Mission Statement

The mission of the Access to Care program is to facilitate access to primary health care services for residents of suburban Cook County and northwest Chicago who lack such access because of financial barriers.

In 2014, Access to Care provided access to primary health care services to 5,000 residents of suburban Cook County and northwest Chicago. Access to Care patients received 5,991 lab tests, 555 radiology procedures and 9,171 prescription medications.

From the inception of Access to Care in 1988 to the end of 2014, the program has provided primary health care services to 115,505 unduplicated individuals. Many have participated for several years.
The changes in the local health care environment that began in 2013 continued in 2014. The Affordable Care Act was fully implemented on January 1, 2014. Before that time, it was necessary to have a child under 18 to qualify for Medicaid. Because of that requirement, Access to Care clients were largely low-income childless adults. The Illinois marketplace for health insurance is a joint State/Federal undertaking. Locally, in 2013 CountyCare created the beginnings of change, as many Access to Care patients were referred to this new program for residents of Cook County.

The change at Access to Care continued in 2014, as many clients became CountyCare/Medicaid patients. Access to Care patients, if eligible for Medicaid, were denied re-enrollment. This provided the opportunity for Access to Care to serve new patients. 2014 was a year of outreach. There were still many people who need the valuable services the program provides. There were many who remained uninsured even after full implementation of the Affordable Care Act. There were also many people who were low-income and ineligible for Medicaid. Access to Care has continued to be a safety net for these people.

The program has always covered people with high insurance deductibles. In order to save money on monthly expenses, we believe that many people have purchased insurance on the marketplace with very high deductibles. In many cases, most medical services are not covered until the deductible is met, making it extremely difficult to afford a doctor’s visit. Access to Care has continued to serve these individuals.

Change is a one word summation of 2014. But at the same time, the program continued everything it had always done; serving uninsured individuals and those with high deductible plans. The change in 2014 was being able to refer childless adults to Medicaid if they met the requirements for that public health program.

The Access to Care program plans to continue serving the people of Cook County as long as there are uninsured and underinsured people needing its services.

The Access to Care program could not provide needed services without the contributions of many organizations, businesses, governmental entities, our lab and x-ray providers and our network of physicians.

Without the physicians, the hospitals that provide radiology services, the contracted lab facilities and Walgreens for medication there would be no program.

Without the support of the Cook County Health and Hospitals System, there would be no program.

Without the support of corporations, municipalities and donors like you, there would be no program.

On behalf of the patients we serve, please accept our deepest gratitude to everyone involved with the Access to Care program.

Sincerely,

Victoria Bigelow
President
Suburban Primary Health Care Council

President’s Report
The last year has seen significant changes come to ACCESS TO CARE. While change is always a constant in the health care field, it is fair to say that this year has had more than normal. We are greatly appreciative of both the Cook County Board of Commissioners’ and the Cook County Health and Hospital System’s continued steadfast support of ACCESS TO CARE. We take pride in being able to deliver significant numbers of new members to CountyCare. As we do so, new sources of uninsured become visible. To that population, we stand as a sentinel program, allowing them access to health services in their own communities. ACCESS TO CARE will continue to meet their needs, until they follow the path into CountyCare, as they become covered by the Affordable Care Act. As Suburban Cook County’s need changes, ACCESS TO CARE will be there to provide care to the uninsured and working poor.

The most significant change to our organization came at the very end of 2014, when Victoria Bigelow, our President, decided to retire. Victoria’s name has become synonymous with Suburban Primary Health Care Council/ACCESS TO CARE. Her 25 year leadership combined with her talent, concern for those whom we served, vision and management skill have been exemplary. The SPHCC/ATC employees, and its Governing Board sincerely appreciate the efforts that Victoria put forth in her stewardship of this organization.

As I step down as Chairperson, and Mark Matusik steps up, it is very important to note that our Board has strived to change and adapt to the new environment by inviting a number of new candidates to become part of our Board. By their acceptance, they reaffirm our commitment to deliver the highest levels of quality and service to our clientele.

As always, we truly appreciate the efforts and support given to us by the surrounding townships and municipalities, inclusive of the foundations and personal donors. Our clientele benefit greatly by your gifts.

Thank you to our ACCESS TO CARE staff for maintaining your high level of skill and dedication to those we serve.

