

Quarterly Quality Report from the Cook County Department of Public Health

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Cook County Department of Public Health

**Quality and Patient Safety Committee of the Board of
Directors of the Cook County Health and Hospitals System**

February 24, 2009



Topics



- **Background**
 - **Public Health Quality Issues**
 - **Jurisdiction**
 - **Summary of Funding and Organizational Chart**
 - **Suburban Cook County Selective Demographic Profile**
- **Quarterly Quality Report of Selected Public Health Programs**
- **Final Comments**



Public Health Quality Issues



- Measure quality of services delivered by the local public health department
- Are we responsible for the health status of the people living in Suburban Cook County ?
 - Health status determined by broad social conditions NOT simply personal medical services.
 - Tiny amount of services delivered by Health Department and Health & Hospitals system.
 - **OUR ANSWER IS YES ! WE SHOULD BE RESPONSIBLE.**





Core Functions of Public Health

- Assessment
- Policy Development
- Assurance





Essential Services of Public Health

- Monitor health status
- Diagnose and investigate
- Inform, educate, and empower
- Mobilize community partnerships
- Develop policies and plans
- Enforce laws and regulations
- Link people to needed services / assure care
- Assure a competent workforce
- Evaluate health services
- Research



Examples: Types of Public Health Quality Indicators



- Structural Indicators:
 - Emergency Preparedness: Compliance with FEMA required training of staff
- Process Indicators:
 - Proportion of people exposed to an acute outbreak who are contacted and receive appropriate advice/prophylaxis
- Intermediate Outcome Indicators:
 - Proportion of newly diagnosed active TB patients who complete Rx within 12 months
- Health Status Outcome Indicators:
 - Achieving national targets for infant mortality in suburban Cook County while eliminating racial/ethnic and class inequities





Jurisdiction





Cook County

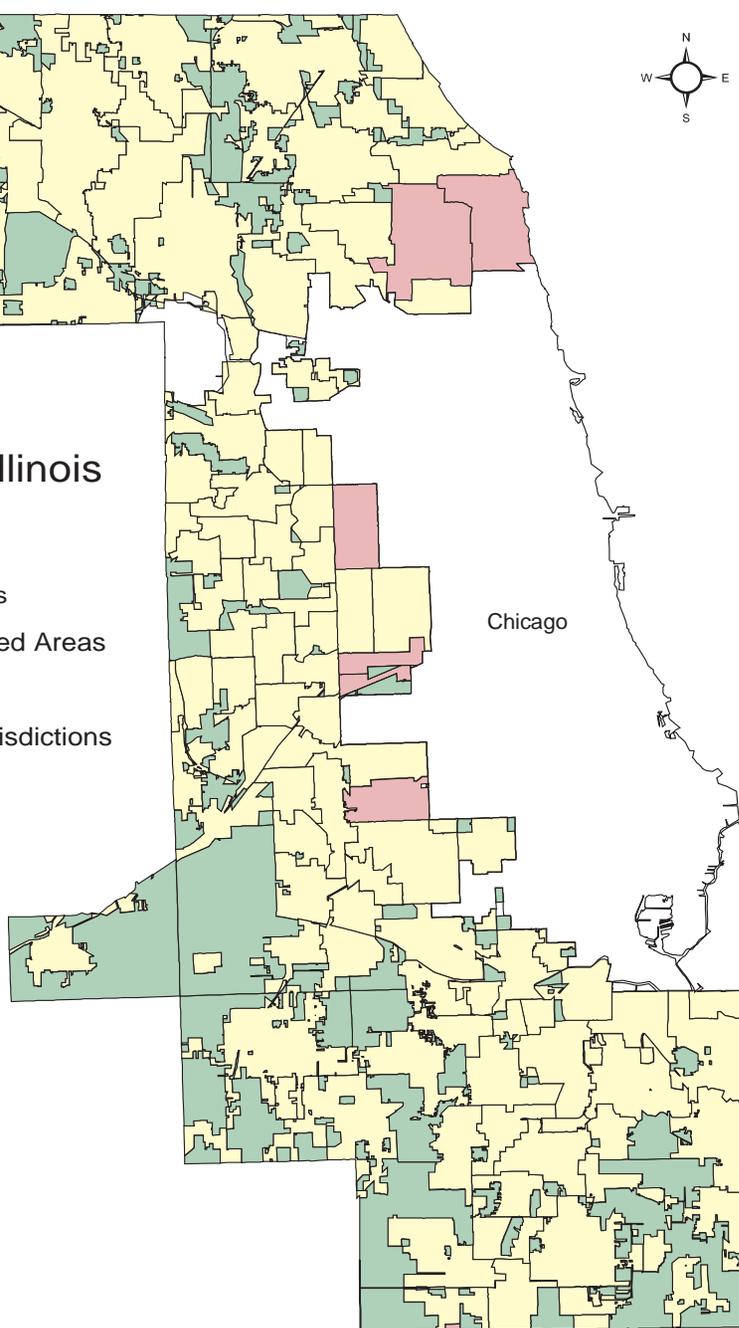
- 129 municipalities
- ~2.5 million suburban residents (~5.6 million people)
- 700 sq. miles (incl 150 sq. miles unincorporated Cook; total 920 sq. miles)
- 5 municipal state-certified LHDs

Cook County, Illinois

-  CCDPH Towns
-  Unincorporated Areas
-  Chicago
-  Other PH Jurisdictions

0 4.5 9
Miles

Epidemiology Program, CCDPH, CCIDHS, 10/2014



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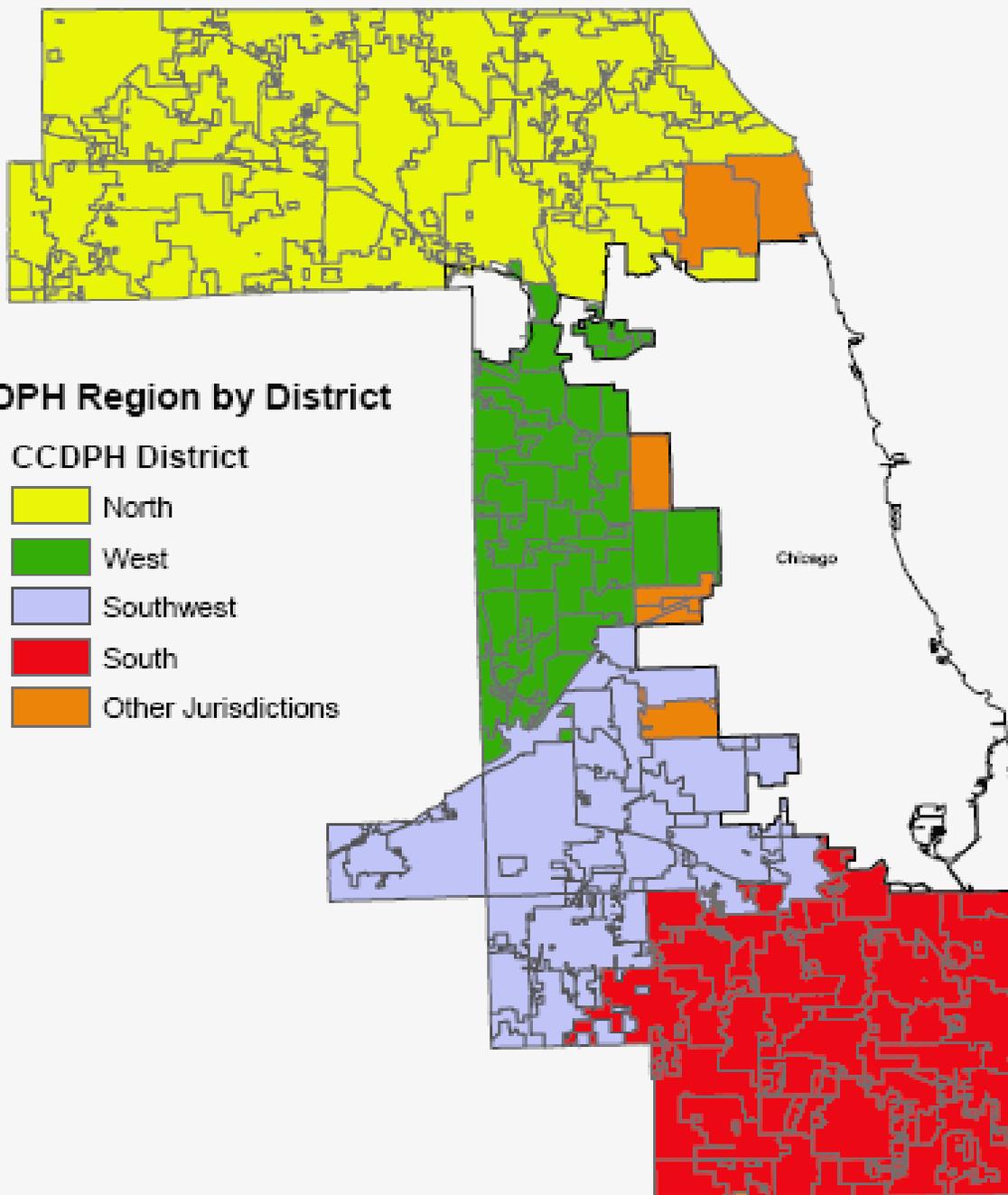


