

COOK COUNTY HEALTH & HOSPITALS SYSTEM



Cook County Department of Public Health

Quarterly Report

to the

Cook County Board of Commissioners

4th Quarter 2016



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Outline

- Background/Vision
- Community Health Assessment
- Community Priorities
 - Health Equity
 - Chronic Disease
 - Behavioral Health
- Community Health Improvement Plan



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WePlan2020

- 90+ page Document
- Comprehensive community health assessment and plan intended to guide the work of CCDPH and its partners
- Sets a common vision and shared goals for CCDPH and partners working to attain health equity in our communities
- Many strategies will be incorporated into CCDPH/CCHHS Strategic Plan



WePlan2020

- Year long process from September 2015-October 2016
- Participation of CCDPH staff, CHAC and hundreds of community organizations and suburban residents
- Required every 5 years for national Public Health Accreditation (PHAB) & Illinois certification (IPLAN)
- Elements:
 - Community health assessment (CHA)
 - Identify at least 3 priority health issues
 - Community health improvement plan (CHIP)



The “We” in WePlan2020 *

Numerous agencies and sectors involved in the assessment, planning, and implementation processes.

- CCHHS
- Chicago Metropolitan Agency for Planning
- Cook County Department of Transportation and Highways
- Cook County Bureau of Planning and Economic Development
- Forest Preserve District of Cook County
- Housing Authority of Cook County
- Illinois Department of Public Health
- Municipal governments
- Alliance for Healthy and Active Communities
- CCDPH Community Health Advisory Committee
- Collaborative for Health Equity Cook County
- Health and Medicine Policy Research Group
- Municipal executive associations
- Northern Illinois Public Health Consortium
- Proviso Partners for Health
- School districts
- UIC School of Public Health

*Not an exhaustive list



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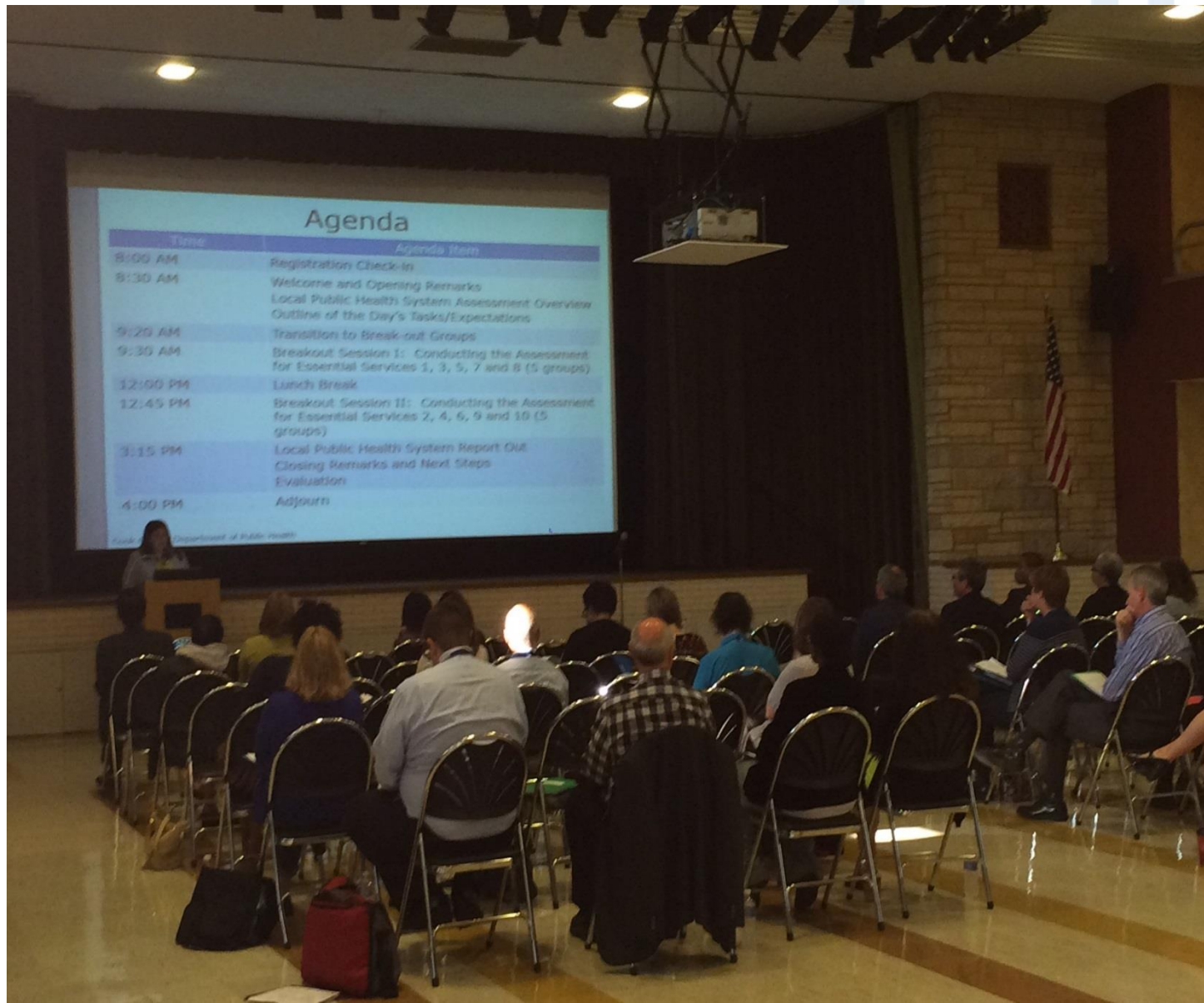


