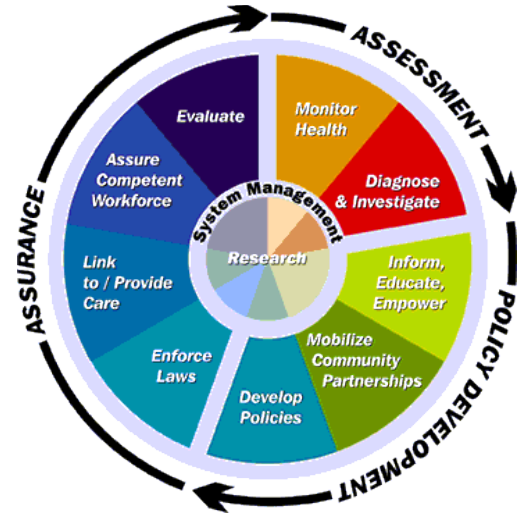




Report to the Board of Health – September 2016

Winnebago County Health Department Leadership Team

- Sue Merchen – Public Information Officer
- Theresa James – Emergency Response Coordinator
- Todd Kisner, MPH – Center Director, Health Protection
- Todd Marshall, LEHP – Center Director, Environmental Health Improvement
- Cheryl Floyd, MsEd – Center Director, Health Promotion and Wellness
- Patrick Madigan – Finance Director
- Karalyn Nimmo, MPH – Data and Quality Coordinator



Domain I – Monitor Health

Environmental Health Improvement (EHI) continues to monitor for critical violations for all EH programs to identify areas where more education is needed for food operators, contractors, and landlords.

Indoor Air Monitoring for month of September

	# of Units	CO ₂	Temp	Humidity	CO
Month Average	1	1254 ppm	76.3	65.2	0.4 ppm
Month Max	1	2195 ppm	78.8	67.6	0.8 ppm
YTD Overall Avg	22	978 ppm	73.0	46.1	0.7 ppm
YTD Overall Max	22	2363 ppm	83.4	74.7	3.3 ppm

	CO ₂	CO	YTD-CO ₂	YTD-CO
IDPH Guideline (ppm)	> 1,000	> 9.0	> 1,000	> 9.0
Homes with at least one reading exceeding guideline	1	0	17	0
% of Homes Monitored	100%	0.0%	65.4%	0.0%
Homes whose overall average exceeds guideline	1	0	13	0
% of Homes Monitored	N/A	N/A	50.0%	0.0%

Radon

	Phone Calls	Number of Units	Radon Screenings	Average (pCi/L)	Max (pCi/L)	Number of Mitigation
September 2016	2	3	3	3.3	6.1	0
FY16 to Date	97	46	46	4.5	32.8	3
Program total	138	70	70	5.2	32.8	11

The EPA strongly recommends that homeowners install radon mitigation in homes at or above 4.0 pCi/L, and that homeowners should consider mitigation at levels between 2.0 and 4.0 pCi/L. Radon awareness was featured prominently at the WCHD's booth at the Winnebago County Fair. Approximately fifty (50) \$2-off coupons for home test kits were offered, however none have been redeemed to date. Radon program plans to do a public information campaign in the month of October.

Mosquito Surveillance and Control

As of October 1st, mosquito traps are being collected and brought in for the season. WNV program staff is working on the annual report to be presented to the annual conference. The program appears to have sufficient funds remaining to contribute toward a tire drive in the spring before the grant period ends.

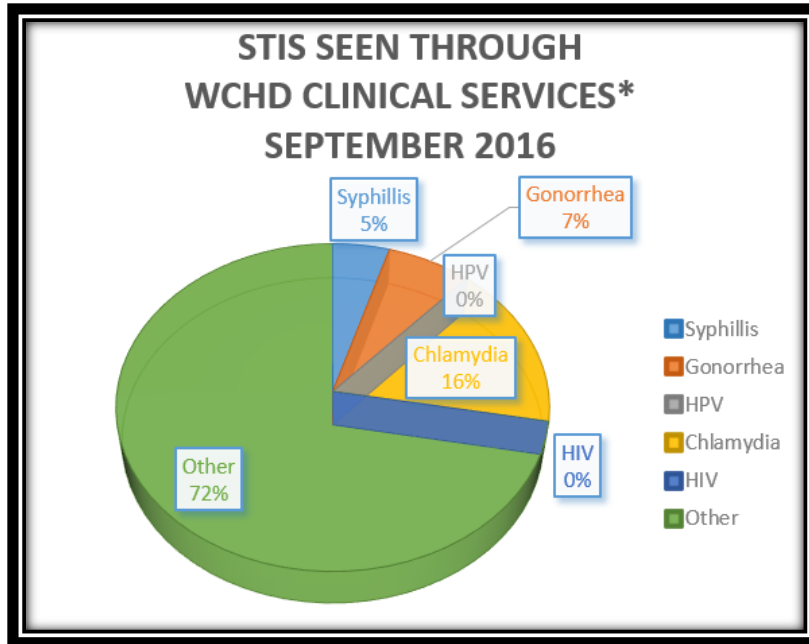
Illinois Youth Survey (IYS)



Results from the survey have been released for each county and the participating schools. Results have been sent to the school contacts at the 11 schools that participated in Winnebago County. Overall 11 out of 29 eligible participated or a 38% participation rate; 29% of all county enrolled students participated in the survey. The survey questions were related to: alcohol, tobacco and other drug perceptions and use, health and nutrition behaviors, feelings about school, and family support and rules about use. The Health Promotion Supervisor will attend a seminar on October 19, 2016 to assist in providing data to local media and will work with the Winnebago County Substance Abuse Prevention Coalition to provide data. Efforts will be focused on recruiting more schools to participate in the survey and identifying prevention strategies.

Sexually Transmitted Infections (STIs)

STIs Seen Through WCHD Clinical Services	YTD 2016		2015 Year Total Cases	2014 Year Total Cases
Syphilis	10		9	5
Gonorrhea	50		75	117
HPV	2		44	111
Chlamydia	99		197	339
HIV	1		2	0



*“STIs Seen” represents treatment and/or diagnosis in WCHD Clinical Services

- Domain 2 – Diagnose and Investigate**

CLSR (Creating Lead Safe Rockford) 2013 Objectives Note

	Goal	Actual	Percent
Units Enrolled	300	186	62.0 %
Inspections	250	169	67.6 %
Mitigated Units	225	142	63.1%

The CLSR 2013 program is officially in its last quarter and will have concluded by month’s end.

