



## Report to the Board of Health on August 2025 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
- Cheryl Floyd, MEd – Director, Center for Health Promotion and Wellness
- Cynthia Hall, MPH – Director, Strategic Initiatives
- James Keeler CPA, MBA – Director, Finance
- Katherine O'Toole, MPH, CPH – Director, Communications
- Michael Jarvis, MPH – Director of Public Health Policy
- Patrick Ngum, MPH – Director, Data and Quality
- Rebecca Lyons, MPH – Director, Public Health Preparedness
- Tiffany Levine, MSN, RN - Director, Center for Personal Health Services
- Todd Kisner, MPH – Director, Center for Health Protection
- Todd Marshall, BS, LEHP – Director, Center for Environmental Health Improvement

#### The 10 Essentials of Public Health Services

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

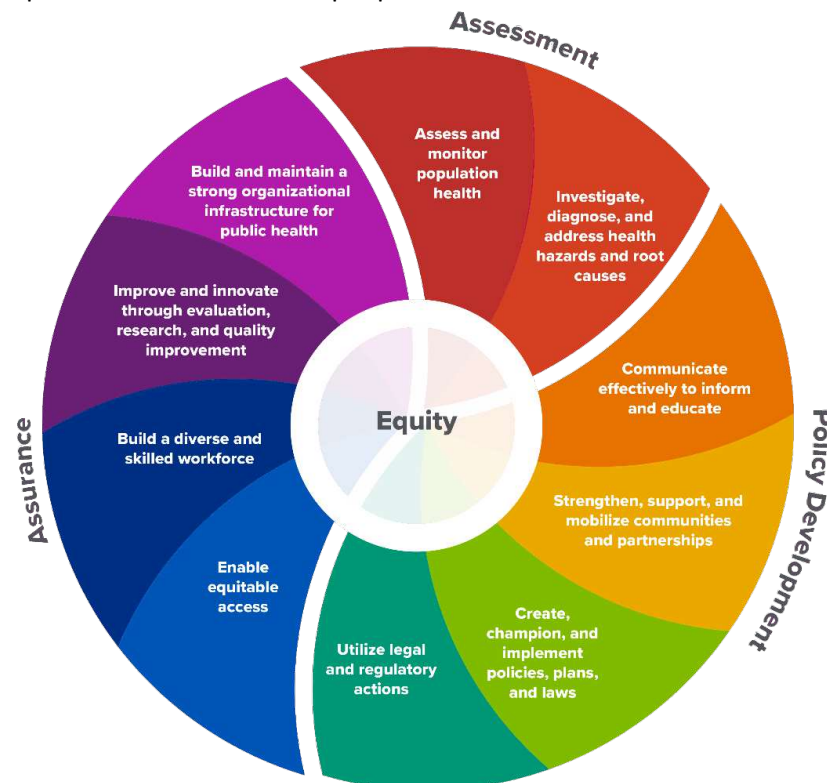


Image courtesy of the Centers For Disease Control and Prevention, available online 02/11/2022 at:

