



DRAFT

# Putting the Public in Public Health

Cook County Department of Public Health Strategic Plan

# / 2023-2025 /



Cook County DEPT. of Public Health

**BUILDING  
HEALTHIER  
COMMUNITIES**





# Executive Summary

The Cook County Department of Public Health (CCDPH) is the state-certified public health department serving approximately 2.3 million residents in suburban Cook County, the second largest county in the nation. It is an affiliate of Cook County Health, one of the largest public safety net health care systems in the country. CCDPH is responsible for protecting the health and optimizing the conditions for health and wellness for residents of its jurisdiction through regulatory enforcement, monitoring and responding to public health threats, policy and systems change, referrals to health and social services, and community partnerships to address upstream drivers of health.

In 2022, CCDPH began a collaborative and participatory strategic planning effort, with an eye towards aligning with guiding Cook County plans such as the Cook County Policy Road Map, Cook County Health strategic plan, and We Plan 2025 – Community Health Improvement Plan. The resulting 2023-2025 strategic plan for CCDPH, Putting the Public in Public Health, defined CCDPH's vision, mission, and values.

## **VISION**

All people in suburban Cook County can realize their full health potential, regardless of who they are, where they are from, or where they live.

## **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.

## **CORE VALUES**

- Respect and Empathy
- Transparency
- Integrity
- Innovation, Responsiveness, and Stability
- Continuous Learning
- Organizational Health and Well-being
- Racial and Health Equity
- Authentic Collaboration and Engagement

## STRATEGIC AND FOUNDATIONAL PILLARS

Based on feedback from across a variety of assessments and the many facilitated planning sessions and conversations with staff, community partners, and the Strategic Planning Advisory Group, CCDPH identified five strategic pillars where CCDPH must focus its attention to be successful at advancing its vision and mission over the next three years:

- ▶ **PILLAR 1:** Strategic Communications. CCDPH will engage in ongoing internal and external communications strategies to embrace a culture of transparency and authentic dialogue with the communities that we serve.
- ▶ **PILLAR 2:** Community Partnerships and Collaboration. CCDPH will deepen its relationships with community-based organizations, health care providers, government leaders and agencies, and community residents for increased collaboration and capacity to advance health equity.
- ▶ **PILLAR 3:** Workforce and Workplace. CCDPH will invest in a public health workforce and workplace that is equitable, reflects its communities, and prioritizes well-being, growth, and inclusion.
- ▶ **PILLAR 4:** Infrastructure and Operations. CCDPH will strengthen and standardize its infrastructure for effective, transparent, and responsive operations.
- ▶ **PILLAR 5:** Integration and Systems Alignment. CCDPH will further integrate and align with CCH systems and practices, other relevant Cook County agencies, and neighboring jurisdictions.

In addition to the five core pillars, two foundational pillars were identified which cut across all five strategic pillars and form the underpinnings of all of CCDPH's work. The racial and health equity pillar builds on statements made in 2019, when CCDPH, like many health departments, declared racism a public health emergency (Cook County Department of Public Health, 2020), and the increased focus on health equity in Healthy People 2030, a set of national objectives for improving health and well-being (U.S. Department of Health and Human Services, 2021). Achieving health equity is a priority that requires focused, continued, collective efforts to address inequalities, historical and contemporary injustices, and health disparities (U.S. Department of Health and Human Services, date unknown).

- ▶ **RACIAL AND HEALTH EQUITY.** CCDPH will ensure the health and well-being for those who need it the most, regardless of race, ethnicity, gender identity, sexual orientation, disability, age, class, income, immigration status, or other social categories.
- ▶ **FUNDING AND RESOURCES.** CCDPH will sustain and expand essential population health services and prevention initiatives in alignment with national best practices outlined in Public Health 3.0 (DeSalvo et al., 2017) through increased funding and staffing and appropriate resource allocation.

Putting the Public in Public Health serves as a guide for CCDPH's journey of transformation during 2023-2025. The strategy outlined in the plan is a dynamic one, intended to evolve over time. To ensure that it is successful at making progress towards its vision and mission, CCDPH will develop metrics that matter for all major services, programs, and initiatives, including this strategic plan. The strategic plan will also serve as blueprint for accountability as it strives to optimize community health and advance health equity for the residents of suburban Cook County.

# Table of Contents

|  |    |
|--|----|
| Executive Summary                                      | 3  |
| Letter from Cook County Board President                | 6  |
| Letter from the Chief Executive Officer                | 7  |
| Letter from the Chief Operating Officer                | 8  |
| About the Foundational Public Health Services          | 9  |
| About CCDPH  | 10 |
| Vision, Mission, and Values                            | 11 |
| Planning Process                                       | 14 |
| Strategic Pillars                                      | 16 |
| Alignment with Cook County Plans and Public Health 3.0 | 18 |
| Strategy Execution                                     | 31 |
| Acknowledgements                                       | 32 |
| References   | 33 |
| Appendix A: Assessments Conducted and Incorporated     | 34 |
| Appendix B: Public Health 3.0                          | 35 |
| Appendix C: Chief Community Health Strategist          | 36 |

# Letter from Cook County Board President

To the residents of Cook County:

Cook County is our nation's second largest county by population and the heart of the country's third-largest metropolitan area. Cook County government plays a pivotal role in supporting the health, welfare, and safety of all those who live and work here. We are fortunate to have as the health-promoting arm of Cook County government such a robust health and hospital system and public health department, Cook County Health (CCH) and the Cook County Department of Public Health (CCDPH).

The COVID-19 pandemic illuminated not only the importance of having a strong public health system and infrastructure in times of crisis, but also the ongoing need for investment in proactive approaches to promoting community health and wellbeing. I have been impressed by WePlan 2025, the community health assessment and improvement plan for suburban Cook County, and its focus on root causes and upstream drivers of health disparities. If government is to play a leadership role in this community-wide health improvement effort, we need our public health system to be effective, adaptable, equitable, and responsive to diverse communities.

This strategic plan for CCDPH, Putting the Public in Public Health, will help achieve this future for our public health system and therefore our communities. It builds upon our Cook County Policy Roadmap and aligns with CCH's strategic plan for FY2023-2025, while outlining key steps that CCDPH will take to advance transparent communications, an inclusive workforce from within our communities, innovative and responsive infrastructure, and collaboration and alignment with our community partners and government agencies. This three-year strategy also acknowledges the crucial foundational theme of racial and health equity, which is so essential to improving the health of our communities.

I am grateful to CCDPH for engaging so deeply with colleagues, partners, and community residents all across Cook County to gather their input for this plan. I appreciate these contributions and look forward to working with CCDPH to put this audacious plan into action.

Sincerely,

Toni Preckwinkle

*President*

Cook County Board of Commissioners

# Letter from the Chief Executive Officer

To the residents of Cook County:

As the Chief Executive Officer of Cook County Health, it is an honor to have the Cook County Department of Public Health (CCDPH) as part of our enterprise and to be entrusted as the steward of public health for suburban Cook County. In 2023, CCH established a strategic plan for FY2023-2025 to encompass all components of the health system, including our clinical services, health plan services, and community health. I am very pleased to see a more detailed direction laid out in this strategic plan, Putting the Public in Public Health, that will further our vision for CCDPH and our mission to improve the health and wellbeing of Cook County.