CCDPH Jurisdiction in Suburban Cook County

CCDPH Region by District

CCDPH District

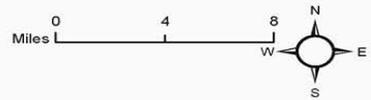
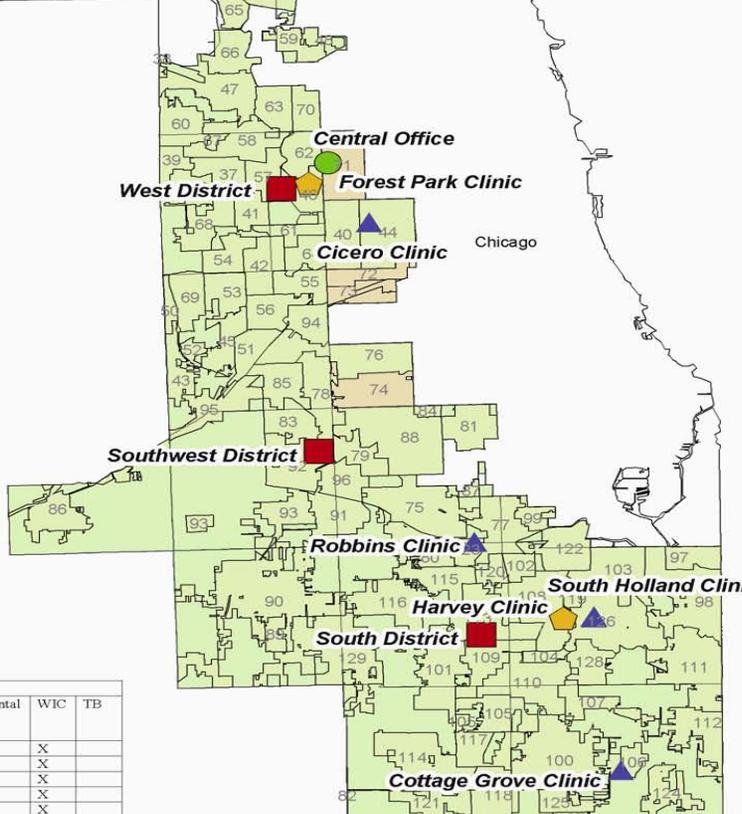
-  North
-  West
-  Southwest
-  South
-  Other Jurisdictions



Cook County Department of Public Health Locations Offices and Clinic Locations



Ref #	Town	Ref #	Town	Ref #	Town
1	Arlington Heights	45	Countryside	88	Oak Lawn
2	Barrington	46	Forest Park	89	Orland Hills
3	Barrington Hills	47	Franklin Park	90	Orland Park
4	Bartlett	48	Harwood Heights	91	Palos Heights
5	Buffalo Grove	49	Hillside	92	Palos Hills
6	Deerfield	50	Hinsdale	93	Palos Park
7	Des Plaines	51	Hodgkins	94	Summit
8	East Dundee	52	Indian Head Park	95	Willow Springs
9	Elgin	53	La Grange	96	Worth
10	Elk Grove Village	54	La Grange Park	97	Burnham
11	Glencoe	55	Lyons	98	Calumet City
12	Glenview	56	McCook	99	Calumet Park
14	Hanover Park	57	Maywood	100	Chicago Heights
15	Hoffman Estates	58	Melrose Park	101	Country Club Hills
16	Inverness	59	Norridge	102	Dixmoor
17	Kenilworth	60	Northlake	103	Dolton
18	Lincolnwood	61	North Riverside	104	East Hazel Crest
19	Morton Grove	62	River Forest	105	Flossmoor
20	Mount Prospect	63	River Grove	106	Ford Heights
21	Niles	64	Riverside	107	Glenwood
22	Northbrook	65	Rosemont	108	Harvey
23	Northfield	66	Schiller Park	109	Hazel Crest
24	Palatine	67	Stone Park	110	Homewood
25	Park Ridge	68	Westchester	111	Lansing
26	Prospect Heights	69	Western Springs	112	Lynwood
27	Rolling Meadows	70	Elmwood Park	113	Markham
28	Roselle	71	Oak Park	114	Matteson
29	Schaumburg	72	Stickney	115	Midlothian
30	South Barrington	73	Forest View	116	Oak Forest
31	Streamwood	74	Burbank	117	Olympia Fields
32	Wheeling	75	Alsip	118	Park Forest
33	Wilmette	76	Bedford Park	119	Phoenix
34	Winnetka	77	Blue Island	120	Posen
35	Evanston	78	Bridgeview	121	Richton Park
36	Skokie	79	Chicago Ridge	122	Riverdale
37	Belwood	80	Crestwood	123	Robbins
38	Bensenville	81	Evergreen Park	124	Sauk Village
39	Berkeley	82	Frankfort	125	South Chicago Heights
40	Berwyn	83	Hickory Hills	126	South Holland
41	Broadview	84	Hometown	127	Steger
42	Brookfield	85	Justice	128	Thornton
43	Burr Ridge	86	Lemont	129	Tinley Park
44	Cicero	87	Merrionette Park	130	University Park



Services by Location

Name	Services			
	STD/ FP/ IMM	Dental	WIC	TB
North District	X	X	X	
West District	X	X	X	
Southwest District	X	X	X	
South District	X	X	X	
Cicero Clinic			X	
Cottage Grove (ACHN)		X	X	
Des Plaines Clinic				X
Forest Park Clinic				X
Hanover Park Clinic			X	
Harvey Clinic				X
Robbins Clinic (ACHN)			X	
Skokie Clinic	X			
South Holland Clinic		X		

CCDPH Locations in Suburban Cook County

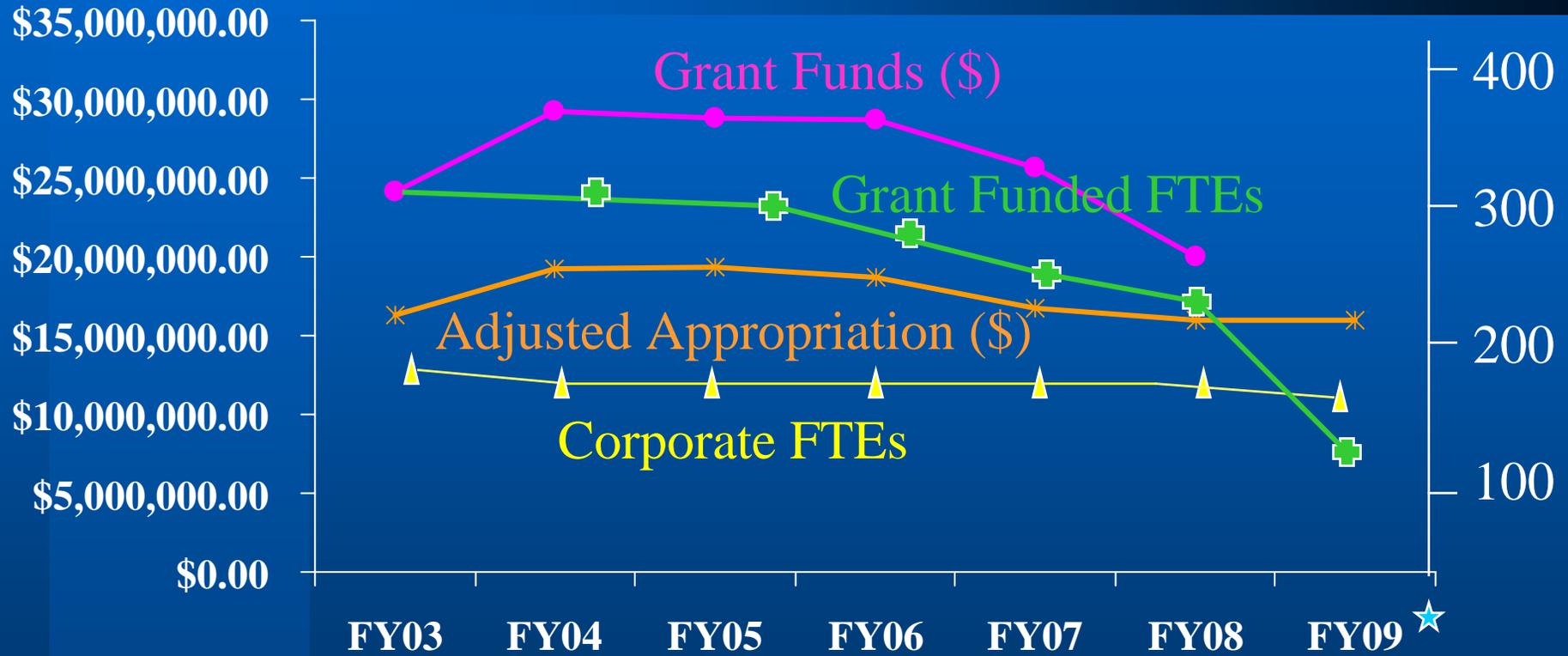




Summary of Funding and Organizational Chart



CCDPH Appropriations & FTEs



FY2008 County Appropriation (Excluding Restricted Funds)

CCDPH: \$15.9 Million (2.1% of Total Public Health Expenditures)

CCBHS: \$745.2 Million

★ Budget Recommendation



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Public Health Workforce



- ASPH estimates 250,000 more public health workers will be needed by 2020.
- 23% (110,000) of the current workforce is eligible to retire by 2012.
- Funding cut dramatically to Centers of Excellence and Health Careers Opportunity Programs.





