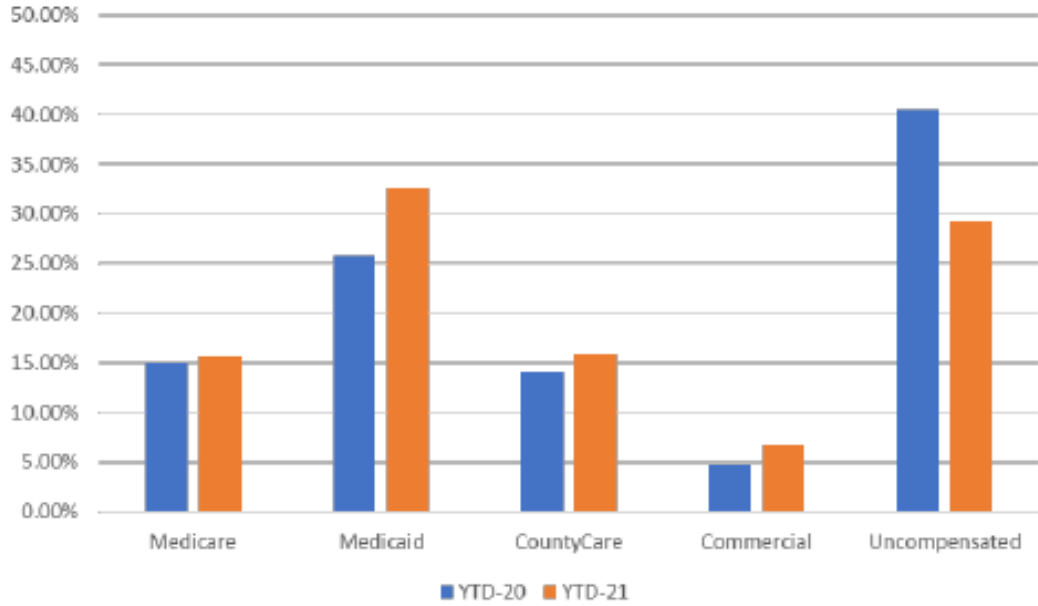
# CCH Health Providers Revenue May 31, 2021 FYTD

## Payer Mix Analysis (by Charges)

Monthly

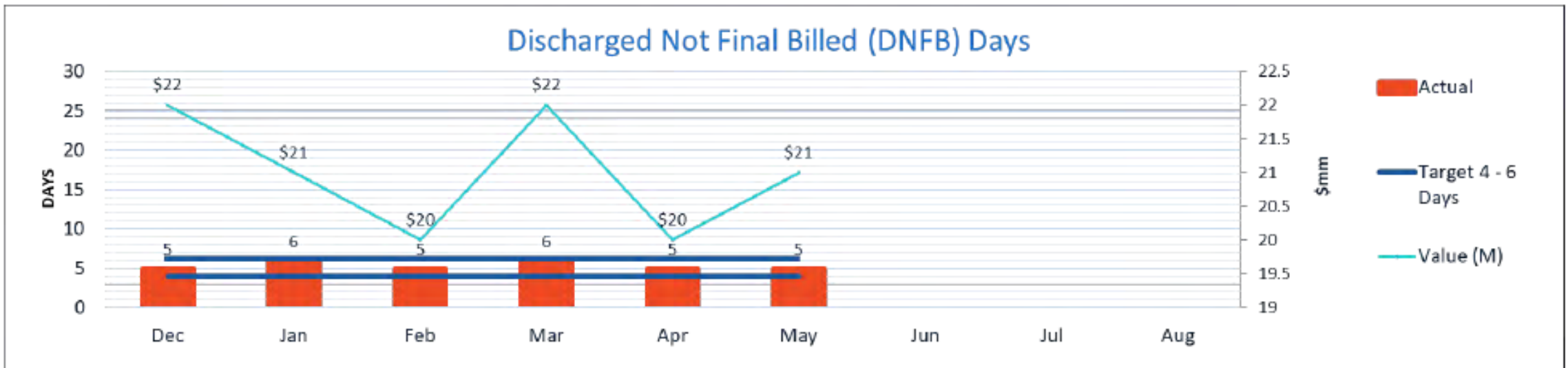
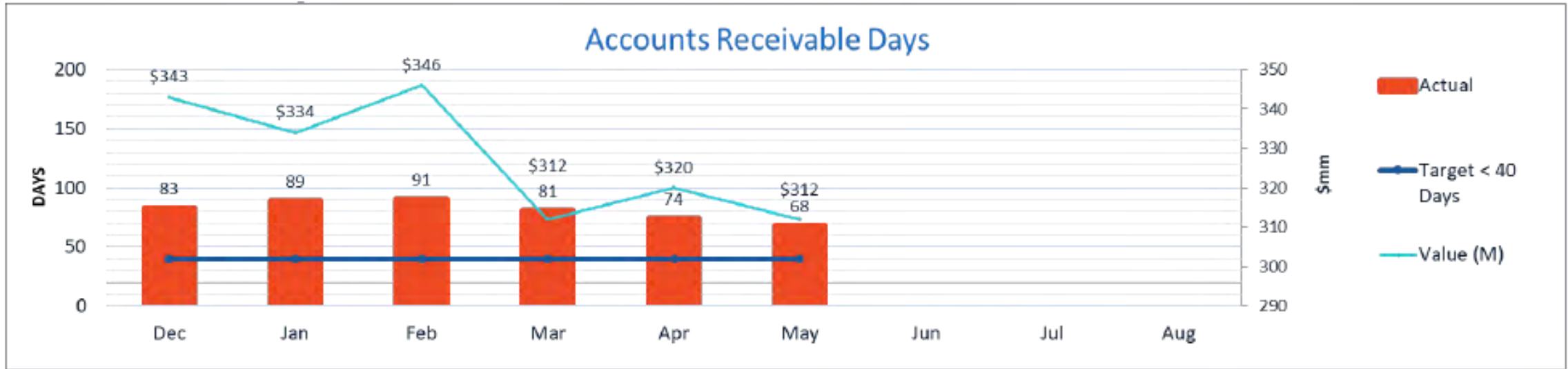


YTD



**Note:**  
CountyCare is a Medicaid managed care program. It is shown separately to provide visibility to CountyCare.

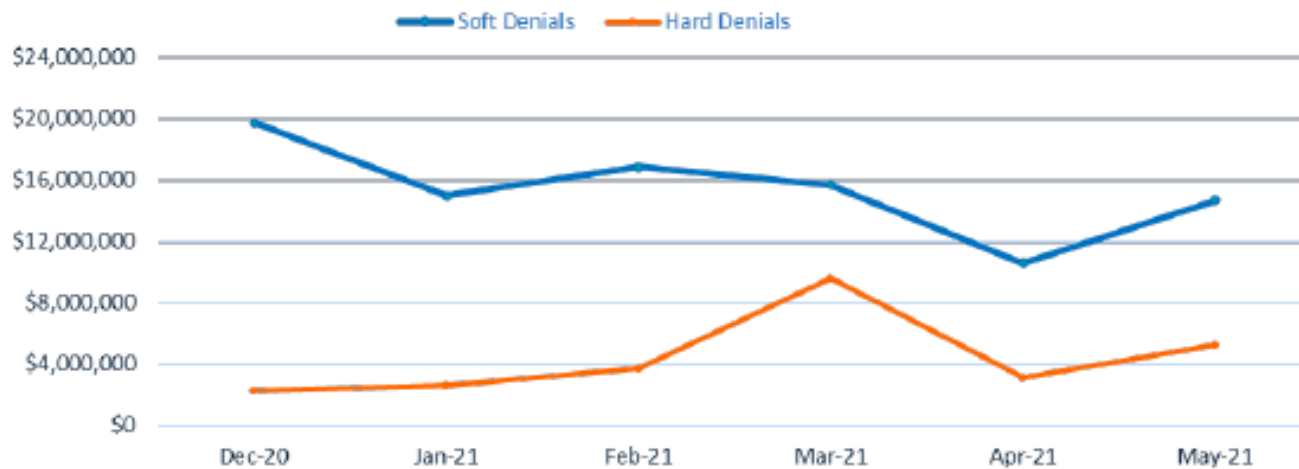
# Financial Key Performance Indicators 2021 FYTD



# Denials— May 31, FYTD 2021

| Type           | Current Month |              | FY21 YTD |              | Benchmark |
|----------------|---------------|--------------|----------|--------------|-----------|
|                | %             | \$           | %        | \$           | %         |
| Soft Denials*  | 10%           | \$14,668,272 | 12%      | \$92,483,274 | 5%        |
| Hard Denials** | 3%            | \$5,235,449  | 3%       | \$26,351,368 | 2%        |

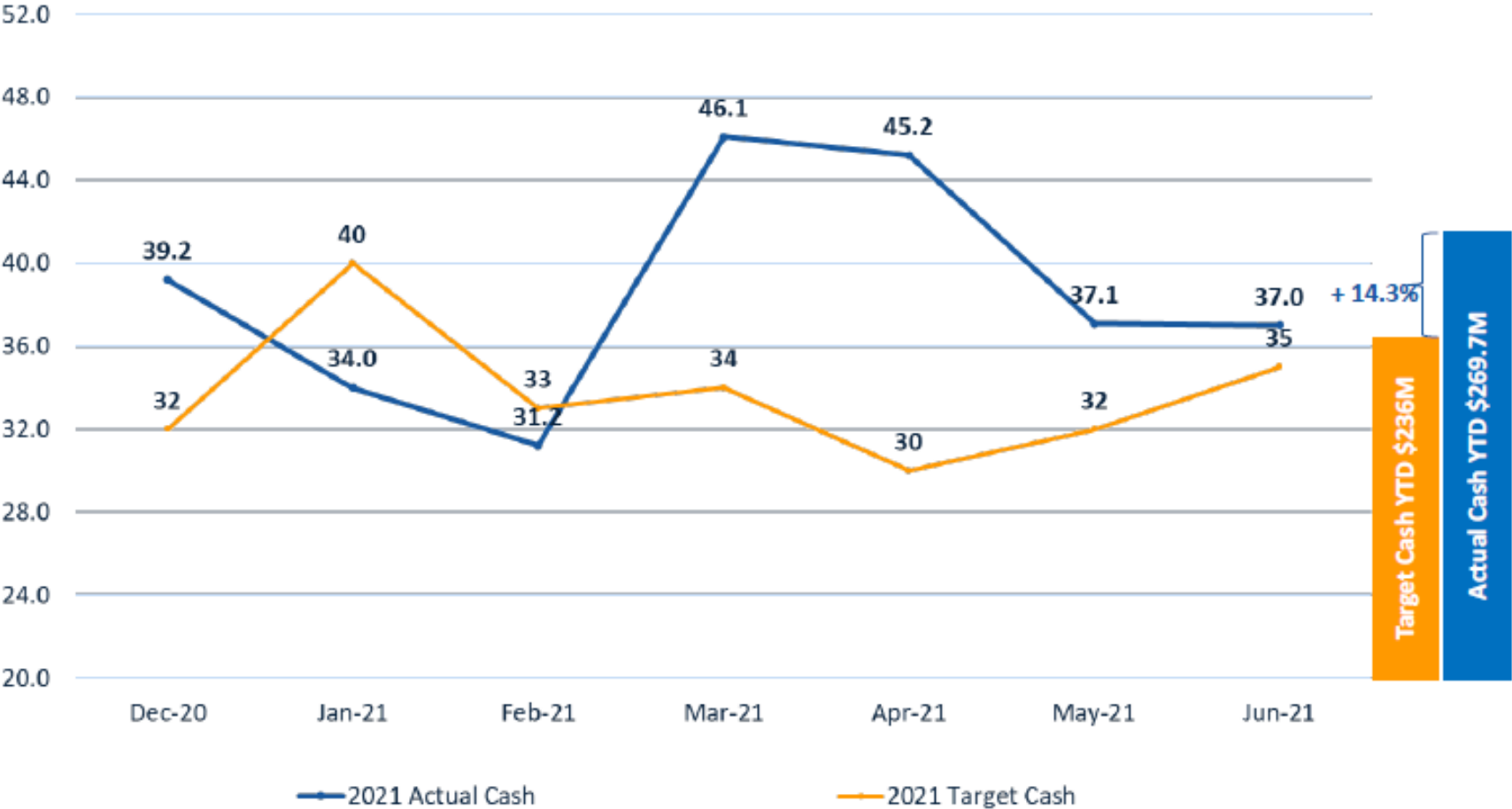
\* Claim is denied soon after submission, but there is an opportunity to mitigate/appeal  
 \*\* Claim is denied and needs to be written off



