

Care Coordination Monthly Webinar

April 20th, 2022



Agenda

1. Welcome and Agenda Review (2:00-2:05)
2. Cultural Awareness (2:05- 2:30)
3. Domestic Violence (2:30-2:50)
4. COVID Updates (2:50-2:55)
5. Care Coordinator Spotlight (2:55)
6. Resources and Reminders (2:55-3:00)





Presenters

- **Cultural Awareness – Aaron Eldridge**
- **Domestic Violence – Oluwatobi Oyeniyi**

Cultural Awareness



Learning Objectives



WHAT IS CULTURAL
AWARENESS?



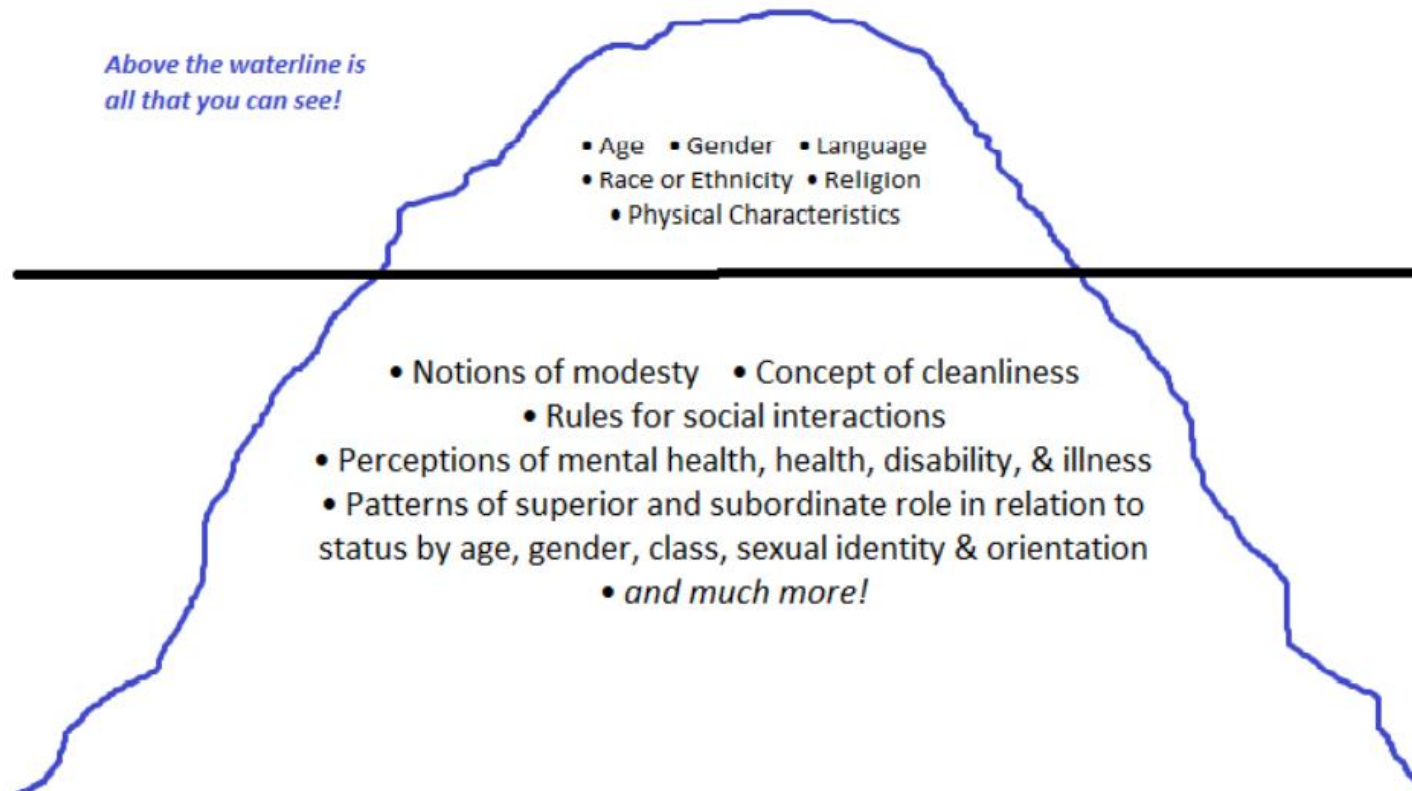
WHY IS IT IMPORTANT?

Culture

"Culture is often described as the combination of a body of knowledge, a body of belief and a body of behavior. It involves several elements, including personal identification, language, thoughts, communications, actions, customs, beliefs, values, and institutions that are often specific to ethnic, racial, religious, geographic, or social groups"

<http://www.nih.gov/clearcommunication/culturalcompetency.htm>

Culture is Like an Iceberg



Modified from Source: Beyond Culture (1976) by Edward T. Hall

Cultural Awareness

Understanding those values, beliefs, and needs that are associated with a person's age, gender, sexual orientation, cultural, linguistic, racial, ethnic, and religious backgrounds, and congenital or acquired disabilities



Cultural Awareness

It is important to acknowledge that...

