

2018

Cook County Department of Public Health Strategic Plan



COOK COUNTY HEALTH
& HOSPITALS SYSTEM
CCHHS



Cook County DEPT. of
Public Health

Promoting health. Preventing disease. **Protecting you.**

DRAFT

Table of Contents

	Page
Acknowledgements.....	5
Executive Summary	6
Introduction to the CCDPH Strategic Plan	8
Informing the Plan	
Strategic Planning Caucus	10
Staff Input	11
1:1 Interviews	14
Other Planning Initiatives	16
Strategic Planning Retreat	19
Strategic Plan	
Mission, Vision, and Values	21
Focus Areas	23
Objectives, Highlighted Tactics, Measurements/Milestones	
Health Equity	24
Strategic Communication	27
Resource Development	31
Data Capacity	33
Priority Initiatives	36
References	39
Acronyms	40

DRAFT

Acknowledgements

Chief Executive Officer – Cook County Health and Hospitals System
Jay Shannon, MD

Chief Operating Officer – Cook County Department of Public Health
Terry Mason, MD

CCDPH would like to thank all staff and partners who contributed to the development of this plan.

Strategic Planning Caucus Members

Debbie Brooks, Director of Nursing
Deanna Durica, Program Manager – Lead
Mary Gibb, Public Health Nurse V
Kiran Joshi, Attending Physician VIII
Gina Massuda Barnett, Deputy Director of Public Health Programs
Rachel Rubin, Attending Physician VIII

Strategic Planning Retreat Attendees

Buddy Bates, Interim Director of Epidemiology - CCDPH
Debbie Brooks, Director of Nursing - CCDPH
Demian Christiansen, Director of Communicable Disease Control - CCDPH
John Clark, Associate Administrator - CCDPH
Vanessa Dennis, Chief of Staff – Commissioner Butler’s Office, Cook County Board of Commissioners
Cathy DiGangi, Public Health Nurse IV – TB - CCDPH
Deanna Durica, Program Manager – Lead - CCDPH
Mary Gibb, Public Health Nurse V - CCDPH
Percy Harris, Deputy Chief - CCDPH
Kiran Joshi, Attending Physician VIII - CCDPH
Eleanor Kang, Public Interest Fellow – Cook County Health and Hospitals System
Lori Katich, Assistant Program Coordinator - CCDPH
Anton Ledesma, Associate Consultant - SynerChange Chicago
Patricia Moten Marshall, President - SynerChange Chicago
Terry Mason, Chief Operating Officer - CCDPH
Gina Massuda Barnett, Deputy Director of Public Health Programs - CCDPH
Leticia Reyes-Nash, Director of Programmatic Services and Innovation - CCHHS
Rachel Rubin, Attending Physician VIII - CCDPH
Thomas Varchmin, Sanitary Engineer V - CCDPH

Key Stakeholder Interviewees

Craig Conover – Medical Research Analytics and Informatics Alliance (MRAIA)
Peggy Davis, Alma Rodriguez – Chicago Community Trust
Sam Dorevitch – University of Illinois at Chicago School of Public Health, Division of Environmental and Occupational Health Sciences
John Kiser – Cook County Department of Homeland Security and Emergency Management
Linda Murray – Collaborative for Health Equity
Margie Schapps – Health and Medicine Policy Research Group
Nanette Silva – Community Memorial Foundation
Griselle Torres - University of Illinois at Chicago School of Public Health, Coordinating Center for Public Health Practice

Consultants

Patricia Moten Marshall, President – SynerChange Chicago
Anton Ledesma, Associate Consultant – SynerChange Chicago

Executive Summary

The Cook County Department of Public Health (CCDPH) initiated planning for a new 5-year Strategic Plan in March 2017. The Strategic Plan, included in this report, is the culmination of 10 months' activities to determine where CCDPH must place its attention over the next 5 years to be consistent with its mission and make progress toward its vision.

CCDPH continues to need a roadmap that navigates changes occurring within the agency and at the local, state and federal levels. Our role within the larger Cook County Health and Hospitals System (CCHHS) in providing leadership on population health calls for groundbreaking action. Solutions for current and emerging community health needs such as those identified in WePlan 2020, suburban Cook County's community health assessment and improvement plan, require us to adopt approaches, standards, and practices that will optimize health and health equity for all people and communities in our jurisdiction. Central to success is collaboration with leaders, partners, and residents and alignment with various systems to collectively address the social, economic, environmental and behavioral issues that affect health.

Dr. Terry Mason, CCDPH's Chief Operating Officer, provided oversight to a strategic planning process that was led by four executive and two senior leaders making up the Strategic Planning Caucus with support from consultants from *SynerChange* Chicago. Several sources of data informed the Strategic Plan: (1) existing data collected as part of other planning processes led by CCDPH or partners; (2) data gathered on CCDPH's current state, gaps and opportunities from CCDPH staff and key stakeholders via survey, semi-structured interviews, or focus groups; and (3) a Strategic Planning retreat with CCDPH senior leaders along with representatives from CCHHS Administration and the Cook County Board of Commissioners.

The CCDPH Strategic Plan 2022 aligns with the CCHHS Strategic Plan: Impact 2020 and is designed to take action on critical issues and opportunities, advancing our mission, vision and values. This plan will further allow CCDPH to continue responding to the volatile, uncertain, complex social and political context facing public health.

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. CCDPH will also support staff in the development of new skills to advance the strategic plan goals.

New strategic plan focus areas include:

1: HEALTH EQUITY

Advance health equity throughout Suburban Cook County by expanding the understanding of what creates health, strengthening capacity internally and building power externally, and implementing health equity in all policies approach.

2: STRATEGIC COMMUNICATION

Develop and implement internal strategies and systems of communication that facilitate productive inter- and intradepartmental interactions and consistent and effective exchange of information among all CCDPH staff.

