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EXECUTIVE SUMMARY
The Cook County Department of Public Health (CCDPH) began a 9-month strategic planning process in August 2010 to develop a 5-year strategic plan. While CCDPH currently remains a stable public health entity, recent shifts at the county and state level indicate the need for a strategic plan to provide us with a roadmap to navigate change. Our new role within the larger Cook County Health and Hospital System (CCHHS), providing leadership on a population approach to optimizing health across the entire system, rather than simply as one of seven affiliates, calls for innovative direction. Solutions for today’s and tomorrow’s emerging community health needs require us to adopt new practices, standards, and approaches to ensure that our public health efforts lead to optimized health and health equity for all people and communities of Cook County. Public health is a collaborative effort and no single person or entity can address all the social, economic, environmental and behavioral issues that affect health.

Dr. Stephen A. Martin, Jr., Chief Operating Officer, and eight senior leaders convened a Strategic Planning Steering Committee as the decision-making and oversight body for the process. External data was gathered from five major metropolitan health departments (Cambridge, MA; Denver, CO; Harris County, TX; Hennepin County, MN; and Seattle & King County, WA), and a review was conducted of public health leading practices in Cook County, the Northern Illinois region and the State of Illinois. A high-level assessment of CCDPH’s current state and gaps was conducted via survey and listening sessions from approximately 150 staff and stakeholders. A Strategic Planning working session was held on January 22, 2011 in which 50 key operational leaders analyzed the assessment and drafted the strategic focus of CCDPH’s long range goals.

The CCDPH 2015 Strategic Plan, designed in alignment with the CCHHS Strategic Plan: Vision 2015, responds to critical issues and opportunities, advancing our mission, vision and values. This plan will allow CCDPH to respond quickly to the changing health care environment, the economic crisis, and challenges facing the field of public health nationally. CCDPH employees and partners are vital to the success of this plan, and will be asked to participate in the implementation of the strategic plan initiatives and work groups. CCDPH will also support staff in the development of new skills to advance the strategic plan goals.

Strategic Plan Goals and Anticipated Outcomes
Goal 1: Leading Public Health in Cook County
CCDPH will ensure its primary leadership role in planning, providing for, and protecting the health of all residents of Cook County, by increasing integration with the Cook County Health & Hospital System (CCHHS) and closer collaboration with the five certified public health departments.

Goal 2: Improving Health
The health status of our residents and communities will be improved through implementation of a strategic health plan.

Goal 3: Achieving Accreditation and Assuring Quality
Continuous implementation of agency-wide performance management strategies and meeting established national standards for local public health practice will enable CCDPH to deliver the highest quality programs and services.

Goal 4: Strengthening Organizational Capacity
CCDPH will improve its organizational capacity to meet county-wide public health responsibilities, employing workforce development and specific initiatives focused on communications, information technology, and fiscal resources.
Successful implementation of the CCDPH 2015 Strategic Plan will result in:

- CCDPH leading public health for Cook County, closely collaborating with the five certified public health departments;
- Consolidated public health programs and services in Cook County, using population health multi-disciplinary teams to maximize resources in support of health initiatives;
- Accreditation by the Public Health Accreditation Board, becoming one of the earliest departments to attain this established national standard;
- CCDPH directing the Cook County Health & Hospital System public health priorities and initiatives, providing population health leadership for CCHHS;
- Integration of personal and population health services for CCHHS, through absorption of CCDPH clinical services into CCHHS primary care, using the COPC model (Community Orientated Primary Care);
- Improving health via a county-wide strategic health plan, involving multiple stakeholders and communities;
- Strengthened workforce and organizational culture, delivering public health services that are responsive, adaptive, efficient and accredited, to meet the needs and exceed the increased expectations of CCHHS, clients and the community.

### Cook County Department of Public Health 2015 Strategic Plan

<table>
<thead>
<tr>
<th>Mission</th>
<th>Goals</th>
<th>Strategic Initiatives</th>
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<tr>
<td>To optimize health and achieve health equity for all people and communities of Cook County through our leadership and collaborations, focusing on health promotion and prevention, while advocating for and assuring the natural environmental and social conditions necessary to advance physical, mental and social well-being.</td>
<td>1. Leading Public Health in Cook County</td>
<td>• Examine feasibility of one public health authority in Cook County.</td>
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<tr>
<td>2. Improving Health</td>
<td></td>
<td>• Increase collaboration and coordination across all six local health departments in Cook County.</td>
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<tr>
<td>3. Achieving Accreditation and Assuring Quality</td>
<td></td>
<td>• Establish platform to exchange data directly with the Illinois Health Information Exchange.</td>
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<tr>
<td>4. Strengthening Organizational Capacity</td>
<td></td>
<td>• Design and implement population health multi-disciplinary teams.</td>
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<td>The Cook County Department of Public Health envisions a healthy Cook County where all people and communities thrive in safe, health-promoting conditions.</td>
<td></td>
<td>• Direct public health initiatives for the Cook County Health &amp; Hospital System, and integrate CCDPH clinical services.</td>
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<td>• Apply for national accreditation and promote application by local health departments in Illinois.</td>
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<td>• Implement Strategic Health Plan, addressing 4 health priorities from WePLAN 2015 and 4 additional health priorities, using evidence-based practice and outcomes measurement.</td>
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<td>• Develop a Quality Assurance Plan and incorporate findings for program changes and staff development.</td>
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<td>• Engage multiple sectors and communities in Cook County to address health priorities.</td>
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<td>• Create an organizational culture that encourages staff to increase public health proficiency.</td>
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<td>• Identify new funding opportunities in alignment with mission.</td>
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<td>• Increase modes and quality of internal and external communications.</td>
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<td>• Implement information technology initiatives to enhance productivity.</td>
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Cook County Department of Public Health: 2015 Strategic Plan Final Report

April 2011
INTRODUCTION AND METHODOLOGY

The Cook County Department of Public Health (CCDPH) was established on December 10, 1945 with a budget of $162,000 and a staff of 90 to serve about 600,000 residents. By FY2009, CCDPH had an annual budget that exceeded $46 million and employed approximately 340 staff members to serve over two million residents in 125 municipalities and 30 townships in suburban Cook County. Major changes have occurred in the practice of public health over the sixty-five years of CCDPH’s existence.