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



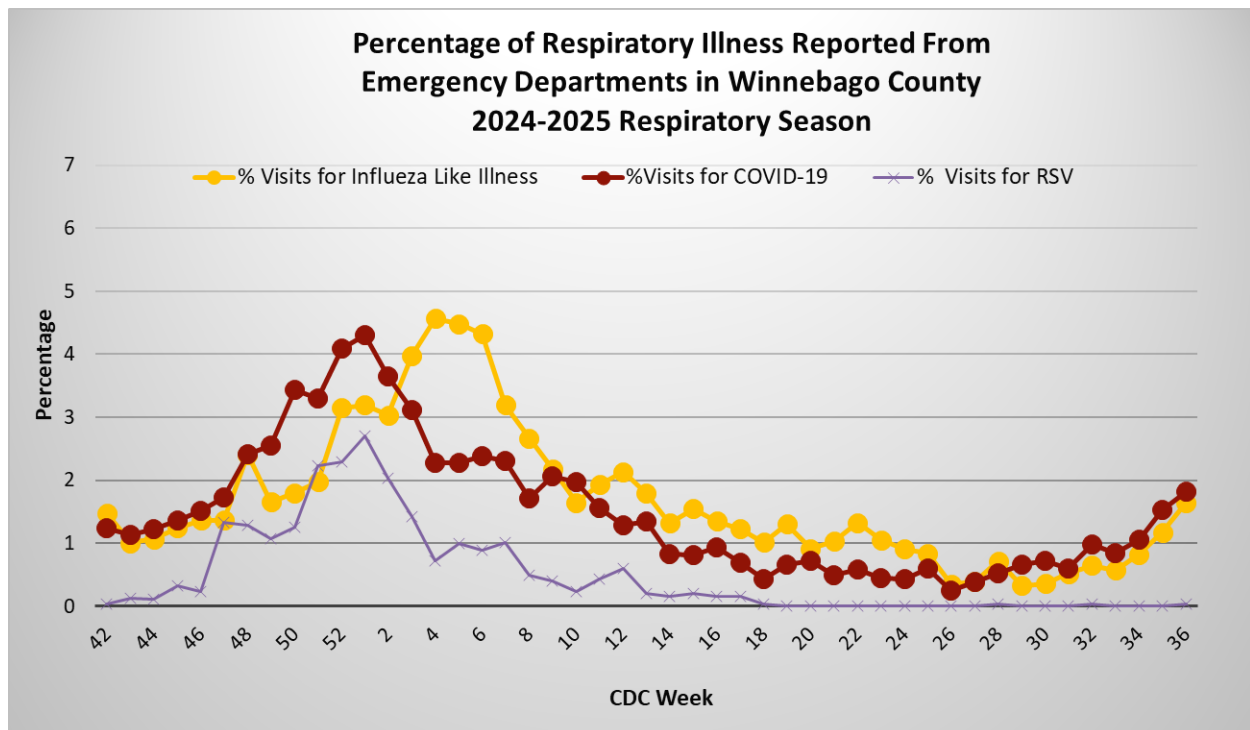
Assessment

# 1. Monitor Health

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

## Communicable Diseases & Conditions In Winnebago County

The Winnebago County Health Department (WCHD) continued respiratory surveillance in August including monitoring emergency department visits for respiratory infections along with ICU Admissions and any long-term care facility respiratory outbreaks. Winnebago County saw a steady increase in emergency department visits beginning in Week 33 through 37 for influenza like illness and COVID-19 like illness.



## Environmental Health

WCHD continued to conduct vector surveillance, including collecting and testing mosquito pools. Of the seven mosquito pools tested in August, three (3) were positive for West Nile virus (WNV), bringing the seasonal total to eight (8) positive pools. WCHD conducted two tick drags in August with no ticks collected. To aid in the collection of ticks this fall, WCHD is planning to create a dry ice trap.





## 2. Diagnose & Investigate

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

### Environmental Health

WCHD is overseeing the sealing of private water wells in the Village of Rockton in the Wright Kiles Blackhawk neighborhood due to detected PFAS (per- and polyfluoroalkyl substances) contamination. The Village of Rockton extended public water lines to these residents as an alternative source from their private well. Residents were encouraged to connect to the public water system to reduce their exposure to PFAS. As per Code and as a requirement of the grant that funds this public water connection, the owner must abandon their private well. A WCHD well inspector documented the well sealings that occurred as the water lines were being installed and connected. As of August 30, fifteen (15) property owners have sealed their private well and connected to public water.

Additionally, WCHD worked to inspect all necessary Non-Community Water systems and ensure all required inspections were completed before the end of the year.



## 3. Communicate

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

In August, WCHD messaged on breastfeeding awareness as part of National Breastfeeding Week and messaged on having naloxone ready to save a life as part of a new campaign to raise awareness to “Red Boxes” available in the community. The “Red Boxes” are located in businesses and organizations throughout the county and contain free naloxone that is ready to use so that everyone can save a life.



In recognition of International Overdose Awareness Day on August 31, WCHD in coordination with its Opioid Response Team partners and “Red Box” partners, put together a short video to remind residents that opioid overdoses impact our community right here in Winnebago County and that our community cares. The video showed how our community partners are helping ensure access to naloxone throughout our county because here, no one stands alone. Our local media also helped to share the message about the availability of “Red Boxes” in the community.



As schools started back in August, WCHD messaged on high school students joining the Youth Leadership Council for hands-on experience in leadership, public service, and civic





action. WCHD also promoted handwashing to prevent the spread of germs and shared messaging from the Illinois Department of Public Health regarding what vaccines are needed with the return to school.

Additionally, WCHD continued to message on safe and healthy swimming, prevention of tick and mosquito bites to avoid Lyme disease and West Nile virus, and the TakeTen815 campaign.



Policy  
Development

## 4. Mobilize Community & Partnerships

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

### Youth Leadership Council

WCHD continued to promote the 2025-26 Youth Leadership Council (YLC) application. On August 9, WCHD attended a “Back to School” event to promote the YLC. This block party style event was held on S. Kent St., located beside Youthbuild’s office and was well attended by teens and parents of teens. In addition, returning students were contacted to remind them to reapply. Fifteen (15) applications were received for the 2025-26 school year so far. The first YLC meetings for the 2025-26 school year will be on October 8, with meetings held every other Wednesday.

### Maternal, Infant, and Child Health

The Maternal, Infant, and Child Health Team (MIGHT) met on August 7 and the following announcements were made:

- WCHD met the requirements for Family Connects International and can now provide universal home visiting services. Implementation of the services were to begin on August 18.
- Funding for the Birth Equity Grant was extended for an additional year.
- WCHD submitted another grant application for an equitable safe sleep initiative. This grant will enable WCHD to work with hospitals to provide safe sleep educational material, offer home visiting services, and provide pack & plays to WCHD home visiting families.
- WCHD also worked on another grant with the community foundation of Northern Illinois to expand the doula development program with five (5) additional doulas for a total of ten (10) doulas.

Coordination with the strategic partner Alignment Rockford continued through the month of August to support the Community Advisory Board (CAB) required under the Family Connects International (FCI) model for universal newborn home visiting. The meetings focused on selection of the logo and recruitment for members to the CAB.

igrow community partners had openings and took new referrals. One partner was at caseload capacity and WCHD Coordinated Intake (CI) checked-in with them bi-weekly for a status update.