- cultural awareness is an on-going process that also requires provider agility/balance between understanding general value systems without over-simplifying and also respecting unique individual needs
- there is a continuum of awareness, and that this definition must permeate at every level of service, including administrators, practitioners, and larger institutions for an agency or clinic to work towards "cultural awareness"

Working Towards Cultural Awareness for Providers

Cultural Awareness Includes:

- A set of skills to ensure appropriate, culturally sensitive health care
- An ability to interact effectively with people of different cultures and socio-economic backgrounds
- Obtaining cultural information and then applying that knowledge (cultural awareness)
- Adapting to different cultural beliefs by listening and learning about the person's beliefs about health and illness
- Recognizing the intersection of race, income, cultural beliefs, language proficiency, physical and cognitive disabilities, and/or sexual orientation should be considered when providing patient-centered care and respecting the individual's wishes as they relate to how they identify themselves

Are you able to check your personal biases and assumptions?


All people can be influenced by personal biases which can take the form of conscious or unconscious prejudice and discrimination. Most people recognize its negative effect on human behavior, but few people are willing to acknowledge their own personal biases.

There are various ways to address your personal biases:

- **Awareness** – be aware of your reactions (positive and negative) towards different situations and individuals. These reactions can alert you to the possibility that subjective values may be at play and that alternate interpretations may be possible
- **Education** – seek new information about people of other races and cultures, especially those in the local community you serve. Many times, this knowledge can help to disprove stereotypes you consciously or subconsciously have about others

Are you able to check your personal biases and assumptions?

- Attend a workshop or seminar on diversity issues or health equity, or work on a shared objective led by other people of different races or cultures. These activities can provide opportunities to perceive and control biases you may hold about other groups
- **Relationship Building** – working across cultures has its challenges. It is critical to foster trust and credibility, seeking ways to find common goals and empowering individuals from underserved communities to make their health decisions



Culture influences how people seek health care and how they behave toward providers

Variations in Members' Beliefs, Values, Preferences and Behaviors Impact:

Member recognition of symptoms

Member thresholds for seeking care

Ability to communicate symptoms to a provider

Ability of the provider to understand the meaning of what is present by the Member

Ability of the Member to understand the prescribed management strategy

Member expectations of care

Member adherence to preventive measures and medications

Member's perception of the value of prevention

Some Populations May Require Modifications in Service Delivery...

Target populations	Consideration
<ul style="list-style-type: none">• Serious Mental Illness and Substance Abuse Disorders• Intellectual disabilities• Homeless• Complex Medical Needs , ex. Chronic Diseases, HIV/AIDS, ESRD• Physical disabilities• TBI/Dementia/Alzheimer's• Elderly	<ul style="list-style-type: none">• Clarity in language and non-judgmental approach. Referrals to Mental Health providers• Assistance with understanding. Materials written at a basic level• Non-judgmental approach and assistance/referrals for basic needs• Break down information in smaller pieces and prioritize. Determine priorities and needs from the patient perspective• Ensure instructions can be followed or arrange for accommodations.• Physical office and examination rooms should be accessible• Assess understanding and accommodate• Allow for more time with the patient. Speak clearly and face the patient

Laws and Regulations Pertaining to Limited English-Speaking Communities

Providers are legally obligated to communicate with Members who have Limited English Proficient (LEP)

- Title VI of the Civil Rights Act of 1964 – Prohibits recipients of federal funding from discriminating on the basis of race, color, national origin, gender, age, sexual orientation and disability
- 14 NYCRR section 633.1 and 633.4 – All persons shall be given the respect and dignity that is extended to others regardless of race; religion; national origin; creed; age; gender; sexual orientation; developmental disability; or health condition. An individual/family member cannot be discriminated based on their ability to speak English and this includes individuals who may be deaf and/or hard-of-hearing

Laws and Regulations Pertaining to Limited English-Speaking Communities

- Please visit the following website to review Statewide Language Access Policy which mandates the provision of language access services:
- <https://www.medicaid.gov/medicaid/>
<https://interpretertrain.com/laws-requiring-interpreters-in-healthcare/>
- Watch Educational Video Below:
- [Cultural Humility \(complete\) – YouTube](#)

Accommodations to improve communication

- Direct provision of interpreters for participants with LEP. Please visit the Community Resource page to find an interpreter service provider near you
www.countycare.com
www.cookcountyhealth.org
- Access to telephonic interpreting services or TTY lines available through CountyCare Health Plan Services
- Do not use friends or family as interpreters, except as requested by the client
- Printed materials in non-English languages with quality translation
- Availability of materials in Braille for the visually impaired or sign language services for the hearing impaired
- In-person assistance in completion of forms
- Flexibility in scheduling, extending appointment times for participants with LEP

Something Else to Consider about Effective Communication....

- Even though a Member is capable of speaking English, it is important that health care providers are sensitive to the Member's preferred language. Communicating with a Member in the language they are most comfortable using can alleviate stress, prevent hostility, reduce misunderstanding and improve the overall Member experience
- If a Member with a cultural background different from yours has instances of missed appointments and/or unreturned calls, incomplete forms or misinformation regarding their health status or history, reach out to provide assistance in the Member's preferred language to help bridge the cultural barrier
- Please always consider cultural diversity first when communicating with English speak and Non-English-speaking Members when doing HRS/HRA and Person-Centered Care Planning; Be respectful; Utilize Reflective Listening; and communicate clearly every step of the way

Benefits of Cultural Awareness

Expand

Expand your Member base by providing more culturally and linguistically appropriate care to a wider diversity of patients

Deliver

Deliver a higher quality of care to help your Members meet their health care goals, while honoring and respecting their cultural beliefs and practices

Decrease

Decrease clinical errors that may arise due to cultural and linguistic differences in communication and differences in health literacy

Gain

Gain essential tools to help recognize and lessen the racial and ethnic health care disparities that persist in health

Culturally Aware Provider

- Being culturally aware facilitates better outcomes for you and your Members!



