



Report to the Board of Health on October 2024 Activities

PURPOSE

Each month the Winnebago County Health Department (WCHD) Leadership Team provides this summary report to the Board of Health on WCHD programs and services. The report is organized into the 10 Domains that follow the 10 essential public health services with health equity as the center as identified by the Public Health National Center for Innovations and the Centers for Disease Control and Prevention.

LEADERSHIP TEAM

Winnebago County Health Department Leadership Team

- Dr. Sandra Martell, RN, DNP – Public Health Administrator
- Michael Jarvis, MPH – Director of Public Health Policy
- Cheryl Floyd, MEd – Director, Center for Health Promotion and Wellness
- Cynthia Hall, MPH – Director, Strategic Initiatives
- Todd Kisner, MPH – Director, Center for Health Protection
- Tiffany Levine, MSN, RN - Director, Center for Personal Health Services
- James Keeler CPA, MBA – Director, Finance
- Patrick Ngum, MPH – Director, Data and Quality
- Rebecca Lyons, MPH – Director, Public Health Preparedness
- Todd Marshall, BS, LEHP – Director, Center for Environmental Health Improvement
- Katherine O'Toole, MPH, CPH – Director, Communications

The 10 Essentials of Public Health Services

To protect and promote the health of all people in all communities

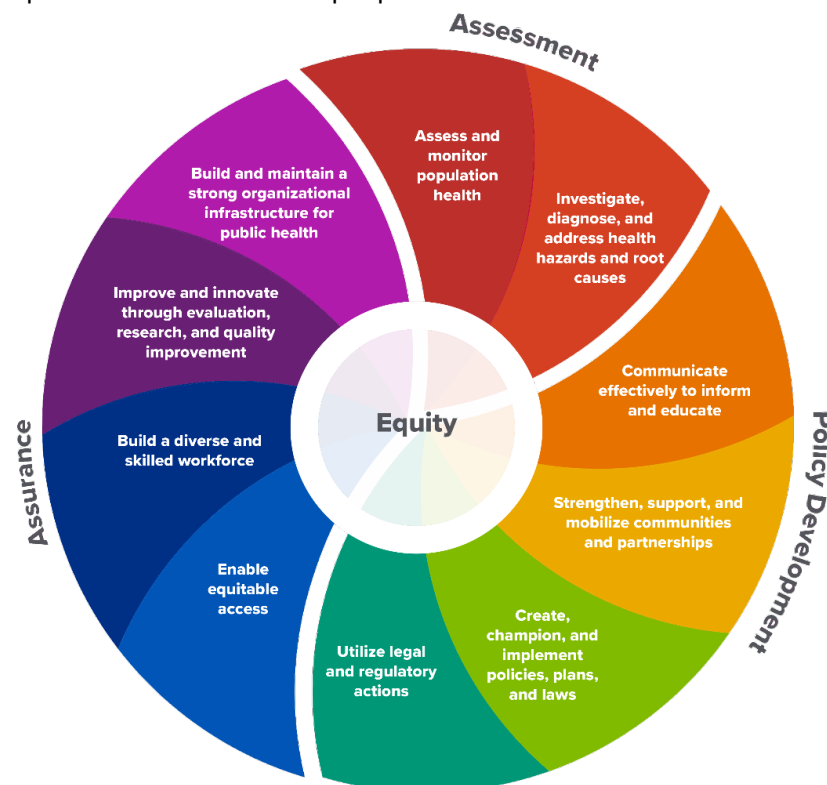


Image courtesy of the Centers For Disease Control and Prevention, available online 02/11/2022 at:

<https://www.cdc.gov/publichealthgateway/images/publichealthservices/10-essential-public-health-services.jpg?noicon>



Assessment

1. Monitor Health

Assess and monitor population health status, factors that influence health, and community needs and assets.

Communicable Diseases & Conditions In Winnebago County

EMERGING DISEASES

As of November 4, there are no cases of Highly Pathogenic Avian Influenza A (H5N1) virus (cattle nor human) in Winnebago County.

Since April 2024, 44 human cases of avian influenza A(H5N1) virus infection have been reported in the United States. Of these cases, 24 were associated with exposure to sick dairy cows and 19 were associated with exposure to avian influenza A(H5N1) virus-infected poultry. The source of infection for one case in Missouri has not been determined.

The United States Department of Agriculture (USDA) reported 440 dairy cow herds in 15 U.S. states have confirmed cases of avian influenza A (H5N1) virus infections in cows as the number of infected herds continues to grow. For more information on dairy farms with H5N1 cases identified in cattle, go to: <https://www.aphis.usda.gov/livestock-poultry-disease/avian/avian-influenza/hpai-detections/livestock>

Environmental Health

The Winnebago County Health Department (WCHD) conducted two tick drags in October, resulting in the collection of one specimen. The specimen was sent to the Illinois Department of Public Health (IDPH) lab for identification and testing. Weather permitting, WCHD will try to conduct one more tick drag before winter.



The Center for Environmental Health Improvement (EHI) is preparing for the Illinois Mosquito & Vector Control Association annual meeting in November at which WCHD will share our vector surveillance results for the year.



Assessment

2. Diagnose & Investigate

Investigate, diagnose, and address health problems and hazards affecting the population.

Communicable Disease

There is an outbreak of Marburg, a rare but severe viral hemorrhagic fever similar to Ebola, in Rwanda. Marburg affects both people and other primates, like apes and monkeys. Marburg is caused by infection



with orthomarburbgviruses, which are naturally found in the Egyptian rousette bat (*Rousettus aegyptiacus*), and can spread from bats to people. People caring for individuals sick with the disease without proper Personal Protective Equipment (PPE) can become infected from contact with blood and body fluids. People with Marburg usually start getting sick 2-21 days after they were infected with the virus including symptoms that may include fever, rash, and severe bleeding.