### Hard Denial Summary:

| Area                 | Amount             |
|----------------------|--------------------|
| Prior Authorization  | \$1,942,352        |
| Timely Filing        | \$1,346,147        |
| Case Management      | \$1,024,386        |
| Non-Covered Services | \$495,096          |
| Patient Access       | \$331,197          |
| Other                | \$74,318           |
| Coding               | \$38,650           |
| <b>Total</b>         | <b>\$5,235,449</b> |

# CCH Cash YTD Target vs. Actual June 30, 2021

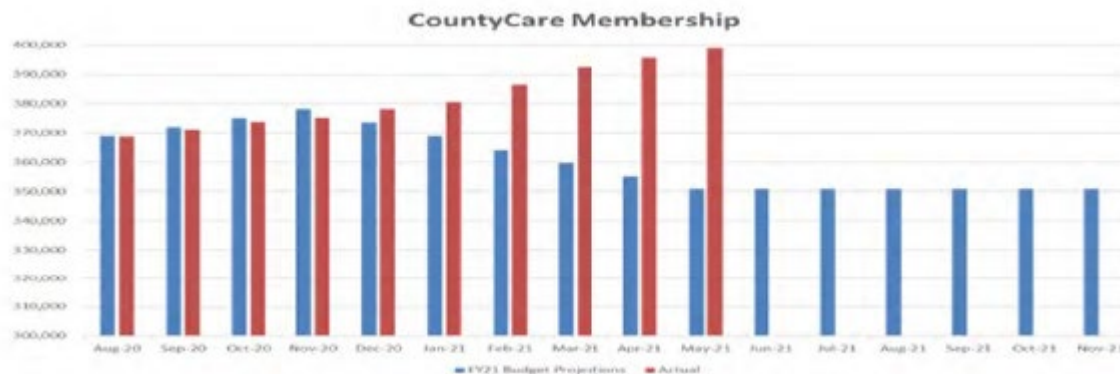


# Health Plan Services Financial Results May 31, 2021

| Dollars in 000s except PMPM amounts | FY2021 Actual      | FY2021 Budget      | Variance           | %                | FY20 Actual      |
|-------------------------------------|--------------------|--------------------|--------------------|------------------|------------------|
| <b>Capitation Revenue</b>           | \$1,207,307        | \$1,055,311        | \$151,996          | 14.40%           | \$896,266        |
| <b>Operating Expenses</b>           |                    |                    |                    |                  |                  |
| Clinical - CCH                      | \$59,098           | \$37,549           | (\$21,550)         | (57.39%)         | \$48,987         |
| Clinical - External                 | \$1,080,746        | \$949,230          | (\$131,517)        | (13.86%)         | \$797,908        |
| Administrative                      | \$59,051           | \$71,164           | \$12,112           | 17.02%           | \$50,050         |
| <b>Total Expenses</b>               | <b>\$1,198,896</b> | <b>\$1,057,942</b> | <b>(\$140,954)</b> | <b>(13.32%)</b>  | <b>\$896,944</b> |
| <b>Operating Gain (Loss)</b>        | <b>\$8,411</b>     | <b>(\$2,631)</b>   | <b>\$11,042</b>    | <b>(419.67%)</b> | <b>(\$678)</b>   |
| <b>Activity Levels</b>              |                    |                    |                    |                  |                  |
| Member Months                       | 2,332,059          | 2,171,918          | 160,141            | 7.37%            | 1,936,685        |
| CCH CountyCare Member Months        | 241,495            | N/A                | N/A                | N/A              | 206,353          |
| CCH % CountyCare Member Months      | 10.36%             | N/A                | N/A                | N/A              | 10.65%           |
| <b>Operating Indicators</b>         |                    |                    |                    |                  |                  |
| Revenue Per Member Per Month (PMPM) | \$517.70           | \$485.89           | \$31.81            | 6.55%            | \$462.78         |
| Clinical Cost PMPM                  | \$488.77           | \$454.33           | (\$34.44)          | (7.58%)          | \$437.29         |
| Medical Loss Ratio (1)              | 92.2%              | 93.40%             | 1.21%              | 1.30%            | 90.72%           |
| Administrative Cost Ratio           | 4.4%               | 6.35%              | 1.91%              | 30.03%           | 4.95%            |

## Commentary

- Total membership exceeds budget by 160,141 due to increased Medicaid enrollment as a result of the COVID-19 induced growth in unemployment, and no state redetermination of Medicaid eligibility.
- CountyCare expects enrollment to continue to exceed budget as auto-assignment increased to 50% as of February 2021. This change was due to CountyCare's top-quality ranking among Medicaid MCOs.
- CountyCare's reimbursement to CCH for domestic spend is exceeding budget.
- Operating Gain of \$8.4M consists of \$12.8M from CountyCare and a loss of \$(4.4)M from Medicare.
- Agreement executed with State of Illinois and CCH to reduce IGT by 50% beginning in January 2021. This change has been reflected in the results.



Notes:

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



# Medicare Financial Results May 31, 2021

| Dollars in 000s except PMPM amounts             | FY2021 Actual    | FY2021 Budget    | Variance       | %               |
|---|------------------|------------------|----------------|-----------------|
| <b>Capitation Revenue (Total dollar amount)</b> | \$6,465          | \$14,185         | (\$7,720)      | (54.42%)        |
| <b>Operating Expenses</b>                       |                  |                  |                |                 |
| Clinical Expenses                               | \$5,522          | \$14,185         | \$8,663        | 61.07%          |
| Administrative                                  | \$5,396          | \$5,053          | (\$343)        | (6.80%)         |
| <b>Total Expenses</b>                           | <b>\$10,918</b>  | <b>\$19,238</b>  | <b>\$8,319</b> | <b>43.25%</b>   |
| <b>Operating Gain (Loss)</b>                    | <b>(\$4,453)</b> | <b>(\$5,053)</b> | <b>\$600</b>   | <b>(11.87%)</b> |
| <b>Activity Levels</b>                          |                  |                  |                |                 |
| Member Months                                   | 3,474            | 9,605            | (6,131)        | (63.83%)        |
| <b>Operating Indicators</b>                     |                  |                  |                |                 |
| Revenue Per Member Per Month (PMPM)             | \$1,861.08       | \$1,476.76       | \$384.33       | 26.03%          |
| Clinical Cost PMPM                              | \$1,589.54       | \$1,476.76       | (\$112.79)     | (7.64%)         |

## Commentary

- Membership is lower than budget, driving lower than expected revenue. Revenue and cost on a per member per month basis is exceeding budgeted PMPM due to population mix.
- Revenue does not include risk adjustment, which is expected to increase total revenue once risk-adjustment completed by CMS.
- Total operating loss is lower than budget by \$600K.