The work of public health is a crucial complement to the individual health care services that our health and hospital system delivers every day. At Cook County Health, we work tirelessly to deliver quality, accessible health care services for every Cook County resident and health coverage through our Medicaid managed care plan CountyCare. Still, creating equitable access to health coverage and care is just the tip of the iceberg when it comes to ensuring the health of our communities.

The COVID-19 pandemic underscored how critical a robust public health department is in advancing population health. The system-wide strategic plan included a goal to grow CCDPH to help address the impact of future health crises. CCDPH is dedicated to supporting healthy environments, providing health education and prevention services, looking systemically at population health data, and working directly with our partners across Cook County to improve health and quality of life for everyone.

Putting the Public in Public Health exemplifies this work. This plan emphasizes the foundational importance of health equity and of funding and resources for public health. It prioritizes collaborative partnerships, authentic communications, responsive operations, and an equitable and flexible public health workforce. It also underscores the value of the alignment between the work of the health department, Cook County Health's clinical services, and our other county agencies and neighboring communities.

We are fortunate to have stalwart supporters of our public health efforts in Cook County Board President Toni Preckwinkle, the Cook County Board of Commissioners and CCH Board of Directors. I would like to thank Dr. LaMar Hasbrouck, the CCDPH team, and all the leaders, community residents and other stakeholders who participated in this planning process for their contributions to this thoughtful plan. I look forward to supporting its implementation over the coming years.

Sincerely,

Israel Rocha  
*Chief Executive Officer*  
Cook County Health

# Letter from the Chief Operating Officer

To the residents of Cook County:

The Cook County Department of Public Health (CCDPH) is responsible for protecting the health and optimizing the conditions for health and wellness for the residents of suburban Cook County. We do this through regulatory enforcement, monitoring and responding to public health threats, policy, public health research, and more than 50 programs and initiatives. However, the most important factor for mission success is our ability to harness the power of community partnerships.

Since joining CCDPH in the summer of 2022, I have invested considerable time in listening to our dedicated and talented team, residents in our jurisdiction, and a diverse array of partners, stakeholders, and community advocates about what is most important for us to do to optimize health and advance health equity in suburban Cook County.

Following the numerous listening sessions, focus groups, and surveys, the Strategic Planning Advisory Group and I have developed our roadmap for the next three years. The principal theme for this strategy is Putting the Public in Public Health. We intend to do this by centering our work on, and actively engaging with, the residents of suburban Cook County.

With this clarity going forward, I am delighted to share a strategic plan that reimagines CCDPH as a modern health department and chief community health strategist that is proactive and responsive, mission-driven yet nimble, but most importantly, committed to partnering with the communities that we serve. This plan prioritizes:

- Engaging in ongoing and transparent dialogue, internally and with the community,
- Continuing to build authentic, collaborative, and sustainable partnerships,
- Investing in the commitment, compassion, and talent within our team and the broader community,
- Harnessing the synergies between our department and partner agencies, and
- Strengthening the infrastructure, operations, and practices that support a public health system that works for everyone.

I look forward to leading the department on this journey of transformation during the next three years. I believe this plan will be pivotal for guiding our resources and efforts to achieve health equity for the residents of suburban Cook County.

Sincerely yours,

LaMar Hasbrouck, MD, MPH, MBA

*Chief Operating Officer*

Cook County Department of Public Health

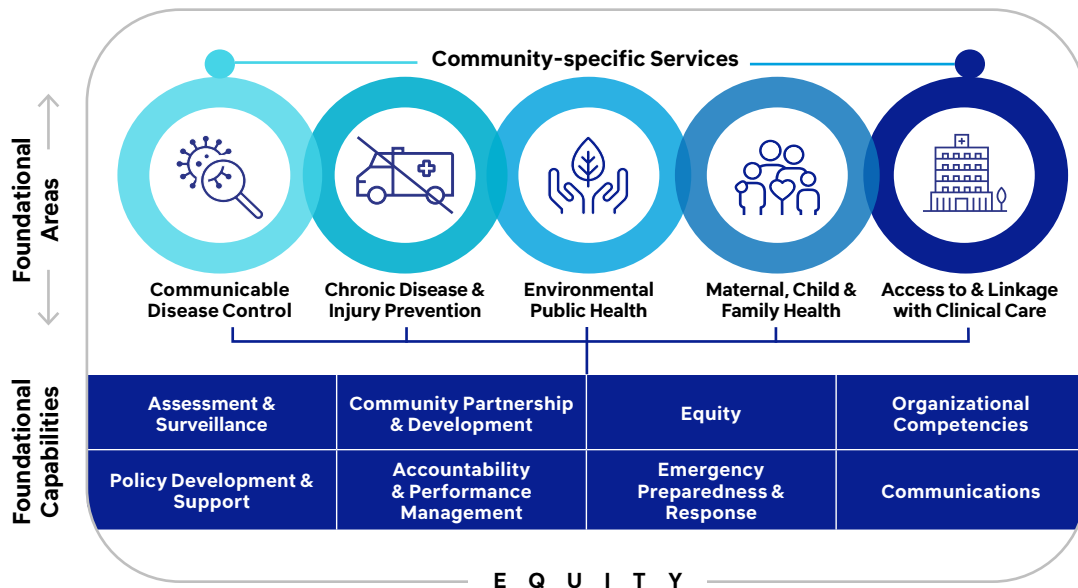


# About the Foundational Public Health Services

In 2013, the Public Health Leadership Forum highlighted the capabilities and services that every health department, no matter its size, would need to provide. Some health departments would provide additional services, but the Foundational Public Health Services, or FPHS, set the minimum standard for the public health system (Public Health National Center for Innovations, 2023). Please see Figure 1 below for more about areas and capabilities included in the FPHS.

FPHS helps distinguish public health from healthcare. Unlike healthcare, which reaches individuals one at a time, public health works to prevent illness and disability by collaborating with groups of people at the same time, and by working as much as possible to prevent illness and disability from happening in the first place. One of the great public health successes, for example, is in motor vehicle safety. Almost all states now have seatbelt laws, and many have graduated license policies for teen drivers. As a result, between 2000 and 2009, the number of pedestrian deaths among children declined by 49% (Centers for Disease Control and Prevention, 2011). The largest increases in life expectancy in recent years have been seen with public health solutions.

**Figure 1:** Foundational Public Health Services (FPHS) includes both Foundational Capabilities, or workforce skills, and Foundational Areas, which are areas of focus for health department services.



Source: From "Foundational Public Health Services" by The Public Health National Center for Innovations, 2023, Transforming Public Health through the FPHS (<https://phnci.org/transformation/fphs>). Copyright 2023 by The Public Health National Center for Innovations.

# About CCDPH

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.

## THE JURISDICTION

The Cook County Department of Public Health (CCDPH) serves approximately 2.3 million residents in suburban Cook County, with a jurisdiction covering 123 municipalities, 30 townships, and 147 school districts. Cook County is the second largest county in the nation, with CCDPH serving as the public health authority for its suburban region. CCDPH works closely with its public health counterparts at the City of Chicago, Skokie, Evanston, Oak Park, and Stickney. CCDPH is certified by the Illinois Department of Public Health (IDPH) and nationally accredited by the Public Health Accreditation Board (PHAB). It is an affiliate of Cook County Health, one of the largest public safety net health care systems in the country.