Selected CCDPH Essential Services Provided And Cost Per Capita

	FY03	FY04	FY05	FY06	FY07	FY08
Case Management (average monthly caseload)	17,401	16,736	16,800	16,058	17,500	15,437**
Clinic Visits (Immunizations, Dental, STDs, & Family Planning)	219,095	206,556	210,000	155,023*	132,000	135,548
Health Protection (Inspections & Investigations)	29,685	38,234	38,000	43,329	44,600	46,104
Estimated County Share Cost Per Capita	\$8.00	\$9.00	\$8.00	\$7.00	\$7.00	\$7.06
Estimated Grant Funded Share Cost Per Capita	\$10.69	\$12.94	\$12.75	\$12.67	\$11.35	\$8.85*

*Reduction In Grant Funds

**Program Transition reflecting a 10 month average.





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COOK COUNTY DEPARTMENT OF PUBLIC HEALTH ORGANIZATIONAL STRUCTURE



General Command Structure

1. Chief Operating Officer
2. Assistant Operating Officer
3. Chief Medical Officer

Public Health Outbreak Response Command Structure

1. Chief Operating Officer
2. Chief Medical Officer
3. Director of Communicable Disease Control & Prevention

Public Health Emergency Incident Command Structure

1. Chief Operating Officer
2. Chief Medical Officer
3. Director of Communicable Disease Control & Prevention
4. Assistant Operating Officer
5. Director of Integrated Health Support Services

Service Division Structure

- Shared Services
- Population Health Services
- Personal & Population Health Services

Todd H. Stroger, President
Cook County Board of Commissioners
Cook County Board of Health

Warren L. Batts, Chairman
Cook County Health & Hospitals System Board

David R Small, FACHE
Interim Chief & COO
Cook County Health & Hospitals System

Stephen A. Martin, Jr., Ph.D., M.P.H.
Chief Operating Officer

Cook County Department of Public Health Executive Team

Perry C. Harris, M.P.A.
Assistant Operating Officer & Chief of Staff

Linda R. Murray, M.D., M.P.H.
Chief Medical Officer & Director of Medical & Ancillary Services

- CCDPH First Deputy Incident Commander
- Clinical Staff Physicians
- Clinical TB Staff Physicians
- Medical Affairs
- Medical Quality Assurance
- Medical Consultation
- Dental Program
- CCDPH Laboratory Operations

- CCDPH Second Deputy Incident Commander
- General Administrative Operations
- Physical Plant Operations
- Materials Management & Inventory Control
- Vehicle Coordination
- Telecommunications
- TB Program Administrative Operations
- Real Estate Management
- Workplace & Fire Safety
- Logistical Operations & Support
- Information Technology
- Continuity of Business Operation Planning
- Corporate Compliance
- CCDPH Health Alert Network (Technical Support)
- CCDPH Duty Officers

Sandra Martelli, RN, M.S.
Chief Nursing Officer & Director
Integrated Health Support Services

Christina Welter, M.P.H.
Deputy Director
Prevention Services

Michael Vernon, DrPH
Director
Communicable Disease Control & Prevention

Thomas Varchmin, M.S., LEHP
Director
Environmental Health Services

Noreen Lanahan
Chief Financial Officer

Helen Haynes, J.D.
Special Counsel & Associate Administrator

Sean McDermott
Public Information Officer & Director
Policy Development & Communications Services

- High Risk Case Management
- Genetic Case Management
- Clinic Operations
- Nursing
- WIC Program
- Health Screen/Disease Management
- Family Planning
- TB Clinic Operations
- Other Clinical Health Services
- Emergency PH Nurse Response Team

- Disease Outbreak Investigation Team
- General CD Prevention & Control
- STD Prevention & Control
- HIV/AIDS Prevention & Control
- Enhanced Syndromic Surveillance
- Immunization Program
- TB Prevention & Control

- Fiscal Grant Management
- Budget
- Purchasing
- Financial Information Systems
- Payroll
- Accounts Payable
- Accounts Receivable

- Municipal Liaison
- Tasting District Liaison
- Legislative Affairs
- PH Statutes, Ordinance & Codes
- Public Relations
- Web Master
- Public Information Officer
- FOIA Coordination
- Special CCDPH Initiatives

- Bioterrorism Emergency Preparedness
- Community Preparedness & Planning
- Health Promotions
- Tobacco & Substance Abuse
- Epidemiology
- Minority Health Initiatives
- CCBHS IRB
- Lead Poisoning Prevention
- Strategic Health Planning/PLAN
- CCDPH Health Alert Network
- IPHMAS Coordination
- Violence Prevention

- Potable Water Division
- Sewage Disposal Division
- Regulatory & Enforcement Division
- Food Safety & Protection Division
- Environmental Quality Division

- Special Legal Counsel for PH Statutes, Ordinance & Codes
- Emergency Preparedness/SNS Legal Initiatives
- Public Health Legal Consultation
- TB Legal Counsel
- HIPAA Coordination
- Human Resources
- Benefits
- Labor Relations / Grievances
- Subpoena Request
- Risk Management
- Employee Health