Create and implement strategies and systems to increase visibility, awareness, and value for CCDPH's work and to improve engagement with its partners.

3: RESOURCE DEVELOPMENT

Identify and implement a systems approach that optimizes existing resources and secures additional resources needed to advance CCDPH's work.

4: DATA CAPACITY

Increase CCDPH's capability to leverage data to drive, inform, evaluate, and promote CCDPH's work and to better inform, support, and respond to the needs of key stakeholders and the community.

Advancements in each of the Strategic Plan's focus areas will strengthen the infrastructure of CCDPH that will position the agency to better serve suburban Cook County and to continue providing leadership with the implementation of WePlan 2020.

5: PRIORITY INITIATIVES

Inter-departmental initiatives of priority that will build healthy institutional and community environments that support healthy lifestyles or improve availability and use of prevention-focused, evidence-based healthcare services.

Introduction to the CCDPH Strategic Plan

The Cook County Department of Public Health (CCDPH) serves the nearly 2.5 million residents of suburban Cook County. Our geography covers 125 municipalities, 30 townships, and more than 700 public schools. We are one of six health departments in Cook County certified by the Illinois Department of Public Health, nationally accredited by the Public Health Accreditation Board (PHAB) and part of one of the largest public health care systems in the country. Dr. Terry Mason serves as our Chief Operating Officer. He reports to Dr. Jay Shannon, the Chief Executive Officer of CCHHS. CCHHS is governed by the Cook County Health & Hospitals System Board of Directors while the Cook County Board of Commissioners serves as the Board of Health.

The 5-year CCDPH Strategic Plan spans the period of 2018 – 2022. The plan’s framework aligns with the CCHHS Strategic Plan: Impact 2020. There are seven components.

Components	Answers the Question:
Mission	Why does CCDPH exist?
Vision	What is the desired future for those CCDPH serves?
Values	What principles guide CCDPH’s behavior?
Focus Areas	Where will CCDPH direct its attention over the next 5 years toward advancing its mission and vision?
Objectives	What, at a minimum, will CCDPH accomplish in the next 5 years for each Focus Area?
Highlighted Tactics	What key approaches will be employed toward the achievement of each Objective?
Measurements/Milestones	How will success be measured?

The Mission, Vision, and Values Statements in this new Strategic Plan were first defined for CCDPH in its 2015 Strategic Plan and remain intact. When asked, staff confirmed that these three statements remain relevant, inspiring, and a significant guide to their day-to-day work today and for years to come.

Informing the CCDPH Strategic Plan are a series of initiatives and activities undertaken during the 10-month planning period. We listened to our staff and other stakeholders and reviewed information from other CCDPH planning processes to answer the following questions:

- What are perspectives of key stakeholders about CCDPH?

- What is happening in the external environment that will impact CCDPH in the 3-5 year future?
- What are CCDPH’s internal strengths and weaknesses, external opportunities and threats?
- What other data and statistics are relevant to CCDPH’s planning?

See below for a timeline with key activities for the strategic planning process.

Timeline	Activity
Mar 2017	All Staff input Session to initiate planning – facilitated by the MidAmerica Center for Public Health Practice
Apr–Dec 2017	Strategic Planning Caucus convened to oversee the strategic planning and implementation plan. Met every two weeks during the planning
May–Dec 2017	<i>SynerChange</i> Chicago consulting practice facilitated planning
Jul 2017	Staff Survey to gain further input to the Strategic Plan
Aug–Sep 2017	Stakeholder Interviews
Sep 2017	Strategic Planning Retreat – including representation from CCHHS and the Board of Commissioners to confirm mission, vision, and values, identify strategic priorities and initial objectives
Nov–Dec 2017	CCDPH managers convened to refine objectives and identify tactics, measurements and milestones
Jan 2018	Strategic Plan approval

Informing the Plan Strategic Planning Caucus

A Strategic Planning Caucus (SP Caucus) led the 10-month strategic planning process and will oversee its implementation. Four executive and 2 senior leaders served on the SP Caucus, meeting every two weeks. They were involved with every aspect of the planning, and guided the work of the consultants.

During initial meetings, the SP Caucus raised questions to be answered during the planning, or by the Strategic Plan. They determined the methodologies to be used for obtaining feedback, and identified key stakeholders for individual interviews.

Throughout the planning process, the SP Caucus was attuned to the voice of staff, wanting to assure that staff perspectives were heard, and understood. It was also important to the SP Caucus that staff remain informed about the planning. To this end, staff received planning updates at staff meetings and through e-mails over the course of the 10 months.

The SP Caucus assured that findings and outcomes of other planning efforts were considered and aligned with the Strategic Plan (e.g. WePlan 2020, CCHHS: Impact 2020, Workforce Development Plan). The SP Caucus also researched studies and publications to obtain the most current thinking for tactics to highlight in the Strategic Plan.

It was important to the SP Caucus that the Strategic Plan represents a realistic view of what CCDPH can achieve. As content of the plan was being deliberated, SP Caucus members met with CCDPH managers to review and refine the proposed objectives, tactics, measurements and milestones.

Informing the Plan Staff Input

Staff input was essential to planning for the next 5 years.

There were three major avenues for staff input:

1. An all-staff input session facilitated by the UIC School of Public Health, MidAmerica Center for Public Health Practice
2. An all-staff survey designed and administered by *SynerChange* Chicago, and
3. Manager meetings to review and refine the objectives, highlighted tactics, and measurements/milestones of the Strategic Plan.