## TEAM CCDPH

Through its multidisciplinary team of scientists, epidemiologists, public health nurses, medical officers, engineers, sanitarians, community health workers, health educators, communication specialists, and other professionals, CCDPH:

- ▶ Works to prevent the spread of about 70 reportable communicable diseases and enforce Cook County and Illinois public health laws, rules, and regulations.
- ▶ Gathers and analyzes communicable and chronic disease data and provides information about the priority health needs of our communities.
- ▶ Plans for and addresses emerging public health threats, and promotes healthy living through public health services, education, health screenings, and community development.
- ▶ Manages select high-risk cases, including lead exposed children, adverse pregnancy outcomes, and TB.
- ▶ Facilitates referrals to health care, social services, and community supports and resources as appropriate.
- ▶ Addresses the upstream drivers of health through policy, environmental, and systems changes and through partnerships with community-based organizations, schools, government agencies, and other groups.



## Vision, Mission, and Values

CCDPH’s high-level vision, mission, and values align with those of CCH, as laid out in the system-wide strategic plan for FY2023–2025 (Cook County Health, 2022). Their stated mission is ensuring health as a human right and universal access to care so that all may live their healthiest lives.

### VISION

All people in suburban Cook County can realize their full health potential, regardless of who they are, where they are from, or where they live.

### 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.




## CORE VALUES

- ▶ **RESPECT & EMPATHY.** We see respect as a critical value in how we interact with our community members and within and across our teams. We will demonstrate compassion and acceptance.
- ▶ **TRANSPARENCY.** We value transparency in both our policies and practices as well as our organizational operations. Decisions are conducted with the goal of building and maintaining trust among staff, the people in our jurisdiction, and our partners.
- ▶ **INTEGRITY.** We will be honest and responsible in our interactions with the public and each other. We will safeguard dignity and confidentiality.
- ▶ **INNOVATION, RESPONSIVENESS, & STABILITY.** We are committed to being nimble; challenging our thinking around current systems, processes, and strategies; staying on top of the changing landscape; taking advantage of technology; and incorporating community perspectives in order to generate creative and outside-the-box strategies and initiatives.

We must also be responsive to emerging issues that affect the well-being of our residents and plan for future emergencies, while maintaining high quality core operations and customer service into the future.

- ▶ **CONTINUOUS LEARNING.** We value learning as part of the organization's goals, both learning from our residents, emerging issues, and supporting growth amongst and across our teams through professional development.
- ▶ **ORGANIZATIONAL HEALTH & WELL-BEING.** We understand that well-being is not just the absence of disease or illness. It is fundamental to our overall physical, mental, emotional, and social health. We will foster a healthy workplace in which we can show up as our authentic selves, receive culturally appropriate wellness resources, and support and provide workplace support that help us balance the needs of CCDPH with our own well-being.

We also recognize that our behaviors, choices, and decisions are the foundation of a healthy workplace. Thus, we are committed to being intentional and mindful in our actions. Through these efforts, we will build a supportive organizational culture that creates an increased sense of wholeness and well-being.

- 
- ▶ **RACIAL & HEALTH EQUITY.** We uphold policies, practices, and systems to ensure the health and well-being for those who need it the most, and health status is not determined by race, ethnicity, gender, class, sexual orientation, or other social categories.

We believe that power-building is key to lifting the voices of those who are typically excluded and to closing equity gaps. By growing and distributing power and leadership, we will ensure that communities and populations most affected by inequities participate in and lead decision-making processes that meet their needs, maximize their strengths, and influence transformative solutions.

- ▶ **AUTHENTIC COLLABORATION & ENGAGEMENT.** We seek authentic collaboration and engagement in suburban Cook County with our residents, our plentiful community organizations, and within our own walls and teams. We are committed to fostering trust and creating meaningful relationships with communities and populations most affected by inequities, and community-led solutions that advance change.



# Planning Process

The strategic planning process began in Fall 2022. The planning team began by completing a crosswalk of current existing plans in Cook County, including the *Cook County Policy Road Map, Impact; Change Equity—CCH Strategic Plan*, and *We Plan 2025 – Community Health Improvement Plan* (summarized on page 16). A Strategic Planning Advisory Group with representatives from the executive team, cross-cutting CCDPH units, and a CCDPH staff representative was formed to support the process.

To better understand the current state of CCDPH, the department conducted a wide range of assessments from November 2022 through January 2023, including staff surveys, roundtables, activities at an all-staff retreat, leadership coffees and interviews, and community listening sessions. Data was also incorporated from previous assessments and surveys conducted in 2021 and 2022 (see Appendix A for list of assessments). Taken together, feedback from across all these methods were synthesized and summarized to form an understanding of current strengths, weaknesses, opportunities, and challenges.

Based on this assessment of the current state, the Strategic Planning Advisory Group worked to hone CCDPH's vision and values and identify five strategic pillars along with two foundational pillars that undergird all five others. CCDPH's leadership team then participated in a day-long, facilitated, strategic planning retreat on February 21, 2023, to refine and define the pillars and develop corresponding objectives.

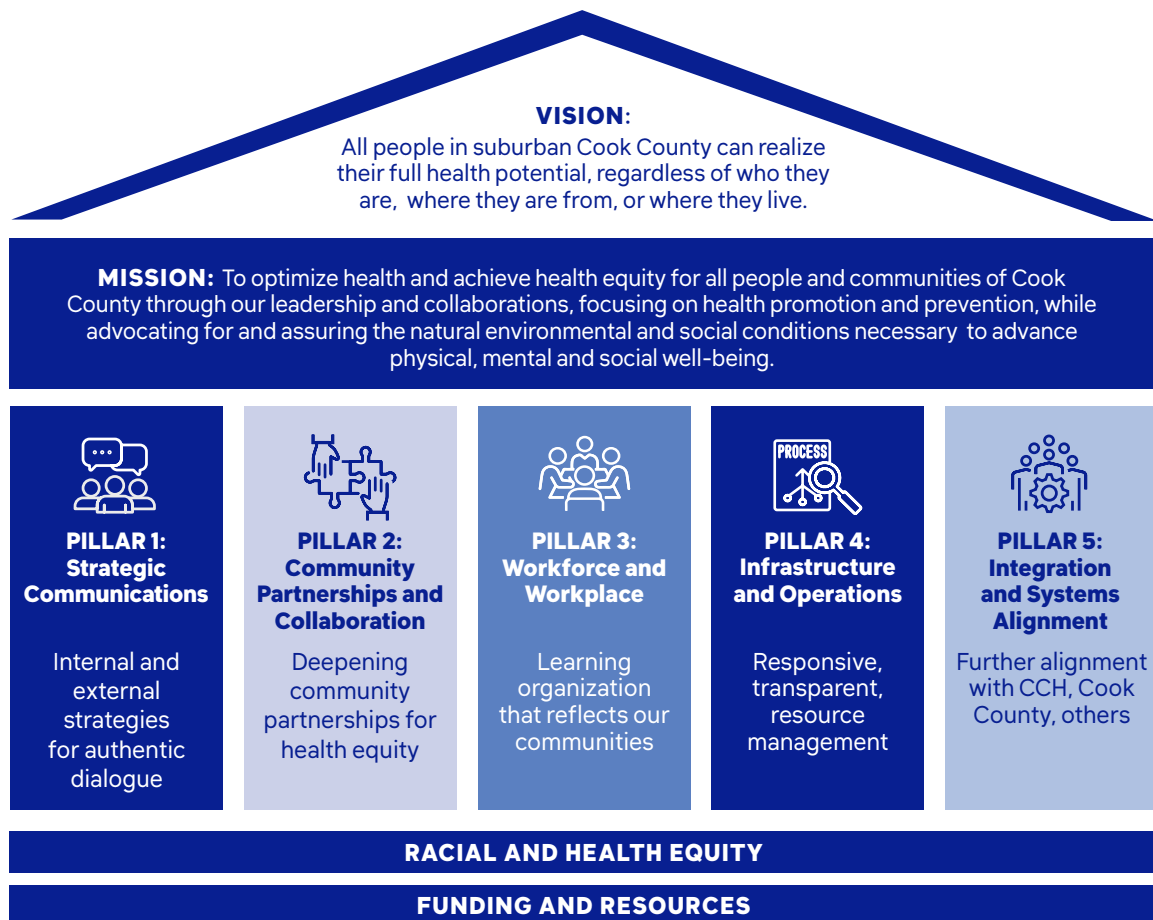
CCDPH then engaged both staff and the community in providing feedback on the draft pillars and objectives. Staff were invited to participate in a survey in March 2023 to share thoughts on the pillars and objectives, any recommended changes, and feedback on which objectives are most important to CCDPH's future success. Additionally, two in-person community listening sessions were held, one on March 9, 2023, with partners from north and west suburban Cook County and one on March 13, 2023, with partners from southwest and south suburban Cook County, to gather perspectives on the draft pillars and objectives from the more than 50 community partners and stakeholders who participated.