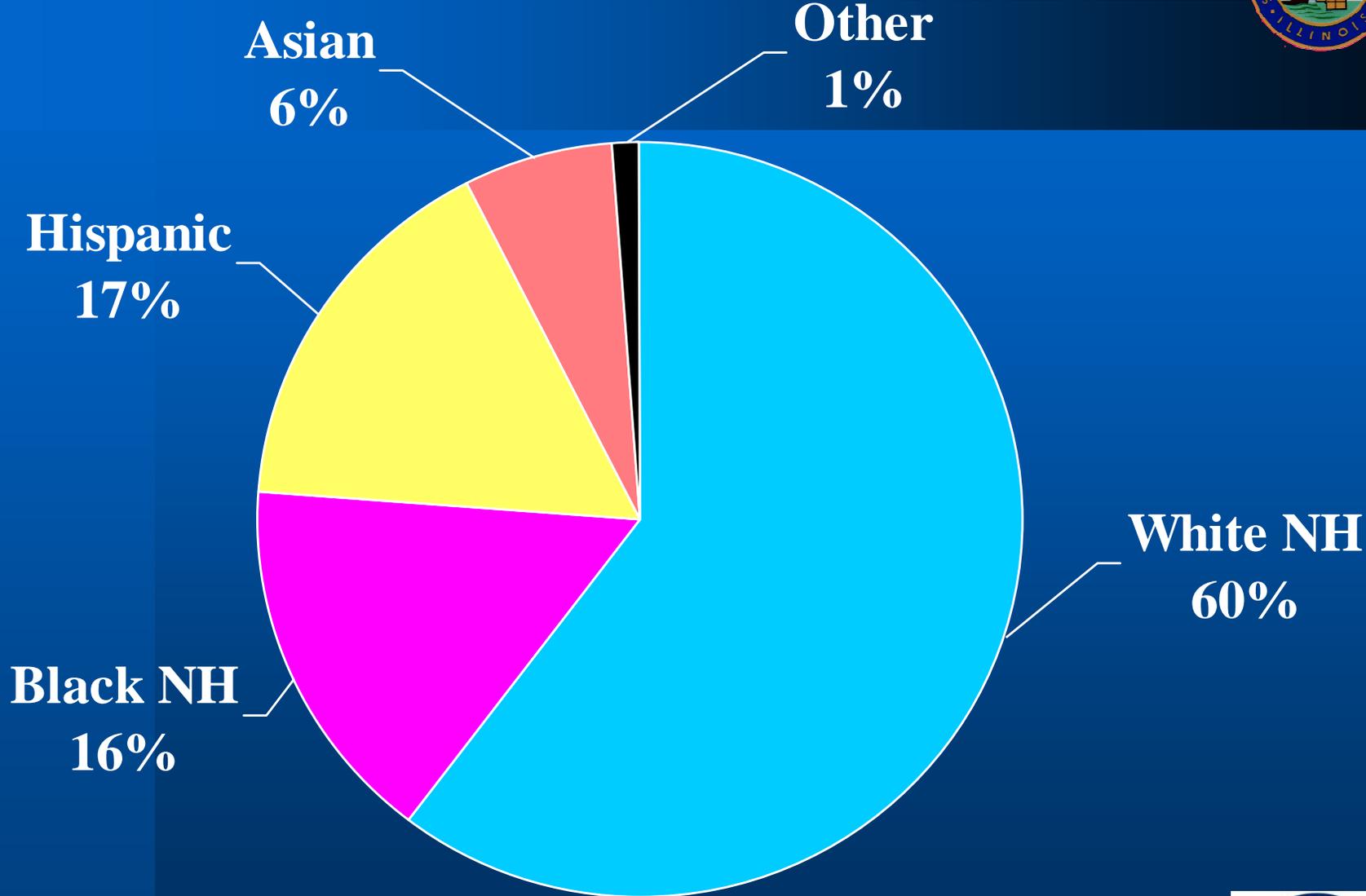


Suburban Cook County Selective Demographic Profile





Suburban Cook County Race & Ethnicity Profile

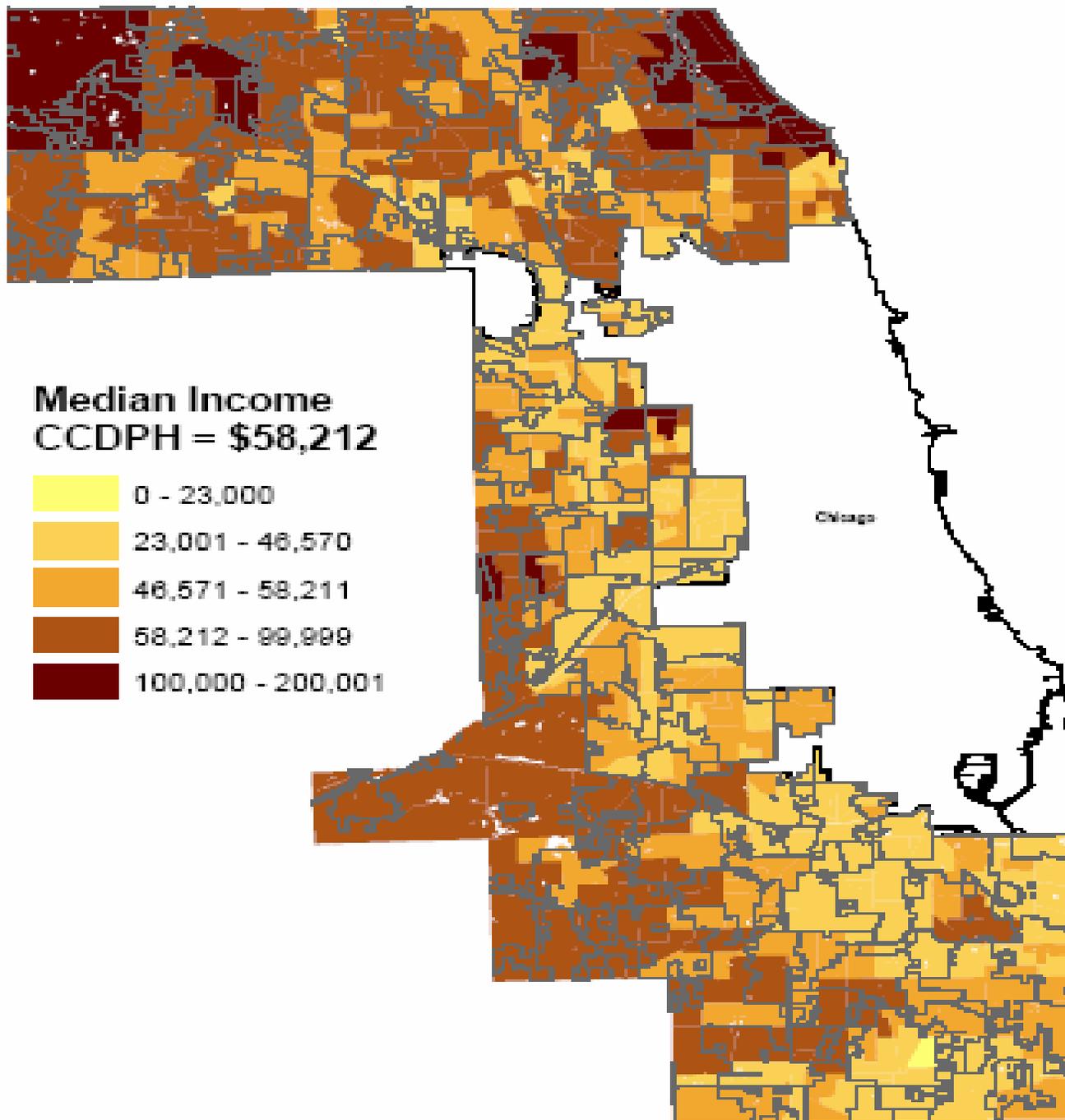


2005-2007

Population Estimated Size: 2,547,937



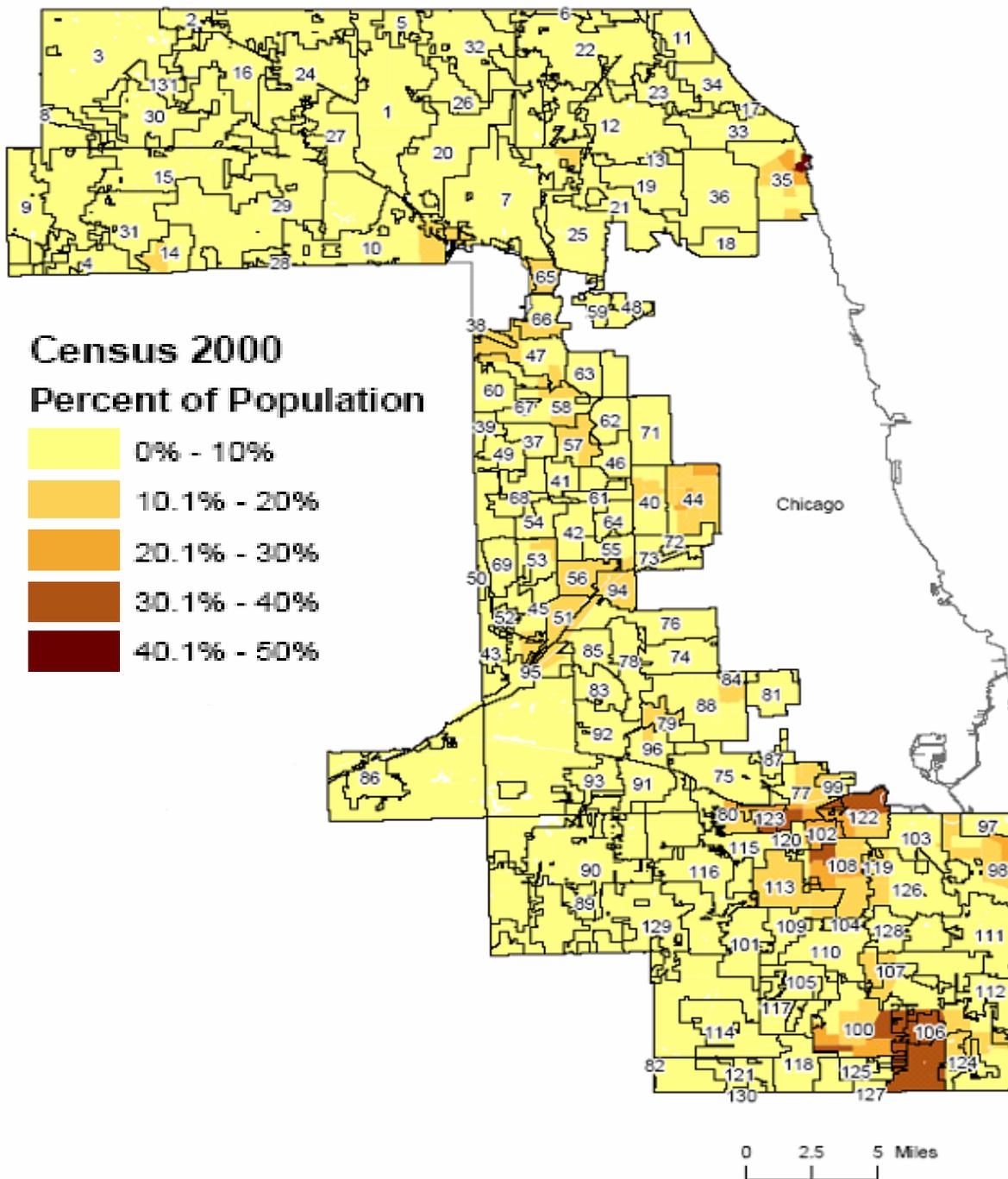
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Median Income