The all-staff input session kicked off the strategic planning process in March of 2017. Staff convened in breakout groups to respond to several areas of inquiry:

- Changes in the community – over the next 5 years
- How roles at CCDPH might shift – what might change, what might stay the same, what might be different?
- How Dr. Mason might describe CCDPH in 5 years, if asked by a reporter? What would be his talking points?
- CCDPH Strengths
- CCDPH Current Challenges
- What CCDPH will need to start, stop and continue, to address its role in 5 years?
- Other comments?

Staff highlighted the uncertainty and outcome of the Affordable Care Act (ACA) as a key impetus for change over the next 5 years. Decreased healthcare coverage, reduced access to care, and less preventive care were feared as outcomes. Funding cuts, immigrant issues/changes, and the increasing need for mental health services were also strong factors driving change.

Staff described their roles as increasingly doing more with less resources. Technology was identified as essential for enhancing work efficiency and doing outreach to the public.

Dr. Mason's talking points 5 years from now, if asked by a reporter, were predicted as the department's emphasis on prevention and health equity, collaborations with partners, improved communication both internally and externally, and technology as a way to address some issues.

The staff recognized their colleagues as a key strength of CCDPH; the dedication, diversity, knowledge, expertise, and experience of individuals throughout the department. Other strengths cited were: teamwork within units, services and education provided to the public, a community focus, and CCDPH programs and practices.

Staff identified a lack of/decreased funding and resources as a significant contributor to the challenges faced by CCDPH. Additional challenges cited by staff included: deficiencies in staffing, staff development, promotions, and training. Furthermore, staff discussed operational challenges including: meeting technology needs, communication (both internal and external), and bureaucracy.

An all-staff survey was designed as a follow-up to the March staff input session. The survey asked staff to provide further insight about topics raised in March. The survey also asked staff to share their thoughts about the Mission, Vision and Values statements, articulated for the 2015 CCDPH Strategic Plan.

The survey was administered during the month of July 2017. 132 staff responded to the anonymous survey.

The survey explored the following:

- CCDPH Mission:
 - Awareness of...
 - Demonstration of...
 - What further CCDPH can do to promote the mission?
- CCDPH Vision:
 - Awareness of...
 - Demonstration of...
 - What further CCDPH can do to promote the vision?
- CCDPH Values:
 - Awareness of...
 - Demonstration of...
- Highest impact external environment factors impacting CCDPH and its stakeholders over the next 5 years
- Ranking of strategic priorities articulated at the March session
- Work experience, motivation and satisfaction

Over 2/3 of survey respondents acknowledged awareness and demonstration of CCDPH's Mission, Vision and Values, confirming that the statements still resonate with staff.

Staff who took the survey identified the top three external factors having the greatest impact on CCDPH over the next 3-5 years as: funding, replacement to the Affordable Care Act, and chronic diseases.

When asked to prioritize where CCDPH should focus its attention over the next 3-5 years, the staff's responses, in order of importance were: health equity, internal communication, enhanced technology, workforce development, resource development, quality improvement, and working with partners for policy change.

The third major staff input activity involved management staff. Meetings were held with SP Caucus members in which the management staff were asked to review and refine the Objectives, Highlighted Tactics, and Measurements/Milestone for the Strategic Plan. One of the key considerations during these meetings was to insure CCDPH had or could acquire the capacity to accomplish the plan.

DRAFT

Informing the Plan

1:1 Interviews

Ten individuals, representing key stakeholders, participated in one-on-one interviews with the strategic planning consultants during August and September 2017.

The following areas of inquiry were explored:

- When you think of CCDPH, what's the first thing that comes to mind?
- What is the role of the CCDPH?
- What are strengths of CCDPH?
- What does CCDPH do best?
- What are CCDPH opportunities for improvement?
- What is happening in the external environment that will impact CCDPH in the next 3-5 years?
- Based on what is happening in the external environment, where are there opportunities and what are the threats for CCDPH?
- What should be CCDPH priorities in the next 3-5 years?
- What is CCDPH's reputation in the community?
- What do you, as a Stakeholder, need from CCDPH?

In general, the interviewees shared diverse perspectives in their responses. Most expressed positive insight about CCDPH, while recognizing the reality of politics, lack of funding, and bureaucracy.

CCDPH staff were mentioned most frequently as strengths. Staff were described as knowledgeable, professional, innovative and passionate. The staff's patience and ability to accomplish, despite reduced resources and other obstacles, was called "impressive".

Data and information generation was noted as another CCDPH strength. CCDPH's willingness to work with others in the community and be inclusive was also acknowledged.

Areas for improvement were identified as: gaining more visibility and recognition in the community, reaching out to partners (including non-traditional partners) to offset limited resources, and leveraging the relationship with CCHHS.

There were several opportunities interviewees perceived as available to CCDPH over the next 3-5 years. Sustaining its core services through a health equity lens was one. Because of CCDPH's data and information generation ability, strengthening its presence as an evidence based department, strengthening its research base – leveraging its platform for delivering fact sheets, reports, and studies, and becoming the go-to for epidemiology and statistics of the health of the county were seen as other opportunities.

Some interviewed encouraged CCDPH to make up for limited resources by exploring additional grant opportunities and enhancing its partnership role within the community, beyond convening.

A couple of interviewees continued to see an opportunity for the health departments serving Cook County to conserve resources by identifying county-wide priorities and engaging together in regional activities.

To the question regarding CCDPH's reputation, interviewees described the reputation differently among individuals and organizations with a first-hand working relationships with CCDPH vs the community, at large. For those who have worked with CCDPH, its reputation was described as: solid, dependable, good, a great place for training and underfunded. A couple of interviewees described the reputation as a mixed bag, yet improving. For those who don't work with CCDPH, the reputation was described as not-known, not thought about, and taken for granted.

DRAFT

Informing the Plan Other Planning Initiatives

In addition to staff feedback and key stakeholder input, WePlan 2020 and an evaluation exploring factors that facilitate sustainability of policy, systems and environmental (PSE) change work (referred to as the sustainability evaluation) captured data was foundational to this strategic plan's environmental scan.