# Human Resources Metrics

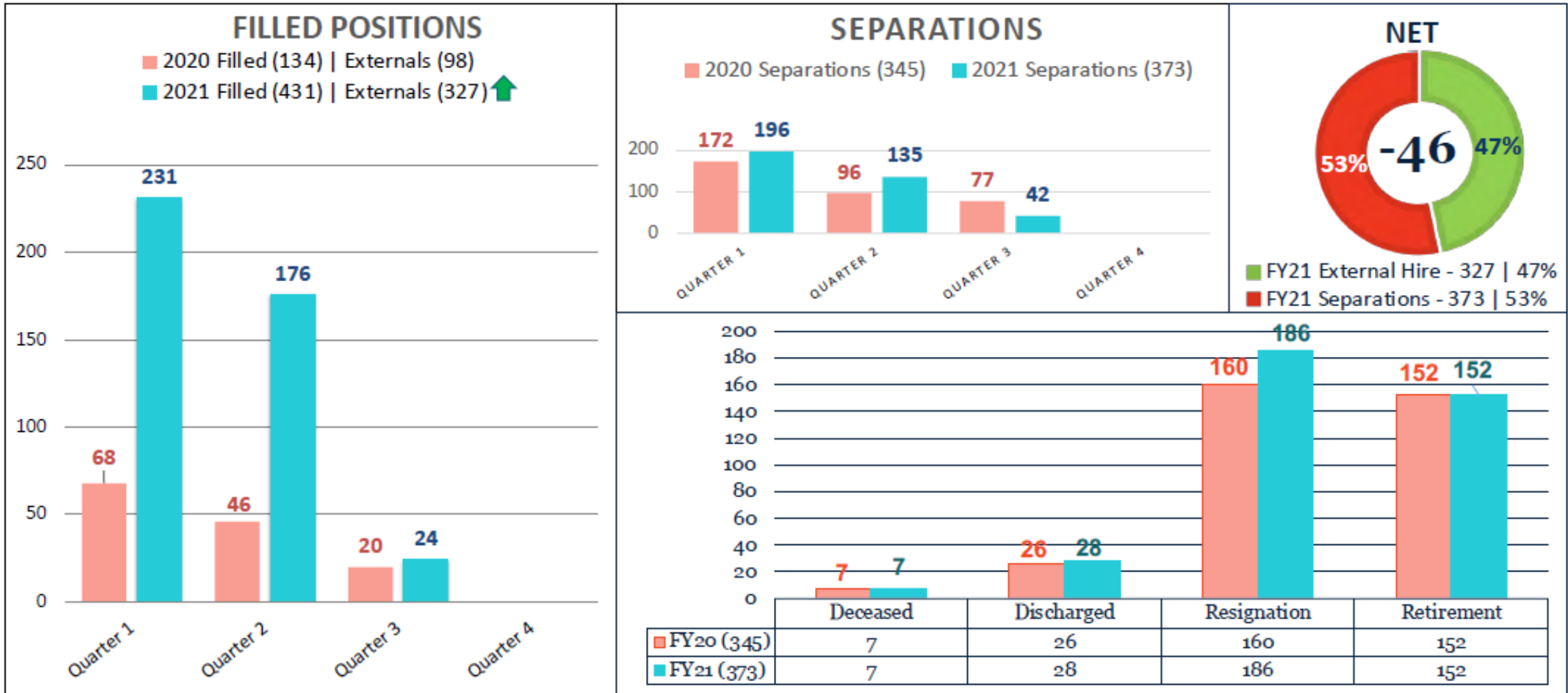
Approved by the CCH Board on 07/30/2021



COOK COUNTY  
**HEALTH**

# FY 2021 CCH HR Activity Report

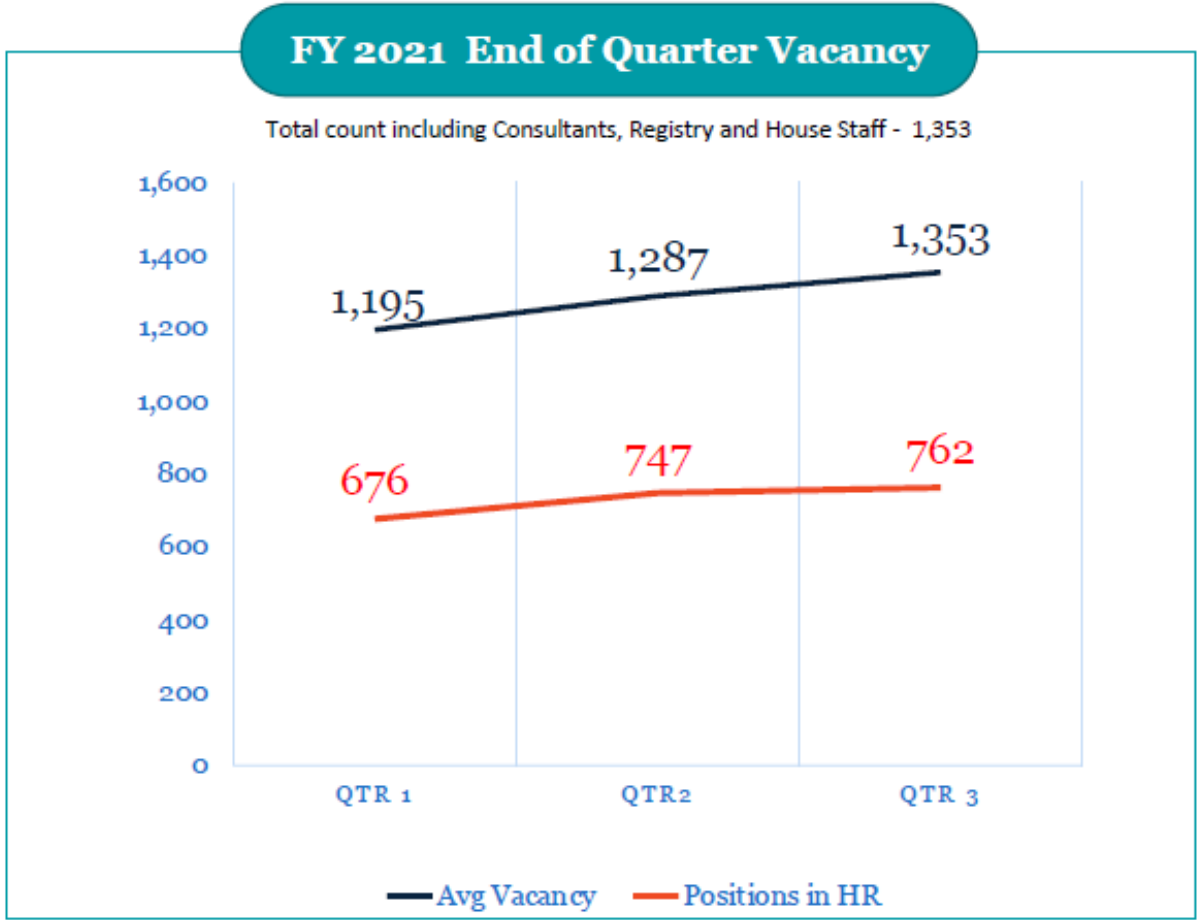
Thru 06/30/2021



# CCH HR Activity Report - Vacancy : 1,353

- Cook County Health started FY 2021 with 1,117 vacancies

As of 06/13/2021

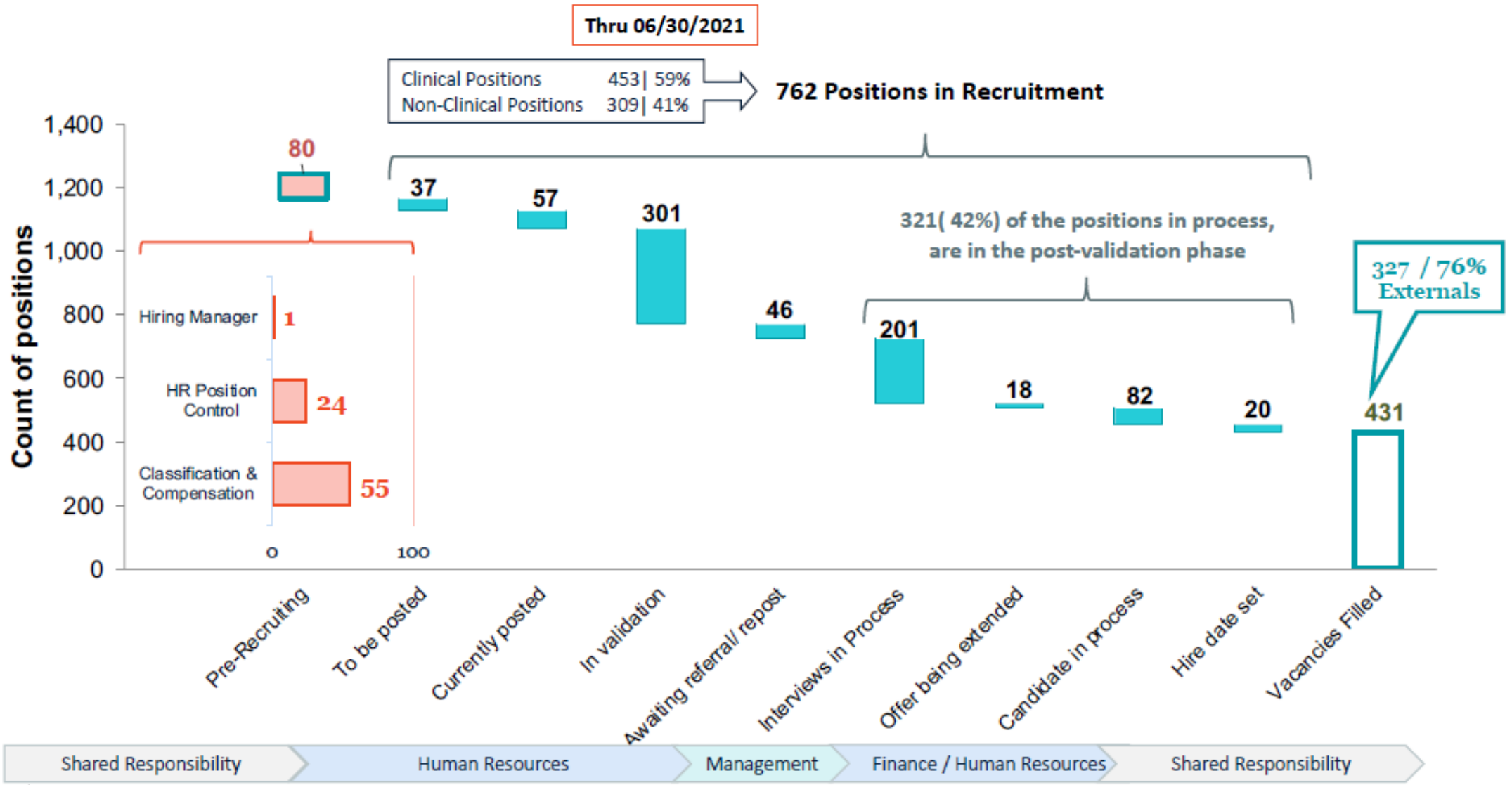


Does not include Consultants, Registry and House Staff - 1,279

Include Consultants, Registry and House Staff

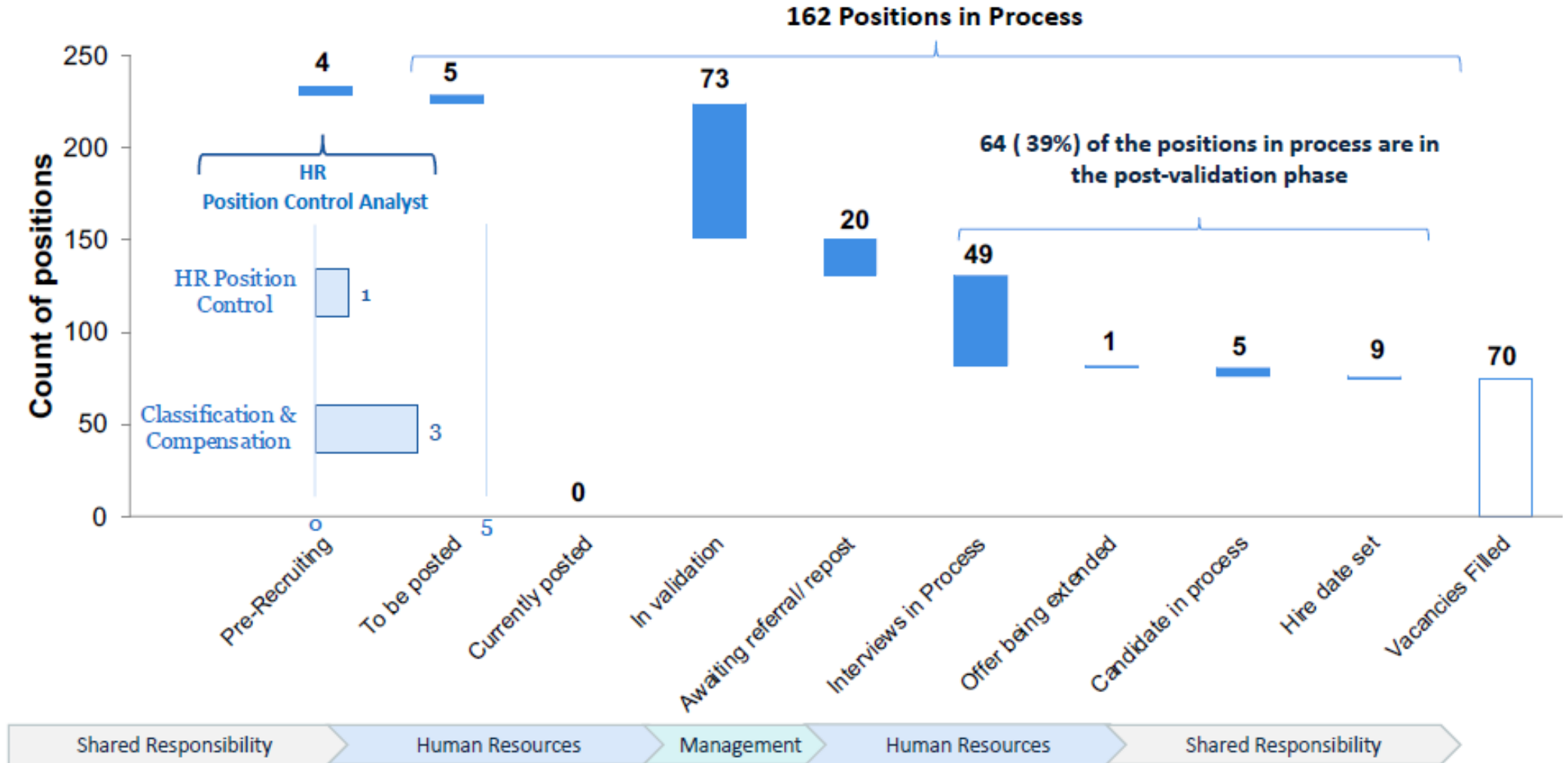
- 
**BUDGET** 3%
  - Awaiting Additional Funding
  - Position not approved by Department of Budget Management Services (DBMS)
- 
**HUMAN RESOURCES** 36%
  - Position Control Analyst
  - Classification & Compensation
  - Recruitment – In Process
  - Direct Appointment
  - Filled
- 
**HIRING DEPARTMENT** 60%
  - Actively Recruited Position
  - Interview in Process
  - Incomplete Request to Hire
  - Position on Hold
  - No Request to Hire submitted for posting
  - Direct Appointment
- 
**LABOR** 0.4%
  - On Hold
    - Utilization Management Coordinator, Inpatient

