








**Featured Health Care Equity Topic Area:**  
Monitor Progress in Achieving Health Care Equity

**Related Joint Commission Requirement:**  
Standard LD.04.03.08, EP 5

### About

Cook County Health (CCH) is one of the largest public health systems in the United States, providing a range of health services to its patients, health plan members and the larger community. Since the founding of the original Cook County Hospital in 1834, CCH has been committed to serving the health care needs of the residents of Cook County. Through the health system and the health plan, CCH serves more than 600,000 unique individual patients annually. CCH remains at the forefront of new therapies and innovations in health care while never neglecting those in need. It continues to maintain a strong commitment to the health care needs of Cook County’s underserved population, while also offering a full range of specialized medical services for all segments of the community. CCH strives to bring real issues to light, create a forum for conversation, and provide solutions to impact change.

Cook County Health	
	Chicago, Illinois
	Academic Medical Center
	Safety Net Hospital
	450 beds (Stroger)/ 48 beds (Provident)
	Nonprofit

### Mission

Cook County Health’s mission is to establish universal access to the world’s best care and health services for all Cook County residents, regardless of the ability to pay, so all may live their healthiest life. CCH seeks to create partnerships with other health providers and communities to enhance the health of the public and advocates for policies that promote the physical, mental, and social well-being of the people of Cook County.

### Setting the Stage for Change

To meet the goals of their health equity strategic pillar, CCH is guided by WePlan 2025, the community health improvement plan for suburban Cook County. The plan includes three priority areas, starting with improving access to health and behavioral health resources. Recognizing the important role that the community has in impacting healthcare, CCH strives to ensure safe and healthy environments both within and outside the walls of its institution. Finally, CCH is determined to address structural racism as a public health priority due to its associations with life expectancy, overall health status, and economic and mental wellbeing. CCH continues to develop new and innovative programmatic and strategic approaches to reduce disparities. They diligently monitor their efforts to ensure that they are consistently addressing the needs of their patient community and advancing health care equity.

### Taking Action

**Engage with the Community.** The community is intricately involved in CCHs work to advance health care equity. The institution is intentional about identifying and pursuing collaborations with community partners to help to better assess the need for services and interventions and determine if their work is having a positive impact. The Patient and Family Advisory Committee (PFAC) as well as community advisory groups provide feedback in the development and execution of the strategic plan’s health equity pillar.

**Determine the Areas of Greatest Need.** Recently, CCH conducted the first ever suburban Cook County Health Survey. The survey collected information on the health status, behaviors, outcomes, and many other drivers of health for 30,000 residents of Suburban Cook County. This data is helping to identify areas of need and inform the types of community programs, services and resources to meet those needs.

**Leverage Funding to Meet Identified Needs.** CCH has made a tremendous impact on the communities of Cook County by leveraging resources to provided much needed programs and services. Over the past year, CCH has created grant-making opportunities for vital programs by utilizing federal recovery funds. These grants have targeted programs for COVID-19 education, prevention, and treatment; chronic disease self-management for older adults; workers’ rights, health, and safety; training and deployment of community health workers; organizational health literacy; organizational sustainability for advancing racial equity and wellbeing; and behavioral health programs to promote positive youth development and opioid overdose prevention.

**Target Efforts.** A common buzzword used at CCH is “geo-targeting.” This is an approach that uses data to identify the geographic areas and communities of greatest needs. Geo-targeting helps CCH determine where to direct resources to

address needs. An example of programming that resulted from geo-targeting efforts is the recently launched campaign called “Here to Hear You” with CCH’s partner, the National Alliance of Mental Illness (NAMI). This campaign was developed in response to the extremely high rates of depression, anxiety, suicidal ideation and increased substance use among CCH patients in the wake of the COVID-19 pandemic.

*“Equity isn’t a project...It’s woven into the fabric of what we do.” – Israel Rocha, Chief Executive Officer*

## Challenges Encountered

**Progress is Slow.** CCH would like for advances in health care equity to move faster, but that is often not the case. The causes of health disparities and inequities are deeply rooted – the institution is working against the aftermath of policies like redlining, which continue to promote segregation and prevent optimal conditions and opportunities for health and wellness. Change takes patience and time.

**Building Trust Takes Time.** Building trusting, sustainable, authentic, and long-lasting engagements with the community requires a great deal of effort and dedication. These relationships require work, but they are crucial when public health threats and emergencies occur. Strong community bonds help CCH to mobilize, and to take advantage of the resources and services that are present in the community to address an emergent need or impending crisis.

**Limited Financial Resources.** Despite having solid and successful programs, CCH is often asked to do more with less. The health system is working to scale up existing programs by working synergistically with key stakeholders, the communities they serve and partnering community-based organizations. “Unfortunately, resources are a rate limiting factor for CCH... we can’t really accelerate what we’re doing and magnify our impact in the community without more resources.” (Lamar Hasbrouck, Cook County Dept of Public Health)

## Solutions

- **Be Nimble.** Being open to change is essential to ensuring CCH is always working to identify existing and new opportunities. The institution avoids resistance when a new program or initiative causes a shift in focus; they reframe this as an opportunity for more collaboration and innovation.
- **Collaborate.** CCH operates cross-divisionally and cross-departmentally. Teams do not work in silos and can therefore contribute new ideas more efficiently.
- **Leverage Finances.** CCH uses its collaborations within and outside of the institution to leverage the funding necessary to reach its goals. Leadership relates this process to putting a puzzle together – you need many different pieces to create the whole.
- **Track Metrics.** CCH collects and monitors data within programs to determine the impact of its interventions. If they find that strategies and tactics need to be modified to achieve the desired outcomes, CCH engages with internal and external partners to determine an ideal course of action to meet their needs as well as the needs of their patient population. CCH uses metrics to understand organizational constraints, when and where bottle necks are occurring, and when to change course. In addition, these metrics help keep the organization consider how their activities are affecting public policy.

## Lessons Learned

- **Clarity is Essential.** Ensure that the organization develops clear attainable goals. Health inequity results from very deeply rooted conditions that are not going to change quickly. Leaders should be clear about the strategy – determine what levers need to move, what processes will need to occur and how will success be measured and monitored over time.
- **Use Time Efficiently.** The people doing this work wear many hats and time is precious. Be smart about the way in which collaborative time is scheduled to avoid burnout. Determine when huddles and deep dive retreats are appropriate and beneficial as opposed to recurring (e.g., weekly, monthly) one-on-one meetings with leaders or advisory groups.
- **Meet People Where They Are.** It is important to get health and wellness out the door of the institution and into the community. For example, make sure interventions reach the target audience in the communities where they live, go to school and attend church.
- **Nurture Community Partnerships.** Leverage the strengths of internal and external partners and combine resources to accomplish shared goals and to monitor progress over time.

Check out the Joint Commission’s Health Care Equity Accreditation Resource Center

## Monitor Progress Towards Health Care Equity

Access guidance on operationalizing measures with supporting tools and resources to help hospitals and health systems make progress toward achieving goals