The Centers For Disease Control and Prevention (CDC) implemented enhanced public health entry screening to detect air travelers entering the United States who may have Marburg symptoms or may have come in contact with the virus that causes Marburg while in Rwanda. The Illinois Department of Public Health (IDPH) is using REDCap to send traveler information from the CDC to local health departments for follow-up. WCHD's Center for Health Protection through its partnership with the Illinois Department of Public Health (IDPH) began monitoring for individuals returning from travel from Rwanda. No individuals are currently under monitoring by WCHD for Marburg as of this report.

Environmental Health

In October, WCHD began the demolition of four condemned, abandoned properties in the county that are considered to be in dangerous and hazardous condition. The properties have come down and are awaiting final clearances from the Building Department. WCHD has submitted approximately 20 additional properties for demolition consideration to the Winnebago County State's Attorney's Office.

To improve pest control prevention, WCHD staff provided bed bug education for multi-unit apartments. Three presentations at a Rockford apartment complex were conducted in October at meeting occupants attend at the request of their apartment management.



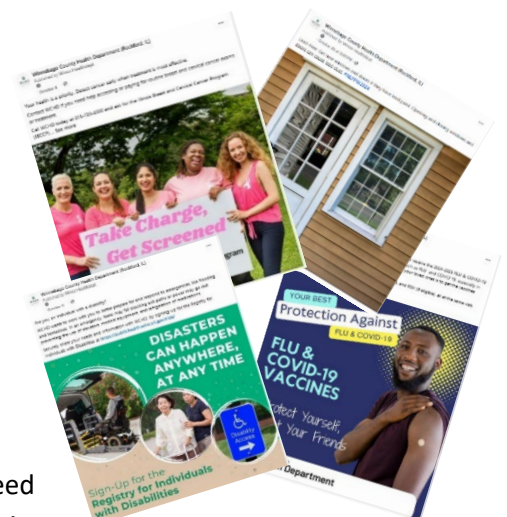
3. Communicate

Communicate effectively to inform and educate people about health, factors that influence it, and how to improve it.

Digital Media Initiatives

With October being Breast Cancer Awareness month, WCHD promoted the Illinois Breast and Cervical Cancer Program and encouraged early screening for breast and cervical cancer. During National Lead Poisoning Prevention Week (October 20-26), WCHD highlighted prevention steps residents can take including wiping down surfaces with a wet cloth, cleaning floors with a wet mop, washing hands frequently, and getting new windows and doors in homes built before 1978. Additionally, WCHD posted reminders for Drug Take Back Day (October 26) encouraging the safe disposal of unused and expired medications.

Additional messaging in October including promoting the new Registry for Individuals with Disabilities (RIDE). This registry is for residents who may need extra support during a public emergency and allows them to share information





with WCHD. Messaging in October also including notifying the community of the recommendation to get the update 2024-2025 flu and COVID-19 vaccines before respiratory viruses start spreading in our community to prevent severe illness.

Digital media initiatives included continued work on the redesign of the igrow website and the development of a short clip YouTube video focused on the importance of handwashing as a simple step to help keep healthy. The handwashing video was released on Global Handwashing Day (October 15) and can be viewed here: <https://youtube.com/shorts/m7q-4Sjx2jQ>



Policy
Development

4. Mobilize Community & Partnerships

Strengthen, support, and mobilize communities and partnerships to improve health.

Youth Leadership Council

The first Youth Leadership Council (YLC) 2024-2025 meeting was held on Tuesday, October 8 at 6:00pm at WCHD and the second meeting was held on Tuesday, October 22. Twenty-three (23) students have joined the YLC. During these meetings the YLC students discussed possible activities for the year. The YLC will work on National Prevention Week activities and a Professional Development Workshop.

Maternal, Infant, and Child Health Team

The Maternal Infant, and Child Health Team (MIGHT) met in October to discuss the root causes of maternal and infant health issues in Winnebago County including the increase in infant mortality maternal morbidity rates as well as the health disparities affecting Black/African Americans. The group explored bias, underlying pre-existing medical conditions, the lack of access to healthcare, and the lack of paid maternity leave. The group also discussed issues with affordable childcare options, the shortage of providers, and the influence of no centralized point of entry into maternal care. The discussions continued on attention to prenatal care, pregnancy spacing, language barriers, and environmental concerns. These discussion topics were shared at the October 31 All Staff Meeting for strategizing how to address the root causes to address the health concerns.

Opioid Response

WCHD's WINNIE Harm Reduction Program continued to provide outreach at the Winnebago County Courthouse three half days each week. In addition to the Courthouse, outreach was also conducted at two businesses and one service organization.

The Winnebago County Opioid Response Team (WCORT) met in October to discuss the root causes of mental and behavioral health issues in Winnebago County including the impact of opioids, access to care, and frequent mental health conditions. They also explored the lack of systems coordination, the shortage of providers, and the potential influence of no centralized point of entry. The discussions continued on stigma, a complicated mental health system, and increasing influences of social media and



other technologies. The root cause identified was lack of coordinated access to care including medication management and supportive systems to engage and maintain at risk individuals in care to promote optimal functioning.

The Winnebago County Opioid Response Team (WCORT) will be convening an opioid fatality review team (OFRT) with leadership from City of Rockford Fire Department, the Winnebago County Coroner's Office, and the Winnebago County Health Department. The overarching goal of the OFRT will be to provide recommendations to the WCORT for review and implementation to further reduce opioid overdose deaths.

As part of the Northern Illinois Public Health Consortium (NIPHC), the Winnebago County Health Department, along with other NIPCH members, applied to the Illinois Opioid Settlements Initiative to conduct ongoing opioid overdose surveillance. Currently, there is no funding allocated through either the Illinois Department of Public Health or Illinois Department of Human Services for epidemiology and surveillance. Efforts are focused on alignment with the Harm Reduction communities predominately located in Chicago to address concerns.