**Opioid Response**

The Winnebago County Drug Overdose Prevention Program Coalition met in August. The coalition discussed WCHD's communications plans to promote "Red Boxes" which are located at businesses and organizations throughout the county providing free access to naloxone. The coalition also decided to put together a video with WCHD in recognition of International Opioid Overdose Awareness Day with a message that no one is alone and our community cares.

The Winnebago County Opioid Fatality Review held its first case review on August 26, 2025 and developed a list of recommendations for consideration and implementation by the Opioid Response Team. A list of the recommendations from the committee is available under correspondence.

WCHD's WINNIE Harm Reduction Program continued to provide outreach at the Winnebago County Courthouse three (3) half-days each week and at Remedies two (2) half days each week. In addition, the team provided harm reduction outreach/naloxone training at ten (10) community partner locations.

**Trauma Informed Community**

The Trauma Informed Community promoted the "Becoming a Trauma Informed Organization" training, funded by the Winnebago County Community Mental Health Board and presented by Illinois Collaboration on Youth (ICOY), scheduled for September 19, 2025. Updates began on the Trauma Informed Community webpage, featuring refreshed graphics and content.



Subgroups also met in August with the following updates:

**Bullying** discussed school resources and family-related bullying, noting its impact on children's school experiences. This group is researching other programs in the community to identify potential partners.

**Employee Practice** prepared to provide outreach and resources to those agencies who sign the Proclamation.

**Historical Transgenerational Trauma** reflected on ongoing efforts to expand housing for young adults, potentially linking the initiative to awareness of historical transgenerational trauma.

**Public Awareness** worked to promote the subgroups to recruit new members. In addition, they continued to promote trauma trainings and trauma-informed films.

**Training** planned in-person Trauma 101 Training at WCHD on November 13, 2025 open to the public, with a follow-up public session anticipated in early 2026.



### Health Departments

Recommendations from the Public Health Workforce Transformation for the IPLAN (Illinois Project for Local Assessment of Needs) was completed by the workgroup and submitted for consideration by the Illinois Department of Public Health (IDPH) leadership and the workgroups addressing Partnerships and Core Metrics. A statewide meeting is scheduled for September to review the collective recommendations for adoption and action planning.

### Community Partnerships

The Director for the Center for Environmental Health Improvement participated in Region 1 Planning Council's "Climate Action Plan" (CAP) committee. The Climate Action Plan has been adopted by R1 Planning Council Board as the regional approach to prepare and respond to local climate influences.

As the representative for public health, Dr. Martell participated in the Domestic Violence Fatality Review Team (DVFRT) meeting in August.



## 5. Policies and Plans

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

### Strategic Initiatives

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

**Assessors:** reviewed and refined data sources, indicators, and reporting strategies across maternal and child health, environmental health, and health programs to highlight IPLAN alignment and develop data dashboards.

**Assurance:** progressed grant alignment by reviewing HIV Prevention, Base Grant, Oral Health, Winnebago County Opioid Settlement Funds, and MIECHV, and updated the "gap analysis" document with reviewed grants to reflect alignment with health priority strategies.

**Collaborators:** prepared for upcoming trauma training schedule communication.

**Organizers:** explored key training platforms to help WCHD staff build skills in data analysis and interpretation, an area identified for improvement via the core competency assessment.

**Policy Makers:** continued efforts to support safer housing and healthier communities through a Healthy Homes policy and/or proclamation.

**Reaccreditation:** identified relevant IPLAN areas for the domain element, discussed their alignment, and collaboratively selected key information from Domain 1 sections 1c–1g to include in the PHAB form.





**Reporters:** identified key messages for the Workforce Development Plan, Strategic, and Emergency Operations, and reviewed and provided feedback for the Assessor's Violence dashboard.

**Workforce Development:** updated the existing tier-based training modules within KMS to reflect current standards, incorporating revised content on the Code of Ethics, Mandated Reporting, HIPAA, and Bloodborne Pathogens.

Policy  
Development

## 6. Laws & Regulations

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

WCHD reviewed the following policy with no substantive changes during the month of August:

- 081-0404-22: Employee Parking Policy

As schools reopen for the fall semester, WCHD conducted inspections of after school food programs. In addition, WCHD completed the second wave of inspection for high-risk, Category 1, food establishments. These establishments require three inspections per year to ensure compliance with food safety regulations.



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

In August, WIC staff attended outreach events to talk about WCHD services and schedule WIC appointments.

Registration for the FY26 Illinois Youth Survey (IYS) opens in September. Reminder emails were sent to all Winnebago County schools to register for FY26 IYS.

### Access To Services

In August, WCHD was notified that Winnebago County can expect refugees by the end of the year.

High-Risk Family Case Management work began in August with two new nurses starting and learning the requirements of the program. Family Connects International staff continued to work towards roll out which occurred on August 18.

Two of the Doula Development Program (DDP) Scholarship recipients completed the DONA workshop (August 15-17). They are now working to complete the remaining requirements toward certification. The remaining three DDP recipients will take the DONA workshop this month (September 11-13).