CCDPH led the development of WePlan 2020, the community health assessment and improvement plan for suburban Cook County, using the Mobilizing for Action through Planning and Partnerships (MAPP) process in 2015 and 2016. WePlan 2020 identified the following strengths and opportunities for the public health system in suburban Cook County --- in which CCDPH is a key partner.

Strengths:

- Diagnose and investigate health problems and health hazards in the community
- Enforce laws and regulations

Opportunities for improvement:

- Assure a competent public and personal health care workforce
- Lags and gaps may exist in the data available which may impact action to address problems
- Increase advocacy and constituency building to gain wide support for improving and creating new laws to support populations health
- Research for new insights and innovative solutions to health problems
- Strengthen bi-directional exchange between practice organization and researchers and establish a research collaborative to foster coordination
- Capacity and readiness to address health equity

WePlan 2020 further is grounded in the Triple Aim of Health Equity model that emphasizes action in expanding the understanding of what creates health; strengthening capacity of communities to address social determinants of health; and taking a Health in All Policies (HiAP) approach. This framework was used to develop the objectives for the Health Equity focus area.

While WePlan 2020 provided insights into external opportunities and threats, the sustainability evaluation (made possible with funding from the Centers for Disease Control and Prevention) identified perceptions related to CCDPH strengths, challenges, and role by partners and key stakeholders engaged in PSE work to reduce the burden of chronic disease and promote healthy living and health equity.

The evaluation used focus groups, semi-structured interviews and facilitated discussions with CCDPH staff, providers of technical assistance, Alliance for Healthy and Active Communities

(AHAC) member organizations, implementing agencies, and a few agencies not implementing PSE changes to reach its conclusions.

Below are the key findings that were shared with the SP Caucus for consideration.

1. There is an internal and external perception that CCDPH no longer has the skills or people-power to undertake some public health activities. Respondents no longer reach out to CCDPH because they are believed to be too busy.
2. CCDPH’s limited capacity may impact the quality of its ‘service’ delivery, and the delivery of the broader public health system.
3. Some people indicated that health departments may not be the best to lead certain public health efforts due to slow speed of decision making, overall inflexibility and inability to move resources out to communities.
4. Build upon existing infrastructure to increase clarity in partner roles and increase their ability to provide grassroots resources and connection throughout Suburban Cook County.
5. CCDPH can build capacity to continue what it started. Respondents noted the need for leadership, vision alignment and capacity building to maintain and expand Policy, Systems, and Environmental (PSE) efforts.
6. CCDPH has strong partnerships and partners who are ready to continue to work with CCDPH going forward.
7. There is an opportunity and interest with partners to focus on social determinants of health.
8. CCDPH’s role as convener or coordinator works best when the department works to more deeply understand and relate to non-public health work.
9. Different organizational structures may help advance a public health agenda even more.

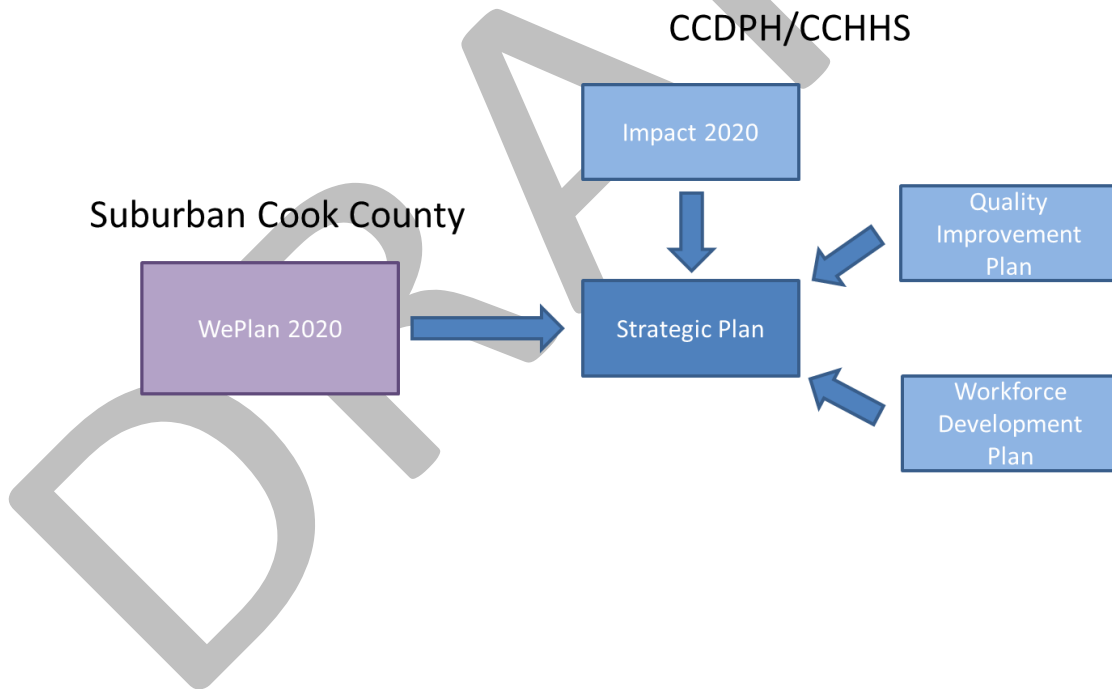
The SP Caucus also referenced the following reports from other strategic planning initiatives to inform the CCDPH Plan and assure alignment.