CLSR (Creating Lead Safe Rockford) 2016

The CLSR 2016 program entered negotiations in September and grant agreements are expected to be executed in October.

The Winnebago County Health Department (WCHD) Environmental Health (EH) Lab recently purchased a Palintest SA1100. This instrument will be used to test for lead levels in water addressing the current public concern regarding lead contaminated water sources. There has been an increased in demand for lead testing in water for FHA First Time Home Buyer loans and VA loans in addition to concerned residents. This test has been outsourced by WCHD in the past. After a careful evaluation of the costs verses expenditures, a decision was made to start performing this test in house. The Palintest SA1100 uses an EPA approved method (Method 1001, Differential Pulse Anodic Stripping Voltammetry) to determine the level of dissolved lead in first draw drinking water samples. WCHD does not intend to become EPA certified for the method at the present time but this will be an option for the future. Customer service will be enhanced by the quicker turn-around time of a test performed in-house. This testing procedure is anticipated to be implemented in November 2016.

Food Complaints

	Month	FY 2016	FY 2015
# of Foodborne Illness Complaints	0	27	57
# of Foodborne Illness Investigations	0	27	57
# of Non-foodborne Illness Complaints	13	161	177

Housing Complaints

	Month	FY 2016	FY 2015
# of Housing Complaints	69	787	789
# of Nuisance Complaints	27	322	252
# of Survey Complaints	27	400	426
# of Received Complaints	115	1487	1608
# of Re-check on Complaints	390	4321	4257

Well and Septic Complaints

	Original complaints	Recheck complaints	FY16 Original complaints	FY16 Recheck complaints	FY15 Original complaints	FY15 Recheck complaints
Wells	1	2	24	31	15	30
Septic	0	2	28	23	20	46

Update on Robey Avenue Wells

The last remaining house has connected to the City of Rockford public water system. The well was sealed by a licensed well contractor. The city is making arrangements with the owner to install the water meter inside the house. Once the meter is installed, the condemnation notice will be lifted for occupancy and an "After Action Report" will be developed and the incident will be closed.

Communicable Diseases

Vaccine Preventable Diseases (Reporting timeframe)	September 2016 Confirmed Cases	2016 YTD Investigated & Determined "Not a Case"	2016 YTD Total Confirmed Cases	2015 Year Total Confirmed Cases	2014 Year Total Confirmed Cases
Chickenpox (Varicella) (24h)	0	6	0	2	3
Diphtheria (immediate)	0	0	0	0	0
Haemophilus influenzae, invasive (24h)	2	0	3	5	7
Hepatitis A (24h)	0	3	1	0	1
Hepatitis B-Acute Infection (7d)	2	0	3	1	2
Hepatitis B-Chronic (7d)	3	2	17	2	28
Hepatitis C-Acute (7d)	0	2	0	1	0
Hepatitis C-Chronic (7d)	15	54	112	239	235
Hepatitis D (7d)	0	0	0	1	1
Influenza deaths in < 18 yrs old (7d)	0	0	0	0	0

Influenza A, variant (immediate)	0	0	0	0	0
Influenza, ICU admissions (24h)	0	5	3	6	15
Measles (rubeola) (24h)	0	0	0	0	0
Mumps (24h)	0	3	0	0	0
Neisseria meningitidis, invasive (24h)	0	0	0	0	0
Pertussis (whooping cough) (24h)	0	1	4	9	16
Polomyelitis (immediate)	0	0	0	0	0
Rubella (24h)	0	1	0	0	0
Streptococcus pneumoniae, invasive disease, in those < 5 yrs old (7d)	0	0	0	3	2
Tetanus (7d)	0	0	0	0	0
Sexually Transmitted Infections					
AIDS (7d)	0	0	0	11	11
Chancroid (7d)	0	0	0	0	0
Chlamydia (7d)	161	25	1396	1751	1702
Gonorrhea (7d)	64	2	532	544	443
HIV infection (7d)	0	0	2	18	18
Syphilis (7d)	4	0	15	22	8
Other Communicable Diseases					
Anaplasmosis (7d)	0	1	0	0	0
Any suspected bioterrorist threat (immediate)	0	0	0	0	0
Any unusual case or cluster of cases that may indicate a public health hazard (immediate)	0	0	0	0	0
Anthrax (immediate)	0	0	0	0	0
Arboviruses (7d)	0	0	0	0	0
Babesiosis (7d)	0	0	0	0	0
Botulism, foodborne (immediate)	0	0	0	0	1
Botulism, infant, wound, other (24h)	0	0	0	0	0
Brucellosis (24h unless bioterrorism suspected, then immediate)	0	0	0	0	0
Campylobacteriosis (Became Reportable in 2016)	5	16	28	n/a	n/a
Chikungunya Non-neuroinvasive Disease (7d)	0	0	0	0	0
Cholera (24h)	0	0	0	0	0
Creutzfeldt-Jakob Disease (7d)	0	0	0	0	0
Cryptosporidiosis (7d)	14	6	19	5	4
Cyclosporiasis (7d)	0	0	0	0	0
Dengue (7d)	0	1	0	0	0
Drug-resistant organism, extensively (7d)	0	0	0	0	0
Ehrlichiosis (7d)	0	1	0	0	0
Enteric E. coli infections (STEC,O157:H7, ETEC, EPEC, EIEC) (24h)	1	1	5	7	5