The Strategic Planning Advisory Group then convened in late March 2023 to adjust the pillars and objectives based on this feedback and to identify concrete action steps and metrics that matter through which to advance and measure plan progress. The draft plan was then posted online for a 10-day public review and comment period.

The plan was presented to the Cook County Health Board of Directors in April 2023, and to the Cook County Board of Commissioners' Health & Hospital's Committee in June 2023.

The image below visually depicts the resulting CCDPH strategy as a house, which is part of the larger CCH neighborhood of clinical services, health plan services, and community health services. The vision and mission are the roof of the house or highest level of the plan. Five strategic pillars hold up this roof, identifying the five major areas where CCDPH must focus its attention to be successful at advancing its vision and mission over the next three years. Two foundations, Racial and Health Equity, and Funding and Resources, lie below the five pillars, cutting across these different areas and supporting all five strategic pillars. These foundational elements infuse the five strategic pillars and are crucial to the stability of the entire strategy house.

The racial and health equity foundational pillar builds on statements made in 2019, when CCDPH, like many health departments, declared racism a public health emergency (Cook County Department of Public Health, 2020), and the increased focus on health equity in Healthy People 2030, a set of national objectives for improving health and well-being (U.S. Department of Health and Human Services, 2021). Achieving health equity is a priority that requires focused, continued, collective efforts to address inequalities, historical and contemporary injustices, and health disparities (U.S. Department of Health and Human Services, date unknown).





# Strategic Pillars



## **Pillar 1: Strategic Communications**

CCDPH will engage in ongoing internal and external communications strategies to embrace a culture of transparency and authentic dialogue with the communities that we serve.



## **Pillar 2: Community Partnerships and Collaboration**

CCDPH will deepen its relationships with community-based organizations, health care providers, government leaders and agencies, and community residents for increased collaboration and capacity to advance health equity.



## **Pillar 3: Workforce and Workplace**

CCDPH will invest in a public health workforce and workplace that is equitable, reflects its communities, and prioritizes well-being, growth, and inclusion.



## **Pillar 4: Infrastructure and Operations**

CCDPH will strengthen and standardize its infrastructure for effective, transparent, and responsive operations.



## **Pillar 5: Integration and Systems Alignment**

CCDPH will further integrate and align with CCH systems and practices, other relevant Cook County agencies, and neighboring jurisdictions.





# Foundational Pillars

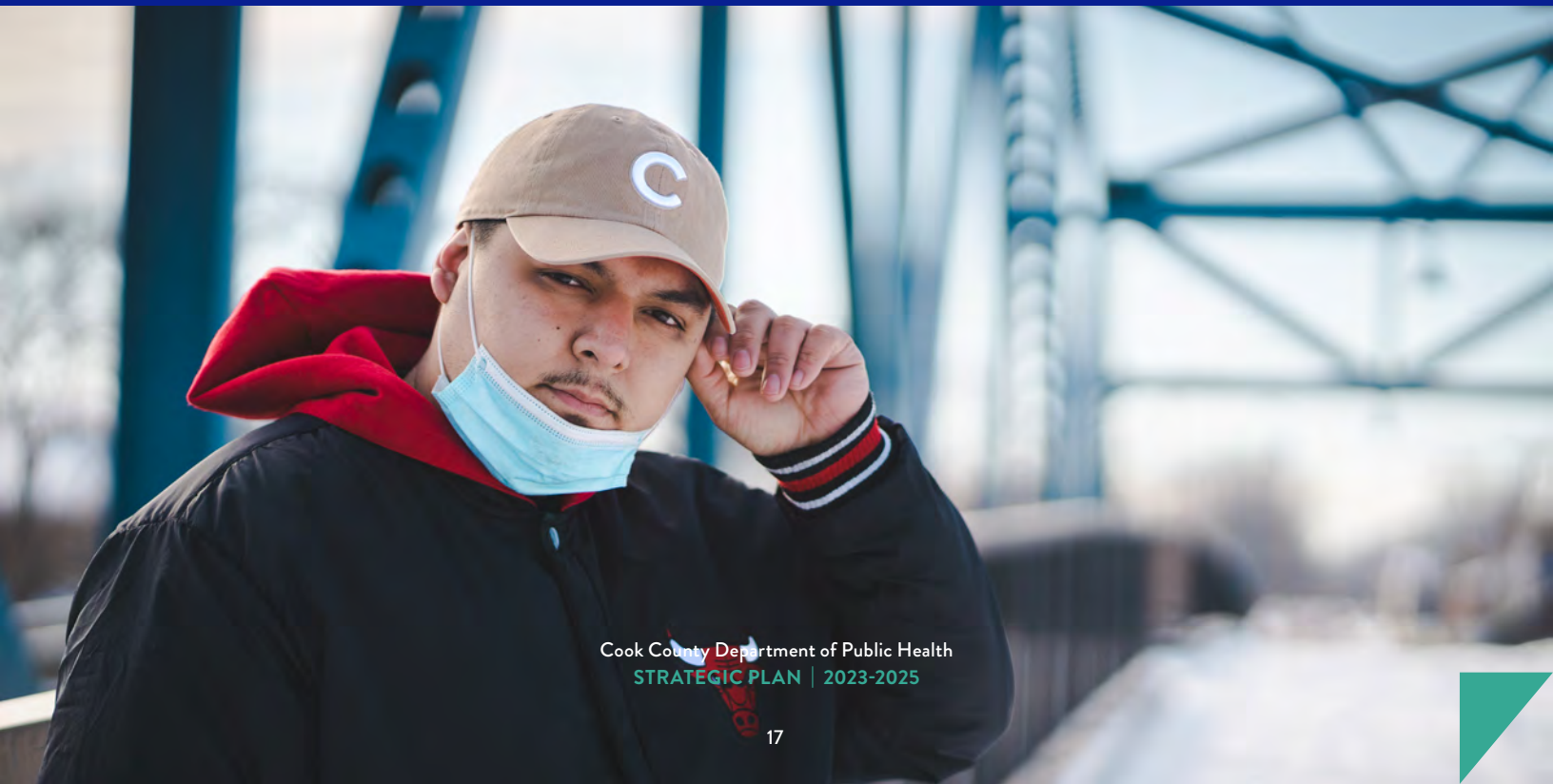
In addition to the five core pillars, two foundational pillars have been identified. These pillars cut across all five strategic pillars and form the underpinnings of CCDPH's work. The racial and health equity pillar builds on statements made in 2019, when CCDPH, like many health departments, declared racism a public health emergency in suburban Cook County (Cook County Department of Public Health, 2020), and the increased focus on health equity in Healthy People 2030, a set of national objectives for improving health and well-being (U.S. Department of Health and Human Services, 2021). Achieving health equity is a priority that requires focused, continued, collective efforts to address inequalities, historical and contemporary injustices, and health disparities (U.S. Department of Health and Human Services, date unknown).