Cook County Health and Hospitals System: IMPACT 2020	<ul style="list-style-type: none"> • CCHHS 2017-2019 Strategic Plan
Cook County Department of Public Health 2015 Strategic Plan	<ul style="list-style-type: none"> • Previous 5-year Strategic Plan of CCDPH
Workforce Development Plan	<ul style="list-style-type: none"> • Identifies training and development needs and goals of CCDPH
Quality Improvement Plan	<ul style="list-style-type: none"> • Details Quality Improvement approaches, goals, and metrics to be achieved by CCDPH annually

Cook County Annual Sustainability Report 2016	<ul style="list-style-type: none"> • Details Cook County’s progress in Environmental Sustainability initiatives as of 2016
Cook County’s Consolidated Plan and Comprehensive Economic Development Strategy	<ul style="list-style-type: none"> • Cook County’s 5-year economic development plan

Several of these initiatives included stakeholder input that did not need to be replicated for CCDPH’s planning process. Other initiatives suggested areas of focus for CCDPH’s Strategic Plan, and highlighted specific tactics for the identified objectives. Reference is made to these initiatives in the Strategic Plan.

Plan Alignment



Informing the Plan Strategic Planning Retreat

A Strategic Planning Retreat was convened on September 12, 2017 and engaged all CCDPH leadership in a day of planning. Participants included CCDPH’s senior leadership, representation from CCHHS, and the Cook County Board of Commissioners.

The purpose of the Strategic Planning Retreat was two-fold:

- To confirm CCDPH’s Mission, Vision, and Values
- To identify Focus Areas for a new 5-year Strategic Plan

Participants began the day reviewing the four goals established for the CCDPH 2015 Strategic Plan and highlighting accomplishments. The 2015 goals were: Leading Health in Cook County, Improving Health, Achieving Accreditation and Assuring Quality, and Strengthening Organizational Capacity.

Next, the results of stakeholder input, conducted over the past several months, was presented. The presentation included perceptions of CCDPH strengths, challenges, external environmental factors and their corresponding opportunities and threats for CCDPH.

CCDPH: Key Strengths, Weaknesses, Opportunities & Threats

Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> • Dedicated, knowledgeable staff • Data capabilities 	<ul style="list-style-type: none"> • Technology • Staff training / development • Internal communication • Decreased staffing 	<ul style="list-style-type: none"> • Technology advancements • Partner collaboration, including CCHHS • Resource development • Health equity • Policy change • CCDPH brand development 	<ul style="list-style-type: none"> • ACA uncertainty • Immigration policy changes • Diminishing funding / resources • Low awareness of CCDPH’s role and functions

The staff survey results, reflecting on the CCDPH Mission, Vision, and Values, confirmed that these statements, articulated in the CCDPH 2015 Strategic Plan, remain relevant and inspirational today and into the future. Retreat participants endorsed retaining these three statements for the new Strategic Plan.

The retreat agenda then turned to four proposed Focus Areas for the new Strategic Plan – Health Equity, Strategic Communication, Resource Development and Data Capacity. Members of the SP Caucus shared the rationale for these four areas, referencing staff and stakeholder input, other planning initiatives and its own deliberations. After discussion, the Focus Areas were endorsed.

The final activity for the retreat was discussion about objectives and success factors for each of the four Focus Areas.

Following the retreat, the plan was reviewed by CCHHS leadership. Several key program areas were suggested for attention, given the alignment with resource availability or opportunity for collaboration. These areas included: sexually transmitted infections (STI) prevention, lead poisoning prevention, and food systems, and are included in the fifth focus area (Priority Initiatives).

DRAFT

Cook County Department of Public Health Strategic Plan

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.

CORE VALUES AND GUIDING PRINCIPLES

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:

<i>Quality and Stewardship</i>	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.
<i>Diversity</i>	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.
<i>Integrity</i>	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.
<i>Respect</i>	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.

<i>Teamwork</i>	We foster communication, coordination, and collaboration with the public and our public health system partners, within County government and in our communities.
<i>Health Equity</i>	We are committed to a society where health status is not determined by race, ethnicity, gender, class, sexual orientation or other social categories.
<i>Prevention</i>	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.

DRAFT

Cook County Department of Public Health Strategic Plan

FOCUS AREAS

1: HEALTH EQUITY

Advance health equity throughout Suburban Cook County by expanding the understanding of what creates health, strengthening capacity internally and building power externally, and implementing health equity in all policies approach.

2: STRATEGIC COMMUNICATION

Develop and implement internal strategies and systems of communication that facilitate productive inter- and intradepartmental interactions and consistent and effective exchange of information among all CCDPH staff.

Create and implement strategies and systems to increase visibility, awareness, and value for CCDPH's work and to improve engagement with its partners.

3: RESOURCE DEVELOPMENT

Identify and implement a systems approach that optimizes existing resources and secures additional resources needed to advance CCDPH's work.

4: DATA CAPACITY

Increase CCDPH's capability to leverage data to drive, inform, evaluate, and promote CCDPH's work and to better inform, support, and respond to the needs of key stakeholders and the community.

Advancements in each of the Strategic Plan's focus areas will strengthen the infrastructure of CCDPH that will position the agency to better serve suburban Cook County and to continue providing leadership with the implementation of WePlan 2020.

5: PRIORITY INITIATIVES

Inter-departmental initiatives of priority that will build healthy institutional and community environments that support healthy communities or improve availability and use of prevention-focused, evidence-based healthcare services.

**Cook County Department of Public Health
Strategic Plan**

OBJECTIVES, HIGHLIGHTED TACTICS, MEASUREMENTS/MILESTONES

Focus Area 1: Health Equity

Advance health equity throughout Suburban Cook County by expanding the understanding of what creates health, strengthening capacity internally and building power externally, and implementing a health equity in all policies approach.