Let's Test Your Cultural Awareness:

Culture is limited to one's race, religion, or ethnic background?

- True
- False

Testing Cultural Awareness:

Individual cultural beliefs influence how members interact with health care providers?

- True
- False

Testing Cultural Awareness:

Providers body language can influence how a patient perceives information given to him/her?

- True
- False

Testing Cultural Awareness:

CM/CC may use telephone interpreting services to assist in interpreting during Visits; HRS/HRA; Care Planning; and Outreaches?

- True
- False

Testing Your Cultural Awareness:

- Cultural awareness is an on-going learning and behavioral process which can positively contribute to Care Coordinator/Member and Provider/Patient interactions?
- True
- False

Test Answer Key

- Culture is limited to one's race, religion, or ethnic background?

False

- Individual cultural beliefs influence how Members interact with health care providers?

True

- Provider's body language can influence how a patient perceives information given to him/her?

True

- CM/CC may use telephonic interpreting services to assist in interpreting during Visits; HRS/HRA; Care Planning; and Outreaches?

True

- Cultural awareness is an on-going learning and behavioral process which can positively contribute to Care Coordinator/Member and Provider/Patient interactions?

True



References:

- [Cultural Respect | National Institutes of Health \(NIH\)](#)
- <https://www.medicaid.gov/medicaid/>
- <https://interpretertrain.com/laws-requiring-interpreters-in-healthcare/>
- www.countycare.com
- www.cookcountyhealth.org

DOMESTIC VIOLENCE

During the PANDEMIC

Vivian Moore, LCPC



What comes to mind when you think of Domestic Violence?



Defining Domestic Violence

Domestic Violence (DV):



Is a pattern of abusive behavior that occurs between family members and/or intimate partners to gain power and control

Defining Domestic Violence

Domestic Violence:

- Occurs in every country, in families of all races, cultures, religions, and income levels
- Can happen to people of all ages, genders, and sexual orientations
- The frequency and severity of domestic violence can vary dramatically; however, the one constant component of domestic violence is one partner's consistent efforts to maintain power and control over the other

Types of DV



DV is about Power and Control

The tactics chosen for the wheel were those that were most universally experienced by battered women.



Power and Control specific populations

Immigrants

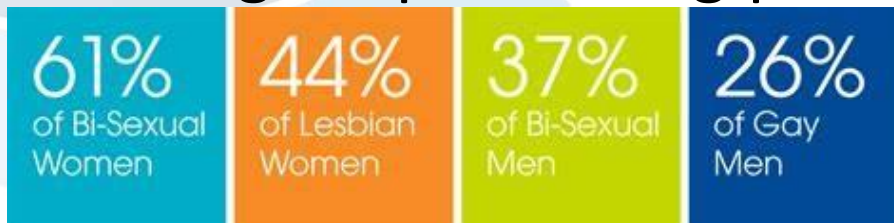
- Isolate victims from those who speak same language
- Not allow victim to learn English
- Fail to file papers or threaten to withdraw papers to legalize immigration status
- Threaten to take children back to country of origin



Power and Control specific populations

LGBTQ Relationships

- Threaten to reveal the sexual orientation of the victim to family members, friends, employers, church community
- Minimize or justify abuse by stating it cannot be domestic violence because it is a same-sex relationship
- Making the partner feel shame about sexual activity or gender identity
- Ridiculing or questioning partner's identity



Power and Control specific populations

Older Adults

- Illegal or improper use of the elder's funds, property, or assets
- Inappropriately use of drugs and physical restraints to punish the older person
- Being treated like a child
- Isolate the elderly person from family, friends, or regular activities
- Refuse or fail to provide life necessities such as meals and water, clothing, shelter, personal hygiene care, and medication



Power and Control specific populations

People with Disabilities

- Isolate the victim from family, friends, and other community members
- Refuse or fail to provide basic life necessities such as food and water, medication, personal hygiene care, shelter, and comfort
- Threaten the victim with total abandonment
- Refuse to transport the victim to essential medical appointments
- Withhold financial support or deposit the victims funds into their own personal account
- Withhold the use of DME