CCDPH began a 9-month strategic planning process in August 2010 to develop a 5-year strategic plan. While CCDPH currently remains a stable public health entity, recent shifts at the county and state level indicate the need for a strategic plan to provide the organization with a roadmap to navigate change. Our new role within the larger Cook County Health and Hospital System (CCHHS), providing leadership on a population approach to optimizing health across the entire system, rather than simply as one of seven affiliates, calls for innovative direction. Solutions for today’s and tomorrow’s emerging community health needs require CCDPH to adopt new practices, standards, and approaches to ensure that public health efforts lead to optimized health and health equity for all people and communities of Cook County. Public health is a collaborative effort - no single person or entity can address all the social, economic, environmental and behavioral issues affecting health.

Phase I: Designing the Desired Future State
Dr. Stephen A. Martin, Jr., CCDPH chief operating officer, and eight senior leaders convened a Strategic Planning Steering Committee as the decision-making and oversight body for the process. Phase I activities were conducted between August 2010-January 2011, led by the Steering Committee. Data was gathered from five major metropolitan health departments (Cambridge, MA; Denver, CO; Harris County, TX; Hennepin County, MN; and Seattle & King County, WA), and a review was conducted of public health leading practices in Cook County, the northern Illinois region and the state of Illinois. A high-level assessment of CCDPH’s current state and gaps was conducted via surveys and listening sessions with approximately 150 staff and stakeholders. Reports on the information gathered, Phase I: Designing the Desired Future, and Benchmark Study Report, summarize key data and findings which were used to help set priorities.

Working Session – January 22, 2011
A strategic planning working session was held on January 22, 2011 where 50 key CCDPH operational leaders analyzed the phase I results and the benchmark study in order to provide input into the strategic focus of CCDPH’s 5-year goals.

Phase II: Construct a Roadmap and Operational Planning Framework
From the phase I and working session inputs, the Strategic Planning Steering Committee developed the 2015 Strategic Plan, designed in alignment with the CCHHS Strategic Plan: Vision 2015, which responds to critical issues and opportunities, advancing the Department’s mission, vision and values. This plan will allow CCDPH to respond quickly to the changing health care environment, the economic crisis, and challenges facing the field of public health nationally.

Initial implementation efforts include identifying needed policy changes, performance measurement options, and operational planning at the program level to facilitate needed changes at all levels of the organization. The strategic plan will also be a key component in meeting the standards for national accreditation. CCDPH employees and partners are vital to the success of this plan. The launch of the strategic plan began with a high-level orientation at an all-staff meeting on April 29, 2011. Moving forward, staff will participate in strategic plan implementation initiatives and work groups. CCDPH will also support staff in the development of new skills to advance the strategic plan goals.
PHASE I – DESIGNING THE DESIRED FUTURE STATE

Highlights

CRITICAL ISSUES
In 2007-2008, CCDPH began an exploration of critical issues facing the agency as part of a Strategic Thinking process, designed as a prelude to strategic planning, which had not been conducted since the early 1990’s. While three community health plans had been developed in the last fifteen years, none had been widely integrated within the agency or implemented in the community.

Building upon the 2007-2008 Strategic Thinking process, the Strategic Planning Steering Committee in September 2010 identified the current critical issues facing CCDPH. The following issues were incorporated into the design of the Benchmark Study, the organizational assessment, and the discussions on CCDPH mission/vision/values:

- **What will be CCDPH’s role, mission, vision, values, and identity** in carrying out the goals of this strategic plan?
- **Health Reform** – What will public health look like in 5-10 years given health reform? How will these changes impact CCDPH?
- **Shift in CCDPH Service Offerings** - What services should CCDPH offer moving forward?
  - There is a current shift in the role of a public health agency in providing traditional services (e.g. influenza vaccine distribution/provision moving to the private sector).
  - CCDPH is currently dealing with unclear and increased pressure to respond to all hazard threats (e.g. assisting with county and municipal responses; recalls of food and toys).
  - What is CCDPH’s role in providing preventive services?
  - What is CCDPH’s role in planning for and/or providing healthcare access?
  - What role does CCDPH play in offering services to a changing demographic in suburban Cook County (i.e. an aging population and an increased population with chronic disease)?
  - Given everything above, should CCDPH keep programs like HIV and WIC?
  - How do we integrate the recently acquired Tuberculosis Control program?
  - WePLAN 2015 goals need to be integrated into overall CCDPH strategic plan.
  - We need to balance proactive planning with ability to respond to urgent issues outside of our control.
- **Accreditation** – How can we ensure that the strategic plan fits with the Public Health Accreditation Board requirements?
- **Evolving relationship between CCDPH and the Cook County Health & Hospital System (CCHHS) – consideration of:**
  - financial and oversight changes in CCHHS;
  - CCDPH’s place within the transforming CCHHS;
  - the future of CCHHS given its strategic plan; and
  - potential merger of CCHHS Ambulatory Care Network and CCDPH.
- **Funding and Budgetary Concerns** – How will CCDPH fund itself to provide the services it would like to offer in the future?

