

URPOSE

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.

Winnebago County Health Department Leadership Team

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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



1. Monitor Health

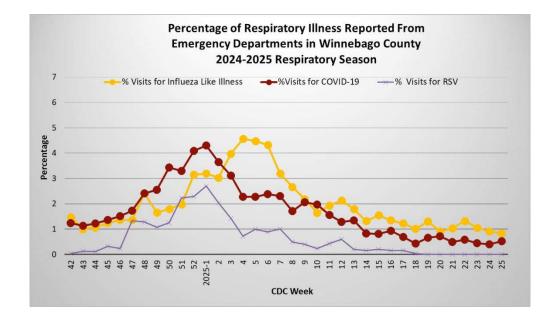
Assess and monitor population health status, factors that influence health, and community needs and assets.

Communicable Diseases & Conditions In Winnebago County

As of July 1, 2025, there are no cases of measles in Winnebago County. There are 1,267 cases of measles in the U.S. and ten (10) cases in <u>Illinois</u>.

As of July 1, there are no reported cases of Highly Pathogenic Avian Influenza A (H5N1) identified in cattle or humans in Winnebago County. There continued to be 70 reported <u>human cases of H5N1</u>.

The Winnebago County Health Department (WCHD) continued its Respiratory Surveillance and will continue to identify any upticks in cases throughout the Summer. The Center for Health Protection is monitoring emergency department visits for respiratory infections along with ICU Admissions and any long-term care facility respiratory outbreaks.



Environmental Health

WCHD continued to conduct vector surveillance. As of June 30, WCHD collected and tested 30 mosquito pools from nine (9) different locations. Three (3) have tested positive for West Nile virus. WCHD has submitted nine (9) tick samples to the Illinois Department of Public Health (IDPH) from six (6) different locations, including three (3) active tick drag collections.





2. Diagnose & Investigate

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

Communicable Disease

WCHD's Center for Health Protection continued working with long-term care (LTC) facilities in identifying and preventing further spread of the following healthcare acquired infections (HAI):

- Carbapenem-Resistant Acinetobacter baumannii (CRAB)
- Streptococcal Disease Invasive Group A

Environmental Health

WCHD received a report from IDPH's Toxicology Department regarding their assessment of Per- and polyfluoroalkyl substances (PFAs) in the neighborhood adjacent to the Chemtool Incorporated property. WCHD is conducting internal assessments of small-community infrastructure improvements, such as private well systems, sewer systems, or connection to public utilities.

June was a busy time for the Center for Environmental Health Improvement with Plan Reviews and reviews of cottage food applications. Plan Reviews ensure kitchen construction requirements meet the US Food FDA Food Code including ensuring that there are handwashing stations in food preparation areas as part of the food flow process. Review of applications for cottage foods gives the public the ability to sell no process foods, simple bake goods, and other shelf stable items from home.



3. Communicate

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

In June, WCHD continued to promote the TakeTen815 campaign encouraging all residents to **Take Ten** (10) minutes a day for their mental wellbeing and promoting the **Take Ten 815** website through CredibleMind: taketen815.crediblemind.com. WCHD secured billboards to promote the TakeTen815 campaign and launched a bus wrap on a Rockford Mass Transit District bus. These efforts support campaign outreach methods in the community which include handout cards and yard signs.





In response to potential extreme heat in the area, WCHD communicated health and safety messages to residents including taking breaks in airconditioned places, locations of cooling centers, and checking on others. WCHD also messaged on the signs of heat illness for heat exhaustion and heat stroke.

In addition, WCHD reminded the community to check airnow.gov and know what actions to take, when air quality is unhealthy, to protect their health.

WCHD launched a new campaign for HIV testing day that will be expanded to promote additional WCHD services. The campaign encourages resident to love themselves enough to know – encouraging individuals to take action on their health.

WCHD continued to work with Alignment Rockford on the brand development for *Winning Start Winnebago* (WSW).

Additionally, WCHD continued to message on safe and healthy swimming and on the prevention of tick and mosquito bites to avoid Lyme disease and West Nile virus.





4. Mobilize Community & Partnerships

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

Maternal, Infant, and Child Health

During the Maternal, Infant, and Child Health Team (MICHT) meeting in June, WCHD reviewed the community resource directory for *Winning Start Winnebago* and discussed identified gaps in resources including areas of lactation and diapers. It was suggested to include certified lactation training as part of the doula training. A suggestion was made to partner with food banks or Salvation Army who may receive diaper donations. An agreement to provide referrals to *Winning Start Winnebago* have been sent and are being established with local hospitals.

As part of the *Winning Start Winnebago* initiative, the Family Connect International (FCI) made a site visit to Winnebago County on June 10. The FCI site visit is a requirement before nurses can be trained for *Winning Start Winnebago*. The community partners that participated in the site visit included Alignment Rockford, MIECHV, local hospitals (Mercyhealth; OSF Healthcare St. Anthony Medical Center; UW Health), Crusader Community Health, EasterSeals, and NorthPointe Birthing Center. A tour of the Crusader Community Health Broadway clinic was provided by Geneva Porter and team. This is one of the final steps prior to "certifying" WCHD to begin home visiting under the FCI license. The community



partners demonstrated their commitment to working with WCHD to ensure referral of newborns and families.

WCHD continued work with Alignment Rockford on the development of the Community Advisory Board (CAB) required for Family Connects International (FCI).

The monthly igrow partner meeting was held June 18, where all partners reported that they are at caseload capacity. They are currently working through the referrals sent by coordinated intake. Several agencies reported staff changes, which are temporarily impacting caseload capacity. The MIECHV Home Visitor's Quarterly meeting was held June 11 and the topic was Autism Spectrum Disorder. WCHD met with Roosevelt Community Education Center staff to discuss an MOU with the igrow program. Roosevelt agreed to include the Coordinated Intake Assessment Tool (CIAT) in their intake packet and provide completed CIAT's to WCHD.