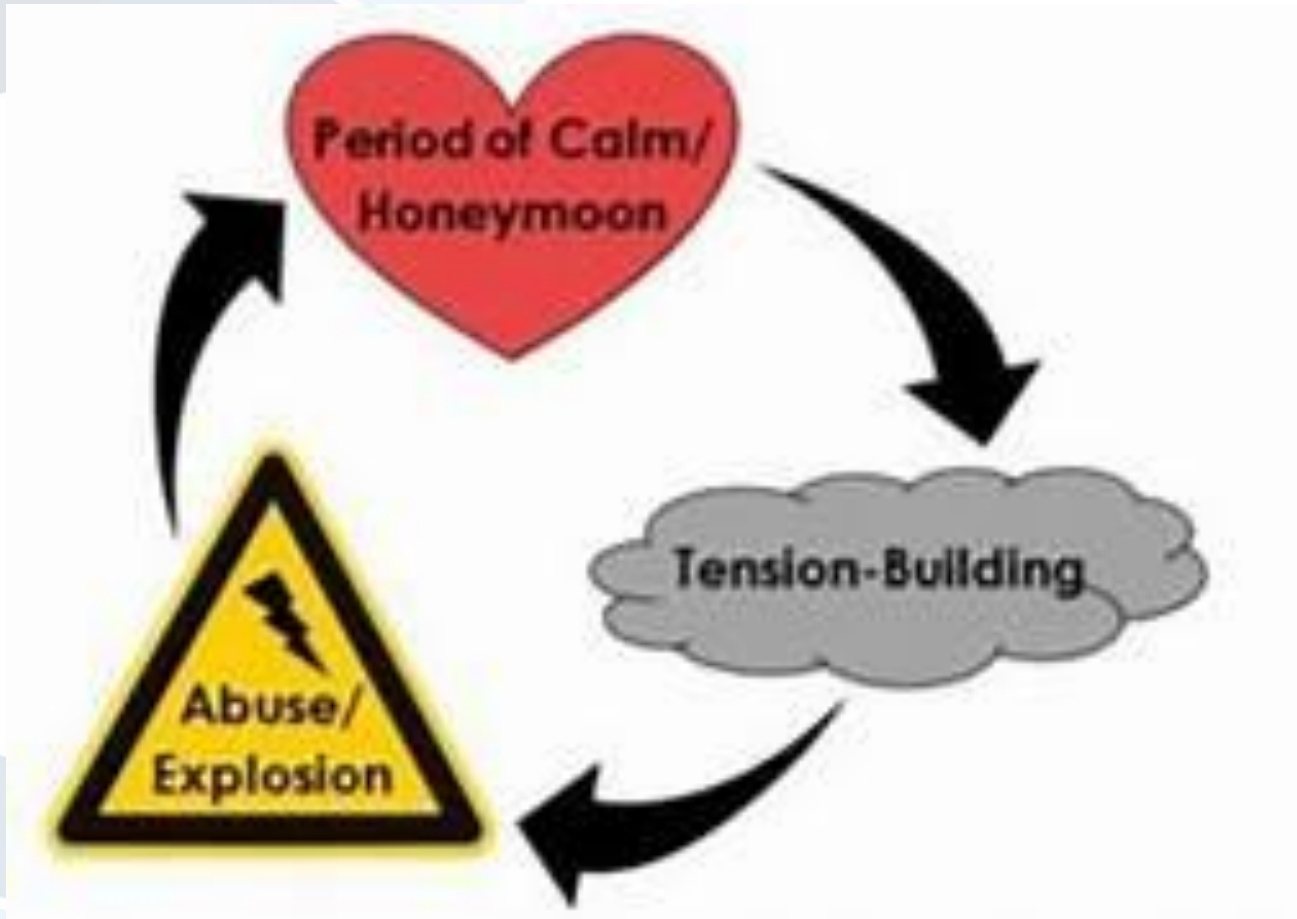
Power and Control specific populations

Teens

- Threaten to expose the victim's sexual activity to other students
- Humiliate the victim in front of peers at school or after school
- Destroy the victim's homework
- Limit or control who the victim sees
- Decide what school activities the victim may participate in
- Manipulate or make threats to have sex or rape victim
- Control the victim through emails or texts



Cycles of Abuse



Domestic Violence Statistics



- 20 people per minute are physically abused
 - One year = 10M women and men
- 3 out of 4 Americans personally know someone who has or is experiencing domestic violence.

DV Statistics cont'd

- Domestic violence is the 7th leading cause of premature death of women in the US;
- 2nd cause for AA women; all within the ages of 15-34 years old
- For every one woman killed there are nine other women almost killed
- 40-54% of US women killed are killed by a husband, boyfriend or ex;
- 9x rate higher than those killed by a stranger

DV Statistics Chicago

We learned that when COVID first hit (2020)

- During the first week of March 2020 – 383 people called the DV Hotline in the city
- By end of April 2020 the weekly number soared to 549 people
- Currently, there are more than 100 calls per day
- Text messages skyrocketed, suggesting victims had little space from their abusers
- CPD reported a 12% increase in DV related calls during COVID compared to before COVID times.

Why Victims Stay

- For sake of children
- Economic dependence
- Family pressure
- Fear of being alone
- Fear of retaliation
- Cultural constraints
- Love
- Loyalty to abuser
- “Things will get better”
- Shame and humiliation
- Language barriers
- Social isolation
- Deserving of abusive treatment
- Not educated about available resources
- **Survival**
 - No where to go
 - No other family support
 - Feel like a burden to others
 - Not aware of options
 - Physical and/or mental impairments
 - Conditioned to accept

How to Help

If you suspect or know your member is in an abusive situation;

Listen without giving advice, unless it is asked of you

(BE VERY CAREFUL)

Believe what they tell you

Let them know you are concerned about their safety

Do not pressure them to leave – this could be dangerous

Provide them with resources

Create a “safe” word

Safety Plan

Seek Supervision (talk with your Manager)

Breaking the Cycle

- It's important for you to be aware that any form of abuse will not go away on its own. That's why it's called a cycle. Seeking outside help and healing is the only way change will ever take place.
- The domestic abuse cycle will continue to happen and only worsen over time if nothing is ever done about it. This includes therapy for not only the abuser but help for the SURVIVOR and their children who may have witnessed the violence.
- Survivors are especially fragile due to their situation and emotions that are not dealt with can lead them to make the same mistakes their abuser made later down the road. This isn't true for everyone.
- Most survivors and children who witnessed violence go on and choose to never hurt another individual because of what they experienced. Nonetheless, it's crucial that they seek guidance and counsel for what they went through.