Foodborne or waterborne outbreaks (24h)	0	0	0	0	0
Hantavirus pulmonary syndrome (24h)	0	0	0	0	0
Hemolytic uremic syndrome, post diarrheal (24h)	0	0	0	0	0
Histoplasmosis (7day)	0	1	0	0	0
Legionellosis (7d)	0	0	4	8	3
Leprosy (7d)	0	0	0	0	0
Leptospirosis (7d)	0	0	0	0	0
Listeriosis (7d)	1	0	1	0	0
Lyme disease (7d)	4	25	7	7	8
Malaria (7d)	0	0	1	1	0
Ophthalmia neonatorum (gonococcal) (7d)	0	0	0	0	0
Outbreaks of public health significance (24h)	0	0	0	0	0
Plague (immediate)	0	0	0	0	0
Psittacosis (7d)	0	0	0	0	0
Q fever (2 4h unless bioterrorism suspected then immediate)	0	0	0	0	0
Rabies, human and potential human exposure and animal (24h)	0	0	1	16	1
Reye syndrome (7d)	0	0	0	0	0
Salmonellosis, other than typhoid (7d)	6	0	30	57	40
Severe Acute Respiratory Syndrome (SARS) (immediate)	0	0	0	0	0
Shigellosis (7d)	1	1	115	116	21
Smallpox (immediate)	0	0	0	0	0
Smallpox vaccination, complications of (24h)	0	0	0	0	0
Spotted fever rickettsioses (7d)	0	1	0	0	0
S. aureus, Methicillin resistant (MRSA) clusters (two or more lab confirmed cases) in a community setting (24h)	0	0	0	0	0
S. aureus, Methicillin resistant (MRSA) in infants <61 days (24h)	0	4	4	9	11
S. aureus infections with intermediate or high level resistance to vancomycin (24h)	0	0	0	0	0
Streptococcal infections, Group A, invasive including STSS and necrotizing fasciitis (24h)	0	1	5	11	6
Toxic shock syndrome due to S. aureus (7d)	0	0	0	0	0
Trichinosis (7d)	0	0	0	0	0
Tuberculosis (7d)	0	0	0	0	6
Tularemia (24h unless bioterrorism suspected then immediate)	0	0	0	0	0
Typhoid fever (24h)	0	0	0	0	0

Typhus (24h)	0	0	0	0	0
Vibriosis (non cholera) (7d)	0	0	1	2	1
Yersiniosis (7d)	0	0	0	0	0
West Nile Fever	0	1	0	0	0
Zika Virus	1	17	1	n/a	n/a

* The above table represents only those reportable diseases that have been received this month and year to date in comparison to the previous two year totals.

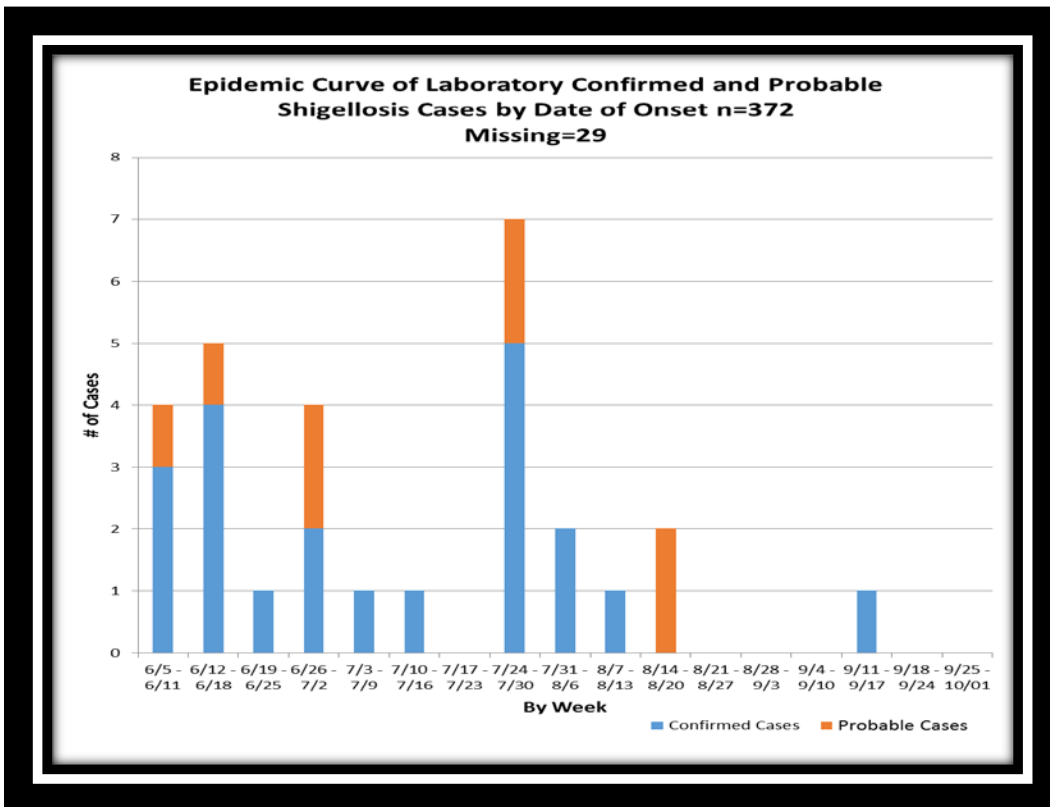
* "Investigated & Determined Not a Case" Column indicates an investigation was completed on a "probable" case of the disease noted. As the final diagnosis was not the specified disease, then the investigation work falls in this reporting category.

Communicable Disease Activities

1. Shigella Outbreak:

Shigella in the community has dropped considerably since the third week in August. September saw one (1) confirmed case. The graph below represent the last 120 days in the community outbreak. Total number of cases since the outbreak began in October 2015 is 372.