# FY 2021 Cook County Health HR Activity Reporting Snapshot



# FY 2021 Cook County Health HR Activity Report Nursing Hiring: CNI, CNI

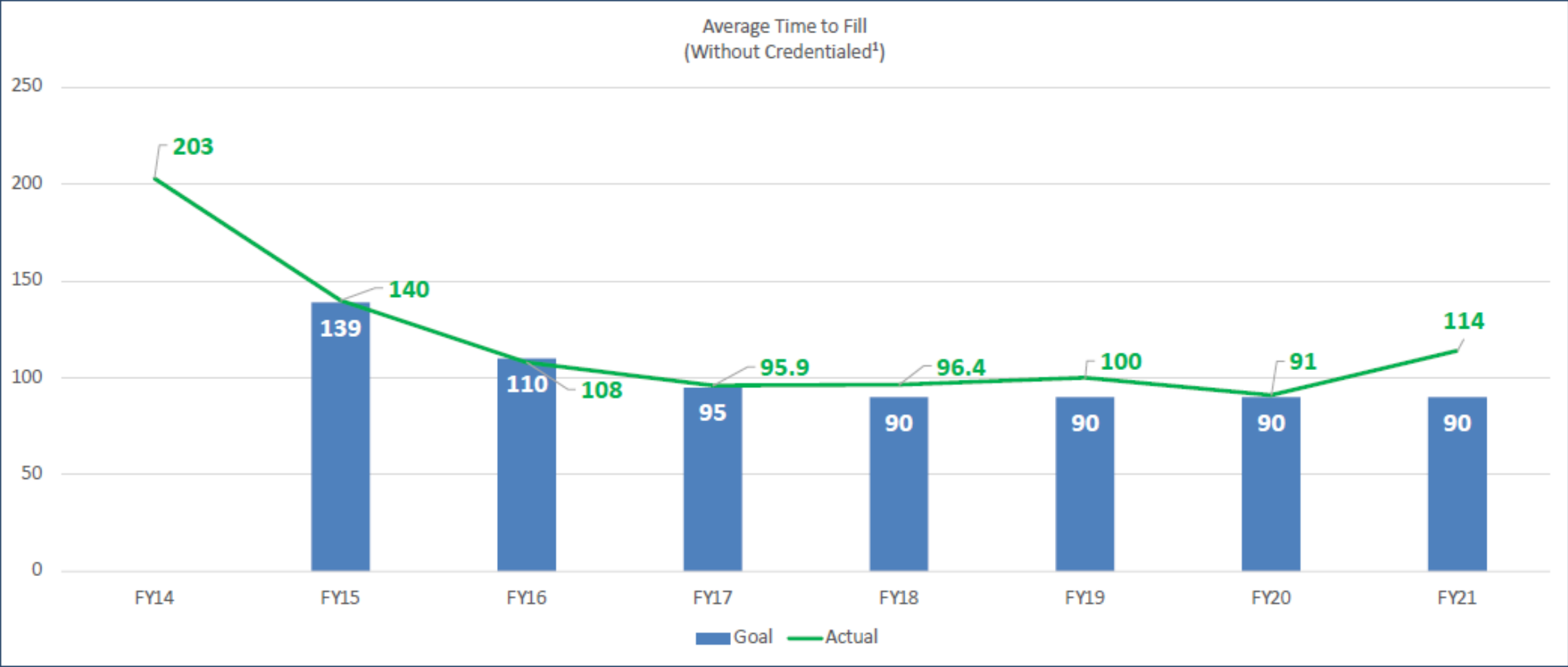
Thru 06/30/2021



Does not include Consultants, Registry and House Staff

# FY 2021 Cook County Health HR Activity Report

Thru 06/30/2021



<sup>1</sup>Credentialed Positions: Physicians, Psychologist, Physician Assistant I and Advanced Practice Nurses.

# Job Fair & Hiring Blitzes

- Job Fair
  - July 14<sup>th</sup> Nursing: OR and Med-Surg
- Hiring Blitzes
  - Pharmacy
  - ACHN
  - More to come



**NURSING FAIR**

We are hiring  
**NURSES**  
in the following areas:

- **MAIN OPERATING ROOM**  
\* Experience preferred
- **MED SURG**

Please join us to learn more about these opportunities at Cook County Health!

During the fair we will share more information on CCH benefits as well as how to submit your applications for employment using the following link at [cookcountyhealth.org/careers](https://cookcountyhealth.org/careers).

If you have questions, please call the Recruitment line at **312-864-0430**.

[cookcountyhealth.org](https://cookcountyhealth.org)

**WEDNESDAY  
JULY 14  
2021**

**9:00am - 2:30pm**

**Harrison Square Hyatt**  
1835 West Harrison Street  
Chicago, IL 60612

**ADDITIONAL PARKING**  
Candidates can park at the Cook County Juvenile Temporary Detention Center garage located at 1100 S. Hamilton for \$2.00, and may use the CCH Employee Shuttle service to 630 S. Wood St. next to the Hyatt free of charge. The shuttle runs every 15 - 20 minutes. When you arrive, please look for Nurse Fair signage and CCH staff.

 **COOK COUNTY HEALTH**



# Managed Care Metrics

Approved by the CCH Board on 07/30/2021



COOK COUNTY  
**HEALTH**

# Monthly Membership as of July 7, 2021

| Category     | Total Members  | ACHN Members  | % ACHN       |
|--------------|----------------|---------------|--------------|
| FHP          | 251,262        | 19,592        | 7.8%         |
| ACA          | 108,966        | 16,927        | 15.5%        |
| ICP          | 30,309         | 5,444         | 18.0%        |
| MLTSS        | 7,708          | 0             | N/A          |
| SNC          | 7,806          | 981           | 12.6%        |
| <b>Total</b> | <b>406,051</b> | <b>42,944</b> | <b>10.6%</b> |

**ACA:** Affordable Care Act

**FHP:** Family Health Plan

**ICP:** Integrated Care Program

**MLTSS:** Managed Long-Term Service and Support (Dual Eligible)

**SNC:** Special Needs Children

**ACHN:** CCH Ambulatory and Community Health Network



# Managed Medicaid Market

Illinois Department of Healthcare and Family Services May 2021 Data

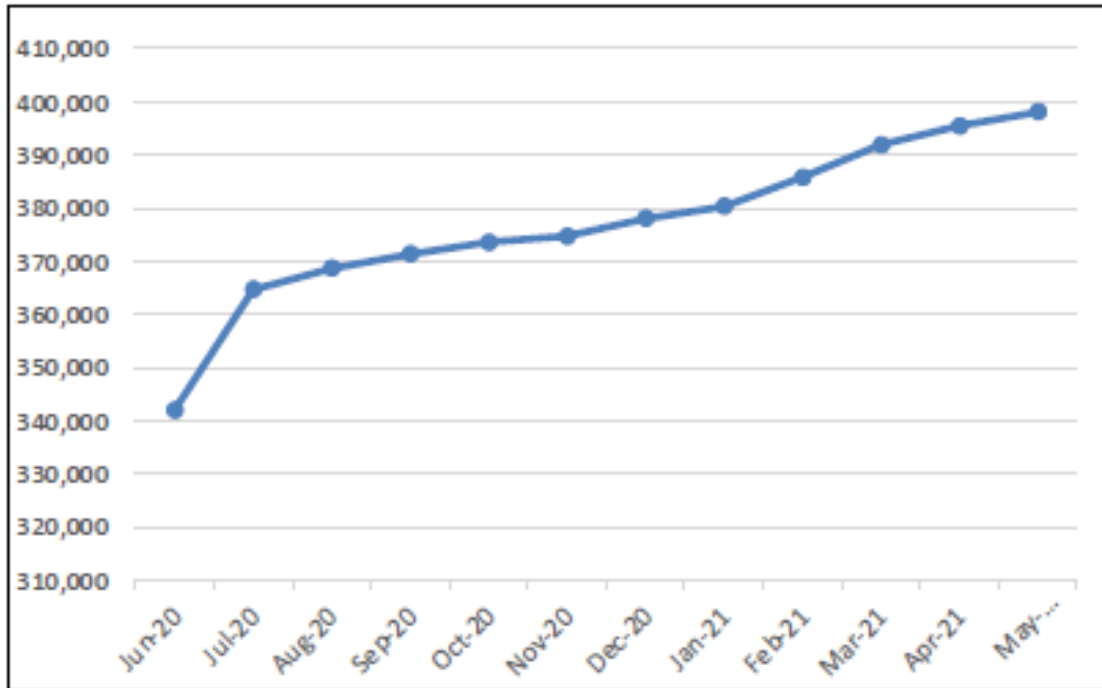
| Managed Care Organization | Cook County      | Cook Market Share |
|---------------------------|------------------|-------------------|
| *CountyCare               | 398,040          | 31.6%             |
| Blue Cross Blue Shield    | 323,382          | 25.7%             |
| Meridian (a WellCare Co.) | 316,024          | 25.1%             |
| IlliniCare (Aetna/CVS)    | 123,152          | 9.8%              |
| Molina                    | 93,501           | 7.4%              |
| YouthCare                 | 5,991            | 0.5%              |
| <b>Total</b>              | <b>1,260,090</b> | <b>100.0%</b>     |