Advocacy



Empowerment Advocacy

- Advocates act as agents and partners to domestic violence survivors as they redefine, experience and realize their own power
- Empowerment is the ability to act on behalf of oneself, one's community, one's family
- It is the basis of the support...it is self-generated
- Harm-reduction approach

Evidence that DV is present...

- No outside support/rejection/abandonment
- Lack of confidence
- Information is mediated by perpetrator
- Activities are limited or controlled
- Health issues (unexplained)
- Emotional instability
- Unexplained bruising, swelling or marks

What does that look like?

- Sense of hopelessness about the situation
- Numbness
- Low self-esteem
- Substance abuse (alcohol, drugs)
- Anxiety/anxiousness/fear
- Minimizes severity of abuse
- Self-blame and feelings of guilt
- Depression and/or suicidal thoughts
- Post-Traumatic Stress Disorder

*not all victims will experience all these effects; victims may experience some or none of these; each person is a unique individual

What does that look like?

- Trembling voice
- Very apologetic when there is no need
- Abruptly hangs up the phone
- Random calls to care coordinator
- Avoiding certain questions
- Hesitant to respond or provide answers
- Asking “what if” or “asking for a friend” questions

*not all victims will experience all these effects; victims may experience some or none of these; each person is a unique individual

Understanding where the member is NOW...

- We must recognize that:
 - Change is a process that must be maintained over time, not simply an event; and
 - The process is often a spiral with relapses and regressions as well as progression.
- Five stages of change: (based on the Transtheoretical Model of Change)
 - Pre-contemplation
 - Contemplation
 - Preparation
 - Change
 - Maintenance

Safety is the #1 priority

- We do not tell them what they should do or what we want them to do
- We believe that person has the best knowledge about their own situation
- Working “together” to identify and assess all relevant options and develop a strategy for safety
- You must be careful not to use the power you have by virtue of the helping role to control the choices of the survivor

What is a safety plan?

- A safety plan is an individualized plan abused women develop to reduce the risks they and their children face. These plans include strategies to maintain basic human needs such as income, housing, health care, food, childcare, and education for the children. They vary depending on who you are serving.

Safety planning



- Exploring options
- Survivor-defined
- At the survivor's current level of functioning, emotional state, resources, cultural perspective and level of danger
- Must have alternatives
- You must be actively listening
- Must include the children!!!
- Can simply be a conversation

Remember...

- It may not happen during the first conversation
- The member may not be ready
 - Just because you see a need, he/she may not be in a hurry
- It can happen during a period in casual conversations
- We have to respect the member choices
- Safety planning is not always about leaving

Case Vignette...

- You are speaking on the phone to a 57-year-old PWD member, Joanne Smith.
- During your call you hear someone in the background say, “you are not getting your medication today”, all while ranting and raving about something.
- The member has already denied abuse or neglect in the home during your last conversation but did admit to being afraid of her caregiver due to her own limited mobility.
- **WHAT DO YOU DO? WHERE DO YOU START?**

Case Vignette...

- Determine if this is a safe line - confirming the person in the background cannot hear you. But assuming the person can hear the member.
- Use the safe word that was created with the member. *Mrs. Smith did you eat your broccoli today?*
- Assess for danger “*broccoli*”
- Follow member’s lead
- Ask if there is another opportunity to talk

There are challenges...

- Our own biases/experiences
- Understanding and identifying the member's battered-generated risk and plan
- Being stuck using traditional resources
- Taking the time to create a safe place for the member to talk and trust you
- Limited capacity of shelters
 - 112 beds in city of Chicago; 13 shelters available; not all handicap accessible

Resources and Referrals

- They have the right to be safe under the Illinois Domestic Violence Act
- **Those experiencing domestic violence and/or abuse, plus anyone concerned about a friend, family member, or loved one, can call toll free at 1-877-TO-END-DV (1-877-863-6338). You can also visit the National Domestic Violence Hotline at www.thehotline.org or text LOVEIS to 22522**
- The courts are ordered to protect them
 - 555 W. Harrison – DV Court

Resources and Referrals

CHICAGO LEGAL AID (1-312-341-1070)

CITY OF CHICAGO: Division on Domestic Violence

- Airbnb's and hotels available for shelter
- Lyft and Uber available for transportation
- Food and supplies able to be brought to the home if unable to leave

www.Chicago.gov/city/en/depts/fss/provdrs/dom_violence.html

Resources and Referrals cont'd

SUBSTANCE USE (1-833-2-FIND-HELP)

- If you or someone you know is suffering from an opioid use disorder or other substance use disorders, you can call the Illinois Helpline at 1-833-2-FIND-HELP to speak with a trained professional. You can also visit [HelplineIL.org](https://www.helplineil.org) to be directed to customized resources, support, and advice.

MENTAL HEALTH (1-866-359-7953 or text "TALK" to 552020*)

- If you or a family member have mental health challenges, you can call the Illinois Warm Line at 1-866-359-7953. You can also connect to a counselor by texting "TALK" to 552020*. If you or a loved one are experiencing a mental health crisis, please call the 24-hour [National Suicide Prevention Lifeline](https://www.nationalsuicidepreventionlifeline.org) at 1-800-273-TALK (8255).