WCHD staff have worked to improve the internal referral process for high blood lead levels to better track progress and reduce response time toward improving the health of the children. WCHD continued to collaborate with multiple primary care offices to ensure timely follow-up testing including continuity of care and encouraged lead testing for back to school season.

The Health Equity Zone (HEZ) Mental Health Outreach Coordinator conducted outreach for TakeTen815 at a “Back to School” event on August 9. This block party style event was held on S. Kent St., right next to Youthbuild’s location and in an HEZ zip code.

In August, WCHD applied for an IDPH grant, Healthy Resilient Communities (HRC), to continue to support the work for the CredibleMind/TakeTen815 efforts and the collaborative work between WCHD and the Health Equity Zone.



Assurance

## 8. Diverse & Skilled Workforce

*Build and support a diverse and skilled public health workforce.*

WCHD is currently recruiting for the following positions:

- Substance Use Prevention Specialist
- Opioid Fatality Prevention Specialist
- Overdose Prevention Specialist
- Tobacco Free Communities Prevention Specialist
- Tobacco Free Communities Health Inspector



All posted positions for Winning Start Winnebago have been filled and the nurses have started working on the initiative.

In August, the Tobacco Control Prevention Specialist job description and grant deliverables were reviewed. Based on the expertise required, the Center for Environmental Health Improvement will take over tobacco enforcement activities as part of the public facilities sector, which will broaden the program’s scope and strengthen cross-program coordination. The Center for Health Promotion and Wellness will be responsible for the education and tobacco cessation activities.

### **Training**

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

- A Center For Health Protection staff attended the *Tuberculosis Nursing Case Management Annual Illinois Council on Tuberculosis Conference* on August 21 in Springfield, IL.
- The Director of the Center for Environmental Health Improvement attended a *Flooding Hazards* training held by the Department of Natural Resources in Springfield. This training provided insight on steps to prevent areas from flooding, implementing best practices during the flood and an emphasis on public education associated with flooding.





- On August 5-6, the HEZ Mental Health Outreach Specialist attended an Educator's Summit hosted by the Regional Office of Education in Rockford. This two-day event brought together educators, youth-serving professionals, and subject matter experts to address domestic and sexual violence impacting our communities. Topics included Domestic Violence 101, Healthy Relationships & Body Safety, Developmental Relationships, Child Sexual Abuse Trauma, and Teen Dating Violence.
- On August 6, the Outreach Coordinator participated in a breastfeeding training called *Exclusive Pumping: The Basics*. The training focused on teaching individuals basic pumping skills. Participants were able to gain knowledge to teach typical pump usage and care, and to problem solve basic pump problems.
- On August 8, the WIC Supervisor and the Breastfeeding Coordinator attended the *Latch-AZ* virtual training from the Arizona Department of Health Services. The training discussed approaches to critical thinking skills for lactation professionals, oral assessment and activities for supporting optimal infant oral function, infant tongue tie care, and clinical lactation tools.
- On August 8, two nutritionists participated in a breastfeeding training called *Latching, Lifestyle and Limitations of Breastfeeding*. The training provided essential tips for achieving a proper latch, address challenging topics like smoking and drinking while breastfeeding, and guiding lactation professionals on when to refer clients for specialized support.
- On August 11, two nutritionists and the WIC Supervisor participated in a breastfeeding training called *Beyond the shape: compassionate support for curvaceous breastfeeding mothers*. The training focused on enhancing participants ability to provide tailored, empathetic lactation support and offered practical strategies to improve breastfeeding experience and duration.
- On Aug 15, the WIC Coordinator participated in a breastfeeding training called *Exclusive Pumping: Beyond the Basics*. This training focused on clinical challenges experienced when pumping milk and provided strategies to prevent and manage common issues such as low and excessive milk production as well as recurrent mastitis and pain.
- On August 20-22, one staff member completed *ICS 300 (Intermediate ICS for Expanding Incidents)*.
- On August 27, the Peer Counselors participated in a breastfeeding training called *Parental and Infant Health During Lactation*. This training discussed lactation knowledge.
- The HEZ Program Supervisor and Mental Health Outreach Coordinator began attending "State of the Mind" Mental Health Advocacy training, an 8-week course from August 26 – October 14.
- On August 27, the HEZ Program Supervisor and Mental Health Outreach Coordinator attended the RACMI *Wellness as a Foundation: Supporting Clients in Meaningful Ways*. The training consisted of a panel discussion focused on practical, real-world strategies to promote wellness among the individuals and families we serve.
- On August 28, a nutritionist attended a webinar hosted by the Academy of Nutrition and Dietetics. This webinar was called *Food Insecurity: How can credentialed practitioners support the community*. This presentation introduced the work of community food banks, the role of credentialed practitioners and ways to support community members to decrease food insecurity.



Assurance

## 9. Improve & Innovate

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

### **Center Status**

The Center for Environmental Health Improvement continued to work toward “paperless” records for the wells and septic program by scanning and downloading approximately 20,000 well and septic paper files into the Customer Data Processing (CDP) software.