\* Only operating in Cook County

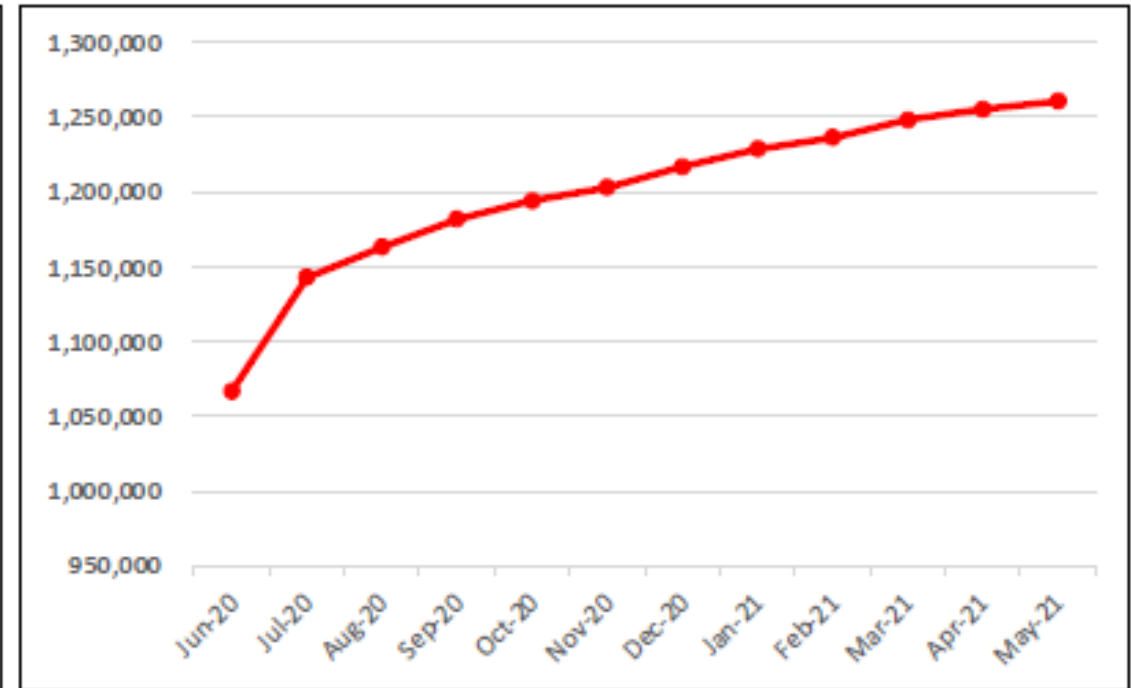
# IL Medicaid Managed Care Trend in Cook County

(charts not to scale)

### CountyCare

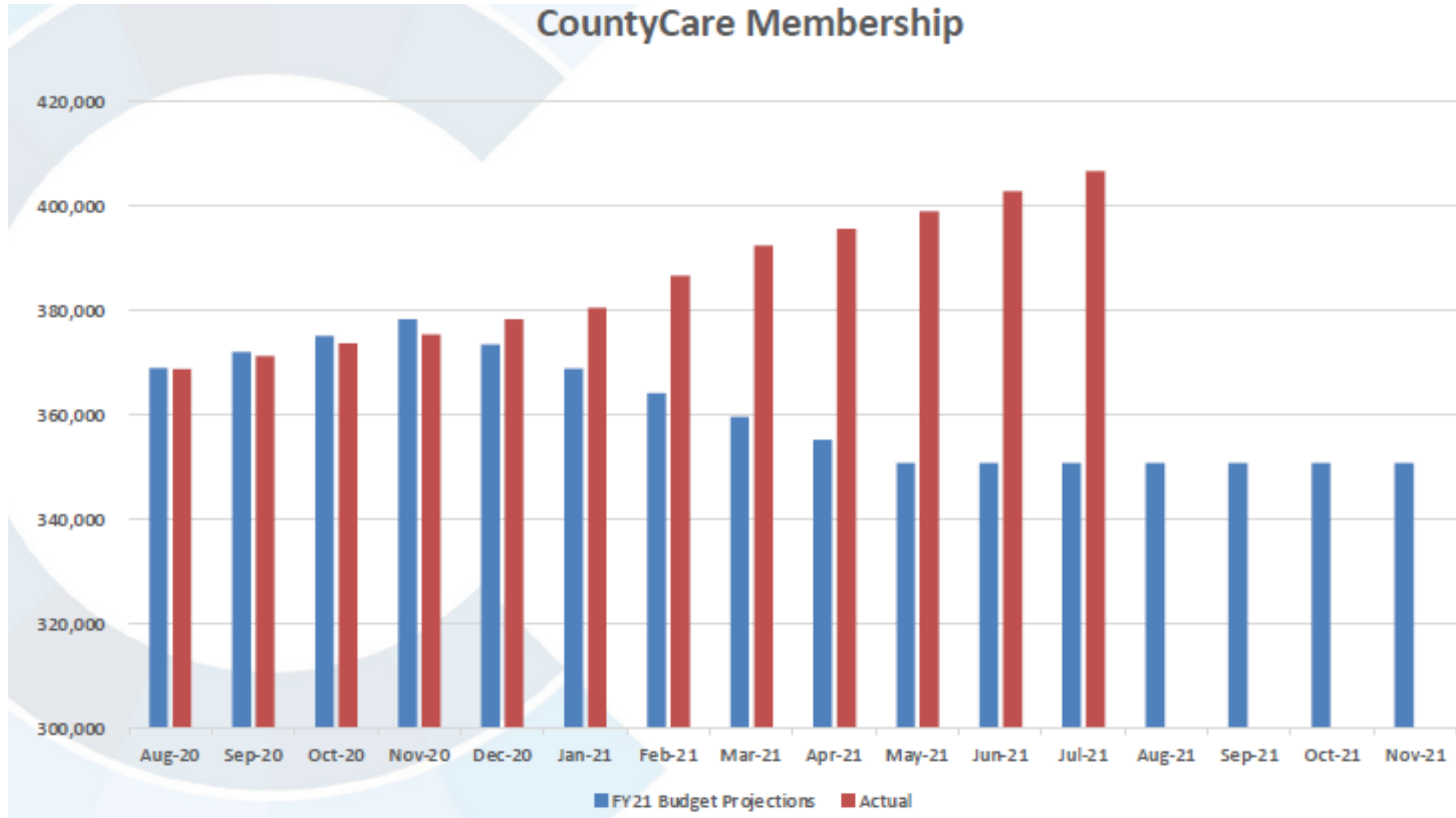


### Cook County Medicaid Managed Care



- CountyCare's enrollment has increased 16% over the past 12 months, slightly lagging the Cook County increase of 18%
- CountyCare's enrollment increased 0.7% in May 2021 compared to the prior month

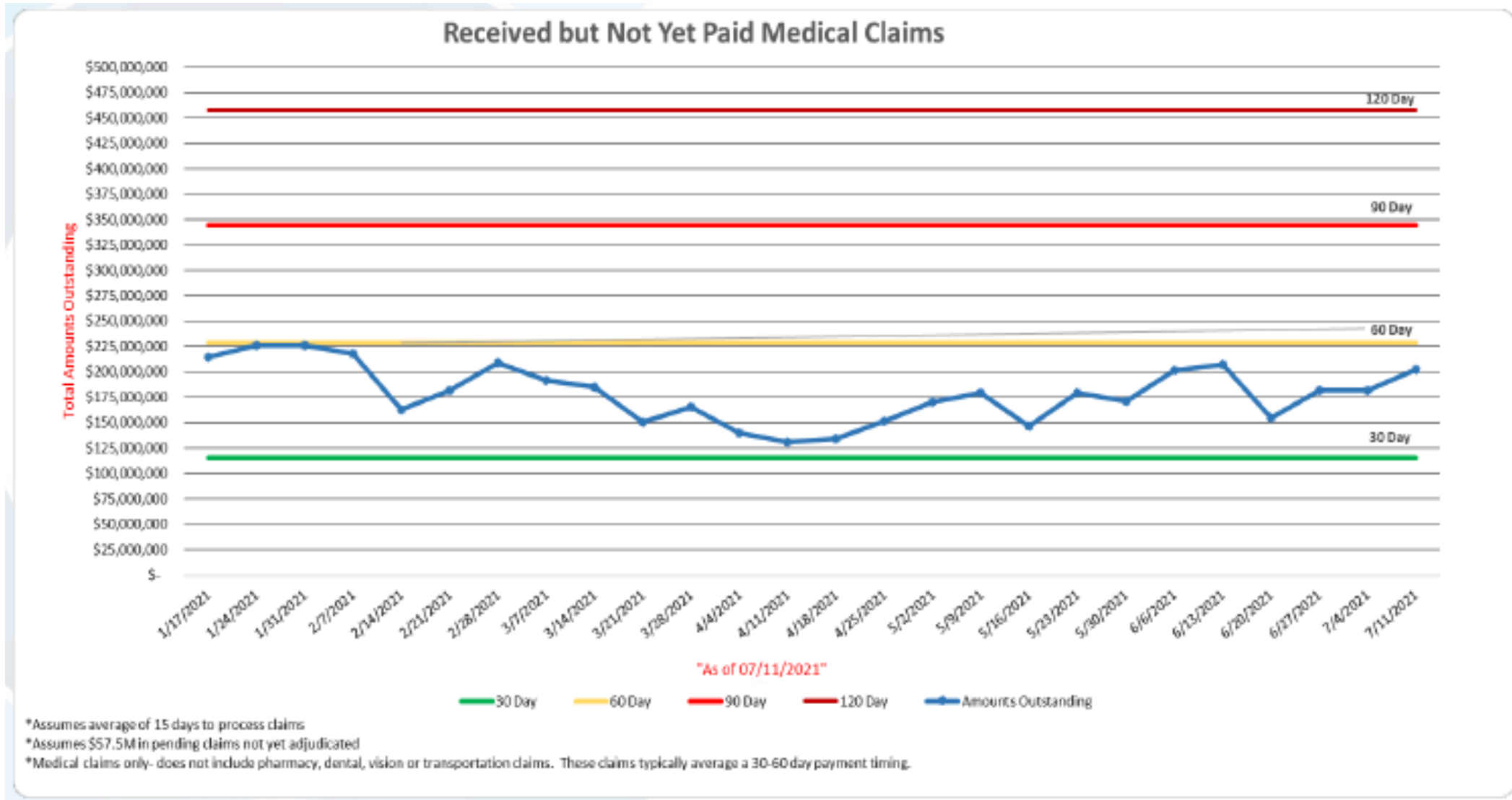
# FY21 Budget | Membership



# Operations Metrics: Call Center & Encounter Rate

|   |            | Performance |          |          |
|---|------------|-------------|----------|----------|
| Key Metrics   | State Goal | Apr 2021    | May 2021 | Jun 2021 |
| <b>Member &amp; Provider Services Call Center Metrics</b> |            |             |          |          |
| Abandonment Rate  | < 5%       | 3.50%       | 2.62%    | 3.17%    |
| Hold Time (minutes)                                       | 1:00       | 0:24        | 0:19     | 0:34     |
| % Calls Answered < 30 seconds                             | > 80%      | 85.99%      | 82.27%   | 79.72%   |
| <b>Quarterly</b>  |            |             |          |          |
| Claims/Encounters Acceptance Rate                         | 99%        | 98.0%       |          |          |