Resources and Referrals cont'd

SHELTER (1-833-2-FIND-HELP)

- Shelter services have been increased during this pandemic. Those looking for emergency lodging should visit housingactionil.org/get-help/resources-homeless. If you are currently experiencing homelessness, please use the [Emergency and Transitional Housing Provider List](#) to find a shelter near you.

CHILD CARE (1-888-228-1146)

- For employees providing essential services who need assistance with childcare, please call 1-888-228-1146. Parents in Cook County can also text 312-736-7390.
- HEALTH PLAN RESOURCES



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COVID-19 Updates



COVID-19 Updates

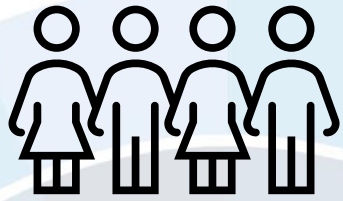
COVID-19 Case Overview (4/15/2022)		Vaccination Overview (4/15/2022)**	
# Cases	47,716 (17% increase)	# only 1 dose*	22,343 (5.82% of vaccine-eligible members)
# Deaths	286 (4.38% increase)	# fully vaccinated	191,087 (49.75% of vaccine-eligible members)



FREE AT HOME COVID TEST KITS

- The Federal government have provided a program for free at home covid test kit for families.
- Every home in the U.S. is eligible to order #4 free at-home COVID-19 tests. Orders will usually ship in 7-12 days. Order your tests now so you have them when you need them.
- Members can make order via this website (COVIDtests.gov - Free at-home COVID-19 tests)
- For those that may need help placing an order for your at-home tests. They can Call [1-800-232-0233](tel:1-800-232-0233) (TTY [1-888-720-7489](tel:1-888-720-7489)).





COVID Vaccines for Children

- CDC recommends **everyone ages 5 and older** get a **COVID-19 vaccine**
- **Pfizer** authorized for children ages **5-11** and **12-17**
- **Where** can children be vaccinated? Pediatricians' offices, hospitals, pharmacies, community events, and dedicated CPS, CDPH clinics, and CCH sites
- At most vaccination locations, **parents must accompany the child**. Exceptions include CPS school-located vaccination clinics, school-based health centers, and some healthcare providers with signed consent forms from a parent or guardian.
- **Chicago Residents:** All 5-to-11-year-olds will be eligible for a **\$100 incentive** when receiving their primary vaccine doses at a CDPH- or CPS-hosted event
- For more information for Chicago: <https://www.chicago.gov/city/en/sites/covid19-vaccine/home/for-youth.html>
- **Cook County Residents:** Cook County Health will begin offering the Pfizer COVID-19 vaccine to current patients ages 5-11 on Friday, November 5. Patients can walk-in to any CCH site to get vaccinated or make an appointment by calling 833-308-1988 (Monday through Friday 8:00 am – 8:00 pm) or visiting vaccine.cookcountyil.gov
- For more information for Cook County: MyShotCookCounty.com



Vaccination Locations Updates

IL has entered Phase 2. All Illinois residents **age 5 and older** are eligible for the vaccine. Some members may be eligible for a [booster dose](#).

Chicago

- Make an appointment by phone (in home or at a site): **312.746.4835**
- Make an appointment online: www.zocdoc.com/vaccine
- Find a Vaccine: <https://www.chicago.gov/city/en/sites/covid19-vaccine/home/vaccine-finder.html>

Suburban Cook County

- Make an appointment by phone: **833-308-1988**
- [Make a vaccination appointment](#)
- [Find a vaccination location](#)
- [Request in-home vaccination](#)
- [Request a vaccine team for an event or workplace](#)



City of Chicago Vaccine Incentives

- City of Chicago is offering **\$100** to residents who receive the vaccine at a vaccination event or in home (all residents are eligible for in home vaccinations) > \$50 per shot for two dose Pfizer or two \$50 cards for Johnson and Johnson
- Find a Vaccine Event:
<https://www.chicago.gov/city/en/sites/covid19-vaccine/home/calendar-of-events.html>
- For In Home Vaccine: Call 312-746-4835 or go to
<https://www.chicago.gov/city/en/sites/covid19-vaccine/home/in-home-vaccination-program.html>



CountyCare COVID Vaccine Reward

- What is the reward?
 - Members who receive their **first of two doses or single dose after 8/1/2021** will receive **\$25 on their OTC Reward Card**
- How and when do they get their reward?
 - If the member has an active OTC card, the funds will automatically load to their OTC Reward within **30-45 days**
 - If the member does not have an OTC card, an OTC card will be mailed to them with 30-45 days
 - Ensure we have member's preferred mailing address on file
- How do members check their OTC Reward Card balance?
 - Members can check their OTC reward card by calling 312-864-8200 or going online to www.MyOTCCard.com



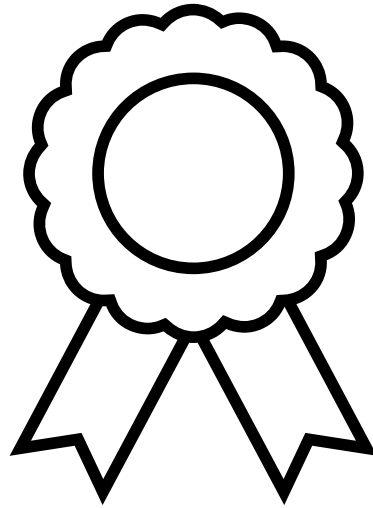
COVID19 Vaccine for Pregnant Members

COVID-19 vaccination is recommended for all people aged 12 years and older, including people who are pregnant, breastfeeding, trying to get pregnant now, or might become pregnant in the future. Pregnant and recently pregnant people are more likely to get severely ill with COVID-19 compared with non-pregnant people. Getting a COVID-19 vaccine can protect you from severe illness from COVID-19.