## **RACIAL AND HEALTH EQUITY**

CCDPH will ensure the health and well-being for those who need it the most, regardless of race, ethnicity, gender identity, sexual orientation, disability, age, class, income, immigration status, or other social categories.

## **FUNDING AND RESOURCES**

CCDPH will sustain and expand essential population health services and prevention initiatives in alignment with national best practices outlined in Public Health 3.0 (DeSalvo et al., 2017) through increased funding and staffing and appropriate resource allocation.




# Alignment with Cook County Plans and Public Health 3.0

A detailed analyses and crosswalk of other existing plans within Cook County was conducted. This was a key step in the planning process. The summary table below highlights areas of overlap and synergy between the strategic and foundational pillars in this plan and the following three current county-wide plans: *Cook County Policy Roadmap* (Cook County Offices Under the President, 2018); *Impact; Change Equity—CCH Strategic Plan* (Cook County Health, 2022); and *WePlan 2025—Community Health Improvement Plan* (Cook County Department of Public Health, 2021).

**TABLE 1:** Alignment between the 2023-2025 CCDPH Strategic Plan and three key current Cook County plans.

| CCDPH Pillars (2023)                     | Cook County Policy Roadmap (2018) | Impact Change Equity – CCH Strategic Plan (2022) | WePlan 2025 – Community Health Improvement Plan (2021) |
|--|-----------------------------------|--|--|
| Strategic Communications                 |                                   |  | ✓  |
| Community Partnerships and Collaboration |                                   |  | ✓  |
| Workforce and Workplace                  | ✓                                 | ✓  | ✓  |
| Infrastructure and Operations            | ✓                                 | ✓  |  |
| Integration and Systems Alignment        | ✓                                 |  |  |
| Racial and Health Equity                 | ✓                                 | ✓  | ✓  |
| Funding and Resources                    | ✓                                 | ✓  |  |



In addition to aligning with other plans across Cook County, the overall strategy in this plan aligns with the principles of the Centers for Disease Control and Prevention's *Public Health 3.0*.

Compared with *Public Health 1.0* in the late 19th and early 20th century, when great leaps in the understanding of disease and the formation of specialized government agencies resulted in the development of vaccines, antibiotics, and improved food and water safety, and *Public Health 2.0* in the late 20th century, which professionalized the field of governmental public health through the development of core functions and performance standards, *Public Health 3.0* was defined in 2017 to provide guidance for public health work in the current century that is broader, more participatory, and more focused on social drivers of health. It expands public health practice beyond traditional public health department functions towards greater strategy and cross-sectional collaboration (DeSalvo et al., 2017). For a graphic outlining Public Health 1.0, 2.0, and 3.0, please see Appendix B.

CCDPH's planning process has taken to heart recommendations for how public health departments can best achieve the tenants of *Public Health 3.0* (DeSalvo et al., 2017), including by:

- Embracing the role of Chief Community Health Strategist and engage community stakeholders in unpacking and tackling the social determinants of health and health equity (Hasbrouck & DeSalvo, 2016). (For more about Chief Community Health Strategists, please see Appendix C.)
- Engaging with community stakeholders and forming cross-sector partnerships,
- Strengthening internal capacity and infrastructure,
- Communicating accessible, actionable data to communities that can improve equity, and
- Exploring innovative and expanded funding models.

# ► PILLAR 1: Strategic Communications



*CCDPH will engage in ongoing internal and external communications strategies to embrace a culture of transparency and authentic dialogue with the communities that we serve.*

There are four key objectives that support this strategy.

## Objective 1

**Develop internal communication practices that engage all staff and create trust, transparency, and collaboration around decision-making processes.**

- Train staff on using internal CCDPH communication channels.
- Share quarterly updates, high-level updates from leadership meetings, and other progress with all staff.
- Share job openings, new hires, and promotions through internal channels and at all staff meetings.
- Develop a regular unit-level communications plans that identify stories to share and other plans for communications resources (e.g., website, messages, campaigns).

## Objective 2

**Build structures and systems within the department for greater cross-unit awareness and coordination of CCDPH's work.**

- Create structured opportunities, such as lunch and learns, for cross-unit awareness.
- Implement a customer relationship management (CRM) tool to bolster partner and community collaboration and coordination.



## Objective 3

**Create accessible external communications that increase understanding of public health and of CCDPH's role in advancing health equity and quality of life.**

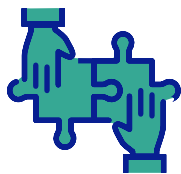
- Create a jargon-free communication toolkit for CCDPH staff and community partners to use to discuss public health, health equity, and the social and structural determinants of health.
- Continue to develop capacity for external communications in multiple languages and literacy levels.

## Objective 4

**Amplify public presence and visibility online and offline, including at community-led events.**

- Diversify social media presence and create proactive content.
- Use community vaccination clinics and other in-person events to increase visibility.
- Identify ways to catalogue community events and coordinate CCDPH presence.
- Identify ways to expand on regular communication channels with CCH, the Cook County President's Office, and Cook County Commissioners.

## ► PILLAR 2: Community Partnerships and Collaboration



*CCDPH will deepen its relationships with community-based organizations, health care providers, government leaders and agencies, and community residents for increased collaboration and capacity to advance health equity.*

There are six key objectives that support this strategy.

### Objective 1

**Identify, expand, and diversify partnerships that improve how the public health system works for everyone.**

- Conduct asset mapping to identify where partners are and where there may be gaps.
- Expand partnerships to include those that meet the needs of underrepresented populations (e.g., Arab Americans, LGBTQ+).
- Identify opportunities to advocate for systems and environmental changes or resource coordination across diverse partners.

### Objective 2

**Increase community power-building practices that create pathways from grassroots conversations to decision-making tables.**

- Support the creation of clearly defined infrastructure and pathways for community groups that are the most impacted by decision-making.
- Broaden CCDPH's engagement with power-building organizations to advance public health initiatives.
- Participate in community-led advocacy, policy, systems, and environmental change initiatives.



## Objective 3

**Elevate presence, visibility, and voice by collaborating with organizations and entities across the county, region, state, and nation.**

- Participate in coalitions and networks doing similar work to eliminate duplicative efforts.
- Elevate community voices from within Cook County to national, state, or other levels to ensure resources are directed at the jurisdiction.
- Strengthen relationships with townships and municipalities.
- Increase the visibility of CCDPH's thought leadership by publishing articles on CCDPH's work in scientific journals, public health platforms, and other publications.
- Host quarterly community convenings, rotating through all four districts (North, West, Southwest, South), where community voices can inform public health directions.