# Claims Payment



# Claims Payments

## Received but Not Yet Paid Claims

| Aging Days        | 0-30 days      | 31-60 days    | 61-90 days    | 91+ days      | Grand Total    |
|-------------------|----------------|---------------|---------------|---------------|----------------|
| Q1 2020           | \$ 109,814,352 | \$ 53,445,721 | \$ 46,955,452 | \$ 9,290,569  | \$ 219,506,093 |
| Q2 2020           | \$ 116,483,514 | \$ 41,306,116 | \$ 27,968,899 | \$ 18,701,664 | \$ 204,460,193 |
| Q3 2020           | \$ 118,379,552 | \$ 59,681,973 | \$ 26,222,464 | \$ 71,735     | \$ 204,355,723 |
| Q4 2020           | \$ 111,807,287 | \$ 73,687,608 | \$ 61,649,515 | \$ 1,374,660  | \$ 248,519,070 |
| Q1 2021           | \$ 111,325,661 | \$ 49,497,185 | \$ 4,766,955  | \$ 37,362     | \$ 165,627,162 |
| Q2 2021           | \$ 131,867,220 | \$ 49,224,709 | \$ 566,619    | \$ 213,967    | \$ 181,872,515 |
| Week of 7/11/2021 | \$ 120,394,841 | \$ 74,384,019 | \$ 7,427,118  | \$ 342,741    | \$ 202,548,719 |

- \*0-30 days is increased for an estimated \$57.5M of received but not adjudicated claims
- \*Medical claims only-does not include pharmacy, dental, vision or transportation claims
- \*The amounts in the table are clean claims





# Quality & Patient Safety

## Metrics

Presented to the CCH QPS Committee on 07/22/2021  
Approved by the CCH Board on 07/30/2021



COOK COUNTY  
**HEALTH**

# Impact of the HRO Quality Dyads

Comparison of Current Outcomes to HRO Dyad Launch

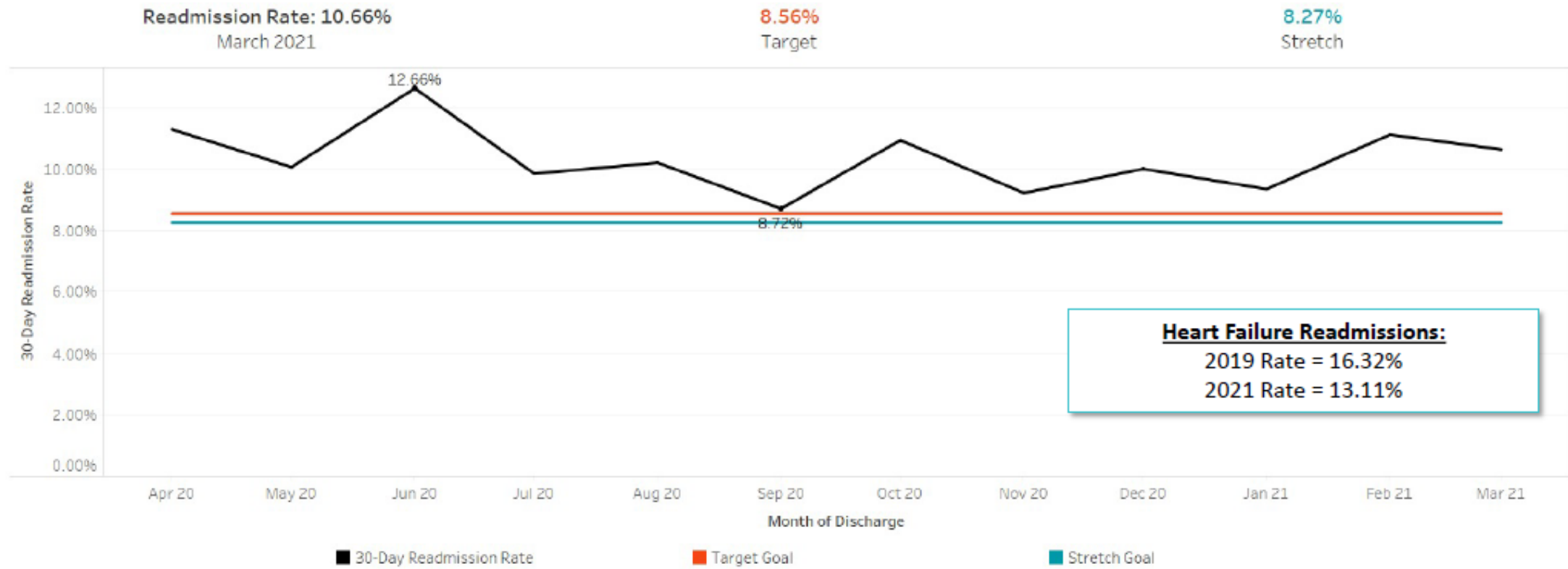
| HRO Dyad               | Measure                            | Direction | Baseline<br>July 2017 to June 2018 | Target<br>Goal | Stretch<br>Goal | 2021 YTD |
|------------------------|------------------------------------|-----------|------------------------------------|----------------|-----------------|----------|
| Clinical Documentation | Case Mix Index, Medical            | ▲         | 1.2147                             | 1.2460         | 1.2750          | 1.2945   |
|                        | Case Mix Index, Surgical           | ▲         | 2.6949                             | 3.0600         | 3.1300          | 2.7971   |
|                        | CC/MCC Capture Rate, Medical       | ▲         | 54.7%                              | 71.16%         |                 | 65.97%   |
|                        | CC/MCC Capture Rate, Surgical      | ▲         | 55.5%                              | 65.70%         |                 | 63.11%   |
| Mortality              | Mortality Index (non-COVID)        | ▼         | 1.09                               | 0.90           | 0.85            | 0.80     |
|                        | Mortality Rate (non-COVID)         | ▼         | 1.44%                              |                |                 | 1.62%    |
|                        | Sepsis Mortality Index             | ▼         | 1.93                               |                |                 | 1.31     |
|                        | Sepsis Mortality Rate              | ▼         | 16.43%                             |                |                 | 10.63%   |
| Readmissions           | 30-Day Readmissions                | ▼         | 9.73%                              | 8.56%          | 8.27%           | 10.36%   |
|                        | 30-Day Readmissions, Heart Failure | ▼         | 13.87%                             |                |                 | 13.11%   |
| Process of Care        | Excess Days                        | ▼         | 21.71                              | 19.10          | 18.45           | 5.17     |
|                        | Excess Days, Heart Failure         | ▼         | 56.47                              |                |                 | -5.42    |
|                        | PSI-90                             | ▼         | 1.467                              | 1.148          | 1.000           | 0.838    |
| Patient Experience     | Recommend the Hospital (Stroger)   | ▲         | 69.90                              | 71.30          | 73.70           | 73.57    |
|                        | Nurse Communication (Stroger)      | ▲         | 66.80                              | 69.10          | 71.50           | 72.93    |
| HEDIS                  | A1c < 8%                           | ▲         | 49.1%                              | 57.6%          |                 | 55.1%    |
|                        | A1c > 9%                           | ▼         | 37.5%                              | 24.0%          |                 | 27.8%    |