2005





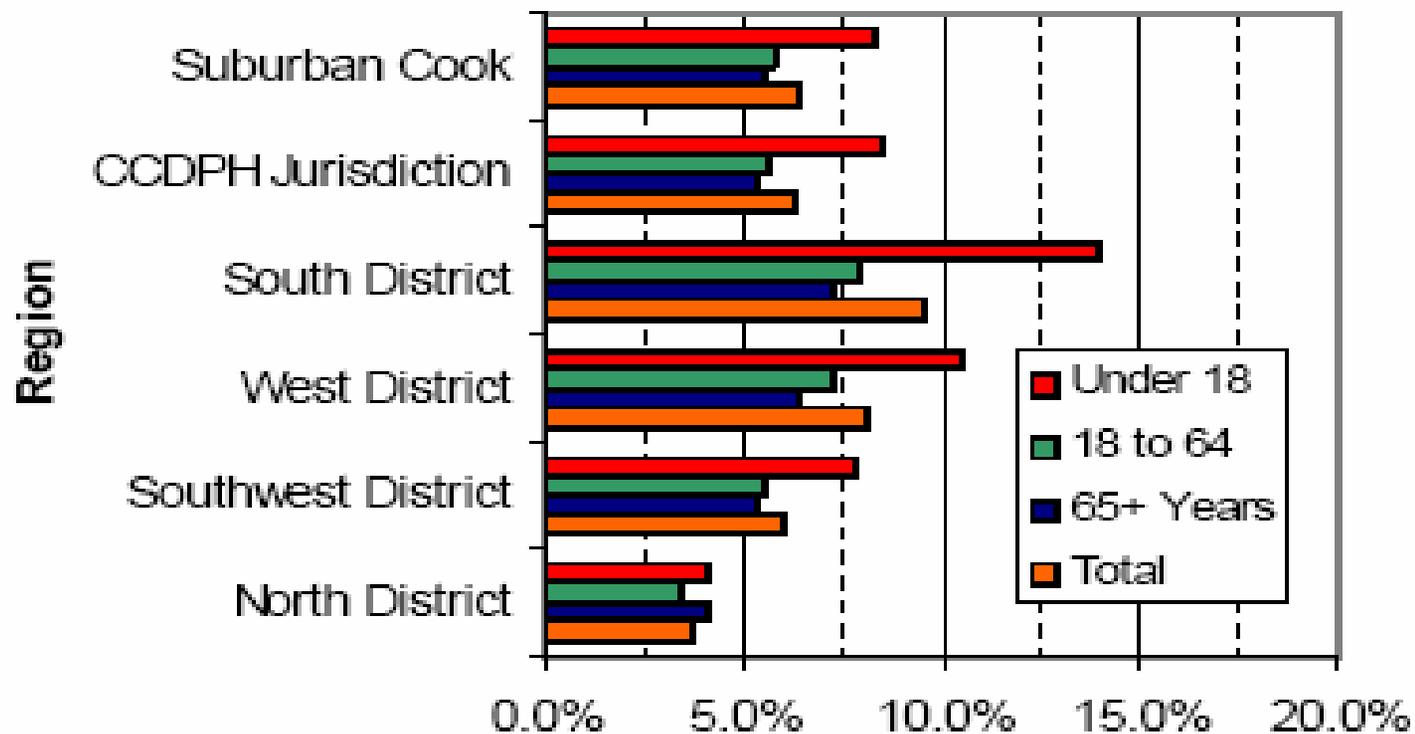
% Under 100% of Poverty



Population in Poverty

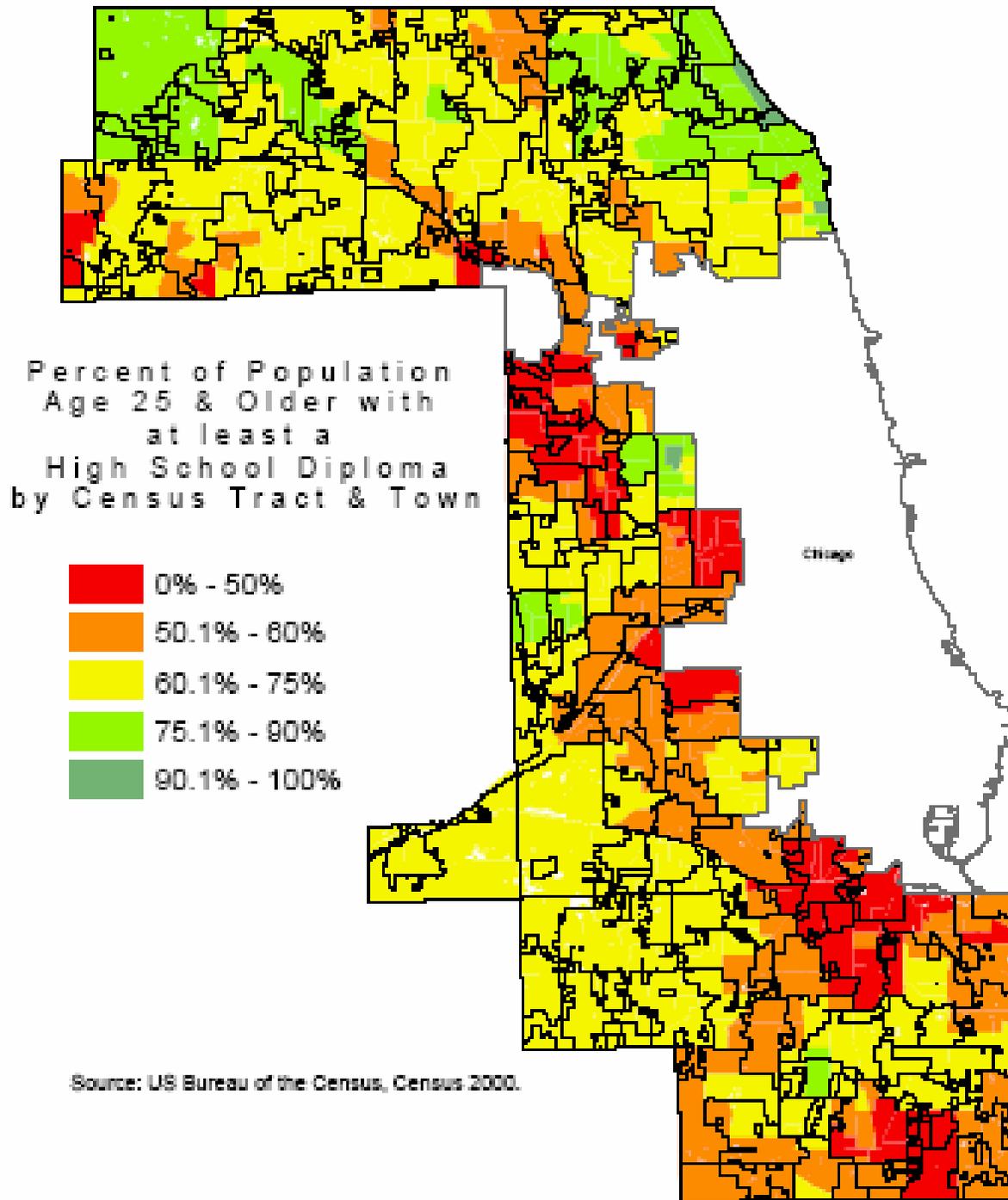


Percent of Population at 100% of Poverty



Source: US Bureau of the Census, 2000



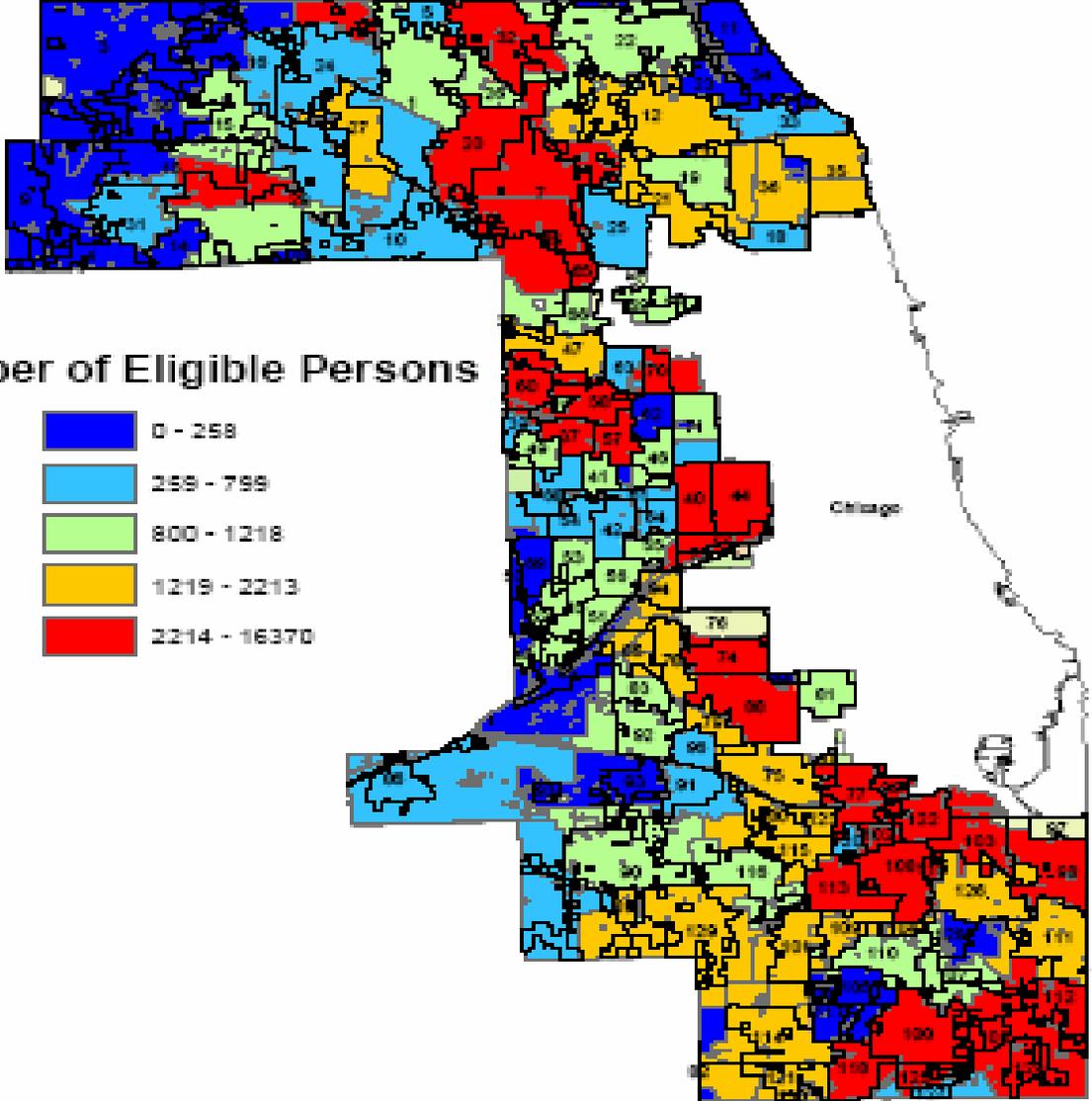


Educational Attainment





Distribution of Medicaid Eligible Persons Under Age 65 Years by Zipcode and Town



Number of Eligible Persons

- 0 - 258
- 259 - 799
- 800 - 1218
- 1219 - 2213
- 2214 - 16370

Medicaid Coverage

2005



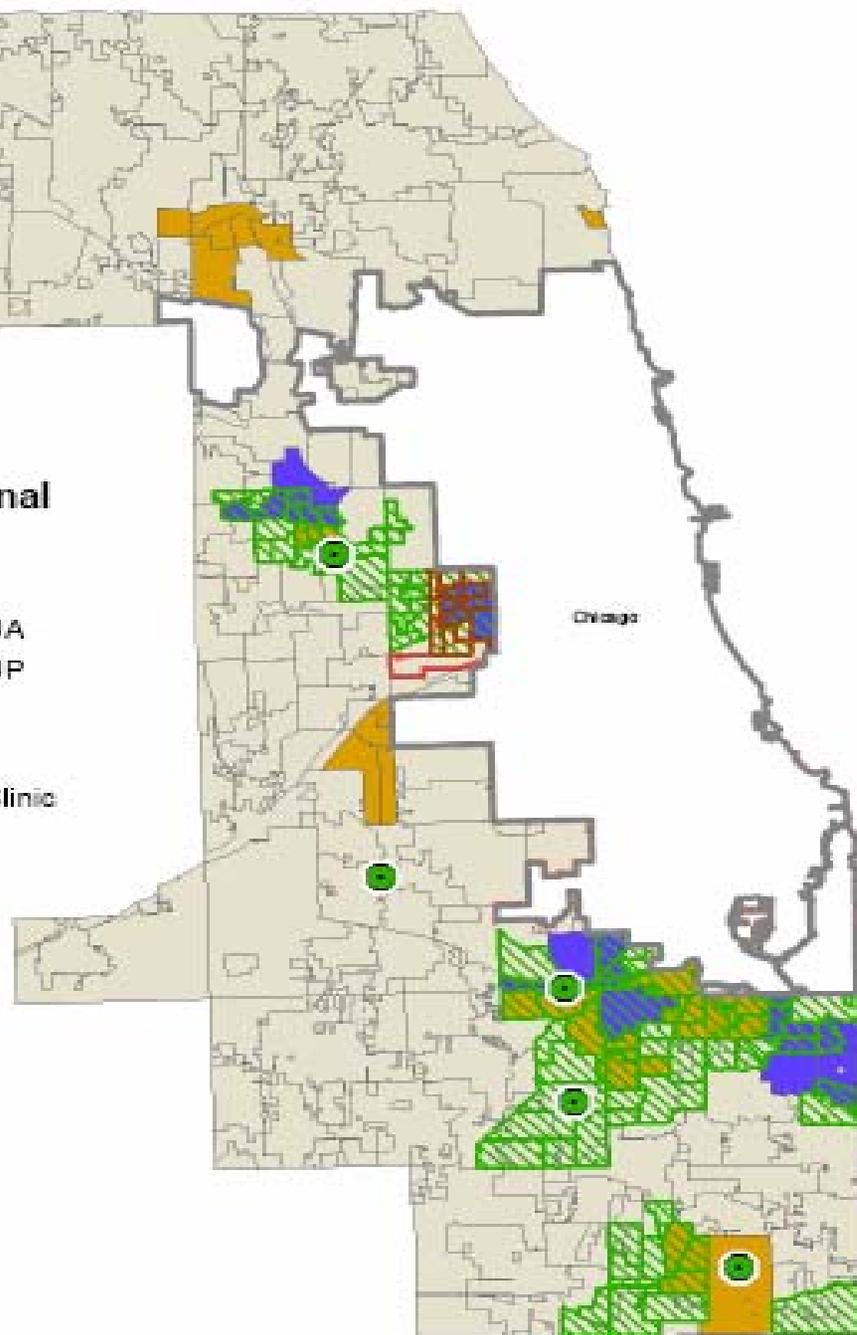


Designated Medically Underserved Areas in Suburban Cook County

Source: wePLAN, CCDPH,
2005

Designated Health Professional Shortage Areas

- Primary Care MUA
- Primary Care MUP
- Mental Health
- Dental
- CCDPH Dental Clinic





Quarterly Quality Report of Selected Public Health Programs





Integrated Health Support Services

- 1. Breast and Cervical Cancer Program (BCCP)**
- 2. High Risk Infant Follow-up/APORS**
- 3. Targeted Intensive Prenatal Case Management (TIP)**
- 4. Women, Infants, and Children Supplemental Nutrition Program (WIC)**
- 5. Subsequent Pregnancy Prevention (SPP)**
- 6. Healthy Families Illinois (HFI)**
- 7. Vision and Hearing**
- 8. Healthy Child Care Illinois**
- 9. Family Planning**
- 10. Day Care Nurse Consultant - Contractual Program**
- 11. Genetics/Newborn Screening/Newborn Hearing Screening**



Integrated Health Support Services

Breast and Cervical Cancer Program (BCCP)



- Major Focus: To provide screening and diagnostic services to a projective caseload of 1365 women.
- Major Accomplishments: 1. Westlake Hospital contracted with CCDPH to provide BCCP services meeting an unmet need in the west suburban region for clinical breast exams, pap smears, and mammography. The number of cervical cancer screenings increased. 2. All new staff completed Cornerstone BCCP training and attended the mandatory orientation session.
- Quality standards and indicators: Established by IDPH and the CDC. There are MDE minimal data elements and CCDPH is required to edit MDE errors on a bi-monthly basis. The 60 day screening cycle is monitored routinely along with required program elements and program eligibility. The program has met the established standards.
 - A state-wide report is issued on an annual basis for comparison.
 - The top priority goal for the program is to increase the number of BCCP enrolled clients who accept cervical cancer screening (pap test). The next priority is to increase the number of BCCP enrolled clients who complete their screening within the 60 day cycle.



Integrated Health Support Services

Breast and Cervical Cancer Program (BCCP)



Quality Indicators (through November 2008) provide through the Cornerstone System:

Caseload	1365								
Age Breakdown	<p>< 35 years = 0.3%</p> <p>35 – 39 years = 0.8%</p> <p>40 – 49 years = 37.1%</p> <p>50 & Over = 61.8%</p>								
Racial Breakdown	<p>White = 35.6%</p> <p>Black/African American = 56.4%</p> <p>Asian = 4.0%</p> <p>American Indian/Alaskan Native = 0.07%</p> <p>Native Hawaiian/Other Pacific Islander = 0.22%</p> <p>Other = 3.1%</p>								