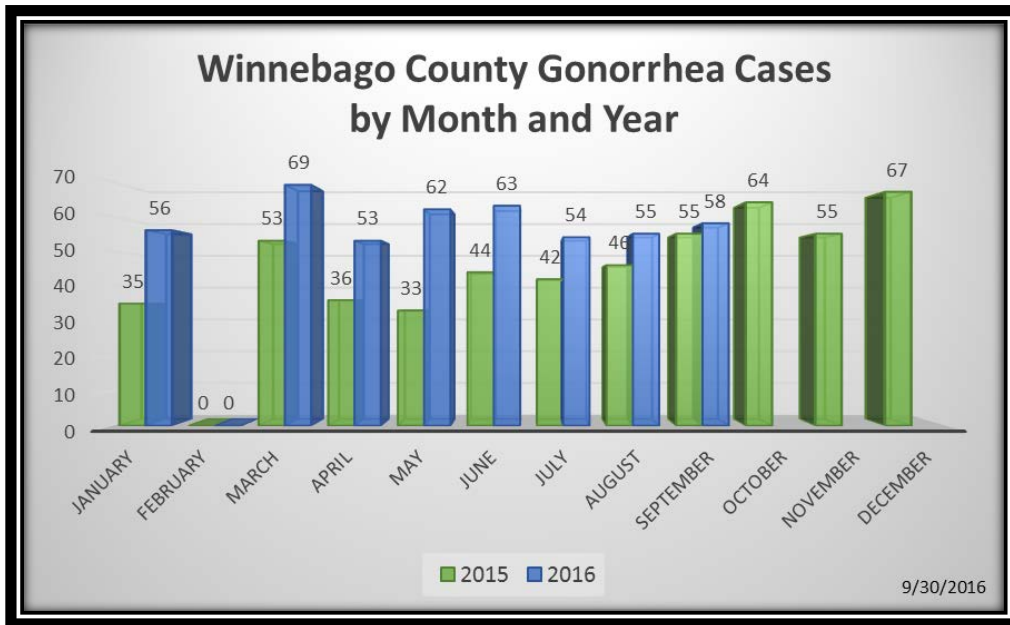
The Health Department as of September 30, 2016, is calling an end to the community outbreak of Shigellosis. Through the Communicable Disease (CD) Team’s surveillance efforts, the cases identified are isolated and not epidemiologically linked to one case or another. According to Illinois Statute, an outbreak is the occurrence of illness in a person or a group of epidemiologically associated persons, with the rate of frequency clearly in excess of normal expectations.



2. Increase in Gonorrhea Cases:

In response to the increase in gonorrhea cases in Winnebago County as compared to last years, the CD team worked aggressively through partner elicitation and notification to identify additional cases that may not have screened for the infection. As part of the response in gonorrhea, the Health Department hosted a walk-in STI Screening Day on September 2, 2016. The Clinical and DIS Teams provided STI screening to a total of twenty-one (21) individuals. Three (3) individuals were treated for gonorrhea as a result of their visit on September 2.

The following chart denotes the Year 2015 cases compared to those received to date in Year 2016:



3. Zika Virus Disease:

WCHD has authorized a total of twenty four (24) requests for Zika Virus testing. As of September, WCHD has one (1) test pending, twenty one (21) negative testing results, and two (2) authorized tests did not provide a blood sample to complete testing. WCHD received one (1) positive Zika test from an outside laboratory.

4. Seasonal Influenza:

WCHD Flu Clinic sites are up and running throughout the community. The Community Flu Clinic Schedule is available on the WCHD website. Monitoring of influenza has begun by the CD Team. The Weekly Influenza Report has been dusted off with a few minor changes as a result of input from surveillance partners. The first issue is to be out on October 14, 2016. Influenza season begins the week of October 2, 2016.



- **Domain 3 – Inform, Educate, and Empower**

Posting Food inspection Results on Website



The committee has reviewed a powerpoint presentation from the City of Milwaukee’s Health Department in regards to their 4 year effort at the establishment of an equitable grading system. Also, the committee has expressed interest in using a “four star” rating system which would be based on the number of critical violations. The Committee requested a cost estimate from the current Environmental Health software provider (CDP). The cost estimate has not been determined by CDP.

West End Neighborhood Educational Meeting

Code enforcement staff has provided extensive information to residents in the west end areas of Rockford, including distribution of more than 1500 door hangers and two community forums. Code enforcement staff are gearing up for a fall survey of the neighborhood to write up code violations. The preferred time for this survey is mid-fall, once leaves and other brush have thinned out but prior to snowfall, which allows for clearer observation of outdoor garbage/rubbish.

Prairie Road Pump Neighborhood Association Presentation

On September 8th, a packet approved by the Prairie Road Pump Neighborhood Association Board was mailed out detailing the three (3) options for property owners to vote on that would rectify the water issues with their current water system. The packet involved a detailed cost analysis for each option with some stipulations attached. All packets must be submitted back by September 30th to determine which option was chosen by majority vote. The three (3) options still remain the same since last discussion.

- Hooking to the City of Rockford with upgrades to the distribution lines
- Upgrading their existing system with new storage tank and distribution lines
- Dissolution of the Neighborhood Association and drilling individual wells.

WCHD was informed by the Neighborhood Association Board regarding their low voter participation. Out of the 49 families/properties impacted, only 20 submitted their votes. Representatives of the Board have decided to go door to door to obtain votes on what option so the project can continue to move forward.

Substance Abuse Youth Prevention Education

Jennifer Schnepf and Julie Pearson briefly met with RPS 205 school counselors to discuss needs for teen pregnancy prevention and substance abuse prevention programs.

A survey monkey questionnaire was also sent to counselors to allow for more comments. A small

number of questionnaires have been returned indicating that there is “very little to no prevention” programs taking place within the schools compared to years past. Some counselors are familiar with the teen pregnancy program but few are familiar with the All Stars program. Counselors feel that



information about these particular subjects could be put into the 9th grade gym class curriculum to allow more students to receive the information. Currently the Teen Pregnancy Prevention curriculum is being used with identified and self- identified student groups during the school day in four (4) schools. The All Stars program is on hold until a Prevention Specialist is hired and can be trained in using the curriculum. Jennifer Schnepf and Julie Pearson will continue to discuss the need for more prevention and awareness programs with coalition members for each area. Other prevention areas that counselors expressed a need to provide to students included coping skills, anger management, and violence prevention.

Adolescent Health: Primary Prevention thiNk (Teen Pregnancy Prevention)

Areas of concentration within the Teen Pregnancy Prevention grant include youth awareness and education, parent awareness and education, and coalition building. Parent awareness and education is provided for the parents of the students involved in the teen group facilitated by the Prevention Specialist. The Prevention Specialist has investigated a social media app that parents will be able to use at no cost and can be provided new information about parenting teens. In the past information would be developed within a newsletter format. This new social media app will allow parents to view the same newsletter information on their phone for current updates and learn about how the group is doing.