Objectives	Highlighted Tactics	Measurements/Milestones	Reference
<p>1.1 Integrate health equity strategies across the agency and for all units in CCDPH.</p>	<p>Identify, examine, and strengthen internal practices and processes to support advancement of health equity</p> <p>Train CCDPH staff on what health equity means and provide access to tools to support integration of health equity strategies into their work.</p>	<p>2018 – 2020: Develop and disseminate guidance that reflects how agency will operate to advance health equity.</p> <p>2018 – 2019: 100 % of CCDPH staff will complete Roots of Health Inequity training.</p> <p>2018 – 2022: A library of health equity tools will be identified, centralized in a location accessible to all CCDPH staff, and updated annually.</p>	<p>Human Impact Partners, Health Equity Guide</p> <p>WePLAN 2020</p> <p>CCDPH Workforce Development Plan</p> <p>CCDPH Quality Improvement Plan</p>

Objectives	Highlighted Tactics	Measurements/Milestones	Reference
	<p>Each unit identifies and implements at least one strategy that incorporates health equity into a policy, program, or services.</p>	<p>2018 – 2020: 90% of staff demonstrate understanding of health equity.</p> <p>2018 – 2022: All units demonstrate strategies they are using to integrate health equity into their work. To be reported on annually.</p>	<p>PHAB Accreditation</p>
<p>1.2 Maintain and expand CCDPH’s strategic partnerships or collaborations with government (state, county, local), academic and community based organizations to advance health equity.</p>	<p>Promote strategic relationships to support CCDPH, Impact 2020, and WePlan 2020 priorities.</p> <p>Define CCDPH strategy for inclusive community engagement to ensure that populations experiencing inequities have a voice.</p> <p>Build capacity of organizations and communities in suburban Cook County to advance health equity.</p>	<p>2018 – 2022: Cultivate, document and clearly define key relationships.</p> <p>2018 – 2019: Develop and disseminate guidance on inclusive community engagement.</p> <p>2018 – 2019: Develop capacity building plan.</p> <p>2018 – 2022: Implement and evaluate strategies and activities aligned with the plan.</p>	<p>Human Impact Partners, Health Equity Guide</p> <p>WePLAN 2020</p> <p>CCHHS Impact 2020</p> <p>PHAB Accreditation</p>

Objectives	Highlighted Tactics	Measurements/Milestones	Reference
<p>1.3 Promote integration of health equity in policy development among local government and other key stakeholders.</p>	<p>Collaborate with other health departments and key partners to promote public policy that advances health equity.</p> <p>Identify and facilitate opportunities that integrate health equity into the work of sister County agencies.</p> <p>Promote the value of Health Equity in All Policies approach to local municipalities.</p>	<p>2018 – 2022: Maintain and establish relationships with organizations and collaboratives advancing public policy that promotes health equity.</p> <p>2018 – 2022: Adopt an ordinance that encourages Cook County agencies to consider health equity in decision-making.</p> <p>2018 – 2019: Develop a model ordinance for municipalities to adopt a Health Equity in all Policies approach.</p>	<p>Human Impact Partners, Health Equity Guide</p> <p>WePLAN 2020</p> <p>CCDPH Quality Improvement Plan</p> <p>PHAB Accreditation</p>

DRAFT

Focus Area 2: Strategic Communication

Develop and implement internal strategies and systems of communication that facilitate productive inter- and intradepartmental interactions and consistent and effective exchange of information among all CCDPH staff.

Create and implement strategies and systems to increase visibility, awareness, and value for CCDPH's work and to improve engagement with its partners.

Objectives	Highlighted Tactics	Measurements/Milestones	Reference
<p>2.1 Improve internal communication that produces productive inter- and intradepartmental interactions and exchange of information amongst staff during routine and emergency operations.</p>	<p>Train CCDPH supervisors and staff on effective communication strategies that support routine and emergency operations.</p> <p>Develop and implement systems and strategies that ensure consistent communication across CCDPH.</p>	<p>2018 – 2020: All supervisors complete communication trainings to support effective routine and emergency operations.</p> <p>2018 – 2019: 90% of employees have access to SharePoint.</p> <p>2018 – 2022: 100% of employees are trained on CCDPH website/social media.</p> <p>2018 – 2022: Establish and maintain a communications committee.</p> <p>2018 – 2022: Create, implement, and evaluate internal communications plan.</p>	<p>CCDPH Workforce Development Plan</p> <p>CCDPH Quality Improvement Plan</p>

Objectives	Highlighted Tactics	Measurements/Milestones	Reference
	<p>Promote communication between CCDPH managers and peers throughout CCCHS in order to enhance operations and foster collaboration.</p>	<p>2018 – 2022: Develop and maintain a quarterly newsletter to highlight successes and high points of CCDPH’s work.</p> <p>2018 – 2022: Update the staff directory by service unit and make accessible to employees, annually.</p> <p>2018 – 2022: Every unit annually exercises a manual emergency notification plan.</p> <p>2018 – 2022: 90% of staff are satisfied with internal communication, based on annual survey results.</p> <p>2019 – 2022: Submit quarterly to the CCHHS “Systems Brief” newsletter.</p> <p>2018 – 2022: Continue to convene Population Health Grand Rounds quarterly.</p>	
<p>2.2 Build value for CCDPH by communicating to SCC residents and agency</p>	<p>Integrate health equity narrative into agency external communications.</p>	<p>2018: Develop health equity narrative guidance for staff.</p>	