Improved from Baseline

Meeting Stretch Goal

# 30-Day Readmission Rate (Stroger Hospital)

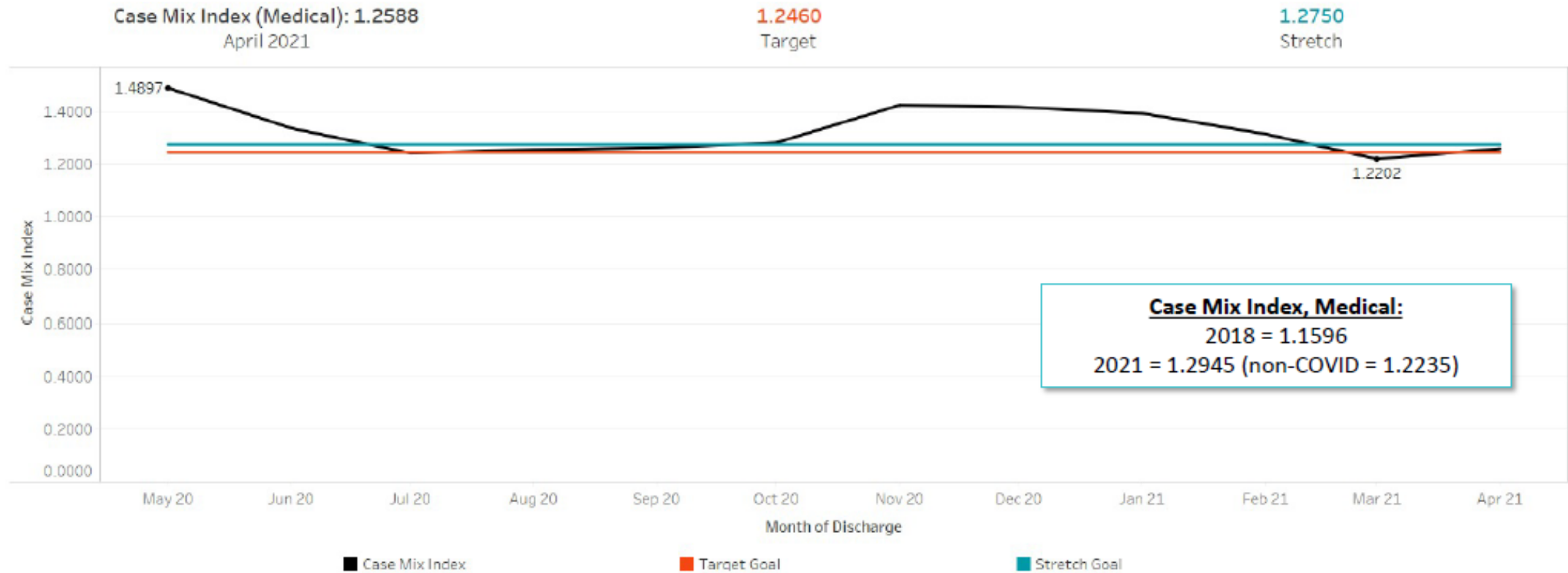
HRO Domain: Readmissions



\*Lower readmission rate is favorable

# Case Mix Index, Medical MSRG (Stroger Hospital)

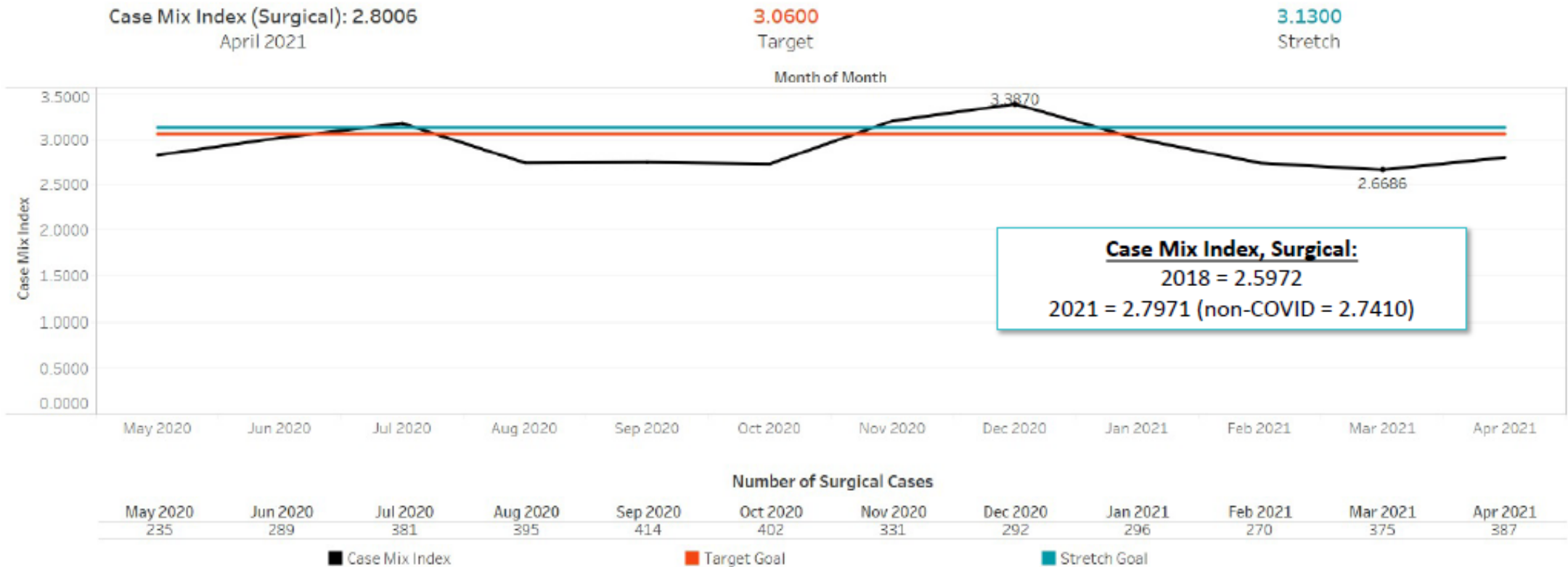
HRO Domain: Clinical Documentation



\*Higher case mix index is favorable

# Case Mix Index, Surgical MSRG (Stroger Hospital)

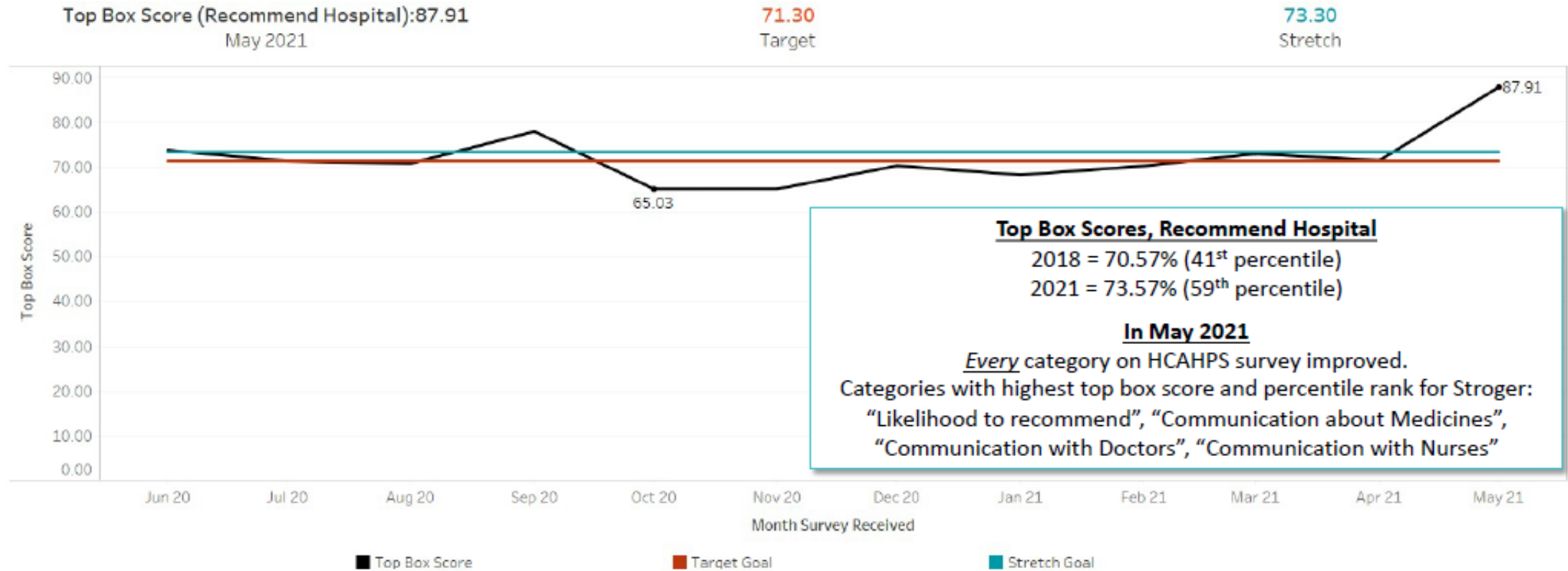
HRO Domain: Clinical Documentation



\*Higher case mix index is favorable

# Top Box Score, Recommend the Hospital (Stroger Hospital)

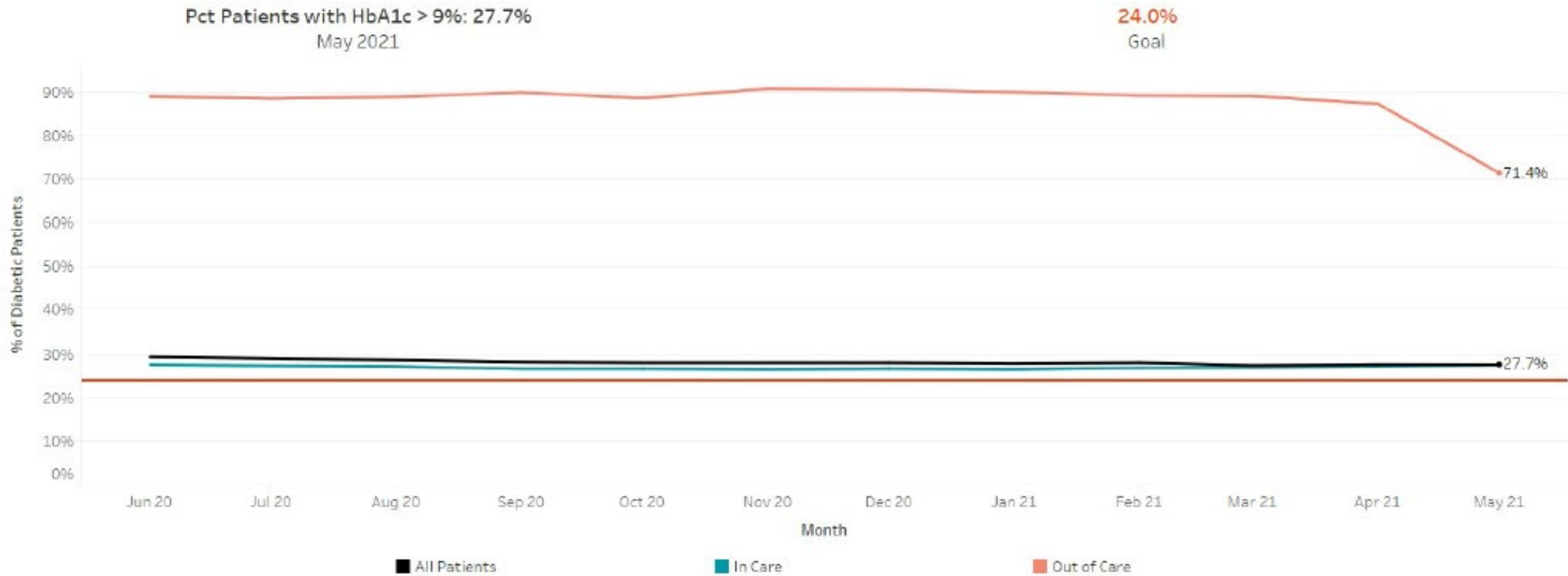
HRO Domain: Patient Experience



\*Higher top box score is favorable

# HbA1C <9%

HRO Domain: HEDIS



| Metric                  | Definition   |
|-------------------------|--|
| 30-Day Readmission Rate | <ul style="list-style-type: none"> <li>• <i>Patient unplanned admission to Stroger within 30 days after being discharged from an earlier hospital stay at Stroger</i></li> <li>• <b>Calculation:</b> Raw unplanned readmission rate (# of readmissions / total # of eligible discharges)</li> <li>• <b>Population included:</b> all inpatient discharges from <u>Stroger</u></li> <li>• <b>Cohort inclusions:</b> any payer; any age; alive at discharge</li> <li>• <b>Cohort exclusions:</b> Admitted for primary psychiatric dx; admitted for rehabilitation; admitted for medical treatment of cancer (chemotherapy, radiation therapy); admitted for dialysis; admitted for delivery/birth</li> <li>• <b>Reporting timeframe:</b> reported monthly with a 1-month lag to allow for 30-day readmission window; reported by month of patient discharge</li> <li>• <b>Data source:</b> Vizient Clinical Data Base</li> </ul>  |
| Case Mix Index          | <ul style="list-style-type: none"> <li>• <i>Average relative DRG weight of a hospital's inpatient discharges, calculated by summing the Medicare Severity-Diagnosis Related Group (MS-DRG) weight for each discharge and dividing by the total number of discharges</i></li> <li>• <b>Population included:</b> all inpatient discharges from <u>Stroger</u></li> <li>• <b>Cohort inclusions:</b> any payer; any age; reported by Medical MS-DRG and Surgical MS-DRG (<i>Surgical: an OR procedure is performed</i>)</li> <li>• <b>Cohort exclusions:</b> none</li> <li>• <b>Reporting timeframe:</b> reported monthly by most current month available; reported by month of patient discharge</li> <li>• <b>Data source:</b> Vizient Clinical Data Base</li> </ul>   |
| Recommend the Hospital  | <ul style="list-style-type: none"> <li>• <i>Percent of patient responses with "Definitely Yes" (top box response) for Recommend the Hospital item in HCAHPS survey</i></li> <li>• <b>Calculation:</b> Percent of patient responses with "Definitely Yes" (top box) / total survey responses</li> <li>• <b>Population included:</b> Stroger; 18 years or older at time of admission; non-psychiatric MS-DRG/principal diagnosis at discharge; alive at discharge; &gt;1 overnight stay in hospital as inpatient</li> <li>• <b>Cohort exclusions:</b> discharged to hospice care; discharged to nursing homes or SNFs; court/law enforcement patients; patients with a foreign home address; "no-publicity" patients"; patients who are excluded because of rules and regulates of state in which hospital is located</li> <li>• <b>Reporting timeframe:</b> reported monthly by most current month available; reported by month of survey received date</li> <li>• <b>Data source:</b> Press Ganey</li> </ul> |
| HbA1c >9%               | <ul style="list-style-type: none"> <li>• <i>Percent of adults (ages 18-75) with diabetes Type 1 or Type 2 where HbA1c is not in control (&gt;9.0%)</i></li> <li>• <b>Calculation:</b> Percent of diabetic patients with HbA1c not in control / total diabetic patients</li> <li>• <b>Population included:</b> (Age 18-75 years as of December 31 of current year AND two diabetic Outpatient/ED visits in the current year or previous year) OR (One diabetic Inpatient visit in the current year or previous year) OR (Prescribed insulin or hypoglycemic or anti-hyperglycemics in the current year or previous year)</li> <li>• <b>Cohort exclusions:</b> none</li> <li>• <b>Reporting timeframe:</b> reported monthly by most current month available; reported by month of patient visit</li> <li>• <b>Data source:</b> NCOA, HEDIS</li> </ul>  |