THAT Coalition (Teen Health Advisory Team)

Prevention Specialist has sent letters to past coalition members and is beginning to recruit for new members who will meet regularly to discuss current data, trends, prevention efforts available and advocate for more prevention programming. Health Promotion Supervisor and Prevention Specialist will work with a National Guard representative, trained in strategic planning for coalitions, to offer training and strategic planning for the THAT coalition as well as the Winnebago County Substance Abuse Prevention Coalition.



Mental Health Advisory Committee

Community Support System Framework



The priorities identified by the Mental Health Advisory Committee through its assessment process was presented to the Board of the Rockford Regional Health Council by Dr. Martell on September 7, 2016 emphasizing the Community Support System Framework. In addition, the Community Health Improvement Plan addressing Maternal and Child Health; Mental/Behavioral Health; and Violence Prevention was also shared. These three priority areas have multiple lines of intersection for risk and intervention. The Rockford Regional Health Council has agreed to serve as a Community Advisory Group on the health priorities including Mental/Behavioral Health.

The Community Support System Framework was also presented on September 14th at the summit addressing the Economic Value of a Healthy Human Services System sponsored by the Northern Illinois Center for Non-Profit Excellence (NICNE). As a member of the panel, the focus on the presentation was the value of Human Services in addressing health. The panel included a discussion of the role of Human Services in addressing violence (Chief O’Shea – Rockford Police Department), education (Dr. Schroeder– Rockford Public Schools), and economic development (Stacey Bernardi – RAEDC). The Community Support System Framework provided a model for understanding how the efforts of formal systems are supported by various agencies to promote individual and community adaptation and achievement.

Electronic and Social Media Contacts for September 2016



WCHD Website Page	12,820 Page Views	5,060 Sessions	4,179 Users
Facebook	353 Avg. Weekly Reach	17 Avg. Weekly Engagements	634 Total “Likes”
Twitter	30.5K Tweet Impressions	8 New “Likes”	728 Followers
Intranet Page	N/A	N/A	N/A

- Domain 4 – Mobilize Community Partnerships**



Todd Marshall, Director of Environmental Health Improvement and Dr. Martell attended the Center for Community Progress for the discussion of findings and recommendations regarding housing issues within the city of Rockford. The recommendations included models for enhancing communication and elimination of duplication of effort around blighted housing. The

next step will be the release of the actual report and establishment of inter-agency, inter-disciplinary work groups with the City of Rockford, Winnebago County, and community partners to address the findings. A copy of the report is attached.

Substance Abuse Prevention Coalition

The goal of the Coalition is to increase the number of representatives along with increase awareness activities in Winnebago County. The following chart represents the meeting activities of the coalition.

Month	Date of Coalition Meeting	# hours provided by ATOD	# members attending
September	9/8/2016	1	2
FY Total		5.5 Direct Service Hours	5.3 Average members in attendance

September 8, 2016, 6-8 pm, Harlem High School Commons results:

The Winnebago County Substance Abuse Prevention Coalition (WCSAPC) sponsored the Communities Talk Town Hall, about Underage Drinking. Funds from a small grant from SAMSHA written by a Rock Valley College coalition member provided for flyers and transportation of the speaker props. A total of 25 parents and students attended the event. The key note speaker from Lake County provided his presentation, "Hidden in Plain Site". The presentation provided parents and students with information about the importance of being involved with your teen's whereabouts, friends they hang around with, and what to



look for in your teen's room to determine if there is potential use of alcohol, tobacco, electronic cigarettes, or other drugs. All attendees felt the presentation was very informative and should be available for more schools to use. The Winnebago County Substance Abuse Prevention Coalition will explore the possibility of asking schools to bring this type of presentation in for parent meetings, open houses, or other opportunities for parents to become aware of teen activities and potential use of ATOD.

The WCSAPC will meet in November to discuss the event, the IYS survey results, and upcoming coalition member training to develop a strategic plan including the recruitment of new members.

Transform Rockford



Dr. Martell continued to represent the Winnebago County Health Department on the Transform Rockford (TR) Healthy Lifestyles workgroup. TR has made a strong commitment to the Blue Zones framework and methodology. Members of the Blue Zones team visited the Rockford area from September 19 – 20th and held multiple focus groups. The interventions focus on Policy, Built Environment, and Social Network. Representing the WCHD, Dr. Martell participated in the Community Transformation Presentation with Transforms Rockford Leaders and government officials and the focus group on policy. Policy

opportunities that were identified by WCHD included Tobacco 21 legislation and funding for mental health services. A proposal will be developed by Healthways Blue Zones including the cost of programming. Several private and public partners have committed resources to this endeavor. The challenge is in aligning the various plans in place for collective impact including the Wellness Focused Winnebago County 2020 Community Health Improvement Plan.

A Blue Zones Community® is an area in which citizens, schools, employers, restaurants, grocery stores, and community leaders have come together to optimize residents' longevity and well-being. Blue Zones Project® by Healthways takes a systematic, environmental approach to identifying and creating policies and programs that support community transformation.

Business First

WCHD continues to participate in the BusinessFirst Initiative. Plan reviewers from each participating agency continues to provide guidance to new business owners by explaining the requirements, policies, and possible resources. This process helps minimize their financial burden prior to implementation. More and more potential business owners are participating in Businessfirst due to the success and increased communication/transparency between collaborating agencies. Recently, City of Rockford has finally appointed a facilitator.



The workgroup consisting of representatives Gary Anderson (Gary Anderson Architects), Matt Idzikowski (Vintage @ 501, Blue Line Sports Pub), Chris Manuel (Prairie Street Brewing Company), and Ed McCullough (the Element) continues to meet to review concerns related to the Food Safety Code and its implementation in Winnebago County.