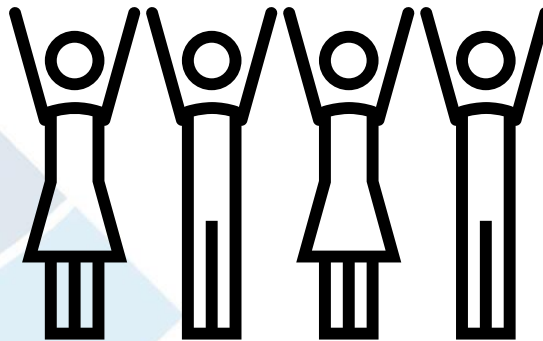
- ❖ CDC recommending COVID19 vaccination for pregnant and breastfeeding people (*including booster*)
- ❖ Care Coordinators: Encourage pregnant members to get vaccinated

Care Coordinator Spotlight

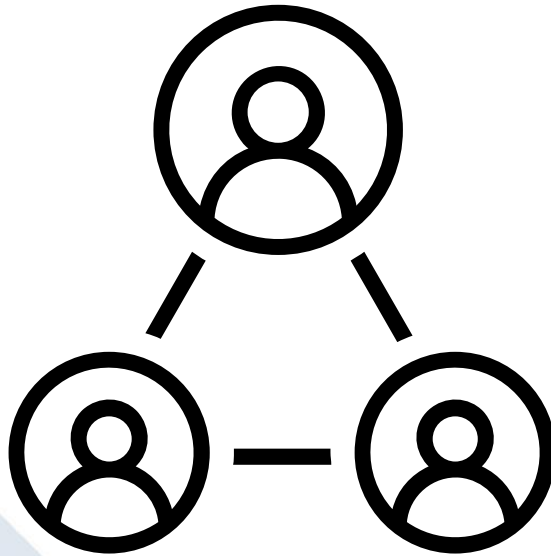


Care Coordinator Spotlight Reminder

- Please email nominations to:
oluwatobi.oyeniya@cookcountyhealth.org
- If you have been nominated, I will reach out to you prior to the webinar



Resources & Reminders



RESOURCE SPOTLIGHT

CDPH Unveils OneChiFam Website- [OneChiFam.org](https://www.onechifam.org)



For Immediate Release
April 14, 2022

Media Contact
James Scalzitt
james.scalzitti@cityofchicago.org

Chicago Department of Public Health unveils 'OneChiFam' Website, a Comprehensive Resource for All Chicago Families

CHICAGO - Bringing a baby home is one of the most exciting and joyous times in a parent's life. But it also comes with a lot of challenges and questions, ones that continue as children and families grow: How much should my baby eat? When will my baby sleep through the night and why is my baby crying? What immunizations does my pre-schooler need and how much screen time is too much for my teen?

Those questions and many more are answered on the Chicago Department of Public Health's (CDPH) new, comprehensive baby, adolescent, and family health site -- [OneChiFam](https://www.onechifam.org).

"OneChiFam is a comprehensive resource that will allow families in need to get child and family healthcare resources from a trusted source," said Chicago Mayor Lori E. Lightfoot. "Created with accessibility in mind, the site supports the health and wellbeing of families no matter their income, what neighborhood they call home or what language they speak. Through OneChiFam, we will be able to help families thrive and further our citywide goal of making them stronger and healthier."

The [OneChiFam.org](https://www.onechifam.org) website is a valuable resource for both new and current parents that has important information they will need to know during their baby's first year and beyond. OneChiFam is a resource created to connect every family in Chicago with the support they need to live happy, healthy lives. Whether you're pregnant, bringing a new baby home, raising a teen or looking for support for your whole family, OneChiFam can help. Resources cover newborn care, child health, literacy at home, youth access to healthcare, substance use, nutrition, screen time, LGBTQ+/Identity and much more.



CDPH Unveils OneChiFam Website-

OneChiFam.org

“Whether you’re considering pregnancy, are a first-time parent or have other children at home, finding answers to your questions and resources for your family can be overwhelming,” said CDPH Commissioner Allison Arwady, M.D. “We’re here to help. We’ve compiled some of the most important information you’ll need to know about having a healthy pregnancy, beginning your journey with a newborn or parenting an adolescent. The website can be used whenever parents or guardians have a question, need some guidance, or just want to learn about resources available to their family.”

Many people came together to share their time, knowledge, and expertise to create new content for OneChiFam. There were a total of 25 contributing authors, including lead author Dr. Mariana Glusman, Attending Physician, Advanced General Pediatrics and Primary Care at Lurie Children's Hospital, and Associate Professor of Pediatrics at Northwestern University Feinberg School of Medicine. Contributors represent local Chicago medical providers and content experts. Without their support and the wholly-funded support of the Illinois Department of Public Health, Maternal and Child Health Services Block Grant, it could not have been created.

“My colleagues and I are very excited that all Chicago families will have ready access to this really important and useful information,” said Dr. Glusman. “Creating the baby-parent content for OneChiFam was a labor of love for us. We hope that it helps parents care for their newborns, and enjoy them too!”