Sincerely,

Mark S. Grach
2014 Board Chair
Suburban Primary Health Care Council

“I am now 65 and a member of Medicare and Medicaid. Your support over the past 10 years has been outstanding and, more importantly, LIFE SAVING!”
Why Access to Care?

The Continuing Need
Recent statistics indicate that there remains approximately 35 million people in the United States living without health insurance. These numbers are after the full implementation of the Affordable Care Act. Even though many people that formerly did not qualify for public health programs are now eligible, there are still large numbers of people for whom Access to Care is a healthcare safety net. The program helps this large segment of suburban Cook County’s population that live every day without the benefit of health insurance coverage.

In addition to the uninsured there are many people who are underinsured. Many people that were formerly uninsured and have incomes above the guidelines for Medicaid may have purchased plans that have very high deductibles. Even many plans provided by companies come with high deductibles. These people are underinsured and may be unable to afford routine primary health care services until a deductible is met. They are at constant risk of having a medical condition affect their life and their ability to work.

Access to Care is a primary health care program for low-income, uninsured and underinsured residents of suburban Cook County and northwest Chicago. The program provides a health care safety net. Patients have affordable diagnosis and treatment of illness available in a decentralized model throughout suburban Cook County and northwest Chicago. The medically indigent are widely dispersed throughout an area lacking good public transportation making it important that local care is available. Over 600 physicians throughout suburban Cook County and northwest Chicago have contracted with Access to Care to provide services to patients in his/her community. Patients pay a $20 annual enrollment fee and small co-payments to contracted providers at the time of services. They pay $5 per visit to their Access to Care doctor. Prescriptions are available for $15 (generic), $30 (preferred brand) and $40 (non-preferred brand), and laboratory and radiology tests for $5 per test or specimen drawn.

Funding for Access to Care is received from both public and private sources. The Cook County Health and Hospitals System is the program’s primary source of funding. Financial support is also received from townships, municipalities, private foundations, service and religious organizations, as well as caring individuals. In-kind services are provided by the network of Access to Care physicians and discounts are received from commercial laboratories, hospital radiology facilities and Walgreens pharmacy. Public funding and discounts from private health care providers form this unique public/private partnership.

People register for the program at many registration sites located throughout suburban Cook County and northwest Chicago. They can also have an application mailed to them or can print an application from the website. [www.accesstocare.org](http://www.accesstocare.org).

Eligibility for the Access to Care program is determined by the following criteria: 1) The family or individual lives in suburban Cook County or northwest Chicago (north of North Avenue and west of Pulaski Road), 2) Family income is below 300% of the federal poverty level, 3) the family or individual does not have private health insurance or has an annual deductible of $500 or more and is ineligible for public health programs such as All Kids, Medicaid or Medicare.

Access to Care links community-minded physicians with individuals and families in need of affordable primary health care services. The program provides access to affordable primary health care services to those that would otherwise be unable to afford such care.

What is the Suburban Primary Health Care Council?
The Suburban Primary Health Care Council is the not-for-profit corporation that administers the Access to Care program. The Council was formed in 1988 by a confederation of the Community and Economic Development Association of Cook County, Inc. (CEDA), the Cook County Department of Public Health (CCDPH), the Northwest Suburban Cook County Health Care Task Force and the Park Forest Health Department.

The Council was created to address the problems facing the uninsured in suburban Cook County, where transportation resources combined with lack of insurance and poverty created barriers to receiving primary health care services.

The Council Board of Directors continues to make policy and oversee the administration of the Access to Care program. The Suburban Primary Health Care Council creates a partnership of the public and private sectors by using public funds to obtain private health care services.
The More Things Change the More They Stay the Same...

The changes that began in 2013 continued in 2014. “New people, new promises, same old conditions” is one way to describe the Access to Care experience of 2014. The Affordable Care Act (ACA) has altered the health care landscape by offering public health coverage for some of the Access to Care program’s patient population. The new eligibility of adults without children for Medicaid led the Board of Directors of the Suburban Primary Health Care Council to review the potential new role of the Access to Care program.