- **Domain 5 – Policies and Plans**

IPLAN Community Assessment

The Winnebago County IPLAN is complete. Next steps involve onboarding partner agencies volunteering to focus on these priority areas. The lead collaborating agency for MCH is Rockford Regional Health Council and Early Childhood



**Health Priorities
IPLAN 2020**

1. **Maternal Child Health**
2. **Mental Health**
3. **Violence**

Learning Council, the Mental Health collaborating agency is the Mental Health Advisory Council, and partnering agencies for Violence include; the Department of Justice and Rockford Regional Health Council. The IPLAN will be in digital format by the end of October 2016, allowing readers to download to digital formats such as ebooks and other reader applications.

The branding of the document will be consistent through all formats.

- **Domain 6 – Enforce Laws**



EHI Code Enforcement Stats

	Monthly Inspection	FY 2016 Inspections	FY 2015 Inspections
Foods	251	3925	3271
Wells	7	118	91
Septic	16	114	110
Loan Inspection	70	615	608

	Administrative Hearing Month	In-House Hearing Month	Administrative Hearing (FY16)	In-House Hearing (FY16)	FY 2015 Administrative Hearings	FY 2015 In-House Hearing
Housing	13	13	96	241	119	269
Foods	0	1	0	23	0	33
Well/Septic	0	0	4	16	5	12

Report of Food Facility In-house hearings

1. Oriental Dragon
3053 N. Perryville Rd
Date: 9.12.16
Violations: cold holding temperatures, improper handwashing, infestation, chemical labeling, no certified food manager

Pools

CoCo Keys still remains closed. The owners of CoCo Keys has informed WCHD they plan on re-opening before the end of the year. They have requested water quality log templates to comply with required documentation of chemistry perimeters on a daily basis. It was reiterated again that they must comply with everything on the consent agreement dated August 2015 prior to opening. Continued spot checks have been performed to ensure compliance with the closure order.



Illinois Tobacco Free Communities/Smoke-Free Illinois Act (SFIA)

Environmental Health continues to provide education and signage for those restaurants and businesses found to not have proper signage for the SFIA during routine inspections.

WCHD submitted a FY17 Tobacco Free Communities (TFC) Application to bring Tobacco Education and policy development back to Winnebago County; grant is currently in pending stage. The target population for the TFC grant is in line with WCHD priorities of Maternal and Child health including Teen Health. A prevention specialist will be hired once grant approval from IDPH is received.

- **Domain 7 – Link to/Provide Care**
iGrow



iGrow – Coordinated Intake for Home Visiting	September 2016 FY16	August 2016 FY16	July 2016 FY16	Total YTD FY16	Total FY15
# CIAT Completed (Coordinated Intake Assessment Tool)	101	131	84	1281	660
# Referred to Partner Home Visiting Programs	90	103	56	418	443

Women’s Health Services

Family Planning	September 2014	September 2015	September 2016	2016 YTD
Number of Clients Seen	350	210	94	1229
New Clients	60	35	23	296
Continuing Clients	290	175	71	933
Pregnancy Tests	207	97	48	572

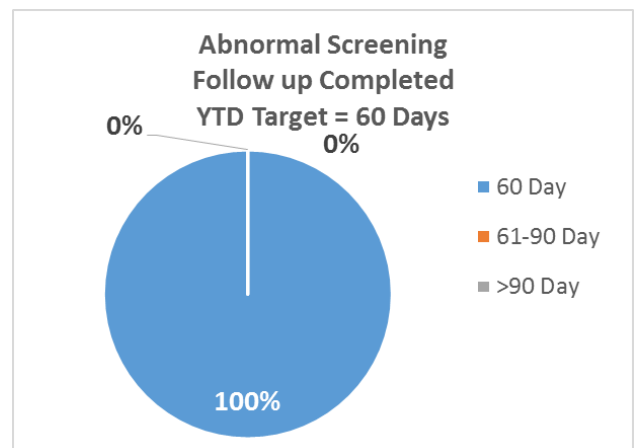
Family Planning

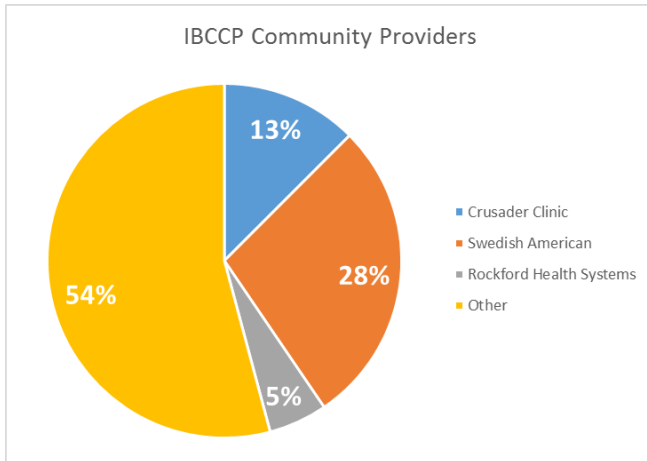
Since April of 2016, the Teen Pregnancy Prevention Specialist has been providing follow-up to all clients with positive pregnancy tests in the integrated clinic to ensure that they are enrolled in Women, Infants, and Children (WIC) Supplemental Nutrition Services and have initiated prenatal care. In the month of September, there were six (6) clients with positive pregnancy tests who were followed.

Positive Pregnancy Follow Ups	Sep-16	Aug-16	Jul-16
Number of Positive Pregnancies	6	15	8
Engaged in Care	4	12	8
Referral to Care	1	1	0
Missing / No Return Call	2	3	0
WIC	5	10	6
Referred to WIC	0	3	0
# of MPE	1	1	1

Illinois Breast and Cervical Cancer Program (IBCCP)