Trauma Informed Community

The Violence Reduction Workgroup met in October to discuss the root causes of violence in Winnebago County including the impact of childhood trauma, generational trauma, poverty, and economic instability. They also explored the potential influence of social media, the importance of mental health support in schools, and the need for better collaboration and specialization among community service providers. The conversation ended with a focus on strategic goals and objectives for their workgroup, emphasizing the importance of teamwork and community involvement in addressing the issue. Some root causes identified included: high prevalence of multiple ACEs (Adverse Childhood Experiences) among perpetrators and their partners, poverty/economic instability, shortage of mental health providers, impact of political rhetoric, impact of social media and the need for more public awareness of the issue along with opportunities to positively impact children.



Tobacco Free Communities

WCHD's Tobacco Free Communities (TFC) program facilitated the CATCH My Breath e-cigarette prevention (CATCH) program at Rosecrance Griffin Williamson Campus, with an average of 24 youth present during each of the four sessions. The CATCH program will begin again on November 13 with a new group of youth.

In October, WCHD staff distributed retail education packets to 158 retailers on tobacco prevention efforts and met with the Youth Leadership Council on October 22 to discuss tobacco prevention.

Other Partnerships

The Director of Health Protection continues to participate in the Northern Illinois Homeless Coalition as the Chair in addition to providing public health updates for homeless service providers. The Director of Public Health Policy attended The Bridges to Prosperity – Northern IL Upward Mobility Stakeholder



Engagement Session on October 29. The session included multiple stakeholders from around the community and consisted of a review on the work undertaken since the group's inception. Afterwards, a stakeholder focus group session was held to gather input and feedback on the potential areas the Bridges group could address due to their socio-economic status.



5. Policies and Plans

Create, champion, and implement policies, plans, and laws that impact health.

Strategic Initiatives

The workgroups met in October with the following updates:

- **Assessors** reviewed the IPLAN 2025 timeline, phases and priorities and developing strategies to address maternal/child health, mental health and violence reduction.
- **Assurance** continued to attend each strategic workgroup and health priority group meetings to ensure they are on track with their goals and objectives. They also reviewed drafts of health priority quarterly reports and added data.
- **Collaborators** reviewed and updated their partner list and worked to identify additional partners and their powers to align with the IPLAN priority areas.
- **Organizers** developed a presentation on the Social Determinants of Health (SDoH). This discussion was a precursor to an in-depth presentation of IPLAN goals and strategies.
- **Policy Makers** reviewed the parental leave policy to ensure alignment with WCHD's health equity and support of maternal/child initiatives.
- **Reporters** discussed the importance of effectively communicating WCHD's three health priorities to the public and partners, with a focus on how these priorities were identified. They also brainstormed potential target audiences for the campaign and identified potential partners for their healthcare initiatives. Lastly, they emphasized the need for tailored messaging and resources to promote public health and address community health priorities, and discussed strategies for community outreach and engaging healthcare partners.
- **Reaccreditation** worked to develop an improved system of document management via CEMP.
- **Workforce Development** reviewed the cultural competency policy and provided feedback. They also discussed upcoming trainings including mandated reporter, CEMP, and ethics and business practices.

Public Health Preparedness

In October, the Center for Public Health Emergency Preparedness (PHEP) publically launched the registry for individuals with disabilities who may need additional help during an emergency. By the end of October, 45 individuals had joined the registry.



In October, WCHD Incident Command activated at Level 2-Enhanced State/Partial Activation. WCHD went into Incident Command to prepare for the potential need to monitor an individual for Marburg. WCHD reviewed and updated Ebola monitoring protocols to address Marburg. No individuals have been referred to WCHD for monitoring in Winnebago County.

The PHEP Director observed a Mass Casualty Incident Drill at Cherry Vale Mall on Sunday, October 6. In addition, the PHEP Director, PHEP Assistant Director, and the Director of the Center for Personnel Health Services all recertified as American Heart Association CPR Instructors.

Reaccreditation Updates

The reaccreditation site visit with the Public Health Accreditation Board (PHAB) has been scheduled for January 30 and 31. The site visit will take place virtually.

IPLAN Updates

In October, WCHD engaged the Community Health Improvement Plan (CHIP) Workgroups in a root cause analysis exercise to uncover underlying factors impacting the three priority health issues: **Mental and Behavioral Health; Maternal and Child Health; and Violence**. The exercise incorporated findings from Community Health Assessments, particularly highlighting the social determinants of health.

Additionally, WCHD employed a community partner alignment matrix to coordinate efforts with community organizations based on each partner's mission, vision, and goals. This process aimed at strengthening current partnerships and exploring new collaborations for greater impact.

On October 24, the IPLAN 2025 Partner Steering Committee (PSC) reviewed the root cause analysis and power alignment matrix developed by WCHD and its CHIP Workgroups. This meeting initiated the strategic planning phase for the identified health priorities. On October 31, the strategy development continued at WCHD's All Staff meeting, where WCHD staff further refined strategies through the lens of social determinants of health to best align with the needs of Winnebago County residents. The PSC is scheduled to reconvene in November to prioritize strategies.



6. Laws & Regulations

Utilize legal and regulatory actions designed to improve and protect the public's health.

The Northern Illinois Public Health Consortium (NIPHC), with Dr. Martell as liaison to the Epidemiology and Informatics committee, is currently working with Illinois Department of Public Health on the master Data Use Agreement (DUA) as part of the Access to Public Health Data Act (410 ILCS 501/). NIPHC and its legislators were instrumental in passing this legislation to increase access to data by local health departments.

WCHD monitored the outcome of a local vote regarding the mental health tax ordinance that assists in funding the Winnebago County Community Mental Health Board (WCCMHB) and noted that the voting



measure did pass. WCHD is also monitoring the upcoming Illinois fall veto session, scheduled November 12 to 14 and November 19 to 21.



Assurance

7. Equitable Access

Assure an effective system that enables equitable access to the individual services and care needed to be healthy.

Health Education Services

WCHD continued to collaborate with United Way of Rock River Valley (UWRRV) on the Reach Out and Read Program in the WIC clinic. On October 24, at the UWRRV news conference, which included speakers Governor Pritzker, Senator Stadelman, and Mayor McNamara, WCHD's WIC program was recognized for promoting early literacy through this collaboration.