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1 The full reports, *Phase I: Designing the Desired Future, and Benchmark Study Report*, describe in more detail the highlights in this section.
2 Cook County Department of Public Health, “CCDPH Strategic Thinking: Status and Update”, 10/13/08.
3 Cook County Department of Public Health, “CCDPH Critical Issues Worksheet,” 09/13/10.
- Unique funding structure as an integrated health department
- Increase in personnel costs with unchanged grant dollars causing fiscal deficit
- Categorical funding with focus on younger adult/child population creating disparities in funding priorities
- Increase in grant deliverables and mandates (e.g. emergency preparedness demands)
- (Possible) closure or diminished resources of other certified local health departments in suburban Cook County
- Overall Cook County budget limitations

**Staffing/HR**
- Given budget cuts that led to staff furloughs and lowered staff morale, how will CCDPH attract and retain the best public health employees to carry out the work outlined in this strategic plan?

**Relocation** of CCDPH administrative offices
- What strategic alliances should CCDPH have with the Chicago Department of Public Health (CDPH)? Should we consider merging?

### BENCHMARK STUDY

#### NATIONAL TRENDS

Through a benchmark study of five health departments, CCDPH sought to gain a greater understanding of the challenges and opportunities facing other local health departments around the country as a frame of reference for strategic decision-making.

Five health departments were chosen for comparison based on their relative similarity to CCDPH:
- Cambridge Public Health Department (CPHD), Massachusetts
- Denver Public Health (DPH), Colorado
- Harris County Public Health and Environmental Services (HCPHES), Texas
- Hennepin County Human Services and Public Health Department (HCHSPH), Minnesota
- Public Health of Seattle & King County (PHSKC), Washington

The full benchmark report serves to highlight the innovations, opportunities, and challenges that five local health departments are currently facing in the areas of governance, operational/programmatic strategies, and funding. The section below represents a summary of key findings from that full document.

**Key Findings**
- Each of the five local public health departments has a unique governance structure with distinctive benefits and challenges.
- None of the local health departments (LHDs) interviewed expects major governance changes within the next five years.
- All five health departments are expecting flat growth or a decrease in clinical services within the next five years.
- The five health departments are expecting potential growth in policy advocacy and prevention programs.
- Three of the five health departments specifically mentioned obesity prevention programs as a trend in the coming years.
- Three of the health departments have a unionized workforce.
- All five health departments interviewed stated that partnerships and collaborations are a key organizational strategy used to accomplish department goals and that nearly everything the department does requires working with a partner.
• The communities served by all five benchmark entities are undergoing some degree of demographic change, and all are proactive about addressing cultural competency, health disparities, and health equity.

• In this continuing climate of budget austerity, all five departments are concerned with maintaining their current funding levels, and are using three strategies to mitigate financial risks:
  1. Diversification of Funding Sources
  2. Internal Restructuring
  3. External Strategic Alliances/Partnerships/Collaborations

• Four out of the five respondents discussed politics as a critical component in the determination of local health department funding. Respondents felt that the political environment presented both opportunities and challenges.

• Three of the five health department respondents mentioned health reform as a future opportunity for the public health sector.

• Four of the five benchmark entities also mentioned voluntary accreditation through the Public Health Accreditation Board (PHAB) as an opportunity for public health.

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<th>Benchmark Study</th>
<th>Snapshot of Five Comparison Departments</th>
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<td>Public Health Department</td>
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<tr>
<td>CCDPH</td>
<td>$55.8M(^a) (Nov 30, 2009)</td>
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<tr>
<td>Cambridge Public Health Dept. (CPHD)</td>
<td>$8.8M (FY10)</td>
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<tr>
<td>Denver Public Health Dept. (DPH)</td>
<td>$21M (according to respondent)</td>
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<tr>
<td>Harris County Public Health &amp; Environmental Services Dept. (HCPHES)</td>
<td>$77M (FY 2009 annual report)</td>
</tr>
<tr>
<td>Hennepin County Human Services and Public Health Dept. (HCHSPH)</td>
<td>$20M (Public Health portion, Human Services comprises $446M out of total $466M proposed 2011 HCHSPH budget)</td>
</tr>
<tr>
<td>Public Health of Seattle and King County (PHSKC)</td>
<td>$288M (FY 2009 actual budget)</td>
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**LOCAL LANDSCAPE FOR PUBLIC HEALTH**

**Local Trends – Regional Comparisons**

In addition to the national public health trends illuminated in the Benchmark Study, a number of local, regional and state level planning processes have occurred in the last five years that are informative for the current strategic planning efforts of CCDPH. Nine plans (listed below) were studied in detail, summarized in the following chart.