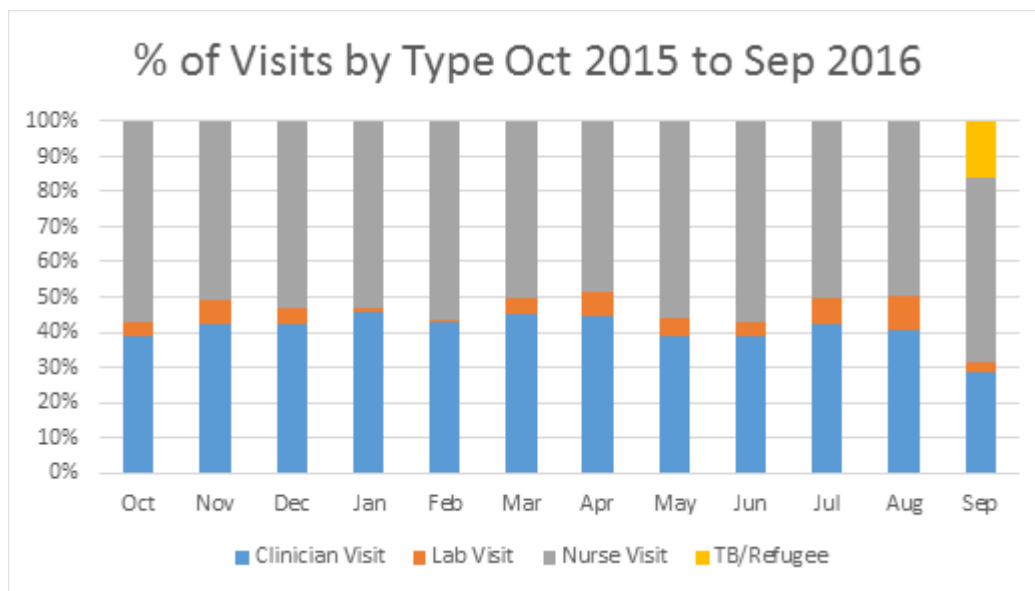
Currently there are 110 or 20% of goal for women involved in the program and are hitting the target of at least 46 new enrollee’s per month. “Styling for Pink” fundraising event sponsored by the Styling for Pink Foundation took place on Sept. 25, 2016. WCHD purchased a table for 10 ladies in which 2 WCDH employees, community members, and 2 staff from Crusader Clinic were able to attend. Funds to purchase the table were provided by private donations to the IBCCP program. Carolyn Shelton who retired from the Winnebago County Health Department (WCHD) is currently working contractually part time to follow up with women enrolled in the program, document results, bill providers, and submit monthly reports for grant requirements until an RN coordinator is hired.





Integrated Clinic Services by Visit Type

WCHD Clinic - Visit Type by Month													
Visit Type	2015			2016									Grand Total
	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Clinician Visit	241	227	225	288	228	245	246	204	192	225	294	171	2786
Lab Visit	27	37	26	7	5	24	39	27	19	38	69	18	336
Nurse Visit	355	273	284	333	300	275	269	294	280	266	359	318	3606
TB/Refugee												96	96
Grand Total	623	537	535	628	533	544	554	525	491	529	722	603	6824



Refugee Health Services

Winnebago County Health Department has seen the following number refugees during the current month broken out by gender and year to date (YTD).

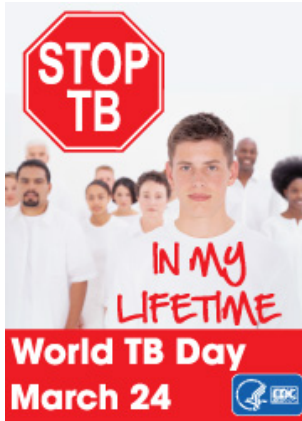
Nationality	Males	Females	2016 YTD	2015 Year Total
Afghanistan	4	2	10	9
Burma	3	5	41	98
Burundi	0	0	12	12
Colombia	0	0	0	4
Congo	11	17	55	79
Cuba	0	0	8	16
Eritrea	0	0	14	2
Ethiopia	0	0	1	0
Iran	0	0	11	4
Iraq	6	6	23	51
Ivory Coast	0	0	3	0
Rwanda	0	0	0	7
Sudan	0	0	6	1
Syria	3	6	59	35
Thailand	0	0	1	0
Ukraine	0	0	5	0

The Communicable Disease (CD) Team, the WCHD Refugee Program and Catholic Charities worked in conjunction to ensure that a refugee family was prophylaxed against meningitis over the course of a Friday evening and Saturday morning in September. The CD Team received an after hours call on Friday evening from a local hospital regarding possible exposure to meningitis of a patient being admitted to the hospital. Details of the case were gathered and recommendations provided to the hospital on prophylaxes of the family members present with the patient. The CD Team learned in speaking with the hospital staff that there were additional family members not present at the hospital. The CD Team after gathering information was able to link the patient as a contact to the index case of meningitis that was reported on Thursday. Catholic Charities were contacted Friday evening to request an interpreter at the address of the additional family members. Kris Sibounheuang met the interpreter from Catholic Charities at the residence of the patient being admitted to the hospital on Friday evening. Kris and the interpreter took the two gentlemen that were at the residence to the local hospital to get prophylaxed for meningitis.

In working with the two gentlemen, Kris learned of additional family members that lived at a different residence that have been exposed to the patient diagnosed with meningitis. These additional family members were siblings to the index case. Kris working with Catholic Charities and the two gentleman, were able to get the five (5) siblings to the local hospital on Saturday morning to be prophylaxed after getting consent from the parents who were located in Chicago with their 10 month old baby who had meningitis (index case). The CD Team verified that the parents of the index case were prophylaxed at the hospital in Chicago. In all, a total of nine (9) family member were prophylaxed in response to the index case of meningitis by the extraordinary efforts made by the parties involved in the case.

A BIG “Thank you” to Catholic Charities, Kris Sibounheuang, Dr. Sandra Martell and Todd Kisner for all their efforts over the two days in ensuring that this family was prophylaxed against meningitis and in turn keeping the community safe against this infectious disease.

Tuberculosis Care Center Activities



Client(s) Seen	
New Clients	42
Returning Clients	12
Professional Services	
Physician Contacts	12
Medication DOT (direct observed therapy) Visits	21
Diagnostic Services	
X-rays, CT Scan, etc.	13
Total Active Case(s) in Winnebago County (YTD)	3
Total Active Case(s) Being Medically Managed Outside of Winnebago County (Ogle) (YTD)	0

The Tuberculosis Care Center at WCHD continues to provide medical oversight and treatment of three (3) active TB cases in the County. Good news continues as the direct observation therapy (DOT) is down to three (3) days a week compared to the daily DOT that occurred at the beginning of WCHD’s involvement with one case.