The Substance Use Prevention Program started the "Too Good for Drugs" Youth Prevention Education at RESA Middle School for the fall semester on Friday, October 4. The first round of communication campaign materials on preventing Underage Drinking was sent to Harlem Middle School and materials on Vaping Awareness were sent to RESA Middle School and Flinn Middle School.

Personal Health Services

In October, the Center for Personal Health Services, along with the Center for Health Promotion and Wellness, attended a meeting with Crusader Community Health to describe home visiting programs available to pregnant women, babies, and small children. The High-Risk Infant Follow Up program was invited back in November to present at staff meeting.

In October, the Center for Personal Health Services assisted individuals with the completion of their active tuberculosis treatment.

On October 31, WCHD receive the results of the Family Planning Title X audit from September. The program will work to address recommendations to improve documentation and increase participation from adolescents. In October, the HealthWorks team completed two annual audits and await results.



Assurance

8. Diverse & Skilled Workforce

Build and support a diverse and skilled public health workforce.

WCHD is currently recruiting for the following positions:

- Coordinator II / Supervisor, MIECHVP Coordinated Intake
- Community Health Improvement Coordinator
- DOPP Specialist
- Medical Assistant / CMA Personal Health Services





- Environmental Health Inspector

Training

In October, some WCHD staff had the opportunity to participate in various trainings including:

- Multiple WCHD Staff attended a training on Grant Preparation and Writing from the Ferguson Group
- Clinic staff completed Mandated Reporter training
- WIC staff attended the United Way of Rock River Valley lunch and learn: 1,000 Days to Thrive
- Three WIC staff that are part of the Northern Illinois Breastfeeding Taskforce attended the Breastfeeding Champion Awards Night
- Two WIC nutritionists attended a webinar called *Bridging Health Disparities During Pregnancy and the First Years of Life*. Both nutritionists found the webinar to be informational and they were able to relay the new information to staff during a morning huddle.
- The igrow staff attended the 30th Annual Prevent Child Abuse Illinois Statewide Conference, Home Visiting Summit, and Home Visiting Celebration Dinner held in Springfield, Illinois. Approximately 550 home visitors, coordinated intake staff, supervisors, nurses, and case managers attended. Several breakout sessions were offered including Holistic Advocacy: Working at the Intersection of Domestic Violence, Fatherhood Coalitions: A Game Changer for Fathers, Perinatal Mood Disorder Support & Prevention, and Navigating the Nexus: Supporting Transitional Aged Youth.
- The Director of the Center for Personnel Health Services and two additional staff members attend the Women's Health Conference at Southern Illinois University. The conference provided information on program updates to help grow WCHD's programs and support women in their health journey. Staff attended sessions on women's health screenings, billing, making adolescent friendly clinical spaces, breast and cervical screenings, reimbursement for services, weight loss and women, the use of Community Health Workers (CHW) in public health, and several other topics.
- The Director of Public Health Policy reconnected with the New to Public Health (N2PH) alumni group for a learning session.
- The Director of the Center for Environmental Health Improvement participated in an IDPH Tick Borne disease Conference



Assurance

9. Improve & Innovate

Improve and innovate public health functions through ongoing evaluation, research, and continuous quality improvement.

Environmental Health Improvement Initiatives

WCHD is collaborating with the University of Illinois at Chicago to further public health research to reduce restaurant food safety violations. The innovative project is looking to assess the impact of an



educational intervention on the incidence of restaurant food safety violations. The project will also look to understand the feasibility and acceptability of a new educational intervention integrated into WCHD's inspection protocols. The project kicked off in October and is going through the Institutional Review Board (IRB) process.

The Center for Environmental Health Improvement (EHI) continued the digitization project. Of the approximately 22,000 paper files that needed to be digitized, approximately 10,000 files have been completed. In addition, EHI staff are working to utilize existing technology to better track data of well and septic systems. This includes a continuation of scanning archived files so they are available digitally. Staff are also exploring new features added to the CDP software which may allow for more detailed data tracking and accessibility.

Quality Improvement Initiatives

WCHD continued to make substantial progress toward achieving its Quality Improvement (QI) Plan goals and center/program level initiatives. In October, Center Directors assessed the implementation of the QI projects for 2024 and prepare for 2025 to determine which projects may continue into the new year. Additionally, QI teams are developing storyboards about each project to share at the annual All-Staff meeting on December 13 and post on the website. Below is a summary of key updates:

QI Goals and Objectives:

- **Leadership and Systems Thinking:**
WCHD has met its target for inclusion of QI disruptors within QI teams, with 85% of teams now including members from different centers. Progress towards the implementation of QI initiatives would be presented to WCHD Staff at the December 13 Annual All Staff.
- **Quality Improvement Initiatives:**
Ninety percent (90%) of QI projects have identified their process flows and used QI tools to guide improvements. So far, 70% of projects have implemented at least one change, with 35% in the final stage (ACT phase) of the PDSA cycle to evaluate results.
- **Workforce Development:**
Quality Improvement training has been fully incorporated into the New Employee Orientation, and the Workforce Development Plan has been updated to make QI training accessible online.
- **Communication:**
To keep WCHD's BOH informed, 12 out of 14 QI projects have been presented to the Board of Health Quality Committee. The final reports and visual storyboards are scheduled for the December 2024 All-Staff meeting, with posting on the WCHD website by January 2025.

**Table 1.1: Leadership and Systems Thinking**

Goal 1: Advance a culture of continuous quality improvement within Winnebago County Health Department		Updates October 2024
Objective 1.1	Review the Quality Improvement Plan including Quality Improvement Tools with Leadership and Supervisors by January 2024.	Completed
Objective 1.2	Develop a quality improvement initiative aligned with the Strategic Plan for each Center by January 2024.	Completed
Objective 1.3	Present the quality improvement initiatives to be recommended by the Quality Committee and adopted by Board of Health by February 2024.	Completed
Objective 1.4	Ensure diversity of perspectives within Quality Improvement Teams by including at least one member outside of the center/program (80% target by February 2024).	Completed
Objective 1.5	Present an overview of quality improvement initiatives at the Annual All Staff by December 2024.	Scheduled for 12/13/2024 at the Annual All Staff.