## Objective 4

**Evaluate data infrastructure needs to support partner data-sharing, community responsiveness, and internal operations.**

- Establish formal data-sharing relationships with academic institutions and other partners.
- Continue to expand infrastructure and tools (e.g., Cook County Health Atlas) that allow communities to access, understand, and use their own data.



## Objective 5

**Formalize and coordinate partner relationships to improve CCDPH and partner organization capacity through training and technical assistance.**

- Establish agreements with partners around training, technical assistance, and other co-designed initiatives.
- Formalize relationships with traditional and non-traditional partners and individuals outside organizations (e.g., infection preventionists).
- Explore trust-based philanthropy funding models with decreased reporting requirements and constraints on funding.

## Objective 6

**Develop CCDPH staff's role as public health champions, advocates, and leaders.**

- Develop a structure for public health staff across the department to learn about and be able to share information about programs and services across the department.
- Develop training and other performance improvement solutions to prepare, equip, and support employees as health champions, advocates, and leaders.



## ► PILLAR 3: Workforce and Workplace



*CCDPH will invest in a public health workforce and workplace that is equitable, reflects its communities, and prioritizes well-being, growth, and inclusion.*

There are six key objectives that support this strategy.

### Objective 1

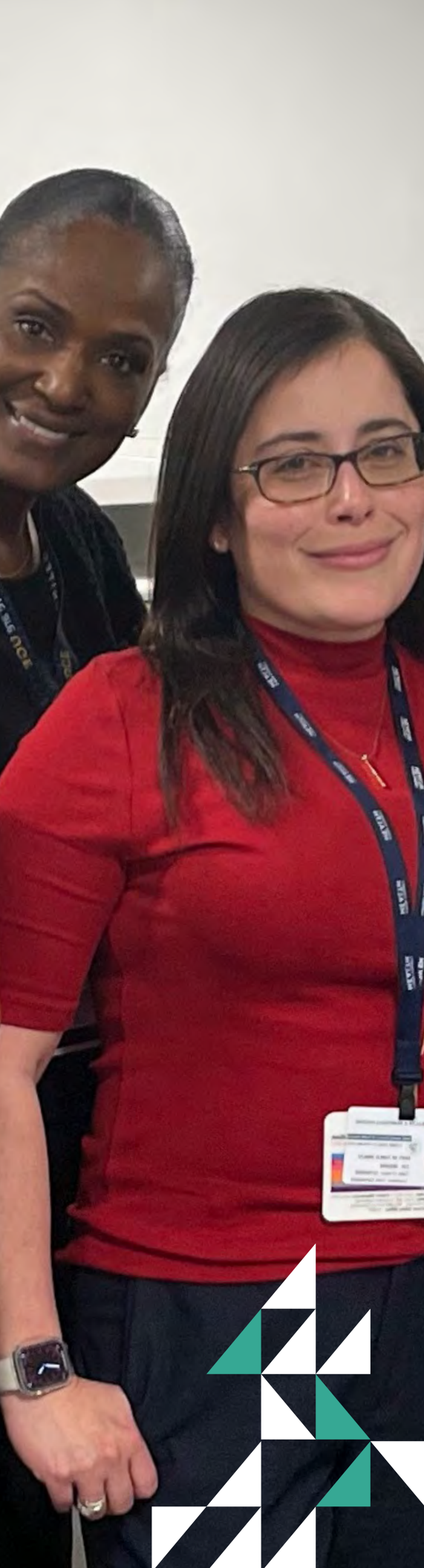
**Establish recruitment and hiring practices that ensure staff reflects local communities at all tiers of the organization.**

- Collect and offer feedback on the benefits package to attract staff from across all communities.
- Focus recruitment activities on underrepresented populations.
- Create staff guidelines and resources for sharing open positions.

### Objective 2

**Review and update job descriptions and roles for greater flexibility and stronger alignment with Public Health 3.0.**

- Clarify and streamline the job description development process with an eye towards health equity (e.g., reducing advanced degree requirements in lieu of experience).
- Review, update, and harmonize job descriptions across the agency and with Public Health 3.0 principles.
- Assist human resources (HR) with developing a job description library for public health positions.
- Collaborate closely with unions to ensure appropriate flexibility and adaptability during emergencies within job roles.



## Objective 3

**Create a pipeline into the public health workforce from schools, programs, and the community.**

- Establish internship agreements with additional schools beyond graduate schools of public health.
- Reach out to affinity groups, such as Latin American Student Organizations, to diversify recruitment and engagement.
- Connect with professional networks, community-based groups, and programs such as AmeriCorps to raise awareness about public health careers.
- Explore opportunities to raise awareness about public health career pathways with middle and high school students.

## Objective 4

**Embrace ongoing learning, growth, and performance improvement by facilitating professional development opportunities, training, and career pathways inside and outside the organization.**

- Assist HR with identifying needed skills and competencies, including managerial and job-specific training and evaluation.
- Offer a range of learning opportunities to address different challenges and transformational changes, from webinars and trainings to job shadowing, mentoring, and coaching.
- Assist HR with defining evaluation structure that supports ongoing professional development and performance improvement.



## Objective 5

**Lead changes in workplace practices and programs that advance health equity internally and externally.**

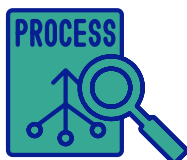
- Co-design adaptive learning and capacity-building opportunities with community partners that reflect *Public Health 3.0*.
- Identify and implement at least one strategy within each CCDPH unit that incorporates health equity into a policy, program, or service.
- Support the Health Equity Committee in identifying areas of improvement for internal processes and systems, and in collaborative efforts to address those issues.
- Examine findings from the Human Impact Partners needs assessment to identify ways to address and prevent future experiences of racism and discrimination within the agency.

## Objective 6

**Continue to develop department-wide trauma-informed well-being practices and a culture of wellness, inclusion, and engagement.**

- Continue to develop and provide staff wellness opportunities through CCDPH internal platforms.
- Develop staff-led practices at the unit level for engagement and inclusion around project decision-making.

## ► PILLAR 4: Infrastructure and Operations



*CCDPH will strengthen and standardize its infrastructure for effective, transparent, and responsive operations.*

There are four key objectives that support this strategy.

### Objective 1

**Streamline operations to improve coordination and responsiveness.**

- Create a fully staffed administration unit including defined roles and responsibilities with the goal of providing administrative backbone support to CCDPH programs.
- Evaluate impact of unit after one year to determine further opportunities for improved operations and coordination, and responsiveness to CCDPH program needs.
- Identify other technology and data infrastructure necessary for internal operations and external responsiveness.
- Apply lessons learned from COVID-19 pandemic around surge staffing, timely decision-making, and other preparedness needs.

### Objective 2

**Develop standard operating procedures across the agency to improve efficiency and support staff with understanding and following through on agency processes.**

- Identify and prioritize administrative and operational processes requiring agency-wide standardization.
- Develop and maintain a CCDPH standard operating procedures (SOP) manual that reflects input from staff.
- Train staff on SOP implementation through videos, workshops, and other tools.