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The “We” in WePlan2020

- Priorities developed in alignment with and informed by existing plans.
 - CCHHS – Impact 2020
 - CMAP – OnTo 2050
 - Cook County Planning for Progress
 - Cook County Food Access Plan
 - Connecting Cook County 2040 Long Range Transportation Plan
 - Forest Preserve Next Century Conservation Plan
 - Health Impact Collaborative of Cook County
 - Healthy Chicago 2.0
 - Illinois State Health Improvement Plan





Agenda	
Time	Agenda Item
8:00 AM	Registration Check-in
8:30 AM	Welcome and Opening Remarks Local Public Health System Assessment Overview Outline of the Day's Tasks/Expectations
9:20 AM	Transition to Break-out Groups
9:30 AM	Breakout Session I: Conducting the Assessment for Essential Services 1, 3, 5, 7 and 8 (5 groups)
12:00 PM	Lunch Break
12:45 PM	Breakout Session II: Conducting the Assessment for Essential Services 2, 4, 6, 9 and 10 (5 groups)
3:15 PM	Local Public Health System Report Out Closing Remarks and Next Steps Evaluation
4:00 PM	Adjourn



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Four Community Assessments

- The Local Public Health System Assessment
- Forces of Change Assessment
- Community Themes and Strengths Assessment
- Community Health Status Assessment



Local Public Health System Assessment

- Measures the capacity of the local public health system to conduct the 10 essential public health services.
- Key themes*:
 - Strong health assessment, tracking & surveillance
 - Insufficient communication with policy makers & public regarding determinants of health
 - Increase engagement, especially with vulnerable populations and on equity issues

*Represent themes discussed in focus groups by participants



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Forces of Change Assessment

- Identifies forces that are occurring or will occur that will affect the community or the local public health system.
- Opportunities*
 - ACA increased number of insured
 - Increasing awareness of social issues
- Threats*
 - Racism
 - Public unaware of “upstream”, non-health determinants
 - Disproportionate incarceration, police contact
 - Wealth disparity

*Represent themes discussed in focus groups by participants



Community Themes and Strengths Assessment

- Identifies themes that interest and engage the community, perceptions about quality of life, and community assets.
- Assets*
 - Community services, especially churches and faith communities.
 - Diverse, multi-cultural population.
- Inequities*
 - Unfair treatment primarily due to race/skin color.
 - Survey results indicating that quality of life is place based.