### **Quality Improvement Initiatives**

In August, WCHD worked to improve its Performance Management System by restructuring the KMS (Knowledge Management System) and integrating the most updated versions of WCHD’s Strategic Plan, Quality Improvement (QI) Plan, IPLAN 2025–2030, Workforce Development Plan, and Emergency Operation Plan (EOP). The KMS now includes a dedicated section for updating progress on QI Plan goals and objectives and Center QI initiatives. Center Directors can now upload QI documents directly into the KMS including QI Charters, QI tools, and monthly progress updates improving continuous monitoring of QI initiatives.

WCHD employees continued to implement Center QI initiatives. All QI initiatives have effectively used QI tools and implemented changes using the PDSA cycle, with over half of initiatives already assessing the impact of these changes to determine adaptation, adoption or abandonment.

WCHD Centers continued to implement quality improvement (QI) initiatives that advance organizational goals and strengthen service delivery.

- Personal Health Center’s IBCCP (Illinois Breast and Cervical Cancer) program has successfully achieved its QI aim of serving 380 participants by June 30, surpassing 80% of the caseload goal (achieved percent 82.7%). Building on this success, the program is now working toward a revised goal of 475 participants enrolled and receiving services by December 31. In addition, there has been ongoing work to strengthen IBCCP’s recruitment process by leveraging Qualtrics for client recruitment.
- Center for Health Promotion’s WIC Program reached 85% of the assigned caseload (5,746 of 6,760 clients) in August 2025. This milestone reflects steady growth throughout the year, to sustain and build upon this progress, the team continues proactive outreach by calling and visiting local hospitals to schedule appointments for newly born babies and their families.
- The Public Health Policy Center continues to work with the Records Destruction Commission. Between July and September 2025, 18 boxes of records were approved for destruction. These efforts demonstrate steady progress toward the objective of increasing documentation reviews for destruction and/or archiving by 20% by December 31, 2025.

The status of the QI Plan goals and objectives are provided in Tables 1 through 2 below.

**Table 1.1: Leadership and Systems Thinking**

<b>Goal 1: Advance a culture of continuous quality improvement within Winnebago County Health Department</b>		<b>Updates August 2025</b>
Objective 1.1	Review the Quality Improvement Plan 2025 goals and objectives with Leadership and Supervisors by February 2025.	<b>Completed</b>
Objective 1.2	Ensure Center level quality improvement initiatives are aligned with the Strategic Plan by January 2025.	<b>Completed</b>
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.	<b>Completed</b>
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.	<b>Completed</b>
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**

<b>Goal 2: Improve the quality of Winnebago County Health Department interventions</b>		<b>Updates August 2025</b>
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.	<b>Completed</b>
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.	All Quality Improvement (QI) initiatives have implemented at least one change to enhance current initiatives.
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 60% 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**

<b>Goal 3: Enhance workforce competency in Quality Improvement</b>		<b>Updates August 2025</b>
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.	<b>Completed</b>

**Table 1.4: Communication**

<b>Goal 4: Ensure transparent communication and reporting of quality improvement efforts to stakeholders.</b>		<b>Updates August 2025</b>
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 cross-team 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**

<b>Project</b>	<b>Center</b>	<b>Project Phase August 2025</b>
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, 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 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/Environmental Health	Do
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	Do
Identify and initiate a process for automating the review and delegation of public health concerns, service requests, and 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.	Communications	Study
By December 31, 2025 increase response to EHI customer service surveys from 2% to 10%.	Environmental Health	Study
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	Study
IBCCP will attain 80% of caseload goal by serving 380 participants by June 30, 2025. IBCCP will have a stretch goal of 475 participants enrolled and receiving services by December 31st, 2025.	Personal Health Services	Study





Project	Center	Project Phase August 2025
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	Study
By December 31, 2025, increase documentation reviews for destruction and/or archiving by 20%.	Public Health Policy	Act/Adapt
By December 31, 2025, reduce the number of business days to respond to data requests by 30% dependent on system.	Data and Quality	Act/Adapt

*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 Chiarelli on the future of the Mental and Behavioral Health Advisory Committee following the release of the final report of recommendations from Guidehouse; future of the Javon Bea/Mercyhealth Rockton Avenue campus; enforcement of Smoke Free Illinois Act (SFIA) and limitations on local municipal authority to grant variances/special use permits; revisiting the Intergovernmental Agreement for Neighborhood Code Enforcement with Municipalities; and enforcement concerns. At the request of the Chairman, Dr. Martell has continued to work with Winnebago County Administration on the future of the Winnebago County Wellness Center.

**Non-Governmental Organizations**

Through its membership with the Rockford Regional Health Council, Winnebago County Health Department will have access to [Metopio](#). Rockford Regional Health Council has partnered with Region 1 Planning Council and [PlatForm](#) to sponsor Metopio for Boone and Winnebago Counties. The Metopio platform provides access to publicly facing data and data analytics. Winnebago County Health Department had considered Metopio as part of the IPLAN 2023 Community Health Collaborative but due to cost constraints could not move forward. This recent development is a welcome opportunity to provide accessible, timely data to support assessment and actionable data.