Candidates for the Doula Development Program (DDP) have been interviewed. A DONA certified trainer has been selected and the training books have been ordered. DDP candidates will be taking the workshop held in either August, September, or October.

Opioid Response

The Winnebago County Drug Overdose Prevention Program Coalition met in June. WCHD's WINNIE Harm Reduction Program continued to provide outreach at the Winnebago County Courthouse three (3) half-days each week and began providing outreach at Remedies two (2) half days each week. In addition, the team provided harm reduction outreach/naloxone training at nine (9) community partner locations, including the Overdose Awareness Walk.

Trauma Informed Community

WCHD contracted with the Illinois Collaboration on Youth (ICOY), to provide trauma training, quarterly cohort meetings, and one on one technical assistance for any agency or business that signs the Trauma



Informed Proclamation, with funding provided by the Winnebago County Community Mental Health Board. WCHD made plans to develop a dedicated webpage on the trauma proclamation to provide resources to support the development of a trauma-informed community.

The Violence Reduction Workgroup continued to seek hosts for a film series. The film series collaboration with the Rockford Public Library is planned to begin in January of 2026, to avoid a two-month programming gap in November and December of this year due to scheduling conflicts.

Subgroup activities were also discussed. Due to a recently awarded grant to support mental health outreach efforts, a WCHD staff member will join the Suicide Subgroup to support its initiatives.

Since receiving the Firearm Secure Storage grant, WCHD has made significant strides in advancing firearm safety and promoting the use of gun locks through collaboration with local healthcare organizations. Partnerships have been established with three (3) local healthcare organizations, while



MOU's are currently pending with others. These MOUs will further strengthen outreach efforts by having healthcare providers share information on firearm safe storage and offer free gun locks. With support from these healthcare partners, WCHD has distributed gun locks throughout the community, shared information on firearm safety throughout social media, and facilitated trainings for both healthcare professionals and local residents.

WCHD had the opportunity to take part in *The Big Gun Show* in Pecatonica, Illinois, from Friday, June 6, 2025, to Sunday, June 8, 2025. During the three (3) day event, WCHD distributed 32 free gun locks and shared firearm safety information, including guidance on lead exposure and proper firearm storage.

Tobacco Free Communities

WCHD's Tobacco Free Communities (TFC) staff continued to facilitate the CATCH My Breath e-cigarette prevention program at Rosecrance Griffin Williamson Campus. TFC staff continued to do random and targeted Smoke Free Illinois Act (SFIA) checks and follow-ups. This month the SFIA checks occurred in Loves Park, Machesney Park, Roscoe and Rockford.

Health Departments

There are three (3) workgroups convened by the Director of the Illinois Department of Public Health (IDPH) to focus on transformation of process in the area of IPLAN; Partnership Between IDPH and Local Health Departments (LHD); and Core Metrics. The workgroups are comprised of LHD Administrators and IDPH Leaders to develop new and innovative processes that support public health, are scalable to LHDs throughout the state, and are sustainable. Dr. Martell is serving as the co-lead of the Public Health Workforce Transformation team considering the IPLAN (Illinois Project for Local Assessment of Needs). Each team is meeting over the summer months to develop recommendations to be presented statewide in September 2025.



5. Policies and Plans

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

Strategic Initiatives

Strategic Workgroups met in June and the progress is summarized below:

Assessors: updated data for the Maternal Child Health report and reviewed dashboards used by other health departments for sharing their data.

Assurance: reviewed WCHD grants to ensure alignment with the health priorities and identify any gaps.

Organizers: worked to finalize their presentation on quality improvement tools for an exercise during the July All-Staff meeting.



Collaborators: informed WCHD partners about the IPLAN approval and provided links to the report.

Policy Makers: developed an external Trauma-Informed Policy template and began drafting a Policy Statement for Trauma Informed Proclamation signed agencies.

Reaccreditation: discussed the potential loss of information resulting from the recent KMS transition, and reviewed both the recertification letter and the final IPLAN 2025-2030 document...

Reporters: finalized messaging on the three (3) health priorities and are developing messaging related to the strategic plan, workforce development, IPLAN and emergency operations. In addition, they are reviewing the Board of Health reports to assist in outlining key narrative around each domain for the Annual Report.

Workforce Development: reviewed the results of the Core Competency assessment, planned the next employee orientation scheduled for July 8, and outlined trainings to be presented at the July All-Staff meeting.

Public Health Preparedness

WCHD's Center for Public Health Emergency Preparedness (PHEP) completed the Illinois Public Health Mutual Aid System (IPHMAS) Request Drill with other local health department partners on June 6. On June 16, WCHD conducted an after-hours incident command assembly drill. In addition, WCHD participated in the Hospital Strategic National Stockpile (SNS) Resource request drill with all three hospital systems between June 26 and June 30.



6. Laws & Regulations

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

The Refugee Resettlement Program continued to be on hold.

WCHD continued to partner with NIPHC to monitor bills that could have impacts on public health authority, funding, conflicts with existing operations, etc.

WCHD Leadership reviewed and rescinded the following policies:

1105-0106-16: Security Guard Support Services

In June, WCHD received a few calls regarding mosquito spraying in neighborhoods. WCHD has not conducted spraying in neighborhoods. WCHD referred residents to the Pesticide Application on Rights-of-Way Notification Act (Effective January 1, 2025) which requires Illinois municipalities and other government entities to provide public notice at least 24 hours before applying pesticides, including for mosquito fogging, in public rights-of-way within their boundaries. This notice must contain specific



details, such as the application's location, date, time, and the type of pesticide used.



7. Equitable Access

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

Health Education Services

In June, WCHD's WIC program continued to build partnerships to serve WIC participants. The WIC Coordinator attended the Head Start self-assessment on June 13 to join the conversation about current head start services in Winnebago County.