\(^a\) $55,779,773 total funding received as of Nov 30, 2009 as listed in the document titled “Public Health Strategic Planning Work Stream, October 2010” prepared by CCDPH for PwC. The CCDPH FY09 annual report lists the operating budget at $46M.
• 2009 PRC-MCHC Community Health Report
• Caring for the Future: Strengthening the Foundation for Meeting Metropolitan Chicago’s Growing Healthcare Workforce Needs, August 2008
• Chicago Health Care Access Puzzle: Fitting the Pieces Together, Chicago Department of Public Health & the Chicago Board of Health, November 2008
• Chicago Department of Public Health Strategic Plan, 2006-2011
• Go To 2040, Chicago Metropolitan Agency for Planning, October 2010
• Illinois State Health Improvement Plan (SHIP), November 2010
• Illinois Health Information Exchange (HIE) Strategic and Operational Plan, July 2010
• Northern Illinois Public Health Consortium Strategic Plan, April 2009
• Regional Health Care Safety Net Summit, Health and Medicine Policy Research Group, June 2009

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**WePLAN Priorities**
The state of Illinois requires certified local health departments conduct a community health assessment and plan (Illinois Project for Local Assessment of Needs (IPLAN)) every five years to address health priorities. WePLAN 2015, which began in June 2010 and was concluded in December 2010, is the fourth round of community health assessment and planning by CCDPH for suburban Cook County.

The WePLAN 2015 assessment and planning process, conducted with input from CCDPH program staff and a diverse group of 50 community partners identified the following priority health issues:

- Access to Care as an overarching strategic issue.
Chronic Diseases (including cardiovascular disease and diabetes), violence prevention, and sexual health (both STI & teen pregnancy prevention) as priority health problems.

The WePLAN assessment findings were critical to the development of strategic health plan objectives and action steps in the CCDPH 2015 Strategic Plan.

CCHHS Transformation
The Cook County Department of Public Health is a part of the Cook County Health and Hospitals System (CCHHS), one of the largest public health systems in the country. Serving a population of over five million residents, CCHHS encompasses three hospital facilities (John H. Stroger, Jr., Oak Forest, and Provident), as well as geographically distributed clinics via the Ambulatory and Community Health Network. In addition, CCHHS provides services for HIV patients and others with infectious disease at the Ruth M. Rothstein CORE Center, as well as healthcare to detainees at the Cook County Department of Corrections.

CCHHS completed its own strategic planning in July 2010 and identified five goals, including a strategic initiative to ensure the provision of the 10 essential public health services. To fulfill this initiative, implementation of the CCHHS strategic plan called for a strategic planning process by CCDPH.

CCHHS Strategic Plan: Vision 2015

**Political landscape in Cook County and State of Illinois**
Political changes at the city, state and federal level also affect CCDPH. Toni Preckwinkle, recently elected President of the 17-member Board of Commissioners, is moving forward on county-wide initiatives, including identifying the ideal structure for and membership of the CCHHS Governing Board of Directors. Warren Batts chairs the 11-member Governing Board of Directors, which oversees the operations of CCHHS, including hiring and budget setting. This independent board was set up in 2008 with a three-year sunset clause to ensure...
proper management of the health system. The sunset clause was eliminated in 2010 as the Board of Commissioners reaffirmed the independent board. The first CEO hired by the Governing Board, William Foley, stepped down in late March 2011 after 2 years in the position, causing concern regarding continued successful implementation of the CCHHS strategic plan. And on May 16th, Rahm Emanuel will be sworn in as the mayor of Chicago, replacing Richard M. Daley, who has served for 22 years. Mayor-elect Emanuel and Board President Preckwinkle have already begun discussions on possible merger of city and county services, including healthcare.

The healthcare consolidation discussions occur during a time of significant budget deficits for the city and the county. The Cook County government FY11 budget was approved in late February 2011, and included 10 furlough days for all workers, as well as a number of additional budget cuts to address an overall budget shortfall of $487 million. A number of municipalities in suburban Cook County, the City of Chicago, as well as the state of Illinois, face significant deficits, which will likely strain the Cook County Department of Public Health if public health functions in the surrounding area are downsized or eliminated. Lastly, congressional changes that occurred with the inauguration of the 112th Congress will have an unclear affect on the ongoing implementation of the Affordable Care Act at the federal level.

**CCDPH Today – Demographics**

CCDPH’s jurisdiction covers 125 municipalities, 30 townships and unincorporated areas, totaling 2.4 million people. In addition to assessing the current demographics of the areas served by CCDPH, it is important to examine trends and anticipate the future demographics of Cook County. The demographic changes in Cook County mirror a national trend of poor and people of color moving out of the old central cities. In the seven-county metropolitan Chicago region, the number of residents will continue to increase, as well as change in terms of age distribution, racial and ethnic breakdown, and geographical location.\(^6\)

- **Race/Ethnicity**
  - The largest increase in population in suburban Cook County (SCC), 28%, was seen among Hispanics.
  - African Americans in the city of Chicago decreased nearly 9%, while SCC saw an increase of over 11%.
  - The white population in Chicago increased by over 10,000.
  - African Americans and Latinos continue to increase in the collar counties.

- **Age**
  - More than 65% of Cook County residents 64 and older are white non-Hispanic.
  - By 2040, the number of residents in the metro Chicago area between 65 and 84 years of age is projected to double.

- **Poverty**
  - The number of persons living below 200% of the federal poverty level in SCC is slightly less than half of that in Chicago.
  - The twenty year trend of poor people leaving the City of Chicago for Suburban Cook County and the collar counties continued.
  - Since 2000, SCC has seen nearly a 27% increase of persons living below 200% of the federal poverty level. In contrast, Chicago saw an increase of less than 1.8%.