## Objective 3

**Establish long-term plans for staffing, resources, and facilities.**

- Create a multi-year facilities plan that includes community-building spaces to support collaborative partnerships, community development, and emergency operations.
- Identify funding sources and their timeframes for facilities work.
- Create a ten-year growth plan that forecasts the staffing and resources needs based on assessments of the CCDPH workforce and other analysis.

## Objective 4

**Strengthen systems and capacity for timely grants management, coordination, and oversight.**

- Develop standardized grants management practices.
- Identify staffing and other resource needs for grants management.
- Crosswalk grant deliverables and requirements across units to streamline reporting processes and collect data on department-wide impact.
- Decrease time between the project start date and grant activities.
- Work with supply chain to decrease programmatic and financial reporting burden on grantees.
- Advocate for streamlined grant application and onboarding requirements for prior grantees.

## ► PILLAR 5: Integration and Systems Alignment



CCDPH will further integrate and align with CCH systems and practices, other relevant Cook County agencies, and neighboring jurisdictions.

There are three key objectives that support this strategy.

### Objective 1

**Continue to align CCDPH and CCH operations, systems, and practices.**

- Create liaison positions between CCDPH and CCH for key functions such as HR and IT to support CCDPH in a fashion that balances its unique needs with that of the enterprise.

### Objective 2

**Identify areas for increased collaboration and coordination between CCH's strategies and programs and CCDPH's distinct programs, initiatives, and units.**

- Invite CCH guests to all staff meetings to listen to or share about areas of alignment.
- Leverage CCDPH's data, community engagement, program planning, and population health perspective to inform both health plan and provider approaches to health issues.
- Host an annual convening that identifies the top health issues and creates a forum for both CCDPH and CCH leaders to discuss solutions.

### Objective 3

**Explore areas of alignment between other Cook County agencies, neighboring jurisdiction health departments, and CCDPH's strategies.**

- Continue to foster relationships with sister and cousin Cook County agencies through existing and new partnerships.
- Explore areas of collaboration with neighboring health departments through the Northern Illinois Public Health Consortium (NIPHC) and other forums.



## Strategy Execution

CCDPH is building a culture of accountability. To ensure that we are successfully making progress towards our vision and mission, we have embarked on a journey to develop metrics that matter (MTMs) for all major services, programs, and initiatives, including this strategic plan. This will result in improved health outcomes for communities in suburban Cook County.

During the first year of the plan, the Strategic Planning Advisory Group and the CCDPH leadership will develop MTMs for the objectives, activities, and key results for this plan. Staff leads (or champions) will be identified for each of these objectives and key results. They will work in partnership with individual units and other team members to gather baseline data, ensure metrics are achievable, and create realistic workplans and next steps. CCDPH will track progress in a metrics dashboard.

This strategic plan is also an opportunity for CCDPH to be accountable to the community. CCDPH plans to hold regular quarterly community listening sessions, rotating around the jurisdiction, to share plan updates, and to hear from community members and partners. The CCDPH Community Engagement Team also intends to be active in sharing the plan with community coalitions and in community forums.

The strategies outlined in this plan are dynamic, and will evolve over time. This is a living document that may be subject to minor changes and adjustments, depending on shifting priorities, changes in the overall landscape, and input from partners and community members. However, we expect the high-level vision, mission, core values, and pillars outlined in this plan to remain the north star for CCDPH's work during the next three years (2023 – 2025).

# Acknowledgements

CCDPH would like to thank all staff and partners who contributed to the development of this plan by sharing their perspectives and voices. We are also appreciative of the staff who supported convening these round tables and retreats, organized and led the community listening sessions, and assisted with the plan development.

## STRATEGIC PLANNING ADVISORY GROUP

- › Alfreda Holloway-Beth
- › Amy O'Rourke
- › Deanna Durica
- › Deborah Boyd
- › Demian Christiansen
- › Denise Gilbert
- › Gina Massuda-Barnett
- › Hanna Kite
- › Kiran Joshi
- › Marla Blanton
- › Felipe Tendick Matesanz
- › Rachel Rubin
- › Shelia Pegues-Porter

## COMMUNITY LISTENING SESSION PARTICIPANTS

CCDPH is especially grateful to the community co-facilitators at the Community Listening Sessions:

- › Beulah Brent, Sisters Working it Out
- › Marien Casillas Pabellon, Proyecto de Acción de los Suburbios del Oeste (PASO) West Suburban Action Project
- › Christine Suddreth, Pathlights

## The people and organizations represented at the Community Listening Sessions included:

- Advocate Aurora Health
- Advocate South Suburban Hospital
- Access to Care
- Pastor Jerry Barker
- Pastor Annette Barker
- Coalition for Spiritual and Public Leadership
- Cook County Health
- The COVID Equity Response Collaborative: Loyola
- Rosemary Fulton
- Girls on the Run Chicago
- Garfield Park Hospital
- Greater Chicago Food Depository
- In His Hands Resource Center Inc.
- Illinois Public Health Association
- Live4Lali
- Loyola University
- NAMI South Suburbs of Chicago
- Nehemiah Community Project
- Oak Park Regional Housing Center
- Pathlights
- Pillars Community Health
- Proviso Partners for Health
- Proviso Township Ministerial Alliance
- Proyecto de Acción de los Suburbios del Oeste (PASO) West Suburban Action Project
- Saint Xavier University
- Sertoma Centre, Inc.
- Sisters Working it Out
- Treatment Alternatives for Safe Communities (TASC), Inc.
- University of Illinois Extension
- Village of Maywood



# References

Centers for Disease Control and Prevention. (May 20, 2011). Ten Great Public Health Achievements --- United States, 2001-2010. *MMWR*. 60(19); 619-623. <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm6019a5.htm>

Cook County Department of Public Health. (2020). *CCDPH Racial Justice Statement*. <https://cookcountypublichealth.org/racial-justice-statement/#:~:text=Racism%20is%20a%20public%20health,direct%20result%20of%20structural%20racism>

Cook County Department of Public Health. (2021). *WePlan 2025: Community Health Assessment and Community Health Improvement Plan for Suburban Cook County, Illinois*. [https://cookcountypublichealth.org/wp-content/uploads/2022/06/WePlan-2025\\_with-assessments\\_final\\_110321\\_514PM.pdf](https://cookcountypublichealth.org/wp-content/uploads/2022/06/WePlan-2025_with-assessments_final_110321_514PM.pdf)

Cook County Health. (2022). *Impact; Change; Equity: Cook County Health Strategic Plan 2023-2025*. <https://cookcountyhealth.org/wp-content/uploads/Item-VIB-Approved-Strategic-Plan-05-27-22.pdf>.