Access To Services

In June, WCHD continued to prepare to expand home visiting services through Winning Start Winnebago and the Family Connects International. Two (2) full-time nurses and one (1) cross-trained nurse have been hired and are awaiting the start to universal home visits. In preparations, WCHD participated in Clinical Trainings June 24 through June 26.

WCHD brought HIV Prevention/Care and the Harm Reduction Program services to residents at community events in June, including at the Rockford Pride Fest on June 7, 2025. At this event, WCHD provided the access for the community to harm reduction and HIV prevention resources including over 100 naloxone kits, 50 gun locks, over 300 handouts on PrEP, and over 100 handouts on the Harm Reduction/WINNIE Program.

In observance of National HIV Testing Day on June 27, the HIV Prevention Team provided HIV testing at the Crusader Community Health fair located at the West State Street location.



8. Diverse & Skilled Workforce

Build and support a diverse and skilled public health workforce.

WCHD is currently recruiting for the following positions:

- Public Health Educator
- Public Health Nurse
- Substance Use Prevention Specialist
- Environmental Health Inspector Lead Program
- Environmental Health Inspector Neighborhood Code Enforcement



Training

Some WCHD staff had the opportunity to participate in additional trainings:

- Seven (7) food inspectors completed a training on ADA Service animals in food service
- TFC Staff attended three (3) webinars in the month of June:
 - June 9 "Zyn and Nicotine Pouches: What Local Tobacco Officials Need to Know Part II"
 - o June 25 "Addressing Youth Tobacco Use: Key Treatment Considerations"
 - June 30 "Innovative Strategies to Increase Youth Engagement in Tobacco Control Program"
- On June 6, seven (7) staff became certified in American Heart Association (AHA), Heartsaver CPR/AED
- Two (2) nursing staff were recertified in AHA BLS CPR/AED.
- On June 12, the WIC Supervisor attended a webinar hosted by the National WIC Association
 called *Practical food allergy prevention; applying currently available guidelines to WIC families*. It
 was discussed what food allergy prevention looks like in the real world for WIC teams and
 families. WIC staff learned ways to address challenges with real world solutions to help
 caregivers confidently feed their infants to reduce the risk of food allergies.
- On June 17, the WIC Supervisor and two (2) Nutritionists attended a webinar hosted by the National WIC Association and Gerber on understanding heavy metals data and foods for infants and young children. The presentation explored the presence of heavy metals in the environment and their potential pathways into the food supply. They discussed the latest updates from FDA's Closer to Zero Action Plan, which aims to minimize dietary exposure to these metals, while emphasizing the importance of dietary variety and nutrient adequacy. WIC staff learned that when clients ask if jarred baby foods have less metals than homemade baby foods, that they do not. Fruit and veggies should always be pealed because that is where the most metals could be.



9. Improve & Innovate

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

Innovation

Representatives from WCHD Centers (Data and Quality, Public Health Emergency Preparedness, Communications, and Administration) met with Qualtrics representatives, the government support team and account Liaisons for a vision session. The team reviewed current WCHD projects using the platform and demonstrated some of the newer features including AI and voice AI that could support current and future projects.



Quality Improvement Initiatives

In June, WCHD made progress on its quality improvement goals. Leadership and Systems Thinking objectives are largely complete, with the final all-staff presentation planned for December. Quality Improvement initiatives show engagement with over half of WCHD's workforce engaged in active QI projects, approximately 92% implementing process changes, 33% beginning to analyze results. Workforce development and communication efforts remain on track, with ongoing training of New Staff and regular updates to leadership and the Board of Health.

At the Center and Program level, most projects are in the "Do" or "Study" phases, actively working toward 2025 targets. Efforts include improving volunteer engagement, enhancing communication with hard-to-reach populations, increasing WIC and IBCCP caseloads, and streamlining internal processes. Strategic Workgroups have established goals and are collaborating across departments to advance shared objectives.

QI Plan highlights are provided in Tables 1 through 2 below.

Table 1.1: Leadership and Systems Thinking

	ce a culture of continuous quality improvement within unty Health Department	Updates May 2025
Objective 1.1	Review the Quality Improvement Plan 2025 goals and objectives with Leadership and Supervisors by February 2025.	Completed
Objective 1.2	Ensure Center level quality improvement initiatives are aligned with the Strategic Plan by January 2025.	Completed
Objective 1.3	Present the 2025 Quality Improvement Plan to be recommended by the Quality Committee and adopted by Board of Health by February 2025.	Completed
Objective 1.4	Ensure diversity of perspectives within Quality Improvement Teams by including at least one member outside of the center/program for all QI projects by March 2025.	Completed
Objective 1.5	Present an overview of quality improvement initiatives at the Annual All Staff by December 2025.	Planned for December 2025
Objective 1.6	QI Team Leads will ensure that the performance management system (KMS) is updated with their QI initiatives including charters, process flow, QI tools, and initiative updates by March 2025.	Ongoing

Table 1.2: Quality Improvement Initiatives

Goal 2: Improinterventions	ve the quality of Winnebago County Health Department	Updates May 2025
Objective 2.1	Utilize at least one quality improvement tool to identify changes needed to improve the current processes for each quality improvement initiative by May 2025.	Completed
Objective 2.2	Implement at least one change to improve the current process for each quality improvement initiative through the PDSA cycle by June 2025.	Approximately 92% 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 2.3	Analyze the impact of change for all QI initiatives to determine the ACT (adopt, adapt, abandon) of PDSA cycle and implement by October 2025.	Approximately 33% of QI initiatives have analyzed the impact of change to determine the next phase of their QI project which involves adapting, adopting or abandoning the implemented change.