Although more people are able to have health care coverage with the ACA, the fact remains that the many low-income individuals do not qualify for Medicaid and can only afford to pay premiums of high-deductible insurance plans. This leaves many without affordable access to primary care services until the deductible is met. Many still can’t afford to see a doctor. So, the more things change, the more they remain the same for the population served by Access to Care. The services offered by the program remain relevant and necessary even as the health care environment shifts in different ways.

Due to the changes in Medicaid, much of 2014 was dedicated to outreach. Presentations were made to community groups, social service agencies, health care associations, churches and many other groups to spread awareness of the benefits of Access to Care. Representatives of Access to Care attended many health fairs and community expos. Meetings were arranged for all of the intake sites for Access to Care. Local officials sponsored events for people and organizations to learn about the benefits Access to Care provides.

Annual Luncheon

The Annual Luncheon was held on June 6, 2014. The keynote speaker was Congressman Danny Davis. He delivered an eloquent speech about health care and what was happening in Washington. Many local officials attended. People from intake sites, other social service agencies and business executives attended as a way of showing support for Access to Care and to learn about any changes to the program due to the Affordable Care Act.

We Say Good-bye

Victoria Bigelow, President of the Suburban Primary Health Care Council for 25 of the Access to Care program’s 26 years, retired at the end of 2014. We thank her for her dedicated service to the health and well-being of the clients served. Under her leadership, over 100,000 individuals received affordable primary health care services. The ultimate testament to her work as President of the Council and leader of Access to Care is the number of people served. The Board and Staff wish her the best in the next chapter of her life.
Annual GALA

The Access to Care Gala was held in November 2014. A short video was shown to all who attended. Access to Care thanks Cook County Board President Toni Preckwinkle, Dr. Ram Raju (CEO of the Cook County Health and Hospitals System), and Cook County Commissioner Tim Schneider for their support and appearances in the video. Their testimonies very much aided in expressing the continuing need for the services Access to Care provides to the people of suburban Cook County.

The Gala honored Loyola University Medical Center for its participation in and support of the Access to Care program. The medical center provides care for many Access to Care patients. Loyola is also represented on the Council Board of Directors. The highlight of the evening occurred when Dr. Paul O’Keefe was presented with an award for Loyola’s participation in Access to Care. Loyola has cared for several thousand Access to Care patients.

After a sumptuous dinner, a live auction was held. Auction packages included yacht cruises on both sides of Lake Michigan, a race car experience at Joliet Speedway, a Lake Geneva Get-Away and a week’s stay at any hotel in the continental U.S. Many people that were unable to obtain an auction package participated in the paddle raise and donated funds for a specific service offered by Access to Care. A lovely time was experienced by all who attended while raising funds for Access to Care.
A Decade of Prescription Medications and Diagnoses

An examination of prescription medication utilization and frequent diagnoses of patients over the most recent ten years highlights the fact that coverage of primary care medications remains one of the most valuable benefits provided to patients by the Access to Care program. The Health Affairs Committee of the Suburban Primary Health Care Council’s Board of Directors continues to evaluate medications covered by the program, being mindful of expenses and patients’ health needs.

The most frequently prescribed medications and diagnosed health issues of program patients have also remained consistent over the years. Pharmaceutical categories closely align with the most prevalent health issues presented by the Access to Care patient population. The top two conditions, hypertension and diabetes, have been the number one and two conditions, respectively, throughout the program’s existence. And, the trends for the most prescribed medications have mirrored these. Since 1994, hypertension/cardiovascular medications and diabetic therapies have been alternating as numbers one and two.

“Sort of a bare bones health plan for the uninsured in suburban Cook County. They make arrangements with area physicians and hospitals to provide office visits and preventive care (blood work, mammograms), and then the patients pay a nominal fee for the service. In a time when about 13% of the US population is uninsured, options such as these will help get people through the rough spots. I work at a hospital in a working class community, and several of our patients rely on Access to Care.”

Yelp Review.
of the most frequently prescribed medications.

Among the top five therapeutic class medications, psychotherapeutic drugs have been either the third or fourth most frequently prescribed for program patients. This aligns with two of the most frequent and consistent diagnoses among the top five, depression and anxiety disorders.

Appearing often among the top-five most frequent diagnoses for ATC patients in the last ten years are disorders of lipid metabolism and obesity, noted four years out of the ten. During the same period, the frequency of prescriptions for lipotropics and cholesterol reducers reflect these diagnostic categories.