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Health Status
CCHHS is undergoing significant changes through implementation of its strategic plan. CCHHS is on the way to encompassing one hospital system, a correctional healthcare facility, an outpatient infectious disease center, a network of ambulatory and community health clinics, and the Cook County Department of Public Health. The area’s safety net still finds most of its bricks and mortar within Chicago’s city limits, the need to expand to suburban Chicago and the collar counties will remain a major challenge over the next few decades. The Cook County Health and Hospital System has expanded in the past decade into suburban Cook County, however not as quickly as our traditional population.

Data collected during the CCDPH WePLAN 2015 process and the CCHHS strategic planning process highlight that access to care and the leading causes of death are important indicators of community need, as well as underscore significant health disparities. Lower access to healthcare is not only an urban issue. The health status of residents in suburban areas, especially those in poorer communities of color, are adversely affected by difficulty in access to healthcare services, most notably a lack of primary care providers who take Medicaid, and reduced access to Level 1 and Level 2 trauma centers in some parts of the County. Minority and low-income areas, especially in south and west Cook County, are also more likely to be designated as “food deserts” – areas with low access to high-quality food, such as would be available in a large chain grocery store.

Other social factors also impact health status, with the economic crisis undermining the stability of communities and threatening the health of the public. In the first quarter of 2011, suburban Cook County saw an increase in foreclosure rates ranging from 10.4% in northwest Cook County to an 18.2 increase in north Cook County. The largest numbers of foreclosures continue to occur in southern cook county. 7 Unemployment levels in Cook County continue at levels not seen in the past twenty years. 8 Cook County experiences more days of air pollution than other parts of the state. 9

Findings from the WePLAN 2015 community health assessment showed that from 2000 to 2007, CCDPH’s age-adjusted death rate from all causes was comparable with the U.S. and Illinois rates. There was a slightly higher rate in the south district compared to the other CCDPH districts. 10 The African-American age-adjusted death rate is double that of whites, and higher than other racial and ethnic groups in all regions of CCDPH.

For the three year period from 2005 to 2007, leading causes of death in suburban Cook County were heart disease, cancer and stroke. These causes accounted for 57% of deaths in that time period. Additionally, heart disease, cancer, infant mortality, low birth weight and homicide show significant disparities by race, particularly for African-Americans.

Financial Risk Analysis
CCDPH plays an important role in promoting preventive care and monitoring health issues that affect the residents of Cook County. The community services that are provided by CCDPH are largely funded by federal, state, and local governments. These funding sources are directly tied to economic conditions and are notorious for being unpredictable.

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10 “WePLAN Community Health Assessment & Planning Process Community Planning Committee” 9.15.10, Webinar.
Key Observations:
- Over half of CCDPH’s funding comes from high risk revenue streams, which could hinder organizational operations if funding is reduced or eliminated
- CCDPH does not receive funding from the following sources: federal research grants, Medicaid reimbursements, and fee-based services
- CCDPH receives an immaterial amount of revenue from "other" funding sources, which includes grants from private institutions
- As a percentage of overall budget, CCDPH's funding allocations are similar to the five public health systems that were evaluated in the Benchmark Study Report

Suggested solutions include:
- Reduce exposure to high-risk funding sources
- Diversify federal funding sources
- Differentiate service offerings
- Review current internal operations for fraud, waste, and abuse
- Create an internal grants management team

COMMUNITY AND EMPLOYEE FEEDBACK SUMMARY

Community Feedback
Two listening sessions were held in which CCDPH external stakeholders were invited to share their opinions about CCDPH. The participants suggested an assortment of ways for CCDPH to build and improve relationships with its stakeholders, including:
- **Contractual Relationships** – Contract with organizations to deliver services to limit CCDPH’s in-house staffing and operational expenses.
- **External Communications** – Improve communications with external stakeholders.
- **Stakeholder Listening Sessions** – Convene listening sessions on a periodic basis (e.g., quarterly, biannually) in regional locations across suburban Cook County to attract a wide variety of stakeholders.
- **Health Department Merger** – Consider the merger of CCDPH and the Chicago Department of Public Health (CDPH).

Listening session participants recommended an array of programs and services for CCDPH to consider continuing or implementing. Several programs and services that were recommended by multiple participants include:
- **Prevention Services** – Deliver services such as immunizations and basic screenings.
- **Primary Care Services** – Offer primary care services.
- **Data Warehouse** – Serve as the “keeper of data” for organizations that need health-related data for proposal preparation, program development, public health campaigns, etc.
- **Information and Referral Source** – Identify and catalog the organizations and services available in the community and provide client referrals to these organizations.
- **Community Education and Outreach** – Establish a speakers bureau and offer more health fairs.
- **Services for Undocumented Immigrants** – Offer more services to meet the health needs of undocumented migrants.
- **Broader Interventions** – Focus on broader interventions such as obesity, HIV, tobacco usage or teen mothers to make a “bigger impact” on suburban Cook County.
Employee Feedback
In late November 2010, CCDPH solicited input from employees to assist in shaping the strategic plan. The primary objective of conducting the survey was to investigate employees’ opinions about the following:

- Community health problems and issues
- The level of responsibility CCDPH should take for delivering the 10 Essential Public Health Services today and in the future
- CCDPH organizational capabilities
- CCDPH’s strengths, weakness, opportunities and threats.

One hundred forty-six CCDPH employees completed the survey (87 employees completed the online survey and 59 employees completed a hardcopy survey and submitted the results via fax to the external process consultants). The survey respondents represented a variety of units, locations, positions and experiences.