# Data Appendix

## 1. Monitor Health

### Communicable Disease

Disease	August 2025	August 2024	2025 Year Total	Calendar Year 2024	Calendar Year 2023
Acute Flaccid Myelitis	0	0	1	0	0
Anaplasma phagocytophilum (formerly HGA)	0	0	0	6	1
Brucellosis	0	0	0	0	0
Botulism Infant	0	0	0	0	0
Campylobacteriosis	2	11	34	83	54
Candida auris, clinical	0	1	0	4	0
Candida auris, screening	0	0	1	0	1
Carbapenemase Producing Organism - Clinical	1	0	8	6	3
Carbapenemase Producing Organism - Screening	2	0	2	0	0
Carbapenem Resistant Organism	7	3	14	15	5
CE - Jamestown Canton Neuroinvasive Disease	0	0	0	1	0
Chlamydia	92	109	819	1566	1874
Cryptosporidiosis	1	5	6	11	9
Cyclosporiasis	0	0	7	2	2
Dengue	0	0	1	0	1
Ehrlichia chaffeensis (formerly HME)	0	1	1	2	0
Ehrlichia muris eauclairensis infection	0	0	0	1	0
Gonorrhea	44	50	274	467	417
Haemophilus Influenzae Invasive Disease	0	0	13	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	0
Hepatitis B Chronic	1	0	31	28	29
Hepatitis C Virus Acute Infection	0	0	1	4	3
Hepatitis C Virus Chronic Infection	2	5	88	113	100
Hepatitis C Virus Perinatal	0	0	1	0	0
Hepatitis Delta	0	0	0	0	1
Histoplasmosis	1	1	6	5	2
HIV	1	3	13	22	26



Influenza with ICU Hospitalization	0	0	77	28	18
Legionellosis - Legionnaires Disease	1	1	11	16	13
Listeria Invasive Disease	0	0	2	1	0
Lyme Disease	1	2	32	41	44
Malaria	0	0	1	5	1
Meningococcal (Neisseria Meningitidis) Invasive Disease	0	0	0	1	0
Monkeypox	0	0	0	0	0
Mumps	0	1	0	2	2
Pediatric Influenza Death	0	0	0	0	0
Pertussis	1	3	15	30	11
Rabies, Potential Human Exposure	10	10	37	67	70
Respiratory Syncytial Virus (RSV) with ICU Hospitalization	0	0	17	7	0
Salmonellosis	3	9	24	50	41
SARS-CoV-2 Infection (COVID-19)	0	0	0	1665	8345
SARS-CoV-2 Infection (COVID-19) with ICU Hospitalization	0	5	31	31	0
Shiga toxin-producing E. coli (STEC)- O157:H7	0	1	0	1	2
Shiga toxin-producing E. coli (STEC)- O157:H antigen unknown	1	0	1	0	0
Shiga toxin-producing E. coli (STEC)- Shiga toxin positive, non-O157 serotype	0	1	2	2	3
Shiga toxin-producing E. coli (STEC)- Shiga toxin pos, not cultured or serotyped	1	0	10	12	18
Shigellosis	1	0	5	9	9
Spotted Fever Rickettsioses	0	0	1	5	0
Streptococcal Disease Invasive Group A	5	0	11	18	25
Streptococcal Disease Invasive Group A with Necrotizing Fasciitis	0	0	2	0	2
Streptococcal Toxic Shock Syndrome	0	0	0	0	1
Streptococcal Toxic Shock Syndrome with Necrotizing Fasciitis	0	1	0	1	0
Streptococcus Pneumoniae - Non Drug Resistant Invasive Disease (< 5 years)	0	0	1	0	1
Syphilis	4	4	19	97	108
Tuberculosis	0	0	0	2	4
Tularemia	0	0	0	0	0
Varicella (Chickenpox)	0	4	1	7	7
Vibriosis	0	1	0	4	5
West Nile Virus Neuroinvasive Disease	1	1	1	2	2
West Nile Virus Non-Neuroinvasive Disease	0	1	0	2	0
Syphilis	4	4	19	97	108

Environmental Health

## Radon

	August 2025	August Last Year (2024)	Calendar YTD 2025	Calendar YTD 2024
<b>Radon Screenings</b>	0	0	2	6
Average (pCi/L)	-	-	13.8	4.5
Max (pCi/L)	-	-	22.3	9.1
<b>Radon Test Kits Purchased</b>	3	0	18	30
Average (pCi/L)	3.9	2.1	3.5	5.7
Max (pCi/L)	3.9	2.1	6.8	15.2
<b>Phone Calls</b>	2	2	4	9
<b>Units Reported Mitigated</b>	0	0	0	0

## Non-Community Water Wells

	August 2025	August Last Year (2024)	Calendar YTD 2025	Calendar YTD 2024
<b>Non-Community Water Sampled</b>	22	7	40	84
<b>Non-Community Samples Positive</b>	0	0	0	0

**2. Diagnose and Investigate**Environmental Health

## Creating a Lead Safe Rockford

	Goal	Actual	Percent
<b>Units Enrolled</b>	200	102	51 %
<b>Inspections</b>	160	110	69 %
<b>Mitigated Units</b>	140	72	51 %