Hispanic Ethnicity	<p>Hispanic = 21.3%</p> <p>Non-Hispanic = 78.7%</p>								
Mammograms Performed	911								
Cervical Cancer Screenings Performed	146								
Clinical Breast Exams Performed	330								
Cancers Diagnosed	<table> <tr> <td>Stage I = 1</td> <td>Stage II = 1</td> </tr> <tr> <td>Stage III = 0</td> <td>Stage IV = 0</td> </tr> <tr> <td>Local = 0</td> <td>Regional = 0</td> </tr> <tr> <td>Distal = 0</td> <td>Unknown = 0</td> </tr> </table>	Stage I = 1	Stage II = 1	Stage III = 0	Stage IV = 0	Local = 0	Regional = 0	Distal = 0	Unknown = 0
Stage I = 1	Stage II = 1								
Stage III = 0	Stage IV = 0								
Local = 0	Regional = 0								
Distal = 0	Unknown = 0								



Integrated Health Support Services High Risk Infant Follow-up (HRIF)



- **Major Focus:** To increase the number of HRIF participants who receive recommended public health nursing services.
- **Major Accomplishments:** In year 2008, CCDPH switched the developmental tool from the Denver II to the Ages and Stages Questionnaire (ASQ) which is completed by the parents. This enables parent participation in assessing the infant's developmental stage. The second accomplishment was to refer all HRIF to early intervention programs.



Integrated Health Support Services High Risk Infant Follow-up (HRIF)



Quality Indicators: As of 9/30/2008 through Cornerstone:

Caseload	1319
Breakdown by Age	0 – 12 months of age = 775 (58.8%) 13 – 24 months of age = 544 (41.2%)
Current with Immunizations	0 – 12 months of age = 47.0% 13 – 24 months of age = 62.7%
Current with EPSDT Visits	0 – 12 months of age = 47.2% 13 – 24 months of age = 45.4%
Clients receiving at least one home visit	0 – 12 months of age = 77.4% 13 – 24 months of age = 90.6%
Developmental Screening completed	0 – 12 months of age = 45.9% 13 – 24 months of age = 88.8%
Early Intervention Referrals (EI) made	0 – 12 months of age = 66.3% 13 – 24 months of age = 84.2%



Integrated Health Support Services

Women, Infants, and Children Supplemental Nutrition Program (WIC)



Program Description (Grant Funded): Nutrition education and supplemental food voucher program. Target population is pregnant, breastfeeding, and postpartum women, and infants and children through five years of age at or below 200% of the Federal Poverty Level.

Major Focus: Attainment of caseload to ensure funding. From July 1 through December 31, 2008, average caseload was 23,770 (88.6%).

Major Accomplishments: 100% of clients received nutrition education relevant to their nutritional needs, household situation, and cultural preferences.

- Breastfeeding initiation rates increased from 67.2% in 2007 to 71.5% in 2008.
- Breastfeeding duration rates increased from 31.2% in 2007 to 32.5% in 2008.
- Early entry of pregnant women into health and nutrition services increased from 36.2% in 2007 to 38.3% in 2008. The percentage of pregnant women enrolled in WIC who gained their ideal weight by the time of delivery increased from 29.7% in 2007 to 32.3% in 2008.