Table 1.3: Workforce Development

Goal 3: Enhance	Updates May 2025	
Objective 3.1	Required Quality Improvement trainings will be completed by 100% of new employees within 90 days of onboarding.	ongoing
Objective 3.2	Fifty percent (50%) of staff will be engaged in one or more of the 2025 QI initiatives adopted as part of the Quality Improvement Plan by February 2025.	Completed



Table 1.4: Communication

	Goal 4: Ensure transparent communication and reporting of quality improvement efforts to stakeholders.			
Objective 4.1	WCHD Directors (QI Team Leads) will report monthly on quality improvement initiatives and the status of their projects in relation to the PDSA cycle to the Director of Data and Quality during the calendar year 2025.	ongoing		
Objective 4.2	WCHD Directors (QI Team Leads) will present updates on the quality improvement initiative to the Board of Health Quality Committee at least once during the calendar year by December 2025.	ongoing		
Objective 4.3	WCHD Directors (QI Team Leads) will provide an annual report via Storyboard for each quality improvement initiative by December 2025.	Planned for December 2025		
Objective 4.4	QI Team Leads will present monthly updates on their QI projects during leadership QI meetings using WCHD's performance management system (KMS) to improve crossteam collaboration by June 2025.	Ongoing		
Objective 4.5	2025 QI Storyboards will be posted to the Winnebago County Health Department website by January 2026.	Planned for January 2026		



Table 2.0. 2025 Center/Program Level QI Initiatives

		Project Phase
Project	Center	May 2025
By December 31, 2025, increase the percentage of Winnebago County MRC Volunteers participating in one or more volunteer opportunities annually from 44% (14 to a minimum of 66% (21).	Public Health Emergency Preparedness	Plan
Identify communication channels WCHD can utilize to connect with the 12 identified hard to reach populations, develop a procedure for building bi-directional communications, and establish the communication channel by providing culturally relevant public health messaging to address a health priority and or disparity for 25% (3/12) of the identified groups by December 31, 2025.	Communications	Do
By December 31, 2025 increase response to EHI customer service surveys from 2% to 10%.	Environmental Health	Do
By December 31, 2025, develop and implement an expense classification training program that effectively equips program managers to identify and accurately classify reimbursable and non-reimbursable expenses and increase grant fund utilization from 90.4% in FY2024 to at least 92.5% of the total contract or award amount in FY2025.	Finance	Do
By December 31, 2025, The OHPP (Oral Health Prevention Program) will increase the number of referred pregnant and parenting families who schedule a dentist appointment from 3% to 10%	Health Promotion and Wellness	Do
By Dec 31 2025, WIC caseload rates will increase to 85% of the assigned caseload of 6,760 or 5746 clients.	Health Promotion and Wellness	Do
By December 31, 2025, WCHD will respond to an identified foodborne illness or suspected outbreak within 48 hours of notice with an assessment/mitigation plan and a reopen strategy for the food establishment (if closed) to return to normal operations.	Health Protection/Enviro nmental Health	Do
By January 31, 2025, all Directors will collaborate and develop goals and objectives for each Strategic Workgroup. By March 30, 2025, each Strategic Workgroup will have developed a minimum of three (3) SMART goals and objectives with at least one goal including cross-collaboration with other strategic workgroup. All goals and objectives will be documented in WCHD's Performance Management System (PMS), KMS. By December 31, 2025, each Strategic Workgroup can demonstrate collaborating to achieve goals and objectives through monthly postings of their minutes in KMS which will be tracked by the Director of Strategic Initiatives.	Strategic Initiatives	Do
By December 31, 2025, reduce the number of business days to respond to data requests by 30% dependent on system.	Data and Quality	Study

Project	Center	Project Phase May 2025
Identify and initiate a process for automating the review and	Communicatio	Study
delegation of public health concerns, service requests, and	ns	
questions from website to address 50% of the messages by		
December 31, 2025 and implement a tracking system for		
follow-up communications with a minimum of 50 follow-ups		
tracked by December 31, 2025.		
IBCCP will attain 80% of caseload goal by serving 380	Personal	Study
participants by June 30, 2025. IBCCP will have a stretch goal of	Health Services	
475 participants enrolled and receiving services by December		
31st, 2025.		
By December 31, 2025, increase documentation reviews for	Public Health	Act/Adapt
destruction and/or archiving by 20%.	Policy	



10. Organizational Infrastructure

Build and maintain a strong organizational infrastructure for public health.

Governmental Organizations

The Public Health Administrator met with Winnebago County Chairman Chiarelli to provide updates on the work of the Mental and Behavioral Health Advisory Committee with the Consultant Guidehouse, budget process for the health department, expected impacts of federal funding cuts at the local level, and local municipality ordinances around "smoking" lounges and Illinois state statutes.

Work continued during the month to review and develop proposal for Winnebago County Wellness with the Director of Human Resources.

The Winnebago County Health Department (WCHD) continued to work with the with the Illinois Environmental Protection Agency (IEPA) and US Environmental Protection Agency (EPA) regarding an assessment of the former Camp Grant footprint for potential contaminants from the Department of the Army (DOA). WCHD provided feedback on the proposed educational materials from the DOA to support resident participation. The final version is expected in early July 2025.

Non-Governmental Organizations

The Winnebago County Mental and Behavioral Health Advisory Committee has continued its work with the hired consultant Guidehouse to develop recommendations to address access and coordination. The final report is to be completed in July with a presentation to the Winnebago County Community Mental Health Board.

<u>Finance</u>

FY2026 County Budget paperwork was finalized and submitted to the County Finance Budget group.

