

Healthy Communities Cook County



Access Living – Cambiando Vidas

Access to Care

American Federation of State, County & Municipal Employees (AFSCME)

Apna Ghar

Arise Chicago

Asian American Advancing Justice (AAAJ)

Brighton Park Neighborhood Council (BPNC)

Centro Autonomo

Centro de Trabajadores Unidos (CTU)

Chicago Coalition for the Homeless (CCH)

Chicago Irish Immigrant Support

Communities United (CU)

Community Wellness Program/St. Anthony Hospital

ENLACE Chicago

Fight For 15!

Hanul Family Alliance

Heartland Alliance

Illinois Coalition for Immigrant and Refugee Rights (ICIRR)

Korean American Community Services (KACS)

Logan Square Neighborhood Association (LSNA)

Mujeres Latinas en Accion

National Alliance on Mental Illness (NAMI) Chicago

Northside Community Resources

Northeastern Illinois University-Undocumented Student project

P.A.S.O- West Suburban Action project

Salud Sin Papeles

Service Employment International Union – Health Care (SEIU- HealthCare)

Southwest Organizing Project (SWOP)

Young Invincibles

Southwest Organizing Project (SWOP), Chicago Lawn: A coalition of more than 30 local faith institutions, schools, health care providers and others, SWOP roots its work in comprehensive community organizing efforts that seek to leverage existing assets for the benefit of the larger community. SWOP has ongoing effective campaigns around housing, education, immigrant rights, public safety and access to quality affordable healthcare for all.

In 2013 SWOP initiated its launch of the ACA campaign, my job was to educate the community of ACA and enroll members of the community to health care insurance that would be more accessible and affordable for many individuals. There were many individuals that were not going to be able to afford ACA, especially many legal permanent residents that have not reached the five year bar, and could have qualified for the Adult Medicaid.

My most recent work was the All Kids campaign that just ended at the ended this past December. It was important for me to make sure SWOP reached as many children as we could to enroll them into All Kids insurance. It is through these campaigns where I was confronted with the lives of so many of individuals.

Due to this growing concern, SWOP joined the coalition of, Healthy Communities Cook County (HC3), to strategize what to do with the uninsured in Cook County. HC3 began with about 10 community organizations and has grown to about 27 members including: labor unions, community organizations, and health providers. Healthy Communities Cook County (HC3) coalition believes a cost-effective direct access health program can dramatically improve the health of the uninsured in Cook County. A direct access program is not full health insurance, but instead attempts to improve health access, coordination, and financial protections for those unable to afford or access health insurance.

As I enrolled children into All Kids, It was difficult for me to see families with mixed status' walk away with no health insurance. Some of these individuals were dealing with health issues like Diabetes. I'm very familiar of what Diabetes can do to a person if it not controlled. There are more grandparents becoming custodians their grand-children. In early November I went to home of Ms Dorothy who is a 77 yr old woman who has trouble getting around, and wanted to enroll three great grandchildren into All Kids. She made the attempt herself to apply but was not able to do so. Two weeks later the children were approved. In the past 3 years many people have gained health coverage and access through the ACA/Obamacare. The ACA was a good foundation to increase health coverage though it left many without any options. In Cook County, about 180,000 individuals still do not have health coverage because they cannot afford it or are not allowed to buy into the ACA.

Having a Cook County health task force will help bring all the stakeholders together and be instrumental in bringing coordination and access to affordable healthcare in the communities we serve.

We need your leadership and commitment to ensure that health care works for all of Cook County.

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Thank you so much for allowing me to share my experiences working with uninsured and underinsured populations. My name is Cynthia Magallanes and during my career as a registered nurse I have worked throughout Cook County as an ER, Critical Care, Home Health, and School Nurse and now as Community Nurse at Saint Anthony Hospital where serve communities such as South and North Lawndale, Pilsen, Brighton Park, and Back of the Yards which consist mostly of uninsured and uninsurable residents. I have seen firsthand the struggle and difficulties that these communities face when it comes to managing their own health and obtaining basic healthcare.

It is extremely difficult, even when you have insurance, to navigate the healthcare field between co-pays, co-insurance, and deductibles it is no wonder people get lost in the system. However, it is even harder for an uninsured person to get basic health services. Let me tell you the story of someone I will name Leslie. She is a single mom, earning minimum wage, and working two jobs. I was her ER nurse when she became ill and was transported by ambulance to a Hospital in Melrose Park. After 4 hrs in the ER, CAT Scans, and medications she was stable and cleared for discharge. The ER doctor gave her a few prescriptions and a referral to a neurologist. I knew that Leslie would be back in a very short time due to her immigration status which left her unable to receive public benefits or qualify for any prescription assistance program. This visit would leave her in approximately \$14,000 in debt plus the cost of emergency transportation, which in Melrose Park falls on patient's responsibility. The cost of her medications is about \$500/month not including the specialist fees and any additional testing required to manage her condition. For someone like Leslie earning minimum wage this amount of debt is nearly impossible to manage.

About 180,000 people living in Cook County continue to be uninsured despite ACA, County Care and other similar programs and like Leslie will continue to use the emergency medical systems for preventive and chronic disease management overwhelming an already overwhelmed system. The average cost for an emergency visit is about \$1,100 when you compare that to the average cost of a doctor visit, which according to Blue Cross and Blue Shield, is between \$130-\$180 the magnitude of inaction in this issue can truly be appreciated.

Leslie also, shared with me that she was receiving her medications from cook county health systems but that her last request was denied because they had ran out. It is clear that although Cook County system is trying to bridge the gap between patients and access to care they are overwhelmed and unable to completely fill the gap. Aside from long wait times, limited resources, language and cultural barriers that the county system faces they also have to reach across extensive geographical areas that might not allow for people in need to truly have access to affordable care.

I have come across many people like Leslie with similar stories and needs. It is clear that one organization cannot possibly fill this need. To address such a complex problem we require collaboration between providers, local hospitals, and community resources. HC3 is trying to bridge this gap, by connecting resources to the people that need it the most and allowing a true collaboration of providers and communities. I urge you to vote in favor of the resolution that will create a task force to address this need.