Table 1.2: Quality Improvement Initiatives

Goal 2: Improve the quality of Winnebago County Health Department interventions and services		Updates October 2024
Objective 2.1	Identify the process flow for each quality improvement initiative targeted for improvement by April 2024.	About 90% of QI initiatives identified or drafted a process flow.
Objective 2.2	Utilize at least one Quality Improvement tool to identify needed changes to current processes for each quality improvement initiative by May 2024.	90% of QI projects have utilized at least one QI tool to identify needed changes to the current initiative(s).
Objective 2.3	Implement at least one change to improve the current process for each quality improvement initiative through the PDSA cycle by June 2024.	About 70% of Quality Improvement (QI) initiatives have implemented at least one change to enhance current initiatives. Plans have been made for implementing the remaining changes in other projects.
Objective 2.4	Analyze the impact of the change to determine the ACT (adopt, adapt, abandon) of PDSA cycle and implement by August 2024.	35% of QI initiatives have analyzed the impact of change to determine the next phase of their QI project which involves adopting, adapting or abandoning the implemented change.

**Table 1.3: Workforce Development**

Goal 3: Enhance workforce competency in Quality Improvement		Updates October 2024
Objective 3.1	Required Quality Improvement trainings will be completed by 100% of new employees within 90 days of onboarding.	Completed
Objective 3.2	Review and revise the Workforce Development Plan to ensure accessibility and relevance to web-based training by March 2024.	Completed

Table 1.4: Communication

Goal 4: Ensure transparent communication and reporting of quality improvement efforts to stakeholders.		Updates October 2024
Objective 4.1	Report monthly on quality improvement initiatives related to the PDSA cycle to the Director of Data and Quality by March 2024.	Ongoing
Objective 4.2	Present update on the quality improvement initiative to the Board of Health Quality Committee at least once during the calendar year by December 2024.	12 of the 14 QI projects have been presented to the BOH Quality Committee by WCHD Center Directors.
Objective 4.3	Provide an annual report via Storyboard for each quality improvement initiative by December 2024.	Scheduled for 12/13/2024 at the Annual All Staff.
Objective 4.4	Post storyboards for quality improvement initiatives on the Winnebago County Health Department website by January 2025.	Scheduled for January 2025

**Table 2.0: Center/Program Level QI Initiatives**

Project	Center	Project Phase October 2024
By December 31, 2024, increase response to EHI customer service surveys from 2% to 10%.	Environmental Health	Plan
By December 31, 2024, WCHD will respond to an identified foodborne illness within 48 hours with an assessment/mitigation plan and a reopen strategy for the food establishment to return to normal operations.	Health Protection/Environmental Health	Plan
By December 31, 2024, identify and initiate a process for collecting feedback from website users and utilize the feedback to set a baseline of data and initiate a minimum of three (3) modifications based on the data to the website.	Communications	Do
By December 31, 2024, identify a trusted WCHD connection and communications pathway for 50% (6/12) of the identified populations and develop a culturally relevant public health message for 25% (3/12) of the identified groups.	Communications	Do
By December 31, 2024, reduce the number of business days to respond to data requests by 30% dependent on system.	Data and Quality	Do
By June 30, 2025, increase the utilization rate of the State Opioid Response program to 95% (mid-year).	Finance	Do
By December 31, 2024, IBCCP will increase its caseload by 5% to reach a total caseload of 468.	Personal Health Services	Do
By December 31, 2024, increase the amount of time strategic leads are working collaboratively by 50% to improve strategic workgroup efficiency in goal attainment and enhance staff engagement in strategic workgroups.	Strategic Initiatives	Do
By December 31, 2024, increase participation in voluntary self-reporting of access and functional needs (AFN) among individuals with disabilities residing in non-institutional settings in Winnebago County by 50% of 2023 levels.	Emergency Preparedness	Study
By December 31, 2024, all revenue sources will be accurately classified against fixed based expenses.	Finance	Study
By Dec 31st, 2024 exclusive breastfeeding rates will be increased from 11%-13% for our agency.	Health Promotion and Wellness	Study
By December 31, 2024, the number of High School students participating in the Mayor and Chairman's Youth Leadership Council identified through community nominations will increase from four (4) to twelve (12) - (300%).	Health Promotion and Wellness	Act
By December 31, 2024, Winnebago County Health Department will improve the percentage of individuals inadequately treated for low risk animal rabies PEP according to IDPH guidelines from 26% down to 10%.	Health Protection	Act
By December 31, 2024, increase documentation reviews for destruction and/or archiving by 20%.	Public Health Policy	Act



Assurance

10. Organizational Infrastructure

Build and maintain a strong organizational infrastructure for public health.

Governmental Organizations

Routine updates were provided to the Winnebago County Board Chairman in the month of October with a continued focus on environmental health. At the end of September, WCHD was informed by the US Environmental Protection Agency (US EPA) of the project to remove asbestos and hazardous waste from the defunct Illinois Cabinet Company located at 2525 South 11th Street, Rockford, IL. A copy of the notice that was sent to residents within a 1-mile radius of the site was included in the September Board of Health packet. As part of the response, US EPA included WCHD in meetings to discuss potential health impacts at the 6th and 11th Wards and Collins Aerospace. The Director of Environmental Health Services, Todd Marshall, LEHP and the Public Health Administrator, Dr. Martell attended these meetings. The Director of Communications/PIO Katherine O'Toole reviewed and provided input into the US EPA flyer sent to local residents. As a result of these meetings, WCHD is moving forward to expand air monitoring capabilities around the facility with support from the US EPA, the Illinois Environmental Protection Agency (IEPA), and the Illinois Department of Public Health (IDPH). The ward meetings provided an opportunity to also share information on lead mitigation efforts, safe firearm storage, and harm reduction initiatives.