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Data Appendix

1. Monitor Health

Communicable Disease

Disease	June 2025	June 2024	2025 Year Total	Calendar Year 2024	Calendar Year 2023
Acute Flaccid Myelitis	0	0	0	0	0
Anaplasma phagocytophilum (formerly HGA)	0	0	6	6	1
Brucellosis	0	0	0	0	0
Botulism Infant	0	0	0	0	0
Campylobacteriosis	2	7	83	83	54
Candida auris, clinical	0	0	4	4	0
Candida auris, screening	0	0	0	0	1
Carbapenemase Producing Organism - Clinical	1	0	6	6	3
Carbapenem Resistant Organism	0	0	15	15	5
CE - Jamestown Canton Neuroinvasive Disease	0	0	1	1	0
Chlamydia	69*	135	1566	1566	1874
Cryptosporidiosis	0	1	11	11	9
Cyclosporiasis	1	0	2	2	2
Dengue	0	0	0	0	1
Ehrlichia chaffeensis (formerly HME)	0	0	2	2	0
FEhrlichia muris eauclairensis infection	0	0	1	1	0
Gonorrhea	25*	40	467	467	417
Haemophilus Influenzae Invasive Disease	1	1	6	6	8
Hemolytic Uremic Syndrome (HUS) Post Diarrheal	0	0	0	0	2
Hepatitis A	0	0	3	3	8
Hepatitis B Acute	0		1	1	
Hepatitis B Chronic	0	2	28	28	29
Hepatitis C Virus Acute Infection	0	0	4	4	3
Hepatitis C Virus Chronic Infection	8	6	113	113	100
Hepatitis C Virus Perinatal	0	0	0	0	0
Hepatitis Delta	0	0	0	0	1
Histoplasmosis	2	1	5	5	2