Cook County Offices Under the President. (2018). *Cook County Policy Roadmap: Five-Year Strategic Plan for Offices Under the President*. <https://www.cookcountyil.gov/sites/g/files/yywepo161/files/service/policy-roadmap-full-strategic-plan.pdf>

DeSalvo KB, Wang YC, Harris A, Auerbach J, Koo D & O'Carroll P. (2017). Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century. *Prev Chronic Dis* 14:170017. <http://dx.doi.org/10.5888/pcd14.170017>

Hasbrouck L & DeSalvo KB. (November 22, 2016). Public Health 3.0: A Challenge for the Nation, a Charge for Public Health. *NACCHO Voice*. <https://www.naccho.org/blog/articles/public-health-3-0-a-challenge-for-the-nation-a-charge-for-public-health>

National Association of County & City Health Officials (date unknown). *Community Chief Health Strategic Competencies*. <https://www.naccho.org/uploads/downloadable-resources/CHS-Competencies.pdf>

The Public Health National Center for Innovations. (2023). *Transforming Public Health through the FPHS*. <https://phnci.org/transformation/fphs>

U.S. Department of Health and Human Services. (date unknown). *Health Equity in Healthy People 2030*. <https://health.gov/healthypeople/priority-areas/health-equity-healthy-people-2030>

U.S. Department of Health and Human Services. (August 24, 2021). *History of Healthy People*. <https://health.gov/our-work/national-health-initiatives/healthy-people/about-healthy-people/history-healthy-people>

# Appendix A: Assessments Conducted and Incorporated

Many different surveys, conversations, and other types of assessments informed the understanding of CCDPH's strengths, weaknesses, opportunities, and challenges. Below is a list of some of the assessments conducted and incorporated into this strategic plan, as well as existing internal and external strategic plans and reports reviewed as part of the assessment and planning process.

## **STAFF SURVEYS AND ASSESSMENTS**

- Public Health Workforce Interest and Needs Survey Preliminary Survey Results – Fall 2022
- NAMI Metro Suburban CCDPH Staff Survey – Fall 2021
- CCDPH Staff Communications Survey – Summer 2022
- All-Staff Retreat – Fall 2022
- Staff < 3 Years SWOC Round Table – Winter 2022-2023
- Equity Round Table – Winter 2022-2023

## **LEADERSHIP CONVERSATIONS AND ASSESSMENTS**

- Public Health 3.0 Leadership Coffee – Winter 2022-2023
- Equity Leadership Coffee – Winter 2022-2023
- Emerging Issues Leadership Coffee – Winter 2022-2023
- Operations and Administration Leadership Coffee – Winter 2022-2023
- Interviews with Key Leadership – Winter 2022-2023

## **EXTERNAL REPORTS AND COMMUNITY CONVERSATIONS**

- Public Health Accreditation Board (PHAB) Site Visit Report – Winter 2020-2021
- CCDPH Phase 1 COVID19 After Action Report – Spring 2021
- CCDPH Phase 2 COVID19 After Action Report – Spring 2021
- Healthcare Collaborative Assessment – Summer 2022

- Slalom Community-Based Organization Listening Sessions Final Report (Community Assisted Scheduling Closeout) – Fall 2022
- Human Impact Partners Health and Racial Equity Needs Assessment – Winter 2022-2023
- University of Illinois Chicago Policy, Practice and Prevention Research Center, Listening Sessions for Quality Improvement with CCDPH and Community-based Organizational Staff: Building Healthy Communities Evaluation – Winter 2022-2023
- University of Illinois Chicago Policy, Practice and Prevention Research Center, Executive Summary: Suburban Cook County COVID-19 Contact Tracing Initiative, Community Supports Program (CSP) Evaluation – Fall 2021

## **EXISTING STRATEGIC PLANS AND REPORTS:**

- CCDPH Workforce Development Plan (2017)
- CCDPH Quality Improvement Plan (2018)
- CCDPH 2018 Strategic Plan (2018)
- Cook County Policy Roadmap (2018)
- WePlan 2025 – Community Health Assessment and Community Health Improvement Plan for Suburban Cook County (2021)
- 2021 Cook County Equity Fund Report (2022)
- Impact Change Equity – Cook County Health Strategic Plan 2023-2025 (2022)

# Appendix B: Public Health 3.0

Public health approaches have revisited and revised to meet the needs of different times in our history. In the late 19th and early 20th century, great leaps in the scientific understanding of disease and the formation of specialized government agencies resulted in improved food and water safety and the development of vaccines and antibiotics. These developments resulted in dramatic increases in life expectancy and are considered *Public Health 1.0* approaches. In the late 1980s, there was a growing realization that public health needed to professionalize across local and national governments. Practitioners developed a set of core functions and performance standards. These systems are considered *Public Health 2.0* (DeSalvo et al., 2017).

More recently, in 2017, *Public Health 3.0* was defined to provide guidance for public health work that is broader, more participatory, and more focused on social drivers of health, such as housing, transportation, economic development and access to healthy foods. *Public Health 3.0* expands public health practice beyond traditional public health department functions towards greater strategy and cross-sectional collaboration (DeSalvo et al., 2017).

**Figure 3:** Public Health approaches in the United States have adapted over the past few centuries to meet emerging needs.

| Public Health 1.0   |  | Public Health 2.0   |  | Today<br>Public Health 3.0   |  |
|---|--|---|--|--|--|
| <b>Time:</b> Late 19th to 20th Century  |  | <b>Time:</b> 1988 IOM Report  |  | <b>Time:</b> Considered Current  |  |
| <b>Focused on:</b>  |  | <b>Focused on:</b>  |  | <b>Focused on:</b>   |  |
| <ul style="list-style-type: none"> <li>• Sanitation</li> <li>• Food and water safety</li> <li>• Vaccines</li> <li>• Primary prevention and medical treatment</li> </ul> |  | <ul style="list-style-type: none"> <li>• Common set of public health core functions</li> <li>• Professionalizing government and public health agencies</li> </ul> |  | <ul style="list-style-type: none"> <li>• Equity + Social Determinants of Health</li> <li>• Chief Health Strategist drives cross sector initiatives</li> <li>• Community-based interventions</li> </ul> |  |
| <b>Key issue:</b>   |  | <b>Key issue:</b>   |  |  |  |
| <ul style="list-style-type: none"> <li>• Uneven access</li> </ul>   |  | <ul style="list-style-type: none"> <li>• Chronic underfunding</li> </ul>  |  |  |  |

Source: Adapted from “Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21st Century”, by De Salvo KB, Wang YC, Harris A, Auerbach J, Koo D & O’Carroll P, 2017, *Preventing Chronic Disease*, 14:170017 (<http://dx.doi.org/10.5888/pcd14.170017>). Copyright 2017 by the National Center for Chronic Disease Prevention and Health Promotion.



# Appendix C: Chief Community Health Strategist

Chief Community Health Strategists are public health leaders that work in partnership with organizations in a community, as well as with agencies from all levels of government, to identify and address contemporary public health issues. The list of Chief Community Health Strategist collaborators could include clinical partners, as well as partners outside of traditional public health areas, such as non-profits or agencies involved in housing, transportation, community development, and food access (Hasbrouck & DeSalvo, 2016).

The National Association of County & City Health Officials (NACCHO) identified seven practices that a Chief Community Health Strategist would take to advance health and health equity. They are:

- adopt and adapt strategies to combat the evolving leading causes of illness, injury and premature death.
- develop strategies for promoting health and well-being that work most effectively for communities of today and tomorrow.
- identify, analyze and distribute information from new, big, and real time data sources.
- build a more integrated, effective health system through collaboration between clinical care and public health.
- collaborate with a broad array of allies, including those at the neighborhood-level and the non-health sectors – to build healthier and more vital communities.
- replace outdated organizational practices with state-of-the-art business, accountability, and financing systems.
- work with corresponding federal partners – ideally, a federal Community Chief Health Strategist – to effectively meet the needs of their communities (page 1).

For more on Chief Community Health Strategists, please see these resources:

- **Defining the Chief Health Strategist with Dr. LaMar Hasbrouck** (Podcast)
- **Public Health 3.0: A Challenge for the Nation, a Charge for Public Health** (Blog article)