Meetings have been scheduled with two consultant that are finalists selected by the Mental Behavioral Health Advisory Committee to specifically address the incorporation of the establishment of the Certified Community Behavioral Health Clinics (CCBHC) in Winnebago County.

As a member of the Lyme Disease Task Force established under state statute 410 ILCS 450/, Dr. Martell moderated a panel of experts on the diagnosis and treatment of Lyme Disease at the inaugural Illness Tickborne Disease Conference in Springfield on October 22, 2024.

Finance

The Winnebago County Health Department assembled a packet of information for Illinois Department of Human Services Fiscal Administrative Review for 2024. This review examines compliance for the agency as a whole with a specific detailed review for the WIC program. The review revealed no findings or recommendations.

Non-Governmental Organizations

Dr. Martell attended the annual American Public Health Association Meeting in Minneapolis. The theme was "Rebuilding Trust in Public Health and Science". Sessions attended focused on data use and visualization, community health strategies to address violence prevention, and air monitoring to support the work at WCHD. As a member of the Health Administration section, Dr. Martell will be assisting in the development of policy to support local health departments.



Data Appendix

1. Monitor Health

Communicable Disease

Disease	October 2024	October 2023	2024 Year Total	Calendar Year 2023	Calendar Year 2022
Anaplasma phagocytophilum (formerly HGA)	0	1	6	1	0
Brucellosis	0	0	1	0	0
Botulism Infant	0	0	0	0	1
Campylobacteriosis	7	2	66	54	29
Candida auris, clinical	0	0	3	0	0
Candida auris, screening	0	0	0	1	0
Carbapenemase Producing Organism - Clinical	0	0	4	3	0
Carbapenem Resistant Organism	0	1	7	5	8
CE - Jamestown Canton Neuroinvasive Disease	0	0	1	0	0
Chlamydia	107	137	1350	1874	1832
Cryptosporidiosis	1	0	11	9	5
Cyclosporiasis	0	0	2	2	1
Dengue	0	0	0	1	0
Ehrlichia chaffeensis (formerly HME)	0	0	2	0	1
Ehrlichia muris eauclairensis infection	0	0	1	0	0
Gonorrhea	40	43	388	417	704
Haemophilus Influenzae Invasive Disease	0	1	4	8	5
Hemolytic Uremic Syndrome (HUS) Post Diarrheal	0	0	0	2	0
Hepatitis A	0	0	2	8	6
Hepatitis B Chronic	3	3	21	29	29
Hepatitis C Virus Acute Infection	0	0	5	3	3
Hepatitis C Virus Chronic Infection	17	7	98	100	92
Hepatitis C Virus Perinatal	0	0	0	0	1
Hepatitis Delta	0	0	0	1	0
Histoplasmosis	0	0	4	2	5
HIV	0	4	16	26	26
Influenza with ICU Hospitalization	0	4	22	18	44
Legionellosis - Legionnaires Disease	2	1	15	13	13



Listeria Invasive Disease	0	0	1	0	1
Lyme Disease	0	4	35	44	33
Malaria	0	0	0	1	1
Meningococcal (Neisseria Meningitidis) Invasive Disease	0	0	1	0	0
Monkeypox	0	0	0	0	5
Mumps	0	0	0	2	1
Pediatric Influenza Death	0	0	0	0	1
Pertussis	4	0	16	11	2
Rabies, Potential Human Exposure	0	0	50	70	38
Salmonellosis	3	2	39	41	43
SARS-CoV-2 Infection (COVID-19)	0	844	1665	8345	32372
SARS-CoV-2 Infection (COVID-19) with ICU Hospitalization	1	0	13	0	0
Shiga toxin-producing E. coli (STEC)- O157:H7	0	0	1	2	0
Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, non-O157 serotype	0	0	2	3	5
Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped	0	0	10	18	12
Shigellosis	0	1	7	9	16
Spotted Fever Rickettsioses	0	0	5	0	2
Streptococcal Disease Invasive Group A	1	0	16	25	25
Streptococcal Disease Invasive Group A with Necrotizing Fasciitis	0	0	0	2	3
Streptococcal Toxic Shock Syndrome	0	0	0	1	2
Streptococcal Toxic Shock Syndrome with Necrotizing Fasciitis	0	0	0	0	1
Streptococcus Pneumoniae - Non Drug Resistant Invasive Disease (< 5 years)	0	0	0	1	0
Syphilis	9	11	92	108	99
Tuberculosis	0	0	2	4	8
Typhus Murine	0	0	1	0	0
Varicella (Chickenpox)	0	0	7	7	8
Vibriosis	0	1	4	5	1
West Nile Virus Neuroinvasive Disease	0	0	2	2	0
West Nile Virus Non-Neuroinvasive Disease	0	0	2	0	0

Environmental Health

Radon

	October 2024	October Last Year (2023)	Calendar YTD 2024	Calendar YTD 2023
Radon Screenings	0	0	6	2
Average (pCi/L)	-	-	4.5	4
Max (pCi/L)	-	-	9.1	6.2
Radon Test Kits Purchased	0	2	31	19
Average (pCi/L)	-	-	3.8	4.8
Max (pCi/L)	-	-	15.2	15.8
Phone Calls	0	2	10	9
Units Reported Mitigated	0	0	0	0

Non-Community Water Wells

	October 2024	October Last Year (2023)	Calendar YTD 2024	Calendar YTD 2023
Non-Community Water Sampled	1	3	69	58
Non-Community Samples Positive	0	0	0	0

2. Diagnose and InvestigateEnvironmental Health

Creating a Lead Safe Rockford

	Goal	Actual	Percent
Units Enrolled	200	70	35%
Inspections	160	80	50%
Mitigated Units	140	36	26%