HIV	•					
Legionellosis - Legionnaires Disease	HIV	0	4	22	22	26
Listeria Invasive Disease	Influenza with ICU Hospitalization	0	0	28	28	18
Lyme Disease	Legionellosis - Legionnaires Disease	0	1	16	16	13
Malaria 0 5 5 1 Meningococcal (Neisseria Meningitidis) Invasive Disease 0 0 1 1 0 Monkeypox 0 0 0 0 0 0 0 Mumps 0 0 0 0 0 0 0 Pertussis 1 1 30 30 11 Rabies, Potential Human Exposure 6 6 6 67 67 70 Respiratory Syncytial Virus (RSV) with ICU 0 0 7 7 7 Hospitalization 1 6 50 50 41 5 SARS-COV-2 Infection (COVID-19) 0 0 1665 1665 8345 SARS-COV-2 Infection (COVID-19) with ICU 0 0 31 31 0 Hospitalization 0 0 31 31 0 0 Shage Lowin-producing E. coli (STEC)- Shiga toxin positive, non-0157 serotype 0 0 1 1 2 <td>Listeria Invasive Disease</td> <td>0</td> <td>0</td> <td>1</td> <td>1</td> <td>0</td>	Listeria Invasive Disease	0	0	1	1	0
Meningococcal (Neisseria Meningitidis) Invasive Disease 0 0 1 1 0 Monkeypox 0 0 0 0 0 0 0 Mumps 0 0 0 0 0 0 0 Pediatric Influenza Death 0 0 0 0 0 0 0 Pertussis 1 1 1 30 30 11 Rabies, Potential Human Exposure 6 6 6 67 67 70 Respiratory Syncytial Virus (RSV) with ICU Hospitalization 0 0 0 7 3 3 3 1	Lyme Disease	4	11	41	41	44
Monkeypox 0	Malaria	0	0	5	5	1
Mumps 0 0 2 2 2 Pediatric Influenza Death 0 0 0 0 0 Pertussis 1 1 30 30 11 Rabies, Potential Human Exposure 6 6 67 67 70 Respiratory Syncytial Virus (RSV) with ICU Hospitalization 0 0 7 7 Salmonellosis 1 6 50 50 41 SARS-COV-2 Infection (COVID-19) 0 0 1665 1665 8345 SARS-COV-2 Infection (COVID-19) with ICU 0 0 31 31 0 Hospitalization 0 0 1 1 2 Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, nor-O157 serotype 0 0 1 1 2 Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped 1 3 12 12 18 Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped 0 2 9 9 9	Meningococcal (Neisseria Meningitidis) Invasive Disease	0	0	1	1	0
Pediatric Influenza Death	Monkeypox	0	0	0	0	0
Pertussis	Mumps	0	0	2	2	2
Rabies, Potential Human Exposure Respiratory Syncytial Virus (RSV) with ICU Hospitalization Salmonellosis 1 6 50 50 41 SARS-CoV-2 Infection (COVID-19) 0 0 1665 1665 8345 SARS-CoV-2 Infection (COVID-19) with ICU Hospitalization SARS-CoV-2 Infection (COVID-19) with ICU Hospitalization Shiga toxin-producing E. coli (STEC)- O157:H7 Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, non-O157 serotype Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, non-O157 serotype Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped Stigentoxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped Streptococal Disease Invasive Group A 1 0 18 18 18 25 Streptococcal Disease Invasive Group A with Necrotizing Fascilitis Streptococcal Toxic Shock Syndrome 0 0 0 0 0 1 Streptococcal Toxic Shock Syndrome with Necrotizing Fascilitis Streptococcal Toxic Shock Syndrome with Necrotizing Fascilitis 0 0 0 0 0 0 0 1 Streptococcal Toxic Shock Syndrome with Necrotizing Fascilitis Streptococcal Toxic Shock Syndrome with Necrotizing Fascilitis 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Pediatric Influenza Death	0	0	0	0	0
Respiratory Syncytial Virus (RSV) with ICU Hospitalization 0 0 7 7 Salmonellosis 1 6 50 50 41 SARS-COV-2 Infection (COVID-19) 0 0 1665 1665 8345 SARS-COV-2 Infection (COVID-19) with ICU Hospitalization 0 0 31 31 0 Shiga toxin-producing E. coli (STEC)- O157:H7 0 0 1 1 2 Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, non-0157 serotype 0 0 2 2 3 Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, non-0157 serotype 0 0 2 2 3 Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, non-0157 serotype 0 0 2 2 3 Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, non-0157 serotype 0 0 2 2 3 Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, non-0157 serotype 0 0 2 9 9 9 9 9 9 9 9 9 9	Pertussis	1	1	30	30	11
Hospitalization	Rabies, Potential Human Exposure	6	6	67	67	70
SARS-COV-2 Infection (COVID-19) SARS-COV-2 Infection (COVID-19) with ICU Hospitalization O O O O O O O O O O O O O O O O O O		0	0	7	7	
SARS-COV-2 Infection (COVID-19) with ICU Hospitalization 0 0 31 31 0 Shiga toxin-producing E. coli (STEC)- O157:H7 0 0 1 1 2 Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, non-O157 serotype 0 0 2 2 3 Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, non-O157 serotype 0 0 2 2 3 Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, non-O157 serotype 0 0 2 9 9 9 Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, non-O157 serotype 0 2 9 9 9 Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, non-O157 serotype 0 2 9 9 9 Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, non-O157 serotype 0 2 9 9 9 Spited Fever Rickettsioses 0 2 5 5 0 0 Streptococcal Disease Invasive Group A 1 0 18 18 18 25 Streptococcal	Salmonellosis	1	6	50	50	41
Hospitalization	SARS-CoV-2 Infection (COVID-19)	0	0	1665	1665	8345
Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, non-O157 serotype 0 0 2 2 3 Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped 1 3 12 12 18 Shigellosis 0 2 9 9 9 Spotted Fever Rickettsioses 0 2 5 5 0 Streptococcal Disease Invasive Group A 1 0 18 18 25 Streptococcal Disease Invasive Group A with Necrotizing Fascilitis 0 0 0 0 0 2 Streptococcal Toxic Shock Syndrome 0 0 0 0 1 1 0 Streptococcal Toxic Shock Syndrome with Necrotizing Fascilitis 0 0 0 0 1 1 0 Streptococcus Pneumoniae - Non Drug Resistant Invasive Disease (< 5 years)		0	0	31	31	0
Non-O157 serotype	Shiga toxin-producing E. coli (STEC)- O157:H7	0	0	1	1	2
cultured or serotyped 1 3 12 12 18 Shigellosis 0 2 9 9 9 Spotted Fever Rickettsioses 0 2 5 5 0 Streptococcal Disease Invasive Group A 1 0 18 18 25 Streptococcal Disease Invasive Group A with Necrotizing Fascilitis 0 0 0 0 0 2 Streptococcal Toxic Shock Syndrome 0 0 0 0 0 1 Streptococcal Toxic Shock Syndrome with Necrotizing Fascilitis 0 0 1 1 0 Streptococcus Pneumoniae - Non Drug Resistant Invasive Disease (< 5 years)		0	0	2	2	3
Spotted Fever Rickettsioses 0 2 5 5 0 Streptococcal Disease Invasive Group A 1 0 18 18 25 Streptococcal Disease Invasive Group A with Necrotizing Fascilitis 0 0 0 0 0 2 Streptococcal Toxic Shock Syndrome 0 0 0 0 0 1 1 0 Streptococcal Toxic Shock Syndrome with Necrotizing Fascilitis 0 0 1 1 0 0 1 1 0 0 1 1 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 0 1 1 0 0 1 1 0 0 0 0 0 0 0 1 1 0 0 0 0 0 0 0 0		1	3	12	12	18
Streptococcal Disease Invasive Group A 1 0 18 18 25 Streptococcal Disease Invasive Group A with Necrotizing Fascilitis 0 0 0 0 0 2 Streptococcal Toxic Shock Syndrome 0 0 0 0 0 1 Streptococcal Toxic Shock Syndrome with Necrotizing Fascilitis 0 0 1 1 0 Streptococcus Pneumoniae - Non Drug Resistant Invasive Disease (< 5 years)	Shigellosis	0	2	9	9	9
Streptococcal Disease Invasive Group A with Necrotizing Fascilitis	Spotted Fever Rickettsioses	0	2	5	5	0
Fascilitis 0 0 0 0 2 Streptococcal Toxic Shock Syndrome 0 0 0 0 1 Streptococcal Toxic Shock Syndrome with Necrotizing Fascilitis 0 0 1 1 0 Streptococcus Pneumoniae - Non Drug Resistant Invasive Disease (< 5 years)	Streptococcal Disease Invasive Group A	1	0	18	18	25
Streptococcal Toxic Shock Syndrome with Necrotizing Fascilitis 0 0 1 1 0 Streptococcus Pneumoniae - Non Drug Resistant Invasive Disease (< 5 years)	· · · · · · · · · · · · · · · · · · ·	0	0	0	0	2
Fascilitis 0 0 1 1 0 Streptococcus Pneumoniae - Non Drug Resistant Invasive Disease (< 5 years)	Streptococcal Toxic Shock Syndrome	0	0	0	0	1
Invasive Disease (< 5 years)		0	0	1	1	0
Tuberculosis 0 0 2 2 4 Tularemia 0 0 0 0 0 Varicella (Chickenpox) 0 0 1 1 0 Vibriosis 0 0 4 4 5 West Nile Virus Neuroinvasive Disease 0 0 2 2 2		0	0	0	0	1
Tularemia 0 0 0 0 0 Varicella (Chickenpox) 0 0 1 1 0 Vibriosis 0 0 4 4 5 West Nile Virus Neuroinvasive Disease 0 0 2 2 2	Syphilis	0	12	10	97	108
Varicella (Chickenpox) 0 0 1 1 0 Vibriosis 0 0 4 4 5 West Nile Virus Neuroinvasive Disease 0 0 2 2 2	Tuberculosis	0	0	2	2	4
Vibriosis 0 0 4 4 5 West Nile Virus Neuroinvasive Disease 0 0 2 2 2	Tularemia	0	0	0	0	0
West Nile Virus Neuroinvasive Disease 0 0 2 2 2	Varicella (Chickenpox)	0	0	1	1	0
	Vibriosis	0	0	4	4	5
West Nile Virus Non-Neuroinvasive Disease 0 2 2 0	West Nile Virus Neuroinvasive Disease	0	0	2	2	2
	West Nile Virus Non-Neuroinvasive Disease	0	0	2	2	0

