

In response to the accelerated attacks on immigrant and Muslim communities, people across the nation have organized fight back campaigns to protect people’s fundamental right to health and well-being.

The Chicago area Public Health Woke Coalition, a grouping with over 19 organizations has over the past eight months presented to the Cook County Health and Hospital System (CCHHS) Board testimony including personal stories of need and background materials with examples of best practices.

We asked that the Cook County Health System put in place best practices and guarantee that staff have the training and resources necessary to fulfill County’s tradition of serving all people. Community groups listed six demands for meeting that goal. After eight months, many meetings and promises we present a **REPORT CARD** on the progress made to date on those six demands.

**Report Card for the Cook County Health and Hospital System
Meeting Demands of the Public Health Woke Coalition
October 27, 2017**

We demand that CCHHS live up to its promise to welcome and protect immigrants and all people, with the following 6 demands:

Demand	Grade
1. Place abundant and clear signage in multiple languages assuring a welcoming institution.	F Explanation: The community has for 8 months repeatedly requested signage and it has been almost two months since Dr. Shannon, as noted in the 9/1 CCHHS Board minutes, promised that signage “over the course of the next few weeks, will be prepared...and then would be posted broadly across the System.” This is the easiest of the demands to meet but has little impact without incorporating staff education and training.
2. Give Staff Training and resources addressing the needs of marginalized patients and families	D- Explanation: There has been no system wide approach to organizing resources for patients. Only a few ACHN health centers and the Cook County Department of Public Health have engaged in significant staff training.
3. Establish referral systems for legal services, know your rights information and other resources needed by immigrant and other marginalized communities	F Explanation: While there has been a draft of a brochure for patients to seek help circulated, it was incomplete. We have suggested resources be placed on the Intranet so that staff can easily access them and they can be kept updated.

Demand	Grade
<p>4. Clarify, revise and strengthen policies and procedures that focus on protecting immigrant and marginalized patients</p>	<p style="text-align: center;">D –</p> <p>Background: Dr. Shannon reported: “Staff do not ask for social security numbers; however, if staff are assisting with determining Medicaid eligibility, there is a part in the application process that requires asking the individual for a social security number. If no number is given, staff can still proceed with the application, but they are required by the State to ask for that information as they proceed down the Medicaid application assistance pathway.” (From CCHHS Board minutes 9/1/2017)</p> <p>Dr. Shannon did not report on any other policy revisions or clarifications currently being done by the System or any plans for the implementation of staff training regarding social security numbers and plan for monitoring for compliance with policy.</p> <p>Designation of private areas vs. public areas need to be clarified. What staff should do in the presence of local police or ICE needs to be clarified. IT procedures in terms of security and what information should be kept, suggestions about how to document patient care information without revealing immigration status need to be reviewed and clarified. These are just some examples. There has been no evidence that System is planning for staff training on these essential policies and procedures.</p>
<p>5. Identify and monitor indicators and neighborhood stress in immigrant and marginalized communities.</p>	<p style="text-align: center;">F</p> <p>Explanation: Despite the direct request of CCHHS Board Director Thomas for “an equal amount of attention to qualitative data. With stories of patients, advocates, and providers be heard” and Director Reiter’s request for “regular input from the community, outside of testimony” (CCHHS Board Minutes 9/1/17) there has been no evidence of movement on this demand.</p>
<p>6. Design and implement best practices for clinical and public health providers to deliver appropriate care.</p>	<p style="text-align: center;">F</p> <p>Explanation: There is no evidence of coordinated effort to meet this goal.</p>