Objectives	Highlighted Tactics	Measurements/Milestones	Reference
<p>partners the goals and importance of public health.</p>	<p>Increase transparency and accountability of CCDPH.</p> <p>Integrate brand messaging into all modes of CCDPH communication.</p> <p>Increase social media presence and engagement.</p> <p>Improve CCDPH website engagement</p>	<p>2020: Post all inspection reports on CCDPH website.</p> <p>2019: Post Freedom of Information Act (FOIA) rights in easily understandable language on CCDPH website.</p> <p>2018: Send updated phone list of main CCDPH contacts to our municipalities and community partners.</p> <p>2018: Implement a functional phone-tree system that routes callers to the appropriate health department office.</p> <p>2018 – 2020: Develop written brand strategy document.</p> <p>2018: Install CCDPH logo/signage on all public facing buildings/offices.</p> <p>2018 – 2020: Increase social media engagement by 125%.</p> <p>2018: Migrate CCDPH website to WordPress.</p>	

Objectives	Highlighted Tactics	Measurements/Milestones	Reference
	Update emergency communications procedures to ensure CCDPH is able to effectively communicate to residents and partners.	<p>2018 –2020: Increase website traffic (total and unique views) by 125%.</p> <p>2018 – 2020: Collaborate with CCHHS communications to update, train, and exercise Emergency Public Information Annex.</p>	PHAB 3.3.3.3-6

DRAFT

Focus Area 3: Resource Development

Identify and implement a systems approach that optimizes existing resources and secures additional resources needed to advance CCDPH's work.

Objectives	Highlighted Tactics	Measurements/Milestones	Reference
3.1 Maximize internal resources through workforce development and quality improvement.	<p>Update and implement Workforce Development Plan annually.</p> <p>Update and implement Quality Improvement Plan annually.</p>	<p>2018 – 2022: Annual workforce development plan goals are met.</p> <p>2018 – 2022: Annual QI plan goals are met.</p> <p>2018 – 2022: QI teams present storyboards of completed projects annually.</p>	<p>CCDPH Workforce Development Plan</p> <p>CCDPH Quality Improvement Plan</p>
3.2 Secure additional funding.	Explore and achieve grant opportunities to improve health outcomes and advance health equity in Suburban Cook County.	<p>2018 – 2022: 100% of all new and continuing grant applications are aligned with CCDPH Strategic Plan or priorities.</p> <p>2018 – 2022: Grant applications are increased by 10% over 2017.</p>	CCHHS Impact 2020 – 3.2
3.3 Develop strategic partnerships or collaborations that build CCDPH capacity to advance its mission.	Analyze shared priorities among CCDPH and sister county agencies to guide resource development planning, and opportunities for leveraging resources.	2018: Complete analysis.	

Objectives	Highlighted Tactics	Measurements/Milestones	Reference
	<p>Become an academic health department.</p> <p>Align partnerships with Community Health Improvement Plan (CHIP), strategic goals, and CCDPH mission.</p>	<p>2018: Finalize a Memorandum of Understanding (MOU) establishing CCDPH as an academic health department.</p> <p>2020 – 2022: Key partnerships have a document defining the relationship between CCDPH and partner organization.</p>	

DRAFT

Focus Area 4: Data Capacity

Increase CCDPH’s capability to leverage data to drive, inform, evaluate, and promote CCDPH’s work and to better inform, support, and respond to the needs of key stakeholders and the community.

Objectives	Highlighted Tactics	Measurements/Milestones	Reference
<p>4.1 Mobilize data, research, and evaluation to assess and inform interventions for health equity and promote an upstream approach.</p>	<p>Collaborate across programs and issue areas in partnership with other agencies to analyze the social and structural determinants of health.</p> <p>Ensure that CCDPH data is presented along with a narrative which explicitly addresses the social and structural determinants of health, including assumptions, values, and the historical context.</p>	<p>2018 – 2022: At least one CCDPH report produced annually with data stratified by factors that highlight health inequities and the social and structural determinants of health.</p> <p>2018 – 2020: Narrative with a health equity lens accompanies the data CCDPH publishes on selected health outcomes where appropriate.</p>	<p>CCHHS Impact 2020 – 5.4 and 6.2</p> <p>WHO Social Determinants of Health Framework</p>
<p>4.2 Inventory and promote awareness of data and data products and capabilities at CCDPH.</p>	<p>Conduct an inventory of all CCDPH datasets and evaluate data needs, by unit.</p> <p>Develop a best practices document for sharing CCDPH datasets internally and externally, guidance for how to use the data, and CCDPH data capabilities.</p> <p>Promote awareness internally and among community partners about the data available through CCDPH.</p>	<p>2018 – 2019: Inventory completed.</p> <p>2018 – 2020: Best practices document completed.</p> <p>2019 – 2021: Present document at CCDPH internal meetings.</p>	<p>CCHHS Impact 2020 – 5.4 and 6.2</p>

Objectives	Highlighted Tactics	Measurements/Milestones	Reference
	<p>Utilize innovative and creative methods of information sharing to make data accessible, including: WebApps, social media, and programming languages that aid in data visualization.</p>	<p>2019 – 2021: Conduct a webinar promoting CCDPH data capabilities.</p> <p>2018 – 2022: Update website to be interactive with improved data visualization.</p>	
<p>4.3 Expand surveillance/ data capacity, including ability to measure social and structural determinants of health.</p>	<p>Build knowledge and skills of identified CCDPH staff around data and measuring the social and structural determinants.</p> <p>Secure resources and access to additional data sources.</p>	<p>2018 – 2022: Provide staff with trainings/capacity building opportunities focused on measurement and analysis of social and structural determinants of health.</p> <p>2018 – 2022: Develop and execute systematized data collection plan (for Behavioral Risk Factor Surveillance System and Youth Risk Behavior Surveillance System) every five years in alignment with the WePlan community health assessment process.</p> <p>2018 – 2020: Determine feasibility to make chronic diseases and police-related violence reportable conditions.</p>	<p>CCDPH Workforce Development Plan</p> <p>WePLAN 2020</p>

Objectives	Highlighted Tactics	Measurements/Milestones	Reference
	<p>Identify, secure and use relevant, up-to-date hardware (e.g., computers), software, and tools to collect and analyze, data.</p> <p>Build collaborations within CCHHS or with external agencies to leverage and expand data sources, and collection and analysis capabilities.</p>	<p>2018 – 2022: Provide epidemiology staff with computer hardware with specifications optimized for the analysis of large datasets.</p> <p>2018 – 2022: CCDPH leverages data from the CCHHS clinical data warehouse to strengthen surveillance capabilities, plan, and evaluate interventions.</p>	<p>CCHHS Impact 2020 – 5.4 and 6.2</p>

DRAFT

Focus Area 5: Priority Initiatives

Inter-departmental initiatives of priority that will build healthy institutional and community environments that support healthy lifestyles or improve availability and use of prevention-focused, evidence-based healthcare services.