Testing Lead in Water

	October 2024	October Last Year (2023)	Calendar YTD 2024	Calendar YTD 2023
Samples Taken & Analyzed	1	2	3	19
Number Exceeding IEPA Lead Level	0	0	0	0
Average Lead Content	0.8	0.8	0.6	1.9
Maximum Lead Content	0.8	0.8	1.8	4.1



Food Complaints

	October 2024	October Last Year (2023)	Calendar YTD 2024	Calendar YTD 2023
Foodborne Illness Complaints	3	1	26	36
Foodborne Illness Investigations	3	1	26	36
Non-Foodborne Illness Complaints	27	23	211	220

Housing Complaints

	October 2024	October Last Year (2023)	Calendar YTD 2024	Calendar YTD 2023
Housing Complaints	58	95	558	714
Nuisance Complaints	62	32	222	269
Survey Complaints	5	2	131	133
Received Complaints	106	134	893	1137
Re-Check on Complaints	255	285	2593	2724

Wells & Septic

	October 2024	October Last Year (2023)	Calendar YTD 2024	Calendar YTD 2023
Well Complaints	8	0	31	20
Septic Complaints	4	4	70	70

Food Inspection Performance Indicator Risk Factors

Risk	Violation														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Total	35	35	20	0	7	2	0	17	6	104	2	1	25	1	21
High	29	28	12	0	5	2	0	15	6	88	2	0	20	1	19
Medium	6	7	8	0	1	0	0	0	0	9	0	1	3	0	2
Low	0	0	0	0	1	0	0	0	0	7	0	0	2	0	0

Risk	Violation													
	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Total	64	0	0	3	9	11	31	66	1	2	0	0	11	1
High	47	0	0	3	9	10	28	63	1	2	0	0	10	1
Medium	6	0	0	0	0	1	2	3	0	0	0	0	1	0
Low	1	0	0	0	0	0	1	0	0	0	0	0	0	0

**3. Communicate**

Digital Media

TOP 3 Viewed Webpages For October 2024		TOP 3 Social Media Post For October 2024
# 1	Birth & Death Certificates [982]	Drug Take Back Day – CLEANUP your Medicine Cabinet; 10/24/2024 (Reach – 1,086; Impressions – 1,107; Interactions – 15; Shares - 6)
# 2	Get a Permit or License [562]	Did You Miss Drug Take Back Day? WCHD Drop Box; 10/28/2024 (Reach - 743; Impressions - 759; Interactions – 10; Shares - 1)
# 3	Apply For A Job Or Volunteer [324]	Lead-Free: Get new windows and doors; 10/26/2024 (Reach - 628; Impressions - 628; Interactions – 3; Shares - 1)

# Forms Received Through Website For October 2024	
<i>Public Health Concerns</i>	27
Request for Involvement	2
Submit Question To WCHD	28

4. Mobilize Community & Partnerships

Youth Prevention Education (YPE)

	October 2024	October Last Year (2023)	Calendar Year To Date 2024	Calendar Year 2023
School	RESA	RESA	RESA/Flinn/Johnson	RESA
Students	150	156	320/140/128 = 438	156
Curriculum(s)	Too Good for Drugs	Too Good for Drugs	Too Good for Drugs	Too Good for Drugs

Youth Leadership Council

	October 2024	October Last Year (2023)	Calendar Year To Date 2024	Calendar Year 2023
Youth Served	23	12	49	12
Schools Represented	10	6	10	6

Illinois Youth Survey (IYS)

	October 2024	October Last Year (2023)	Calendar Year To Date 2024	Calendar Year 2023
Schools Registered for the Illinois Youth Survey	0	4	22	23
Schools That Completed the IYS	0	0	17	0

**5. Policies and Plans**

MRC Volunteers

New MRC Volunteers October 2024	Total New MRC Volunteers for July 1, 2024-October 30, 2024
1	2

6. Laws & Regulations

EH Code Enforcement

	October 2024	October Last Year (2023)	Calendar YTD 2024	Calendar YTD 2023
Foods	400	585	4824	4357
Wells	11	11	92	74
Septic	12	21	60	95
Loan inspection	15	19	136	147

	Administrative Hearing October 2024	In-House Hearing October 2024	Calendar Year To Date 2024 Administrative	Calendar Year To Date 2024 In House	Administrative Hearings Calendar Year 2023	In House 2023
Housing	0	24	121	205	135	227
Foods	0	1	0	13	0	10
Wells/Septic	0	0	1	0	3	0

Illinois Tobacco Free Communities: Smoke Free Illinois Act Compliance Checks

	Random Checks	Targeted Checks	July Totals	Calendar Year
Number of new compliance checks	19	N/A	19	386
Number of rechecks (businesses may be rechecked more than once)	7	1	8	197
Number of businesses found to comply during new checks	6	N/A	6	192
Number of businesses in compliance during rechecks	5	1	6	164
Number of violations observed during compliance checks (businesses may have more than one violation)	16	0	16	248

**7. Equitable Access****Dental**

	October 2024	October Last Year (2023)	Calendar Year To Date 2024	Calendar Year 2023
Kits Sent	76	9	377	134
Families Recruited	44	10	202	146
Families Who Access a Dental Provider or Home	3	7	29	11

igrow

	October 2024	October Last Year (2023)	Calendar Year To Date 2024	Calendar Year 2023
# CIAT Completed (Coordinated Intake Assessment Tool)	54	20	556	254
MIECHV Home Visiting Programs Referrals	40	11	352	136
Non MIECHV Home Visiting Agencies Referrals	14	7	161	78

Family Planning

	October 2024	October Last Year (2023)	Calendar Year To Date 2024	Calendar Year 2023
Number of Clients Seen	91	104	1022	1151
New Clients	39	39	378	567
Continuing Clients	52	65	604	584
Pregnancy Tests	33	1	294	96



Family Planning Quality Measures

	October 2024	October Last Year (2023)	Calendar Year To Date 2024	Calendar Year 2023
Initial Visits	12	14	123	156
Charts Reviewed	25	28	278	191
ACES Screenings	25	27	242	186
Pre/Interconception Education Documented	24	26	241	173
ACES Compliance	100%	100%	98%	81% avg
PRE/Interconception Compliance	96%	96%	95%	68% avg