Integrated Health Support Services

Women, Infants, and Children Supplemental Nutrition Program (WIC)



Program Challenges: Due to lease and staffing issues as a result of flat grant funding, the CCDPH WIC program closed four clinics in the fall of 2007. Before closing these four clinics, the combined caseload of all 13 clinics in August was 25,301. Staffing was reduced from 51 total FTE to 44 in January 2009. As of 12/31/2008, the combined caseload of the 9 remaining clinics is 23,366.

Program Opportunities: Due to the current state of the economy, there is increased need for the WIC program. Nutritional risk factors related to health are increasing in the population and nutritional educational education and counseling provided by the WIC program could be beneficial in reducing those risks.

Quality Standards and Indicators: Quality/performance standards are provided by IDHS and are outlined in the WIC Policy and Procedure manual and the Integrated Plan for Healthy MCH Outcomes Annual Summary Report for the fiscal year. CCDPH is reviewed by the state every two years to ensure that state policy and procedures are followed.



Environmental Health Services



- 1. Childhood Lead Poisoning Prevention Program (CLPP)**
- 2. Indoor Air Quality/Toxicology (IAQ/Tox)**
- 3. Retail Tobacco Program**
- 4. Tanning Facility Inspection Program**
- 5. West Nile Virus (WNV)**
- 6. Swimming Pool Inspection Program**
- 7. Water Well Program**
- 8. Nuisance Program**
- 9. Septic Program**
- 10. Mobile Home Park Program**
- 11. Smoke-free Illinois Act (SFIA)**
- 12. Vector Surveillance Program**
- 13. Retail Food Program**



Environmental Health Services

Retail Food Program



Program Description: License and inspect retail food establishments in unincorporated Cook County.

Program Purpose: To assure food safety in restaurants and other food establishments.

CCDPH Role: EH Staff license and inspect these retail establishments and ensure compliance with State of Illinois Local Health Protection Grant Rules.



Environmental Health Services

Retail Food Program



Major Focus: Complete all required inspections.

Major Accomplishments: Passed most recent IDPH Program Review.

Program Challenges: 1. Lack a sophisticated computerized system to process all inspections/data. However, this issue is being addressed in FY2009. 2. Staffing strains due to increased FDA/IDPH requests/directives to follow up on recall of certain food items (e.g. peanut butter).

Quality standards and indicators: Specific IDPH requirements. All requirements were met during most recent IDPH Program Review.



Environmental Health Services

Nuisance Program



Program Description: This program includes such things as garbage and litter control, and proper sewage disposal so that humans will not come into contact with raw sewage. Our legal cases are often piggy backed onto cases brought to Court by the Cook County Department of Building and Zoning.

Program Purpose: To raise the quality of life for residents of unincorporated Cook County through enforcing certain sanitary practices.

CCDPH Role: To assure compliance with Chapter 38, Article III of the Code of Ordinances of Cook County, titled, "Public Health and Private Nuisances".

Quality standards and indicators: Yes. Audited by IDPH for compliance with the LHPG requirements. CCDPH passed the last audit by IDPH.



Communicable Disease Control Unit



- 1. Vaccine Preventable Diseases (VPD)**
- 2. Tuberculosis Surveillance and Prevention Program**
- 3. STD Prevention and Control**
- 4. Infection Prevention**
- 5. Regional HIV Prevention Lead Agency**
- 6. General Communicable Disease (CD) Program**
- 7. Enhanced Surveillance Program (ESP)**



Communicable Disease Control Unit

General Communicable Disease Program



Program Description: Works to prevent the spread of over 70 reportable communicable diseases (vaccine-preventable diseases, HIV, sexually transmitted diseases, and tuberculosis notwithstanding).

This program conducts surveillance, monitors trends, and detects and investigates outbreaks. Provides technical assistance and education to the medical community in controlling communicable disease problems.

Program Purpose: To prevent the spread of disease by monitoring trends, by detecting and investigating outbreaks, and by disseminating control recommendations to affected individuals and key response partners.

CCDPH Role: To conduct surveillance, investigate outbreaks, and to provide recommendations to control the spread of communicable diseases.



Communicable Disease Control Unit

General Communicable Disease Program



Major Focus: To promptly identify outbreaks and to monitor and analyze prevailing incidence levels of certain reportable diseases for timely investigation and control.

Major Accomplishments: Participated in twelve outbreak investigations, created detailed reports for each, and, where appropriate, submitted them to the Illinois Department of Public Health.

Quality standards and indicators: Do not exist for this program.

The General CD Program was able to respond immediately to each outbreak. At the conclusion of each outbreak, a detailed report was submitted to IDPH in a timely fashion. The General CD Unit regularly communicates with IDPH and other local health departments in order to share information – clusters, outbreaks, and prevailing incidence levels of reportable diseases that the General CD Program monitors. Quarterly reports are similar in composition to those produced by IDPH and by other local health departments.



Communicable Disease Control Unit

Tuberculosis Surveillance and Prevention Program



Program Description: Monitors and reports all cases of active TB in suburban Cook County. Responsible for notifying high- and medium-priority contacts to suspected and confirmed cases of pulmonary/pleural/laryngeal tuberculosis (TB) and for facilitating screening of such individuals.

Program Purpose: To identify persons with TB disease who are residents of suburban Cook County, and to evaluate contacts of persons with TB disease, and to identify and facilitate treatment of suburban Cook County residents with latent TB infection (LTBI), so those persons do not develop TB disease.

CCDPH Role: Three primary roles:

1. Surveillance, including data dissemination, education, and outreach
2. Contact Investigation
3. Support for TB Clinical staff



Communicable Disease Control Unit

Tuberculosis Surveillance and Prevention Program



Major Focus: 1) Transition to the Illinois National Electronic Disease Surveillance System (INEDSS); and 2) Develop, implement, and enhance an electronic database system to track suspect and confirmed TB cases and their contacts in order to streamline investigative processes.

Major Accomplishments:

1. Assumed responsibility for contact investigations in February, 2008.
2. Completed and presented the 2007 Annual TB Surveillance report to the Health and Hospitals Systems Board.
3. Developed and implemented Surveillance and Tracking database for suspect and confirmed TB cases and their contacts.
4. Provided ongoing support for clinical personnel, TB Nurse case managers.
5. Transitioned from the Tuberculosis Information Management system (TIMS) to the INEDSS TB Module in March, 2007.
6. With the TB Prevention and Control Unit's Medical Director's Office, worked on the development of several study protocols in various stages of completion.
7. Presented a clinic utilization report to the TB Transition team that examined 5-year trends in TB Prevention and Control service delivery by clinic.



Communicable Disease Control Unit

Tuberculosis Surveillance and Prevention Program



Program Challenges: Operates on carryover funds from a tax levy that was abolished in 2007, when the Suburban Cook County Tuberculosis Sanitarium District was incorporated into the Cook County Department of Public Health.

At this time, there is no plan in place to fund the program once extant funds are exhausted. Given that these types of issues take months or years, beginning the process of determining possible funding streams now puts the program in the best possible position to carry out its mission.

Developing a CDC-recommended “Cohort Review,” which is a meeting of ALL individuals in the TB Program and in the TB Prevention and Control Unit to discuss cases, contacts, and their outcomes, in an effort to increase both the quality of care given to TB cases and their families, but also to deliver that care in the most efficient way possible.



Communicable Disease Control Unit

Tuberculosis Surveillance and Prevention Program



Quality standards and indicators: Do not exist for this program. Most CDC recommended quality/performance standards apply to patient care, not to surveillance and prevention.

Proposed quality indicators for 2009:

1. Quarterly TB reports completed within 10 business days of the end of each quarter. (TB Program Standard).
2. Annual TB Surveillance Report completed by February 15th each calendar year, well in advance of World TB Day (March 24th). (TB Program Standard)
3. 95% of high- and medium-priority contacts notified of exposure within 3 business days (TB Program Standard).
4. 95% of school/workplace investigations initiated within 2 business days of a confirmatory laboratory report. (TB Program Standard).



Prevention Services



1. Childhood Lead Poisoning Prevention Program (CLPP)
2. Illinois Department of Public Health-Get the Lead Out (GLO)
3. Lead-Based Paint Hazard Control Grant Program (Torrens)
4. Cook County Healthy Homes Initiative (Healthy Homes)
5. Public Health Emergency Preparedness
6. Cities Readiness Initiative (CRI)
7. Health Promotions Office
8. Prostate Cancer Awareness Grant
9. Teen Primary Pregnancy Prevention Program
10. Illinois Tobacco-Free Communities Program
11. All Our Kids – Cicero Early Childhood Network (AOK)
12. wePLAN and wePLAN *For Action*
13. Epidemiology Program Office
14. Place Matters of Cook County
15. Violence Prevention Program Office



Prevention Services Health Promotions Office



Program Description: Implementing community programs, participating in health fairs, and providing presentations on a variety of prevention topics including but not limited to chronic disease related topics and sexual health.

Program Purpose: To build agency and community capability to address health and social issues.

Major Focus: In 2008, staff hiring and working to develop a unit strategic plan.



Prevention Services Health Promotions Office



Major Accomplishments:

1. Addressing staffing challenges (i.e. hiring two new staff and leading the unit despite the program directors medical-related absence).
2. Completing at least 44 presentations in the community.
3. Participating in at least 54 community health fairs.
4. Revitalization of the health materials program.
5. Development of a school-wellness strategic plan, wellness taskforce and workplan (and consequently overall improved relationships with schools).
6. Early stages of a business/workplace wellness program.
7. Application for federal grant dollars.