OneChiFam is a trusted, comprehensive source of health information and resources for Chicago families. We have the information you need. And if we don’t, we’ll help you find it. Learn more at onechifam.org



RESOURCE SPOTLIGHT

HOUSING AUTHORITY OF COOK COUNTY



Housing Authority of
COOK COUNTY

175 W. Jackson Blvd., Suite 350 Chicago, IL 60604 | www.thehacc.org | (312) 663-5447

Dear Interested Pre-Applicant,

The Housing Authority of Cook County (HACC) Low Income Public Housing Program will re-open the wait lists for one, two, and three-bedroom standard and accessible units located at 1314 Wentworth Ave, Chicago Heights, IL 60411 for persons 18 years of age and older. The household will be required to pay rent equal up to 30% of their adjusted annual income.

The annual income limits are as follows:

- **1 person household: \$52,220**
- **2 person household: \$59,650**
- **3 person household: \$67,100**
- **4 person household: \$74,550**
- **5 person household: \$80,650**
- **6 person household: \$86,500**
- **7 person household: \$92,450**

**income limits are subject to change per HUD Guidelines*

Preferences will be given to the following:

- Families with children
- Veterans and veteran's widows/widowers
- Victims of Domestic Violence
- Elderly families (head, spouse, co-head or sole member is 62 years of age or older);
- Disabled families (head, spouse, co-head or sole member is a person with disabilities);
- Homeless families (an individual or family, who lacks a fixed, regular and adequate nighttime residence and whose primary nighttime residence is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; OR an institution that provides a temporary residence for individuals intended to be institutionalized; OR a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings. Verification for this preference may include documentation provided by a homeless service organization (third party verification will be requested).

Applicants claiming a preference must be able to demonstrate they qualify for the preference. These preferences will apply to all units. Applicants will be selected from the waiting list based on the highest number of preference points and based on the date the application was received by the HACC. Preferences are cumulative. For applications with no preference indicated, the applicant will be placed on the waiting list according to the date the application was received by the HACC. Received applications are dated and will be ranked in order received by HACC's current computer software program.

Wendy Walker Williams
Chair

Polly Kuehl
Vice Chair

Nilda Soler
Commissioner

Saul H. Kilbanow
Commissioner

Dr. Normah Salleh-Barone
Commissioner

Elaine Kroll
Commissioner

Eric L. Slaughter
Commissioner

Richard J. Monocchilo
Executive Director

HACC



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No more than two (2) persons will be permitted to occupy a bedroom. Management will balance the need to avoid overcrowding with the objective of maximum utilization of space, as per the following occupancy standards:

Persons of the opposite sex (other than spouses, and children under age 5) will not be required to share a bedroom; Persons of different generations will not be required to share a bedroom; live-in aides will be allocated a separate bedroom (no additional bedrooms will be provided for the live-in aide's family); single person families will be allocated a one bedroom; and foster children will be included in determining unit size.

Pre-Applications will be available online beginning **Tuesday April 12, 2022 at 10:00 AM**. To apply, please log onto the HACC's website at www.thehacc.org. From HACC's homepage scroll down and click "Open Wait List," select "**Sunrise Apartments**" then click "**Apply to Wait List**". If you have applied online before for this specific property or if this is your first time applying to this property, you must select "Click here to register". Pre-applications must be submitted electronically through the website; no other form of pre-application will be accepted. The wait list will close at **4:00 PM on Thursday April 14, 2022**.

HACC will only accept up to 100 applications per bedroom size in order to decrease wait time.

IMPORTANT CONTACT INFORMATION FOR THE LEASING DEPARTMENT:

If you have difficulty understanding English, or if you or anyone in your household is a person with a disability and requires a specific accommodation or seeks assistance with the completion of the pre-application please request our assistance and we will ensure that you are provided with meaningful access based on your individual needs.

Please contact us at:

(312) 542-4786

TTD/TTY: 711 National Voice Relay

leasingteam@thehacc.org



Homeless Prevention Resources

Financial Assistance & Emergency Shelter

- **Who?** Suburban Cook County residents & City of Chicago residents
- **What?** Help with mortgage, rent payments, rent deposits, utility payments, other housing issues, or emergency shelter
- **How?** Call the Homeless Prevention Call Center or visit <http://www.suburbancook.org/emergency>
 - Suburban Cook County: (877) 4-COOK-15 or **(877) 426-6516**
 - City of Chicago: **311**
 - Outside of Chicago: **(312) 744-5000**
 - Listen closely to prompts to choose the kind of help that is needed

Food Access

- **Who?** The Greater Chicago Food Depository and school districts throughout Cook County suburbs are providing meals to families in need
- **What?** Pre-packaged boxes of groceries
- **How?**
 - **School districts offering food assistance-** <http://bit.ly/CookCountyMeals>
 - Download this list of [South Suburban Food Pantries](#).

Reminders

- The next webinar is scheduled for **May 18th, 2022!**
- Webinar feedback: <https://redcap.link/23k1fzzb>
- Slides will be posted to the CountyCare Care Coordination <http://www.countycare.com/carecoordination>



Webinars for Care Coordinators

2022



- [Webinar: Annual Care Management Survey \(1/2022 slides\)](#)
- [Webinar: Annual Care Management Survey \(2/2022 slides\)](#)

2021



2020



2019





Open Forum

Please share any needs or questions you have by
typing in the chat box