*Represent responses to survey administered to residents



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An Example - Our Survey

- Internet, mobile and paper-based survey (48 questions)
- Included panelists; outreach to **ACHN clinics (paper copies)**, Housing Authority of Cook County (paper copies); libraries
- **1189 respondents***, 73% Female, 23% Male,
- 30% 55-64y, 52% <54y
- 20% HS diploma or less than 80% some college
- 83% non-Hispanic, 17% Hispanics
- 60% White, 26% African American, 4% Asian
- 31% lived in S Suburbs
- 16% in N, 18 % in SW, 23% in W, 12% unincorporated



WePlan2020 CTSA main findings:

- Overall, 50 to 75 percent of survey respondents rated suburban Cook County as a very good place to live, raise children, work and grow old. Communities rated as Fair or Poor were located primarily in the South and West suburbs.
- Survey respondents consider most community services as assets; especially recreational and religious activities and services for older adults and especially in communities in the north suburbs. Affordable health, dental, and mental health services were most likely to be rated as Fair and Poor.



WePlan2020 CTSA main findings:

- A significant number of respondents (>75 percent) are food and economically secure. In both categories, most respondents who were less secure made less than \$50,000/year and lived in the south suburban communities.



WePlan2020 CTSA main findings:

- Most residents responded to being treated fairly (80 percent) related to age, gender/sex, race/skin color, language, and sexual orientation.
- However, if respondents said they were treated unfairly, this was due primarily to race/skin color (African American, Hispanic and Asian).
- Similarly, unfair treatment by police/courts and at work is experienced more by racial/ethnic respondents especially African American



Community Health Status Assessment

- Analyzes data about health status, quality of life, and risk factors in the community.
- Key themes
 - Significant increase in the number of vulnerable populations, including children living in poverty
 - Chronic diseases are the leading cause of morbidity, disability, and mortality, with striking inequities among race/ethnic groups and geographical regions
 - Admissions for behavioral health issues cluster in the near west and south suburbs



Community Determined Health Priorities

- Health equity
- Chronic diseases
- Behavioral health



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COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP)



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Health Equity

Collaboration

Aligned with existing plans/efforts

Collective Impact

WePlan2020 CHIP

Evidence – based/informed

Focused on PSE* changes

*Policy - Systems - Environment

Community engagement/informed



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Health Equity Strategies

- Expand our understanding of what creates health
- Strengthen the capacity of communities to create their own healthy future
- Implement a ‘Health in All Policies’ approach with health equity as the goal



Health Equity Strategies - Examples

- Develop a WePlan2020 Health Equity supplement focused on health equity indicators*
- Support and work collaboratively with leadership from grassroots and civic organizations whose activities and campaigns advance health equity.
- Increase the implementation of active transportation policies such as Complete Streets policies; Safe Routes to School plans; walk and bicycle friendly private development standards

*Aligns with CCHHS SP 5.4



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Chronic Disease Strategies

- Reduce prevalence and inequities of obesity & obesity-related diseases
- Reduce prevalence and inequities in tobacco-related disease
- Improve prevention, risk reduction and management of chronic conditions
- Change awareness, knowledge, attitudes, behaviors and skills to promote a culture of health



Chronic Disease Strategies - Examples

- Educate and promote strategies to limit availability and access to sugar-sweetened beverages, including a sugar-sweetened beverage tax
- Increase age to purchase tobacco from 18 to 21 years
- Implement formalized referral systems that link patients to evidence-based community resources e.g., Chronic Disease Self Management Program*
- Employ public education campaigns related to risk factors associated with chronic disease

*Aligns with CCHHS SP 1.2



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Behavioral Health Strategies

- Increase access to behavioral health services and support, especially those most in need
- Increase support, services and programs for behavioral health promotion and prevention efforts focusing on early childhood and families



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Behavioral Health Strategies - Examples

- Promote and expand integration of behavioral health resources and services into primary care*
- Expand access to naloxone distribution with first responders**
- Promote and support Healthy Homes guidelines to reduce childhood lead exposure***

*Aligns with CCHHS SP 1.2

**Aligns with CCHHS SP 5.4

***Aligns with CCHHS SP 7.6



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Summary

- WePlan2020 is a comprehensive community health assessment and plan intended to guide the work of CCDPH and its partners
- Represents a shift towards addressing structural and social determinants of health
- Aligned with existing plans and partnerships



Next Steps

- Approval of document
- Develop work plans for each priority area
- Partnerships strengthened for action (PICH)
- Resource development
- Implementation, monitoring and evaluation



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QUESTIONS?



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