Not surprisingly anti-infective prescriptions appear as another one of the top five frequently disbursed medicines, given that these treat infections of all types including acute upper respiratory infections, bronchitis and other illnesses. These conditions have also appeared among the top most prevalent diagnoses for ATC patients.

Access to Care continues to provide a much-needed and key health care service to low-income patients in its service area regardless of the various shifts in the health care environment.

“The program – It is Great. We have helped several people with the application, I would say 100% of the people that come back for other services, come back with amazing experiences, good treatment, great doctors, low-cost medication. I am truly happy for all the benefits our community gets with the Access to Care program. Personally as Director of the community center, it is the first thing I recommend to people that do not have access to regular insurance.”

Pablo Cruz, Our Lady of Mount Carmel Parish and Community Center
Utilization and Diagnosis

The most frequently prescribed medications for Access to Care patients in 2014 mirrored those prescribed in 2013. Throughout the history of Access to Care, medications for diabetes and hypertension have been, either the most or the second most frequently prescribed drugs. And this was true in 2014 with antidiabetics taking the number one position at 14% of all prescribed medications. The following two medications treat cardiac conditions and hypertension, respectively. The three most frequently prescribed therapeutic categories of medications represent 35% of reported prescriptions. In 2014, the top three medications were exactly the same and the same percentages as in 2013. Antidepressants represented 6% of medications in both 2013 and 2014. The only change in Access to Care patient medications from 2013 is that Beta Blocker drugs replaced Calcium Channel Blockers as the fifth most frequently prescribed medications. Both of these medications are used to treat high blood pressure.

In 2013, mammograms represented 54% of all radiology procedures. They represented 37% of all procedures in 2014, a 17% decrease. The top five procedures are in the same order as 2013, with an increased percentage of chest, knee, spine and foot X-rays. The five most frequently performed radiology procedures accounted for 79% of all procedures performed on Access to Care patients in 2014.

Lab procedures performed on Access to Care patients in 2014 closely mirrored the lab experience in 2013. The top three most frequently ordered procedures did not change from 2013. There was a switch in the fourth and fifth most frequent lab procedures. Complete Blood Count (CBC) and Thyroid Stimulating Panel (TSH) changed places by the narrowest of margins. The CBC lab test represented 6% and the TSH was 7%. The five most frequently performed lab tests represented 48% of all lab procedures for Access to Care patients in 2014.

The only change in most frequent diagnoses in 2014 was the addition of overweight joining the top five. Hypertension and Diabetes were the first and second most frequently diagnosed illnesses among Access to Care patients as they have been for over 20 years.

All the services provided to Access to Care patients demonstrate the importance and value of being able to see a doctor, receive necessary testing and medications at an affordable rate. All the benefits reflect the mission of Access to Care to “facilitate access to primary health care services for residents of suburban Cook County who lack such access because of financial barriers.”
Patient Demographics

Even with the changes in the health care market in the past few years, the Access to Care patient demographics continue to reflect the program’s historic trends. A family size of one continues to be the largest segment of those families served by the program at 47.5% and the second largest group again is a family of two at 29.1% of the patients. Under a quarter of the Access to Care’s clientele are found in family sizes of three or more. These numbers closely mirror past years’ family size statistics. A family size of one experienced a decrease from 55.2% in 2013. And a family size of two saw a slight increase, from 27% in 2013. In 2014, over 75% of program patients were in a family size of one or two.

The shift toward a growing percentage of younger-aged patients that began last year has continued in the program. Those patients aged 26 to 35 grew from 11% in 2013 to 13.3% in 2014. Patients aged 36 to 45 saw an upward move from 12.8% in 2013 to 16.6% in 2014. There were slight decreases in patients aged 45 to 65. There was a slight increase (1%) in 2014 of patients over age 65. An increased effort through the Affordable Care Act to recruit younger patients to purchase health care coverage may explain the growth in that segment in the last two years.

The most notable difference in the ethnicity statistics of the Access to Care population in 2014 is that Asian American patients have surpassed African American patients, as the third largest ethnic group among Access to Care clients. In 2013, the African American population was the third largest. The first and second positions continue to be occupied by the Caucasian (40.7%) and Hispanic/Latino (33.9%) segments. The increase in the Hispanic population may reflect the outreach efforts of Access to Care staff.