Illinois Breast and Cervical Cancer Prevention/ WISEWOMAN Services

Service	October 2024	October Last Year (2023)	Calendar Year To Date 2024	Calendar Year 2023
Clinical Breast Exam	35	19	173	225
Mammograms	15	17	144	177
Pap Smear	3	5	38	37

Integrated Clinic

Service	October 2024	October Last Year (2023)	Calendar Year To Date 2024	Calendar Year 2023
Clinic Visits	80	88	22	660
Nurse Visits	206	222	1967	2545
Total Visits	286	310	2758	3206



Refugee Health

Nationality	October 2024	October Last Year (2023)	Calendar Year To Date 2024	Calendar Year 2023
Afghanistan			22	13
Burma	4		5	18
Burundi				
Central Africa Rep.			7	1
Congo	7	8	139	178
Cuba	5	2	5	9
Eritrea				
Ethiopia				
Guatemala			4	5
Haiti	1	5	12	16
Iran				
Iraq	5		16	11
Ivory Coast				
Malaysia				
Pakistan				5
Rwanda				
Sudan				
Syria	12	10	12	
Tanzania				
Thailand				
Ukraine			1	16
Venezuela	3	5	8	15
Vietnam				1
Total	37	30	231	318

Harm Reduction Program

Harm Reduction Services	October 2024	October 2023	Calendar Year To Date 2024	Calendar Year 2023
Harm Reduction Kits Distributed (Drug testing strips)	56	10	282	31
Naloxone Kits Distributed	515	261	5115	5711
People Trained (DOPP)	205	127	1171	3211
Reversal Forms Received (DOPP)	0	0	1	8
Community Sites for Rapid Naloxone Deployment (DOPP)	19	13	202	176



PrEP Access

# Prescribed PrEP at WCHD in 2024	Attended 1 st PrEP Apt with Community Provider	Didn't Attend 1 st PrEP Apt/Unable to Reach	Taking PrEP 6 Months Post WCHD Visit	Taking PrEP 9 Months Post WCHD Visit
12	5	6	0	0

Ryan White

Ryan White Services	# of Individuals Served in Reporting Month	2024 Year to Date Total Served
Case management	53	503
Oral Health Care	0	17
Outpatient Medical Care	0	16
Housing Services	8	78
Emergency Financial Assistance (Utilities)	1	1
Medical Transportation	0	1

Tuberculosis Activities

	October 2024	October Last Year (2023)	Calendar Year To Date 2024	Calendar Year 2023
New Clients	4	9	82	180
Returning Clients	16	25	173	261
Total Encounters	20	34	255	409
Physician Contact	9	11	120	141
Medication (direct observation therapy visit)	79	44	623	758
Diagnostic Testing (x-rays, CT scans, etc.)	16	9	137	103
Screening – TB Skin Test, Quantiferon Test	5	4	225	350
Screening – Positive TB Skin Test/T-Spot	2	3	16	22
Total Active Cases in Winnebago County	4	3	37	41

Women, Infants, and Children Program

Caseload (goal is 90%)

	October 2024	October Last Year (2023)	Calendar Year To Date 2024	Calendar Year 2023
Caseload Goal	6961	6961	6961	6961
Current Caseload	5595	5387	5401	5463
Percent of Caseload Goal Achieved	80%	77%	78%	78%



WIC Caseload Population

	% of WIC Population October 2024
American Indian or Alaskan Native	0.6%
Asian	4.2%
Black or African American	41%
Native Hawaii or Other Pacific Islander	7.2%
Hispanic or Latino	34%
Multi-Racial	12%
White	65%

WIC Breastfeeding Rates (exclusivity goal is 15%)

	October 2024	October Last Year (2023)	Calendar Year To Date 2024	Calendar Year 2023
Percent of Infants Exclusively Breastfeeding	12.7%	12.2%	12.0%	11.6%
Percent of Infants Partially Breastfeeding	27.7%	26.6%	27.1%	27.3%
Percent of Total Infants Breastfeeding	40.4%	38.8%	39.1%	38.9%

WIC Medicaid Enrollment Numbers

Medicaid Enrollment Numbers	October 2024
Number of WIC clients checked for Active Medicaid	472
Number of clients who needed to enroll/reactive	4

HRIF/APORS

	October 2024	October Last Year (2023)	Calendar Year To Date 2024	Calendar Year 2023
Caseload	108	108	101 avg	107 avg
Referrals Received	31	48	474	887

Better Birth Outcomes

	October 2024	October Last Year (2023)	Calendar Year To Date 2024	Calendar Year 2023
Caseload	52	58	48 avg	61 avg
Percent of Caseload Goal Achieved (60)	87%	97%	81%	101%



Healthworks

	October 2024	October Last Year (2023)	Calendar Year To Date 2024	Calendar Year 2023
Caseload in Winnebago County (under 6 years)	168	180	170 avg	226 avg
Caseload in Winnebago County (6 - 21 years)	509	490	488 avg	582 avg
Caseload in Border Counties (Under 6 years)	186	226	201 avg	229
New Cases to DCFS Custody (0-21 years)	31	38	318	403
Case Closure - Winnebago County (0-21 years)	17	21	289	250

Lead Poisoning Prevention

	October 2024	October Last Year (2023)	Calendar Year To Date 2024	Calendar Year 2023
Total Cases	180	122	129 avg	94 avg
New Cases	14	13	140	112
Contact Made	365	279	3018	2796
Home Visits	32	15	125	114

8. Diverse & Skilled Workforce

WCHD Workforce

	Total Employees	Full-Time Employees	Part-Time Employees	Seasonal /Employees	Temporary	New Hires	Separated Employees
October 2024	101	96	5	1	6	4	2

9. Improve & Innovate**10. Organizational Infrastructure**