Employees noted the following strengths for CCDPH:

- CCDPH leadership has the knowledge, skills and experience necessary for departmental success (69% agreed)
- CCDPH is visible within suburban Cook County among a variety of external stakeholders (67% agreed)
- CCDPH is respected within suburban Cook County among a variety of external stakeholders (67% agreed)
- The CCDPH facilities and workspaces are adequate for employees to meet the demands of their jobs (66% agreed)

Employees noted the following opportunities for improvement:

- CCDPH has sufficient financial resources to perform its work (66% disagreed)
- Internal communication between CCDPH units is timely and effective (65% disagreed)
- CCDPH has the technology and tools needed to perform its work (59% disagreed)
- CCDPH receives the support it needs from the Cook County Health & Hospitals System to be effective (57% disagreed)

CCDPH employees were also asked to determine their level of agreement with the four priority health issues that were identified in the WePLAN 2015 process:

1. Access to Care
2. Chronic Diseases (cardiovascular disease and diabetes)
3. Violence Prevention
4. Sexual Health (STI reduction and teen pregnancy prevention)

Most (76%) respondents strongly agreed (47%) or agreed (29%) with these priorities. In contrast, 24% of the respondents strongly disagreed (18%) or disagreed (6%) with these priorities. Most (67%) respondents felt that CCDPH was “not at all equipped” or “somewhat equipped” to address the priority health issues.

The respondents identified a number of other health problems and issues as alternative priorities. These included nutritional education and health; prevention and health education; obesity; family planning; immunizations and vaccinations; infant health; communicable diseases; sexually transmitted diseases; prenatal care; and environmental health.
On Saturday, January 22, 2011, approximately 50 CCDPH employees gathered at Malcolm X City College for a full-day working session with the following goals:

- Gather vital & valuable input and suggestions for the strategic plan from all areas of CCDPH;
- Enhance current synergy and cohesiveness between all units of CCDPH; and
- Revisit, rethink, and reevaluate the strategic focus of CCDPH long range goals, plans, projects, and programs.

To reach these goals, the working session was designed to accomplish the following:

- Create opportunities for retreat participants to deepen relationships and engage in reflection about the future of the agency;
- Review the mission, vision and values of CCDPH;
- Understand information gathered during the strategic planning process from internal and external stakeholders;
- Examine the current administrative capacity and financial resources to meet the mission;
- Analyze the strengths, weaknesses, opportunities and threats/challenges of CCDPH;
- Set priorities for the strategic plan, FY11-FY15, and adjustment strategies given specific potential scenarios; and
- Identify next steps, responsibilities and timeline based on the outcomes of the retreat.

The working session began with a welcome from William Foley, the former CEO of CCHHS, along with remarks from Dr. Stephen Martin. Participants were then asked to share one word to describe their expectation for a successful retreat. Responses were graphically captured in the below illustration:
Participants discussed the summarized findings of the Phase I report, with particular attention to the Benchmark Study, employee survey, local/regional health planning efforts, political landscape, CCHHS transformation, current Cook County demographics, and financial risk analysis. Employees were also given time to review and discuss the new mission, vision, and values statements (included later in this report).

Employees performed a SWOT analysis (strengths, weaknesses, opportunities, and threats), using initial feedback from the previously completed survey. Attendees were divided into 4 small groups, and each group had an opportunity to add their thoughts to all four SWOT categories.

The top items from each category were identified as:

**STRENGTHS**
1. Partnerships – engages the community in health promotion, identifies health behavior patterns and enhances communication on health issues.
2. Fundraising – looks for creative ways to raise funds.
3. Service delivery – highly qualified/dedicated staff with a variety of services that positively impact residents. Epidemiology (including data collection, evaluation, and research) is a unique function that supports the health of the community.

**WEAKNESSES**
1. Internal and external communications – need to ensure that all CCDPH staff are working from the same core values, and ensure that CCDPH properly and frequently defines public health and its’ programs to the public.
2. Workforce development/performance management - including skill development, and matching existing skill sets with future job opportunities.
3. Organizational Infrastructure - including inefficiencies created through multiple layers of bureaucracy, lack of technology and inadequate funding for addressing community needs.

OPPORTUNITIES
1. Marketing and communications - branding, increased partnerships, creating products.
2. Diversifying revenue streams - including earned income.
4. Workforce - creating a new direction with shifts in programming.

THREATS
1. Funding - decreased resources created by economic recession while needs increasing.
2. Workforce issues - employees locked into specific roles despite their skills sets or proficiencies.
3. Inter-organizational relationships - need more internal capacity for assurance; importance of developing relationships with other organizations.
4. Public relations - public perception/understanding of public health is poor; CCDPH is not visible enough in the community; misalignment between what services the public expects from CCDPH, and what CCDPH currently offers.
2015 Priority Categories

The retreat culminated with an afternoon session discussing the priorities CCDPH needs to address over the next 5 years. Each of the four small groups created priorities, with some of the groups also drafting goal statements for consideration by the Strategic Planning Steering Committee.

Group One

1. Funding - increase financial security through pursuit of federal and other new funding opportunities to allow for successful implementation of this strategic plan
2. Service Delivery - shift agency service delivery paradigm from individual to population-based services (includes possible merger of services with CCHHS and CDPH; includes CCDPH as referral source)
3. Marketing/communications - increase value for public health and build constituency support for public health

Additional priorities to address included evaluation, workforce, health equity and health issues identified by WePLAN.