• **Domain 8 – Assure Competent Workforce**

September 2016

Total Employees	Full Time Employees	Part-Time and Seasonal Employees	Employees Utilizing FMLA	New Hires	Separated Employees
83	79	4	15	0	0

Cheryl Floyd, MS is the new Director of Health Promotion and Wellness and will be assuming the role of this position in early October 2016. Congratulations to Cheryl and all of the candidates who stepped forward to provide their vision of this newly created position.



Resolution along with an emergency management review of the past two years responses and trainings.

WCHD had its quarterly All Staff Meeting on September 29, 2016. September is Emergency Preparedness month and for our annual training this year the training focused on Social Conflict and



Winnebago County Health Department (WCHD) is currently recruiting for the following positions: Epidemiologist I, Staff Accountant, Director for Personal Health Services, Clerk II (WIC, Intake).

- **Domain 9 – Quality Improvement**

The Board of Health quality committee will be presented with the conclusion of the 2016 projects and the proposal of the 2017 projects at the November 2016 meeting. The first year with the new QI Plan was successful. Many centers completed projects improving services delivered. Projects not completed will be carried over to 2017, along with a new selection of indicators reflecting the Strategic Plan refresh, and new Health Priorities.

Performance Management

Center/Program	Performance Standards
Environmental Health Improvement	<ol style="list-style-type: none"> 1. Complaints regarding housing, and/or wells and septics will be investigated with documented follow-up within 5 working days. 2. Productivity standards will be established for the following programs: <ol style="list-style-type: none"> a. Housing b. Wells and Septics 3. Conduct customer satisfaction survey for the following programs: <ol style="list-style-type: none"> a. Foods b. Housing c. Wells and Septics d. Lead 4. Establish inter-inspector reliability for the following programs: <ol style="list-style-type: none"> a. Foods b. Housing c. Wells and Septics
Public Health Preparedness	<ol style="list-style-type: none"> 1. 100% of Supervisory and Program Management Staff will be trained in advanced NIMS (National Incident Management System) 2. 100% of Leadership, Supervisory, and Program Management Staff will be able to determine the appropriate All Hazards Activation level for common public health events. 3. 100% of Leadership, Supervisory, and Program Management staff will be able to develop an ICS (Incident Command Structure) chart based on the level of activation.
Data and Quality	<ol style="list-style-type: none"> 1. Establish 2017 Quality Objectives by Center for incorporation in the Quality Improvement Plan. 2. Develop reporting tool for health priorities with WCHD branding. 3. Maintain report comparing Winnebago other local, State and National Priorities. 4. Develop personal leadership skills. 5. Engage in public health policy development. 6. Participate in local, regional, and state-wide committees to develop common public health data sets.

Center/Program	Performance Standards
	7. Demonstrate proficiency in the use of WinGIS software application to support data and quality initiatives.
Finance	<ol style="list-style-type: none"> 1. 100% of all grant billings will be submitted within established timelines as outlined by Funders. 2. A system of Accounts Receivable will be established for all sources of revenue including: TPL, DHS, IDPH, HUD, Patient Fees for reconciliation against billings. 3. Develop procedure for reporting of aged balances. 4. Establish policy for Bad Debt write-off. 5. All payments to individual patient accounts will be posted within 2 business days of receipt.
Health Protection	<ol style="list-style-type: none"> 1. Identify for a minimum of 2 contacts for each case of gonorrhea/syphilis reported to the Winnebago County Health Department (WHCD). 2. Provide follow-up and treatment within 5 business days to each contact identified in #1 above. 3. Establish surveillance system for top 5 communicable diseases in Winnebago County to trigger activation of All Hazards Plan. 4. Develop Communicable Disease Report with input from Community Partners to distribute at a minimum on a quarterly basis.
Health Promotion and Wellness	1. In development.
Public Information and Communication	<ol style="list-style-type: none"> 1. Increase Social Media presence (fans/followers) by 5%. 2. Complete WCHD's Branding Templates. 3. Train WCHD Staff on the WCHD Communication Procedures Policy. 4. Coordinate a media training for WCHD Leadership, Supervisors, and Program Managers. 5. Develop Public Information Campaigns for the IPLAN three health priorities. 6. Attend a National Public Health – Communications and Marketing symposium. 7. Actively participate in the NIPHC, IDPH Rockford Region 1, Strategic Goal Group 2, and Marketing Committee to ensure communication principles are developed and implemented.

- **Domain 10 – Evidence-based Practices**

The Communicable Disease (CD) Team is reviewing evidence-based strategies to address the increase in gonorrhea cases outlined in Domain 1. The CD Team also incorporated a review of literature related to cryptosporidium transmission by “Filth Flies” during the outbreak investigation.

Evidence based practices have been incorporated into the Wellness Focused Winnebago Community Health Improvement Plan.

- **Domain 11 – Administration and Management**

WIC achieved its assigned caseload for the month of September under the leadership of Andrea Rodriguez, RN and WIC Coordinators Donna Homuth and Julie Sterling. Kudos to the entire WIC team for their hard work and perseverance.



WIC /BBO APORS-HRIF	September 2016 FY16	August 2016 FY16	July 2016 FY16	Total FY16	August 2015 FY15	Total FY15
WIC Total Caseload Assigned – SFY16 = 7,523, SFY 17= 7,618	6,673 88%	6,667 88%	6,447 85%	8,690	6,749 90%	8,039
FCM (ended 11/30/15) APORS-HRIF total caseload	167	177	189	3130	2680 133%	2,776
Better Birth Outcomes (BBO) Total Caseload Assigned SFY16 = 90	31 34%	19 21%	16 17%	305	NA BBO CM Retired	545

- **Domain 12 – Governance**

Dr. Martell submitted the first FY2017 budget proposal to the Finance Committee of the Winnebago County Board restoring the levy by 4%. Winnebago County Health Department will also be working with agencies that receive funding through the host fees to address programming for at risk youth. This will provide an opportunity to align actions and metrics with the Wellness Focused Winnebago County Community Health Improvement Plan (CHIP).

*Respectfully submitted on behalf of the Leadership Team by,
Sandra Martell, RN, DNP
Public Health Administrator*