A very notable statistic was the increase of employed patients from 50% in 2013, to 63% in 2014. In 2012 employed clients represented 46% of the total population. In two years, the percentage of employed clients increased by 17%. A corresponding 12% decrease of unemployed patients occurred in 2014. In 2014, 46% of program clients had incomes under the federal poverty level which represents a 14% decrease in only two years. Those patients classified as “not in work force”, which includes retired or disabled persons not eligible for Medicaid or Medicare remained constant at 11%. This is reflective of an increase in employment statistics in the U.S. population.

Almost every year since the Access to Care program began, women were represented more than men. In 2014, 60% of the program population were women. Throughout the history of the program 60% of the clients were women.

The changes in the Access to Care population to younger, employed individuals demonstrates that youth and employment does not provide a guarantee of health benefits. Access to Care continues to be a vital resource for uninsured and underinsured individuals. These demographics underscore the ongoing need for the Access to Care program in the most vulnerable populations, regardless of the changes in health care or the U.S. economy.
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Miracles happen every day. This is a story of a tiny miracle that made a big difference in the life of one Access to Care client. Mr. Cartagena arrived at an Access to Care enrollment event hosted by a faith community partner, congenial yet determined to find all available health resources.

He had fond memories of working and regretted that his health concerns made it impossible to continue. Nonetheless, he persevered with a smile. He disclosed his diagnosis of early onset Alzheimer’s. His disability income put him over the limit for Medicaid. No longer able to drive and without employment, he found himself uninsured and with little hope of finding affordable primary care. That was until he found Access to Care. He was grateful for all his blessings, among them a daughter, who had driven him to the Access to Care enrollment event. He was informed his Alzheimer’s medications might be covered on the Access to Care formulary and that there was a culturally relevant community resource specific to his condition that Access to Care staff was able to share with him.

A day later he received a call from Access to Care stating that his medication was, in fact, covered. Both staff and client were elated.

Miracles happen every day, we do not always know the profound impact outreach efforts will have on potential clients, but on that day, we knew!

“In it has recently occurred to me that I never said thank you for the help that was given to me when I needed it. I was sick and with very little money you provided a doctor for only $5.00. I later became eligible for CountyCare and thoughts of Access to Care slipped my mind. But they came back and I just want you to know that I am very grateful to you for the help.”

In Kind

Kate Barnickel
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Berman’s Big and Tall
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Pam & Fernando Camporese
Cooper’s Hawk Winery
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### Registration Sites

#### North
- Access at Northwest Community Hospital
- Access Genesis Center of Health & Empowerment
- Alexian Brothers Center for Mental Health
- Village of Arlington Heights
- Barrington Township
- City of Des Plaines
- Elk Grove Township
- Hanover Township
- Maine Township
- Village of Mount Prospect
- New Trier Township
- Niles Township
- Northfield Township
- Northwest Compass
- Palatine Township
- Schaumburg Township
- Village of Schaumburg
- Wheeling Community Resource Center
- Wheeling Township

#### South
- Access Family Health Society
- Arab American Action Network
- Aunt Martha’s Health Services
  - Chicago Heights Community Health Center
  - Hazel Crest Community Health Center
  - Harvey Community Health Center
  - South Holland Community Health Center
- Bremen Township
- Bloom Township
- Orland Township
- Park Forest Health Department
- Rich Township
- Southland Ministerial Health Network
- TCA Health Center
- Village of South Chicago Heights
- Thornton Township
- Worth Township

#### West
- Arab-American Family Services
- Berwyn Township
- Cicero Township
- Des Plaines Valley Health Center
- Illinois Welcoming Center for New Americans
- Leyden Township
- Lyons Township
- Village of Lyons
- Norwood Park Township
- Oak Park Township
- Oak Park Health Department
- Proviso-Leyden Council for Community Action
- Proviso Township

#### Chicago
- Logan Square Neighborhood Association
- Metropolitan Family Services
- Salvation Army

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“I am hypertensive, handicapped and unemployed. I am not eligible for Medicare or Medicaid. I could not get doctor visits and medication regularly before I joined the program. More power to ATC, you are the only one I can lean on. Please stay alive, I need you in my life.”

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