## Testing Lead in Water

	August 2025	August Last Year (2024)	Calendar YTD 2025	Calendar YTD 2024
<b>Samples Taken &amp; Analyzed</b>	3	1	21	7
<b>Number Exceeding IEPA Lead Level</b>	0	0	0	0
<b>Average Lead Content</b>	0.8	0.8	1.0	0.6
<b>Maximum Lead Content</b>	0.8	1.8	8.3	4.1



## Food Complaints

	August 2025	August Last Year (2024)	Calendar YTD 2025	Calendar YTD 2024
Foodborne Illness Complaints	5	1	29	19
Foodborne Illness Investigations	5	1	29	19
Non-Foodborne Illness Complaints	23	22	161	163

## Housing Complaints

	August 2025	August Last Year (2024)	Calendar YTD 2025	Calendar YTD 2024
Housing Complaints	59	77	417	429
Nuisance Complaints	35	18	238	160
Survey Complaints	1	1	102	121
Received Complaints	99	97	752	689
Re-Check on Complaints	390	255	2758	2077

## Wells &amp; Septic

	August 2025	August Last Year (2024)	Calendar YTD 2025	Calendar YTD 2024
Well Complaints	6	2	38	21
Septic Complaints	11	5	81	55

## 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 7.34 %	31 6.50 %	25 5.24 %	0 0 %	18 3.77 %	1 0.21 %	0 0 %	21 4.40 %	2 0.42 %	138 28.93 %	1 0.21 %	0 0 %	16 3.35 %	0 0 %	20 4.19 %
High	17	10	8	0	5	1	0	20	2	75	1	0	11	0	13
Medium	18	21	14	0	4	0	0	1	0	31	0	0	2	0	6
Low	0	0	3	0	9	0	0	0	0	32	0	0	3	0	1



Risk	Violation													
	16	17	18	19	20	21	22	23	24	25	26	27	28	29
<b>Total</b>	48 10.06%	0 0 %	0 0 %	2 0.43%	4 0.84%	9 1.89 %	49 10.27%	43 9.01 %	0 0 %	0 0 %	0 0 %	0 0 %	13 2.73%	1 0.21%
<b>High</b>	32	0	0	2	4	6	33	39	0	0	0	0	3	1
<b>Medium</b>	16	0	0	0	0	3	13	4	0	0	0	0	5	0
<b>Low</b>	0	0	0	0	0	0	3	0	0	0	0	0	5	0

**3. Communicate**

## Digital Media

TOP 3 Viewed Webpages For August 2025		TOP 3 Social Media Post For August 2024	
# 1	Birth and Death Certificates 1045 views	Symptoms of Lyme Disease 08/01/2025 900 Reach	
# 2	Get a Permit or License 691 views	Lyme Disease – Tick sizes 08/01/2025 898 Reach	
# 3	Schedule a Clinic Appointment 297 views	Gun Locks 08/06/2025 524 Reach	

# Forms Received Through Website For August 2025	
Submit Question/ Concern Submitted To WCHD	15
Request for Involvement	4

**4. Mobilize Community & Partnerships**

## Youth Prevention Education (YPE)

	August 2025	August Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
<b>School</b>	n/a	n/a	RESA/Johnson	RESA/Flinn/Johnson
<b>Students</b>	0	0	175/58= 233	320/140/128 = 438
<b>Curriculum(s)</b>	n/a	n/a	Too Good for Drugs	RESA/Flinn/Johnson





	August 2025	August Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
<b>Youth Served</b>	0	0	23	49
<b>Schools Represented</b>	0	0	10	10

## Illinois Youth Survey (IYS)

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

**5. Policies and Plans**

## MRC Volunteers

<b>New MRC Volunteers August 2025</b>	<b>Total New MRC Volunteers for July 1, 2025-June 30, 2026</b>
1	1

**6. Laws & Regulations**

## EH Code Enforcement

	August 2025	August Last Year (2024)	Calendar YTD 2025	Calendar YTD 2024
<b>Foods</b>	477	497	3892	3946
<b>Wells</b>	25	7	96	59
<b>Septic</b>	10	7	56	45
<b>Loan inspection</b>	11	20	96	109

	Administrative Hearing August 2025	In-House Hearing August 2025	Calendar Year To Date 2025 Administrative	Calendar Year To Date 2025 In House	Administrative Hearings Calendar Year 2024	In House 2024
<b>Housing</b>	33	30	161	143	121	169
<b>Foods</b>	0	0	0	15	0	12
<b>Wells/Septic</b>	1	0	7	1	1	0



## Tobacco Enforcement Program: Compliance Checks

**7. Equitable Access**

## Dental

	August 2025	August Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
<b>Kits Sent</b>	32	6	262	420
<b>Families Recruited</b>	20	3	164	230
<b>Families Who Access a Dental Provider or Home</b>	2	0	*39	30

\*33 families indicated they had a dental provider during enrollment into Oral Health Program; and additional 6 families indicated they had a dental home on the follow-up survey.