Group Two

1. Communication – internal and external
2. Partnerships/collaboration - within CCDPH units, within CCHHS, with other LHDs, with academia, with elected officials (includes merger of individual services w/CCHHS, and merger of local health departments in Cook County; includes CCDPH as referral source)
3. Community capacity
4. Efficiency systems/resources – IT and data-sharing
5. Funding – diversify
6. Staff training/development and performance management
7. Define CCDPH role in safety net
8. Strategic health plan
   ➢ Framing Principles: Proactive; Consistent; Action; Accountability.

Group Three

1. Workforce - strengthen the workforce to respond and intervene to implement an effective public health mission

Additional priorities to address included enhancing internal/external communication efforts; partnerships; funding; and health protection.

Group Four

1. Strengthen prevention, education and health promotion
2. Improve partnerships by expanding where necessary, and formalizing where appropriate
3. Improve communication with the community through two-way accessible communication
4. Improve communication inside CCDPH- up, down, and across
5. Use reliable information to make research/evidence-based decisions (practices) more consistently
The working session participants discussed the suggested priorities and shared feedback, noting the similar themes of workforce, funding, communications, and shifting paradigms. The day concluded with a discussion on how best to communicate to all staff what was discussed and learned at the working session, as well as the current progress on the strategic plan.
PHASE II
CONSTRUCTING A ROADMAP AND OPERATIONAL FRAMEWORK

Using the information gathered in phase I and the priorities identified by key leaders at the January 22nd working session, the Strategic Plan Steering Committee finalized the CCDPH mission, vision and values statements and drafted the 2015 Strategic Plan. The Steering Committee continued to engage CCDPH employees during the final drafting.

MISSION, VISION, AND VALUES STATEMENTS

Mission
To optimize health and achieve health equity for all people and communities of Cook County through our leadership and collaborations, focusing on health promotion and prevention, while advocating for and assuring the natural environmental and social conditions necessary to advance physical, mental and social well-being.

Vision
The Cook County Department of Public Health envisions a healthy Cook County where all people and communities thrive in safe, health-promoting conditions, and:

- enjoy a natural environment that is healthy and sustainably managed, with clean air to breathe, pure water to drink, nutritious and safe food to eat, and secure shelter for dwelling;
- are valued and nurtured by family and social support systems, feeling safe in their personal well-being;
- have equal access to quality prevention and health resources;
- value and engage differences as essential community assets;
- are enabled by education and a positive economic climate to realize their career potential and a meaningful life;
- enact policies and design communities to promote healthy behavior; and
- support the allocation of resources necessary for healthy people and a healthy environment.

Values
Health is a state of complete physical, mental and social well-being and not merely the absence of disease. We believe that health is a prerequisite to life, liberty and the pursuit of happiness, and therefore a fundamental human right, implicit within American ideals. Because health depends causally on its environmental, economic, technological, informational, cultural and political contexts, social justice is prerequisite to achieving optimal and equitable public health. These beliefs guide our values, which we strive to demonstrate in our daily work:

Quality and Stewardship
We believe that CCDPH must be a Servant Leader, working with all communities to create the conditions that will meet the health needs of the people we serve, by providing high quality services, based on the best science available, with efficient management of public resources entrusted to us to ensure the best population health outcomes.

Diversity
We believe that the diversity of our people is an invaluable asset, enriching our skills, perspectives, paradigms, cultural joys, and historical wisdom. A diverse workforce, mirroring the people we serve, is a critical part of delivering high quality services.
Integrity
We will be honest and responsible in our interactions with the public and each other. We will demonstrate compassion and acceptance, and will safeguard dignity and confidentiality.

Respect
We are committed to showing respect to everyone we serve as an essential component of quality service. Therefore, to ensure a climate which models and sustains respect towards others, we commit to showing respect for all our colleagues within the public health workforce.

Teamwork
We foster communication, coordination, and collaboration with the public and our public health system partners, within County government and in our communities.

Health Equity
We are committed to a society where health status is not determined by race, ethnicity, gender, class, sexual orientation or other social categories.

Proactive Intervention
We believe that a health problem predicted and avoided is better than a health problem suffered and treated. We strive to predict and circumvent threats to our population’s health.

CCDPH 2015 STRATEGIC PLAN
Dr. Stephen Martin and the CCDPH Executive Team will organize launch efforts for the strategic plan, and will be responsible for ongoing monitoring of the action steps. The strategic plan will be presented to the CCHHS Governing Board and the Cook County Board of Commissioners. Where applicable, community partners will be invited to join staff in work groups to execute strategic initiatives. A full description of the 2015 Strategic Plan goals, objectives and action steps can be found in the document CCDPH 2015 Strategic Plan Goals and Action Steps.

Strategic Plan Goals and Anticipated Outcomes
Goal 1: Leading Public Health in Cook County
CCDPH will ensure its primary leadership role in planning, providing for, and protecting the health of all residents of Cook County, by increasing integration with the Cook County Health & Hospital System (CCHHS) and closer collaboration with the five certified public health departments.

Objective 1.1: By December 30, 2012, complete a study to assess the optimal organizational and governance structure for public health departments and services in Cook County.

Objective 1.2: By June 30, 2015, increase collaboration and coordination of public health programs, services and initiatives across all six local health departments (LHD) in Cook County.

Objective 1.3: CCDPH will exchange data directly with the Illinois Health Information Exchange (HIE), eliminate duplication of data reporting to state agencies, and maximize the benefit of the HIE for its operations by June 30, 2015.

Objective 1.4: By June 30, 2013, CCDPH will define and implement a transformational public health practice model in Cook County.

Goal 2: Improving Health
The health status of our residents and communities will be improved through implementation of a strategic health plan.