Program Challenges: Staffing challenges have limited program strategic, implementation and evaluation.

Quality standards and indicators: There is no model of health promotions or benchmarks for comparison.



Prevention Services

Lead-Based Paint Hazard Control Grant Program (Torrens)



Program Description: Initiated in 2001 after the Illinois General Assembly abolished an outdated insurance system---the Torrens system—leaving about \$15 million for use of lead poisoning prevention and mitigation. Today, the funding supports education and inspection/assessment services to families of lead poisoned children.

The majority of funding requires that abatement/mitigation services are provided for qualified low-income families throughout Cook County. City of Chicago, Evanston, and the Community and Economic Development Association (CEDA, Inc.) are subcontracted to provide the abatement/mitigation.

Major Focus: To increase the number of lead-safe housing throughout Cook County.

Major Accomplishments: Ninety-eight (98) percent of all lead poisoned children in suburban Cook County received financial assistance to address lead hazards found within the home. Over 2,529 Cook County residents have benefited from the Torrens Fund. This number does not include the potential impact on future residents in “lead-safe” homes.



Prevention Services

Lead-Based Paint Hazard Control Grant Program (Torrens)



Program Challenges: The Torrens fund is a local funding source that will not renew in 2010. As a result, Cook County residents will continue to need financial assistance to address lead hazards found in and around the home. Property owners are required to mitigate any lead hazards identified in the home, however, low-income families usually cannot afford the costs associated with abatement/mitigation of lead hazards. As a result, prosecution is the only alternative but it still does not address the removal of lead hazards in the home.

Quality standards and indicators:

1. CCDPH's subcontractors have to complete 328 units within the contract period and meet the program requirements to create "lead-safe" homes for Cook County residents.
2. The program is not meeting all the contracted benchmarks due impart to the Cook County budget being approved late in the contract period. As a result, the program started later than anticipated.



Prevention Services

Public Health Emergency Preparedness



Program Purpose: The purpose of the program is to sustain public health preparedness and assure the safety of suburban Cook County residents during a response to a public health emergency by building agency and local capacity and by creating collaborative planning, response, and recovery systems in partnership with various disciplines and other local, county, state, and federal agencies.

Major Focus:

1. To meet IDPH deliverables set forth in the PHEP and CRI grants.
2. To raise Cook County's score from 77% to 85% on the Local Technical Assistance Review, which quantitatively measures Cook County's level of preparedness to receive, manage, and distribute the Strategic National Stockpile.



Prevention Services

Public Health Emergency Preparedness



Major Accomplishments:

1. May 2008 Cook County Pharmaceutical Stockpile Distribution Plan Exercise:

The overall purpose of the exercise was to test and evaluate the: **(1)** activation of POD sites throughout northern suburban Cook County; **(2)** Cook County Regional Coordinating System, a newly established system aimed at enhancing communication and coordination of multiple, concurrent POD sites; and **(3)** plan for POD operations at Sears Centre Arena.

The exercise brought together over 200 first responders from 25 municipalities from north suburban Cook County. We identified strengths and gaps in the newly established Cook County Regional Coordinating System aimed at enhancing communication and coordination between Cook County government and suburban Cook County municipalities, as well as POD operations at Sears Centre where nearly 600 volunteers walked through to practice picking up medications.



Prevention Services

Public Health Emergency Preparedness



Major Accomplishments:

2. Development of an on-line Mass Antibiotic Training for Health Professionals

There are a number of emergencies that may require state-certified local public health departments to use a strategy known as mass dispensing which involves mobilizing points of dispensing (POD) sites in order to provide prophylactic medication to a large amount of people in a short turnaround time. This course provides an overview of CCDPH; describes mass dispensing, what it involves, and how this strategy fits into the National Incident Management System (NIMS); shares information about the Cook County Pharmaceutical Stockpile Distribution Plan; and instructs on how to dispense prophylactic medications for a response to Anthrax, Tularemia, and Plague based on CCDPH guidelines.

This training is intended for anyone who might be asked to fill a clinical role (e.g., Screener/Dispenser) at a public health POD (point of dispensing). This includes health care providers and a wide variety of other health professionals regulated and/or licensed to provide some type of health care who currently work in the public or private sector, are first responders, or are registered as a member of a Medical Reserve Corps (MRC) Unit, Community Emergency Response Team (CERT), or other volunteer program.



Prevention Services

Public Health Emergency Preparedness



Program Challenges: There are a number of critical public health emergency planning and preparedness areas that are in need of improvement, including, but not limited to:

Cook County Pharmaceutical Stockpile Distribution Plan

- Plan to distribute medications to Cook County First Responders not finalized.
- Plan to distribute medications to CCDPH's entire jurisdiction is complex.

Coordination with 20 hospitals throughout suburban Cook County

- Plan to coordinate with hospitals during a large-scale public health emergency is ongoing.

Cook County Medical Reserve Corps

- Program development for volunteers is ongoing.



Prevention Services

Public Health Emergency Preparedness



Quality standards and indicators:

There are quality standards and indicators for both the PHEP and CRI grants. There are 7 deliverables that have been set forth by the PHEP Grant for FY 2009 (August 2008 – July 2009).

1. Local Technical Assessment Review
2. NIMS Compliancy
3. Volunteer Management
4. EOP and Contact Update
5. Staff Alert
6. Dispensing Exercise
7. Drop Site Exercise



Policy Development and Communications Services



1. Public Health Communications

To build external/internal awareness of CCDPH services and health-related issues. Responsible for disseminating routine and urgent information to the public in an accurate and timely manner and developing targeted publicity for focused health topics.

2. Policy Development

Researches and analyzes public health policies, advocates for the adoption of science-based public health laws, rules and regulations and provides accurate and timely communications to suburban Cook County. Partners with other certified local public health departments, community organizations, non for profit agencies and other health professionals.



Policy Development and Communications Services



Cook County Department of Public Health

Cook County Health and Hospitals System



Todd H. Stroger

President
Cook County Board of Commissioners

Warren L. Batts

Chairman
Cook County Health and Hospitals System

Stephen A. Martin, Jr., PhD, MPH

Chief Operating Officer
Cook County Department of Public Health

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To protect and promote health
and prevent illness, disability and
premature death among all residents
of suburban Cook County.

[Event Calendar](#)

Health Alerts

- 2/7/09
[CCDPH Influenza Surveillance Report](#)
- 1/30/09
[CCDPH Heart Health Month](#)
- 1/28/09
[CCDPH Investigating Two Cases of Listeriosis](#)

[Recall Information](#)

February is...



***New
Website
Launched
January
2009**

Welcome to Cook County Department of Public Health

[Stephen A. Martin, Jr. PhD, MPH](#)

[Honorable Todd H. Stroger](#)



Dr. Stephen A. Martin, Jr., Chief Operating Officer

As you navigate our site, you will find a broad range of health topics and information to help you and your family stay safe from health threats. Our department is committed to preventing disease, protecting health and promoting healthy communities - a vision that includes you.

CCDPH works with a variety of local, state and federal partners to ensure the safety of our diverse population that spreads over 735 square miles and includes 2.2 million suburban Cook County residents, in addition to the tens of thousands of visitors who move in and out of Cook County via expressways, airports and public transportation on a daily basis.

I hope you find this site a useful resource for you and your family. We welcome your [comments and questions](#) and look forward to hearing from you.

*We Bring
Health***CARE**
to Your Community



Public Health
Prevent. Promote. Protect.

Policy Development and Communications Services



Policy Development (Current Bills of Interest in IL General Assembly)

HB 2351 & SB 1335 - REG TITLES TORRENS-LEAD PAINT

SB 1351 & HB 925 - VEH CD-MOTORCYCLE HELMETS

HB 926 - LOCAL GOVERNMENT-TECH (Food Safety)

SB 102 & HB 990 - SCH CD-ELIMINATE TRANS FATS

SB 1361 - \$LOCL HLTH PROT FUND

HB 734 - CIGARETTE RETAIL LICENSE

SB 212 - PB HLTH-SEXUALLY TRANS DISEASE





Final Comments



Outside Agency Reviews



- Certified Health Department
- Specific Licensing requirements (e.g. Laboratory services)
- Specific Program Reviews
 - Family Planning, STI services
 - Legally mandated services (e.g. Environmental, Communicable Disease Control)
 - Specific grant requirements (e.g. Emergency preparedness, health promotion grants)



Quality Improvement Profile CCDPH (assessed by outside organization)



- **STRENGTHS:**

- Organizational Culture: receptive to new ideas
- Leadership possesses the capacity & competencies necessary for QI
- There exist numerous fragmented approaches today

- **IMPROVEMENT OPPORTUNITIES:**

- Set up continuous processes to assess patient, client and partner feedback
- Alignment & spread of QI activity to fit with the overall strategic plan of the department



CCDPH 2009 QUALITY IMPROVEMENT OPPORTUNITIES



- Create a department wide committee
 - Consisting of department executive leadership
 - Reduce silo approach to quality allowing programs to learn from each other
 - Create some measures for programs that presently have none (e.g. Dental, some health prevention & promotion)
 - Create department wide priorities
 - Creating priority measures to be reviewed across the department
 - GOAL: maximum of 15-20 measures
 - Will continue required program related measures



Cook County Department of Public Health