# Social Media Dashboard



COOK COUNTY  
**HEALTH**

# Earned Media Dashboard: June 19 - July 23, 2021



Total Media Placements

**352**  
Up 21.8%



Total Reach

**1.5 Billion People**  
Up 61.2%



Total Media Value

**\$14.4 Million**  
Up 54.8%

## Top 5 Local Media Outlets

1. *WBBM Radio* – 66
2. *WGN* – 25
3. *ABC 7 Chicago* – 19
4. *NBC 5 Chicago* – 16
5. *WBEZ* – 15

## Top National Media Outlets

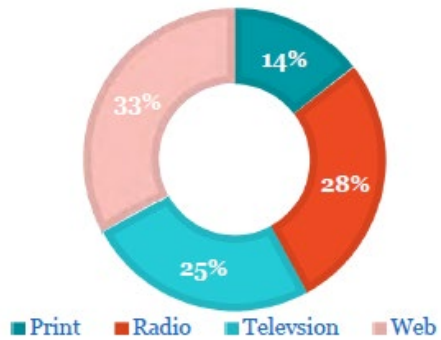
1. *Yahoo! News*
2. *Quad City Times*
3. *MSN*



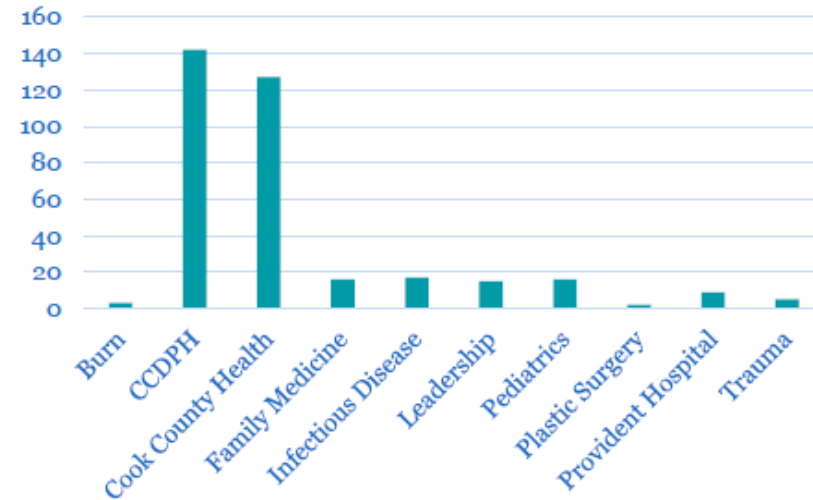
# Cook County Health Media Compilation

June 19- July 23, 2021

## Media Outlet Type



## Media Mentions by Department



## Most Common Topics

1. Concerns rising about the delta variant
2. Childhood wellness vaccines on the decline
3. Vaccine and COVID-19 equity in Cook County suburbs
4. Understanding the delta variant
5. Gun violence uptick in Chicago

# Recent Cook County Health COVID-19 Media Coverage

2,439 Media Hits on COVID-19 from February 2021



COVID-19 shots for children 12 to 15 double in two weeks



Cook County vaccine outreach includes tattoo convention



As childhood vaccinations plummet across the US during pandemic, Illinois public health officials warn of possible outbreaks in the coming school year



After a Steep Plunge in Virus Cases, Every State Is Seeing an Uptick



The county's last mass vaccination sites are closing. Now for 'changing hearts and minds'.



Vaccination Rates Across Chicago Suburbs Range From Under 15% To Over 80%



COVID-19 shots for children 12 to 15 double in two weeks



Cook County Health to continue vaccine outreach as Delta variant spreads

# Social Media Summary

June– July Activity

During June 19 – July 23, the communications team posted content on Facebook, Twitter, Instagram and LinkedIn for Cook County Health.

Posts included content such as COVID-19, interviews with local media, recognition for physicians and the hospital, and health tips.

**Facebook – 47 posts + 2 stories**

<https://www.facebook.com/Cookcountyhhs/>

**Instagram – 37 posts + 10 stories + 1 IGTV**

<https://www.instagram.com/cookcountyhealth/>

**Twitter – 43 (includes retweets)**

<https://twitter.com/CookCtyHealth>

**LinkedIn – 17 posts**

<https://www.linkedin.com/company/cook-county-health/>

# Social Media Insights

As of July 23

## Twitter (28-Day Summary)

- Impressions: **35.2** (up **12.8%**)
- Profile visits: **2.7K** (up **64.1%**)
- Mentions: **52**
- Followers: **4,089** (up **33**)

## LinkedIn (30-Day Summary)

- Impressions: **21.6K**
- Unique visitors: **543**
- Followers: **6,802** (up **115**)

## Facebook (28-Day Summary)

- Post reach: **593.3K**
- Post engagement: **16.7K** (up **82%**)
- Page views: **1.5K**
- Page likes: **5,692** (up **86**)
- Page followers: **7,288** (up **89**)

## Instagram (30-Day Summary)

- Impressions: **14.3K**
- Reach: **1.3K**
- Profile visits: **425**
- Followers: **2,434** (up **23**)

# Top Social Media Posts

June 19– July 23



COOK COUNTY  
**HEALTH**

# Top Social Media Posts: Facebook

## Post Performance

- Reach: **185.6K**
- Shares: **96**



Cook County Health

Published by Alex Normington · July 9 at 8:44 AM · 🌐

Are you a Medical/Surgical or Operating Room nurse? We want you to join the CCH team!

Come learn more at the CCH Nursing Fair on Wednesday, July 14 from 9:00 am to 2:30 pm at the Harrison Square Hyatt. Click here for more information: <https://cookcountyhealth.org/.../CCH-HR-OR-Nursing-Fair-6...>



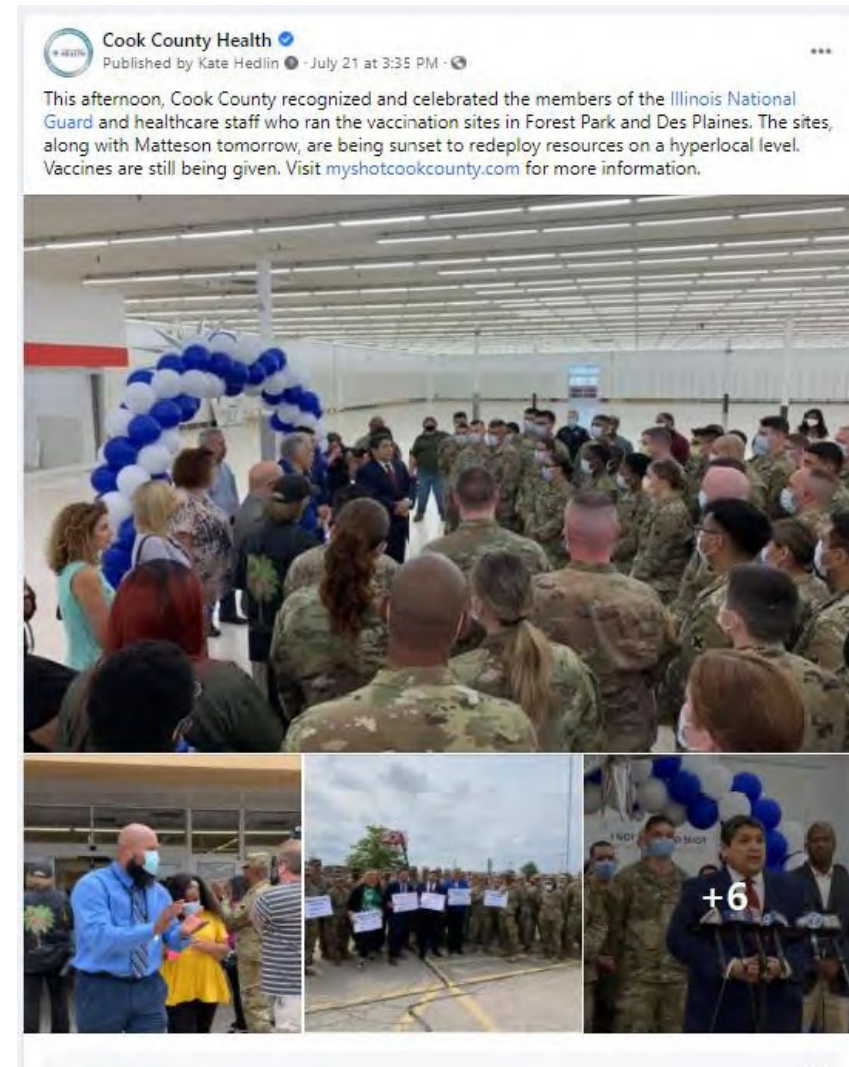
COOK COUNTY  
**HEALTH**



# Top Social Media Posts: Facebook

## Post Performance

- Reach: **7K**
- Reactions, comments and shares: **131**







# Top Social Media Posts: Instagram

## Post Performance

- Impressions: **626**
- Reach: **577**
- Likes: **45**



 **cookcountyhealth** 





 **cookcountyhealth**  Cook County Health's Emergency Medicine Diversity & Inclusion Committee is working to foster culturally competent care and an environment of safety for our LGBTQ+ patients and colleagues.


See how they are working to do that and more in our Pride Month newsletter.

Link in our bio.


4w

[View Insights](#)

 Liked by **county\_doc** and 44 others

JUNE 29

 Add a comment... Post

# Top Social Media Posts: Instagram

## Post Performance

- Impressions: **593**
- Reach: **550**
- Likes: **32**



cookcountyhealth

cookcountyhealth Congratulations to our staff who were recognized at our most recent Board of Directors meeting. We appreciate everything you do to go the extra mile for our patients!

3w

justann03 Way to Go @cookcountyem @liz.ciennik !!

3w 1 like Reply

View Insights

Liked by mamastancik and 31 others

JULY 1

Add a comment...

# Top Social Media Posts: Twitter

## Post Performance

- Impressions: **2.8K**
- Total engagements: **24**



# Top Social Media Posts:

## Twitter

### Post Performance

- Impressions: **2.0K**
- Total engagements: **15**



Cook County Health @CookCtyHealth · Jul 1



Cook County Health's Dr. Sharon Welbel discusses updates about the delta variant here in Cook County and when people should mask to stay safe.



Delta Variant Has Many Concerned About Wearing Masks Again  
CBS 2 talked with Dr. Welbel about the new variant.

[chicago.cbslocal.com](https://chicago.cbslocal.com)



COOK COUNTY  
**HEALTH**

# Top Social Media Posts:

## LinkedIn

### Post Performance

- Impressions: **2.2K**
- Clicks: **99**
- Reactions: **35**



# Top Social Media Posts: LinkedIn

## Post Performance

- Impressions: **3.2K**
- Clicks: **621**
- Reactions: **70**

**Cook County Health**  
6,802 followers  
5d • 🌐

This afternoon, Cook County recognized and celebrated the members of the Illinois National Guard and healthcare staff who ran the vaccination sites in Forest Park and Des Plaines. The sites, along with Matteson tomorrow, are being sunset to redeploy resources on a hyperlocal level. Vaccines are still being given. Visit [myshotcookcounty.com](https://myshotcookcounty.com) for more information.



👍❤️🌱 70 • 1 comment



Thank you.



COOK COUNTY  
**HEALTH**