Objective 2.1: By June 30, 2015, develop and implement a CCDPH Strategic Health Plan, incorporating WePLAN2015 priorities and at least 4 additional health priorities (N=8).
Objective 2.2: Incorporate evidence-based practice and outcome measurement in addressing the 8 Strategic Health Plan priorities by June 30, 2013.

Objective 2.3: Increase community awareness of the 8 identified health priorities in Cook County and about public health in general by December 30, 2014.

Objective 2.4: Increase staff and community capacity to address the 8 identified health priorities in Cook County by June 30, 2014.

Objective 2.5: Increase alliances by June 30, 2012 to focus on the 8 strategic health plan priorities.

Goal 3: Achieving Accreditation and Assuring Quality
Continuous implementation of agency-wide performance management strategies and meeting established national standards for local public health practice will enable CCDPH to deliver the highest quality programs and services.

Objective 3.1: By 2012, CCDPH will achieve accreditation status by the Public Health Accreditation Board (PHAB).

Objective 3.2: To promote accreditation and reduce duplication of effort in state certification by 2014, CCDPH, in collaboration with other partners, will support the establishment of a mechanism for allowing national accreditation to be used in conferring local health department certification by the Illinois Department of Public Health.

Objective 3.3: By January 1, 2013, the CCDPH Quality Assurance Plan will be fully implemented, ensuring that each Service Unit has established performance benchmarks and quality improvement priorities that are monitored and analyzed at least annually.

Goal 4: Strengthening Organizational Capacity
CCDPH will improve its organizational capacity to meet county-wide public health responsibilities, employing workforce development and specific initiatives focused on communications, information technology, and fiscal resources.

Objective 4.1: CCDPH will create an organizational culture by June 30, 2014 that encourages all staff to maintain and increase public health proficiency through professional development, trainings, and education.

Objective 4.2: Increase modes and quality of internal and external communication by 2013, which clarifies agency plans, outputs, and activities.

Objective 4.3: CCDPH will implement information technology initiatives by 2013 that will support and facilitate the functioning of the agency.

Objective 4.4: Strengthen the support functions and activities of the agency by June 30, 2012.

Successful implementation of the CCDPH 2015 Strategic Plan will result in:

- CCDPH leading public health for Cook County, closely collaborating with the five certified public health departments;
- Consolidated public health programs and services in Cook County, using population health multi-disciplinary teams to maximize resources in support of health initiatives;
- Accreditation by the Public Health Accreditation Board, becoming one of the earliest departments to attain this established national standard;
- CCDPH directing the Cook County Health & Hospital System public health priorities and initiatives, providing population health leadership for CCHHS;
- Integration of personal and population health services for CCHHS, through absorption of CCDPH clinical services into CCHHS primary care, using the COPC model (Community Orientated Primary Care);
• Improving health via a county-wide strategic health plan, involving multiple stakeholders and communities;
• Strengthened workforce and organizational culture, delivering public health services that are responsive, adaptive, efficient and accredited, to meet the needs and exceed the increased expectations of CCHHS, clients and the community.

**Mission**

To optimize health and achieve health equity for all people and communities of Cook County through our leadership and collaborations, focusing on health promotion and prevention, while advocating for and assuring the natural environmental and social conditions necessary to advance physical, mental and social well-being.

**Vision**

The Cook County Department of Public Health envisions a healthy Cook County where all people and communities thrive in safe, health-promoting conditions.

**Goals**

1. Leading Public Health in Cook County

2. Improving Health

3. Achieving Accreditation and Assuring Quality

4. Strengthening Organizational Capacity

**Strategic Initiatives**

- Examine feasibility of one public health authority in Cook County.
- Increase collaboration and coordination across all six local health departments in Cook County.
- Establish platform to exchange data directly with the Illinois Health Information Exchange.
- Design and implement population health multi-disciplinary teams.
- Direct public health initiatives for the Cook County Health & Hospital System, and integrate CCDPH clinical services.
- Implement Strategic Health Plan addressing 4 health priorities from WePLAN 2015 and 4 additional health priorities, using evidence-based practice and outcomes measurement.
- Engage multiple sectors and communities in Cook County to address health priorities.
- Apply for national accreditation and promote application by local health departments in Illinois.
- Develop a Quality Assurance Plan and incorporate findings for program changes and staff development.
- Create an organizational culture that encourages staff to increase public health proficiency.
- Increase modes and quality of internal and external communications.
- Implement information technology initiatives to enhance productivity.
- Identify new funding opportunities in alignment with mission.

**CONCLUSION**

In order to achieve our mission of optimizing health and achieving health equity for all people and communities of Cook County, and reach for our vision of a healthy Cook County where all people and communities thrive in safe, health-promoting conditions, we need to make significant changes in how we work. This strategic planning process allowed us to systematically look at ourselves and our work to understand how best to handle the dramatic changes at the local, state and federal level currently under way – whether it is implementing health reform - or dealing with major budget cuts – or adjusting to new political leadership.

CCDPH rose to the challenge when the H1N1 crisis hit in 2009, leading the Cook County response, deploying our staff in new ways, to new places. That external crisis taught us a number of important lessons about our
strengths and our ability to lead. This strategic plan is designed with those lessons in mind, as we respond to what our community is calling us to become, keeping our best qualities and increasing our organizational capacity, as we launch our new and different future.
APPENDIX: STRATEGIC PLANNING PARTICIPANTS

Strategic Planning Committee Members

CCDPH Strategic Planning Team
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