## igrow

	August 2025	August Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
<b># CIAT Completed (Coordinated Intake Assessment Tool)</b>	30	92	277	580
<b>MIECHV Home Visiting Programs Referrals</b>	20	65	197	372
<b>Non MIECHV Home Visiting Agencies Referrals</b>	10	27	100	186

## Family Planning

	August 2025	August Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
<b>Number of Clients Seen</b>	111	103	807	1196
<b>New Clients</b>	54	40	368	496
<b>Continuing Clients</b>	57	64	439	700
<b>Pregnancy Tests</b>	31	52	305	397

## Family Planning Quality Measures

	August 2025	August Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
<b>Initial Visits</b>	13	13	95	155
<b>Charts Reviewed</b>	28	36	198	300
<b>ACES Screenings</b>	28	35	194	289
<b>Pre/Interconception Education Documented</b>	28	31	194	283
<b>ACES Compliance</b>	100%	97%	98%	98%
<b>PRE/Interconception Compliance</b>	100%	86%	98%	95%



## Illinois Breast and Cervical Cancer Prevention/ WISEWOMAN Services

Service	August 2025	August Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Clinical Breast Exam	17	16	145	221
Mammograms	11	19	124	182
Pap Smear	1	2	29	42

## WISEWOMAN Services

Service	August 2025	August Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
WISEWOMAN census	3	3	20	10
WISEWOMAN sessions completed	35	3	73	25

## Integrated Clinic

Service	August 2025	August Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Clinic Visits	88	91	676	965
Nurse Visits	192	204	1396	2363
Total Visits	280	295	2072	3328



## Refugee Health

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

## Harm Reduction Program

Harm Reduction Services	August 2025	August 2024	Calendar Year To Date 2025	Calendar Year 2024
Harm Reduction Kits Distributed (Drug testing strips)	48	32	497	374
Naloxone Kits Distributed	686	322	4780	5834
People Trained (DOPP)	561	81	2704	1412
Reversal Forms Received (DOPP)	0	0	3	4
Community Sites for Rapid Naloxone Deployment/Trainings (DOPP)	39	19	289	314



## PrEP Access

# Prescribed PrEP at WCHD in 2025	Attended 1 <sup>st</sup> PrEP Apt with Community Provider	Unable to Reach for Follow-up on PrEP Progress	Taking PrEP 6 Months Post WCHD Visit	Taking PrEP 9 Months Post WCHD Visit
8	7	3	1	0

## Ryan White

Ryan White Services	# of Individuals Served in Reporting Month	2025 Year to Date Total Served
Case management	83	491
Oral Health Care	5	21
Outpatient Medical Care	1	5
Housing Services	8	64
Emergency Financial Assistance (Utilities)	0	0
Medical Transportation	0	2

## Tuberculosis Activities

	August 2025	August Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
<b>New Clients</b>	14	8	77	100
<b>Returning Clients</b>	16	19	156	203
<b>Total Encounters</b>	30	27	233	303
<b>Physician Contact</b>	17	13	105	147
<b>Medication (direct observation therapy visit)</b>	192	44	1062	693
<b>Diagnostic Testing (x-rays, CT scans, etc.)</b>	20	13	106	163
<b>Screening – TB Skin Test, Quantiferon Test</b>	27	8	167	301
<b>Screening – Positive TB Skin Test/T-Spot</b>	2	1	10	21
<b>Total Active Cases in Winnebago County</b>	9	3	9	4

## Women, Infants, and Children Program

## Caseload (goal is 90%)

	August 2025	August Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
<b>Caseload Goal</b>	6760	6961	6760	6961
<b>Current Caseload</b>	5724	5569	5431	5463
<b>Percent of Caseload Goal Achieved</b>	85%	80%	80%	78%



## WIC Caseload Population

	% of WIC Population August 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%)

	August 2025	August Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Percent of Infants Exclusively Breastfeeding	14.8%	11.8%	14.8%	13.2%
Percent of Infants Partially Breastfeeding	28.6%	26.5%	28.3%	27.6%
Percent of Total Infants Breastfeeding	43.4%	38.2%	43.1%	40.9%

## WIC Medicaid Enrollment Numbers

Medicaid Enrollment Numbers	August 2025
Number of WIC clients checked for Active Medicaid	520
Number of clients who needed to enroll/reactivate	2

## HRFCM

	August 2025	August Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Caseload	67	106	74 avg	101 avg
Referrals Received Pregnant	27		-	-
Referrals Received Infant	44		-	-
Percent of Caseload Goal Achieved (300)	22%	-	-	-





## Healthworks

	August 2025	August Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Caseload in Winnebago County (under 6 years)	205	165	183 avg	169 avg
Caseload in Winnebago County (6 - 21 years)	469	526	490 avg	489 avg
Caseload in Border Counties (Under 6 years)	197	191	198 avg	199 avg
New Cases to DCFS Custody (0-21 years)	26	38	281	379
Case Closure - Winnebago County (0-21 years)	28	46	153	335

## Lead Poisoning Prevention

	August 2025	August Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Total Caseload	270	146	212 avg	136 avg
New Cases	43	9	154	158
Contact Made	623	292	3405	3436
Home Visits	21	14	133	154

## Medication Takeback

	August 2025	August Last Year (2024)	Calendar Year To Date 2025	Calendar Year 2024
Envelopes Issued	0	-	9	-

**8. Diverse & Skilled Workforce**

## WCHD Workforce

	Total Employees	Full-Time Employees	Part-Time Employees	Seasonal /Employees	Temporary	New Hires	Separated Employees
August 2025	105	101	2	0	2	2	1

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