^{*}Data only available through June 18, 2025

Environmental Health

Radon

	June 2025	June Last Year (2024)	Calendar YTD 2025	Calendar YTD 2024
Radon Screenings	0	0	0	2
Average (pCi/L)	-	-	-	3.0
Max (pCi/L)	-	-	-	3.7
Radon Test Kits Purchased	3	0	15	19
Average (pCi/L)	-	-	1.9	6.3
Max (pCi/L)	-	-	4.6	15.2
Phone Calls	0	0	1	7
Units Reported Mitigated	0	0	0	0

Non-Community Water Wells

	June 2025	June Last Year (2024)	Calendar YTD 2025	Calendar YTD 2024
Non-Community Water Sampled	0	0	18	67
Non-Community Samples Positive	0	0	0	0

2. Diagnose and Investigate

Environmental Health

Creating a Lead Safe Rockford

	Goal	Actual	Percent
Units Enrolled	200	92	46%
Inspections	160	99	62%
Mitigated Units	140	67	48%

Testing Lead in Water

	June 2025	June Last Year (2024)	Calendar YTD 2025	Calendar YTD 2024
Samples Taken & Analyzed	4	1	14	2
Number Exceeding IEPA Lead Level	0	0	0	0
Average Lead Content	0.8	0.2	1.3	0.5
Maximum Lead Content	0.8	0.2	8.3	0

Food Complaints

	June 2025	June Last Year (2024)	Calendar YTD 2025	Calendar YTD 2024
Foodborne Illness Complaints	2	1	21	13
Foodborne Illness Investigations	2	1	21	13
Non-Foodborne Illness Complaints	18	19	113	110

Housing Complaints

	June 2025	June Last Year (2024)	Calendar YTD 2025	Calendar YTD 2024
Housing Complaints	70	49	296	278
Nuisance Complaints	32	21	166	124
Survey Complaints	4	6	98	120
Received Complaints	109	73	552	495
Re-Check on Complaints	297	193	2023	1593

Wells & Septic

	June 2025	June Last Year (2024)	Calendar YTD 2025	Calendar YTD 2024
Well Complaints	2	6	30	15
Septic Complaints	7	8	55	46

Food Inspection Performance Indicator Risk Factors

Risk	Violation														
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
Total	36	30	18	0	10	4	0	24	1	116	2	0	22	0	10
	7.78%	6.48%	3.89%	0%	2.26%	0.8%	0%	5.1%	0.2%	25.1%	0.4%	0%	4.7%	0%	2.1%
High	20	14	2	0	3	3	0	14	1	1	0	0	19	0	10
Medium	16	16	9	0	6	1	0	8	0	22	0	0	0	0	0
Low	0	0	7	0	1	0	0	2	0	19	2	0	3	0	0

Risk	Violation													
	16	17	18	19	20	21	22	23	24	25	26	27	28	29
Total	37	0	1	2	3	10	70	53	2	1	0	0	11	0
	7.9%	0%	0.2%	0.4%	0.6%	2.1%	12.1%	11.4%	0.4%	0.2%	0%	0%	2.3%	0%
High	30	0	1	2	2	7	52	47	2	1	0	0	3	0
Medium	3	0	0	0	1	3	11	6	0	0	0	0	3	0
Low	4	0	0	0	0	0	7	0	0	0	0	0	5	0

3. Communicate

Digital Media

	TOP 3 Viewed Webpages For June 2025	TOP 3 Social Media Post For June 2025
#1	Birth and Death Certificates 1k views	Extreme heat can be dangerous 06/22/2025 – 751 reach
# 2	Get a permit or License 894 views	With extreme heat in our area 06/22/2025 – 676 reach
#3	Contact 319 views	Stay safe in the extreme heat 06/21/2025 – 576 reach

	# Forms Received Through Website For June 2025
Submit Question/ Concern Submitted To WCHD	48
Request for Involvement	3

4. Mobilize Community & Partnerships

Youth Prevention Education (YPE)

	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
School	RESA/Johnson	RESA/Flinn/Johnson	RESA/Johnson	RESA/Flinn/Johnson
Students	173/58= 233	170/140/128 = 438	175/58= 233	320/140/128 = 438
Curriculum(s)	Too Good for Drugs	Too Good for Drugs	Too Good for Drugs	RESA/Flinn/Johnson

Youth Leadership Council

	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Youth Served	0	0	23	16
Schools Represented	0	0	10	7

Illinois Youth Survey (IYS)

	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Schools Registered for the Illinois Youth Survey	0 (Off year)	0	0 (Off year)	22
Schools That Completed the IYS	0 (Off Year)	0	0 (Off year)	17

5. Policies and Plans

MRC Volunteers

New MRC Volunteers June 2025	Total New MRC Volunteers for July 1, 2024-June 30, 2025
0	11

6. Laws & Regulations

EH Code Enforcement

	June 2025	June Last Year (2024)	Calendar YTD 2025	Calendar YTD 2024
Foods	392	418	2911	2840
Wells	11	6	57	44
Septic	20	11	34	32
Loan inspection	17	16	70	69

	Administrative Hearing June 2025	In-House Hearing June 2025	Calendar Year To Date 2025 Administrative	Calendar Year To Date 2025 In House	Administrative Hearings Calendar Year 2024	In House 2024
Housing	27	21	112	89	95	134
Foods	0	2	0	13	0	9
Wells/Septic	1	0	5	1	0	0

Illinois Tobacco Free Communities: Smoke Free Illinois Act Compliance Checks

	Random Checks	Targeted Checks	June Totals	Calendar Year
Number of new compliance checks	25	2	27	158
Number of rechecks (businesses may be rechecked more than once)	25	4	29	138
Number of businesses found to be in compliance during new checks	9	1	10	68
Number of businesses in compliance during rechecks	23	2	25	98
Number of violations observed during compliance checks (businesses may have more than one violation)	18	1	19	114

Tobacco Enforcement Program: Compliance Checks

	Benchmark	Round 1 Dec 2024	Round 1 Cont'd Jan 2025	Round 2 March 2025	Round 3 April 2025	Round 3 May 2025
Checks Completed	158	64	91	159	75	82
Sales to Youth	0	3	8	10	1	2
Communities Involved	5	3	2	5	1	4