Objectives	Highlighted Tactics	Measurements/Milestones	Reference
5.1 Reduce sexually transmitted infections (STIs)	Engage with CCHHS and community partners to reduce STIs, focusing on high risk groups.	<p>2018: Develop a plan to address select conditions such the need to reduce STIs, incorporating a health equity approach.</p> <p>2018-2022: Work with key leadership in CCHHS to establish universal screening and follow-up for STIs in all patients age 15-24 years old and others in high risk groups.</p> <p>2019-2022: Conduct two mass screenings and treatment for STIs in high risk communities.</p> <p>2018-2022: Establish a mass marketing campaign to educate SCC residents about STIs.</p> <p>2019: Establish electronic case reporting of STIs diagnosed and/or treated in the CCHHS system.</p>	

Objectives	Highlighted Tactics	Measurements/Milestones	Reference
<p>5.2 Expand lead poisoning prevention</p>	<p>Create and advocate for the adoption of a lead poisoning prevention ordinance for Cook County, allowing for intervention at lower blood-lead levels.</p> <p>Carry out both federal and local grant programs to support lead hazard remediation in low-income housing units.</p> <p>Collaborate with ACHN clinics, and other local health providers, to ensure lead screening and testing is provided.</p> <p>Conduct research that identifies other potential grant opportunities and lead poisoning prevention best practices.</p>	<p>2019: A new lead poisoning prevention ordinance will be submitted to the Cook County Board of Commissioners</p> <p>2018 – 2020: Remediate at least 235 homes per year.</p> <p>2018 – 2022: Visit at least 50 providers to educate them about lead poisoning testing and reporting requirements.</p> <p>2018-2022: Work with ACHN pediatrics to update lead screening and testing policy and support implementation of protocols in clinics.</p> <p>2018-2020- research funding models and provide recommendations for funding approaches.</p> <p>2018-2020: Provide data and support implementation of policy for automatic Early Intervention eligibility for lead-exposed children.</p>	<p>CCHHS Impact 2020 – 7.6.1</p>

Objectives	Highlighted Tactics	Measurements/Milestones	Reference
<p>5.3 Strengthen food system sustainability and food security</p>	<p>Convene a Food Summit annually to bring together food system stakeholders.</p> <p>Expand urban farm initiatives and healthy food and beverage options in existing retail venues or food service establishments.</p> <p>Promote school wellness through adoption and implementation of policies and practices that support students and staff in eating better throughout the day.</p> <p>Lead or support legislation at federal, state, or local levels that support healthy, sustainable foods systems and/or promote food security.</p>	<p>2018 – 2022: Hold annual food summit.</p> <p>2018 – 2022: Extend partnership with the Housing Authority of Cook County to increase the number of community gardens across developments.</p> <p>2019 – 2022: Promote school policies and practices that promote healthy eating among students and staff at annual School Health Conference.</p> <p>2018-2022: Increase in changes to laws that support healthy, sustainable food systems and/or promote food security.</p>	<p>WePlan 2020</p>

References

Cook County Department of Public Health. (2016). *WePLAN2020 Improving Community Health and Health Equity for Suburban Cook County*. Oak Forest, Illinois. Retrieved from <http://cookcountypublichealth.org/files/pdf/weplan/weplan2020-report-111416-final-lr-for-viewing-online.pdf>

Cook County Department of Public Health. (2014) Cook County Department of Public Health Quality Improvement Plan. Oak Forest, Illinois.

Cook County Department of Public Health. (2017). Cook County Department of Public Health Workforce Development Plan. Oak Forest, Illinois.

Cook County Health & Hospitals System. (2016). *Impact 2020 CCHHS Strategic Plan 2017-2019*. Chicago: Cook County Health & Hospitals System. Retrieved from <http://www.cookcountyhhs.org/wp-content/uploads/2016/01/CCHHS-Strategic-Plan-2017-2019-Impact-2020-approved-07-29-16.pdf>

Human Impact Partners. (2017). *HealthEquityGuide.org*. Oakland, California: Human Impact Partners. Retrieved from <https://theequityguide.org/>

Public Health Accreditation Board. (2017). *Guide to National Public Health Department Reaccreditation: Process and Requirements*. Alexandria, Virginia: Public Health Accreditation Board. Retrieved from <http://www.phaboard.org/wp-content/uploads/PHABGuideReacc.pdf>

Public Health Accreditation Board. (2017). *Welcome to the Public Health Accreditation Board: Complete List of Nationally Accredited Health Departments*. Alexandria, Virginia: Public Health Accreditation Board. Retrieved from <http://www.phaboard.org/news-room/accredited-health-departments/>

Acronyms

Acronym	
CCDPH	Cook County Department of Public Health
CCHHS	Cook County Health and Hospitals System
PHAB	Public Health Accreditation Board
PSE	Policy, Systems, and Environmental
SCC	Suburban Cook County
STI	Sexually transmitted infection
SP Caucus	Strategic Planning Caucus
WHO	World Health Organization