7. Equitable Access

Dental

	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Kits Sent	0	31	166	420
Families Recruited	3	17	106	230
Families Who Access a Dental Provider or Home	0	3	23	30

igrow

	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
# CIAT Completed (Coordinated Intake Assessment Tool)	15	22	225	580
MIECHV Home Visiting Programs Referrals	8	15	161	372
Non MIECHV Home Visiting Agencies Referrals	7	7	79	186

Family Planning

	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Number of Clients Seen	106	77	603	1196
New Clients	45	33	275	496
Continuing Clients	61	44	328	700
Pregnancy Tests	39	32	240	397

Family Planning Quality Measures

	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Initial Visits	22	16	95	155
Charts Reviewed	22	29	148	300
ACES Screenings	22	26	144	289
Pre/Interconception Education Documented	22	29	144	283
ACES Compliance	100%	89%	97%	98%
PRE/Interconception Compliance	100%	100%	97%	95%

Illinois Breast and Cervical Cancer Prevention/ WISEWOMAN Services

Service	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Clinical Breast Exam	28	16	106	221
Mammograms	21	13	94	182
Pap Smear	7	5	25	42

WISEWOMAN Services

Service	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
WISEWOMAN census	3	5	36	13
WISEWOMAN sessions completed	3	14	48	29

Integrated Clinic

Service	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Clinic Visits	88	73	503	965
Nurse Visits	150	155	1017	2363
Total Visits	238	228	1520	3328

Refugee Health

Nationality	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Afghanistan	0		6	26
Burma	0		4	12
Burundi	0			
Central Africa Rep.	0			7
Congo	0	5	23	186
Cuba	0		1	6
Eritrea	0			
Ethiopia	0			
Guatemala	0	4		4
Haiti	0		1	17
Iran	0			
Iraq	0			16
Ivory Coast	0			
Malaysia	0			
Pakistan	0			
Rwanda	0		2	
Sudan	0			
Syria	0		7	16
Tanzania	0			
Thailand	0			
Ukraine	0			1
Venezuela	0		4	12
Vietnam	0			
Total	0	9	48	303

Harm Reduction Program

Harm Reduction Services	June 2025	June 2024	Calendar Year To Date 2025	Calendar Year 2024
Harm Reduction Kits Distributed (Drug testing strips)	75	58	392	374
Naloxone Kits Distributed	477	239	3245	5834
People Trained (DOPP)	269	95	1739	1412
Reversal Forms Received (DOPP)	0	0	3	4
Community Sites for Rapid Naloxone Deployment/Trainings (DOPP)	31	16	203	314

PrEP Access

# Prescribed PrEP at WCHD in 2025	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
8	2	4	0	0

Ryan White

Ryan White Services	# of Individuals Served in Reporting Month	2025 Year to Date Total Served
Case management	51	343
Oral Health Care	10	13
Outpatient Medical Care	0	4
Housing Services	8	48
Emergency Financial Assistance (Utilities)	0	0
Medical Transportation	0	2

Tuberculosis Activities

	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
New Clients	6	6	52	100
Returning Clients	23	19	111	203
Total Encounters	29	25	163	303
Physician Contact	9	11	76	147
Medication (direct observation therapy visit)	122	56	730	693
Diagnostic Testing (x-rays, CT scans, etc.)	5	16	72	163
Screening – TB Skin Test, Quantiferon Test	32	8	120	301
Screening – Positive TB Skin Test/T-Spot	1	2	6	21
Total Active Cases in Winnebago County	7	4	57	45

Women, Infants, and Children Program

Caseload (goal is 90%)

	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Caseload Goal	6760	6961	6760	6961
Current Caseload	5591	5476	5361	5463
Percent of Caseload Goal Achieved	83%	79%	79%	78%

WIC Caseload Population

	% of WIC Population June 2025
American Indian or Alaskan Native	0.6%
Asian	4%
Black or African American	40%
Native Hawaii or Other Pacific Islander	0.5%
Hispanic or Latino	37%
Multi-Racial	11%
White	65%

WIC Breastfeeding Rates (exclusivity goal is 15%)

	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Percent of Infants Exclusively Breastfeeding	14.5%	11.5%	13.2%	11.5%
Percent of Infants Partially Breastfeeding	28.3%	28.1%	27.6%	27.0%
Percent of Total Infants Breastfeeding	42.8%	39.5%	40.9%	38.6%

WIC Medicaid Enrollment Numbers

Medicaid Enrollment Numbers	June 2025
Number of WIC clients checked for Active Medicaid	465
Number of clients who needed to enroll/reactivate	6

HRIF/APORS

	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Caseload	6	103	78 avg	101
Referrals Received	78	36	342	553

Better Birth Outcomes

	June 2024	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Caseload	45	43	40 avg	49 avg
Percent of Caseload Goal Achieved (Caseload max 60)	75%	72%	66% avg	81% avg

Healthworks

	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Caseload in Winnebago County (under 6 years)	197	167	176 avg	169 avg
Caseload in Winnebago County (6 - 21 years)	497	520	497 avg	489 avg
Caseload in Border Counties (Under 6 years)	202	190	196 avg	199 avg
New Cases to DCFS Custody (0-21 years)	38	29	230	379
Case Closure - Winnebago County (0-21 years)	10	27	99	335

Lead Poisoning Prevention

	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Total Caseload	226	122	199 avg	136 avg
New Cases	18	12	89	158
Contact Made	403	268	2209	3436
Home Visits	9	12	84	151

Medication Takeback

	June 2025	June Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Envelopes Issued	3	-	7	10

8. Diverse & Skilled Workforce

WCHD Workforce

	Total Employees	Full-Time Employees	Part-Time Employees	Seasonal /Employees	Temporary	New Hires	Separated Employees
June 2025	104	100	2	0	2	0	0

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