A large decorative graphic on the left side of the slide, consisting of several overlapping squares in shades of green, teal, and blue, with rounded corners.

From Vision to Action: ***Resources & Approaches for Public Health System Transformation***

BY PHIG PARTNERS

SHAPING TOMORROW'S PUBLIC HEALTH TODAY.

Presenters



Melissa Sever
PHAB



Grace Gorenflo
ASTHO Consultant



Kristin Rzczkowski
Illinois DPH

Session Goal & Topics

Goal: Increase awareness of resources and approaches that can be leveraged and adapted to support public health system transformation efforts

Topics:

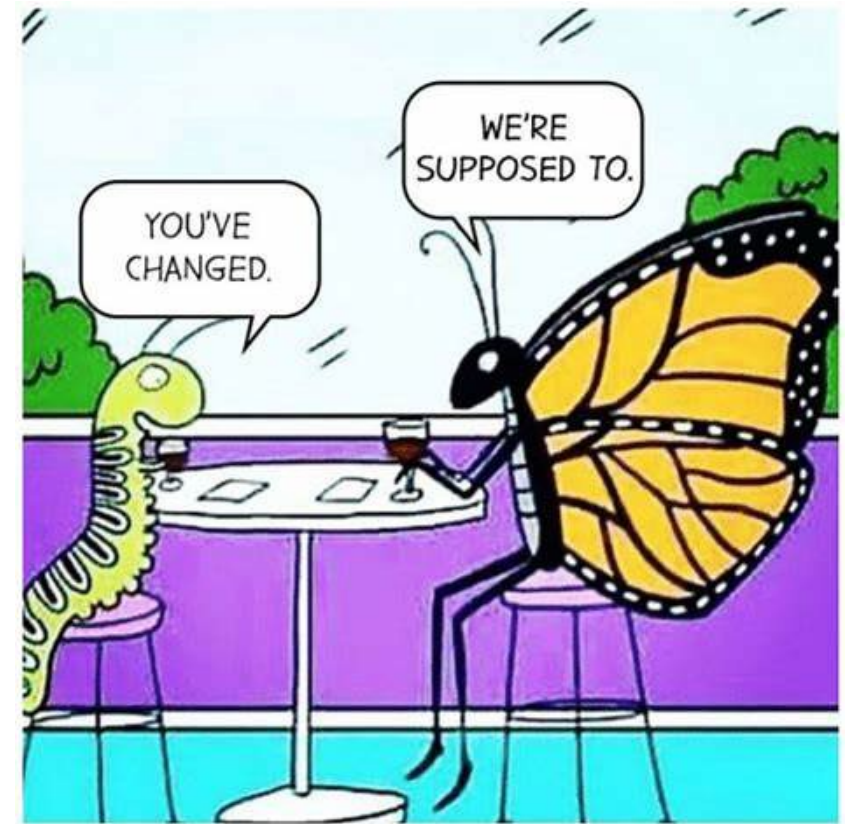
- Blueprint for Public Health System Transformation
- Enhancing Foundational Capabilities through State Transformation Efforts
- Illinois State and Local Public Health Transformation Initiative
- Q&A/Discussion

Blueprint for Public Health System Transformation & State Efforts

Public Health System Transformation Defined

*Public health transformation requires **reimagining the system and creating a shared vision**. The vision must support the mindsets, workforce, capacity, and resources needed **to deliver Foundational Public Health Services and 10 Essential Public Health Services**—and to promote health and well-being.*


*Transformation occurs through a **fundamental shift in the way public health systems are structured and how parts of the system function and interact**.*



What's Driving Transformation?

Public Health 3.0

A Call to Action to Create a 21st Century Public Health Infrastructure

 Office of the Assistant Secretary for Health
U.S. Department of Health and Human Services

PUBLIC HEALTH 3.0


RESEARCH BRIEF | OCTOBER 2021

STAFFING UP
Workforce Levels Needed to Provide Basic Public Health Services for All Americans

MEETING AMERICA'S PUBLIC HEALTH CHALLENGE

Recommendations for Building a National Public Health System That Addresses Ongoing and Future Health Crises, Advances Equity, and Earns Trust

The Commonwealth Fund Commission on a National Public Health System


Bipartisan Policy Center

**Public Health Forward:
Modernizing the U.S.
Public Health System**

December 2021

Charting a Course for an Equity-Centered Data System:

Recommendations from the National Commission to Transform Public Health Data Systems

OVERVIEW | PUBLIC HEALTH

[HEALTH AFFAIRS > VOL. 43, NO. 6: REIMAGINING PUBLIC HEALTH](#)

OVERVIEW

Reimagining Public Health: Mapping A Path Forward

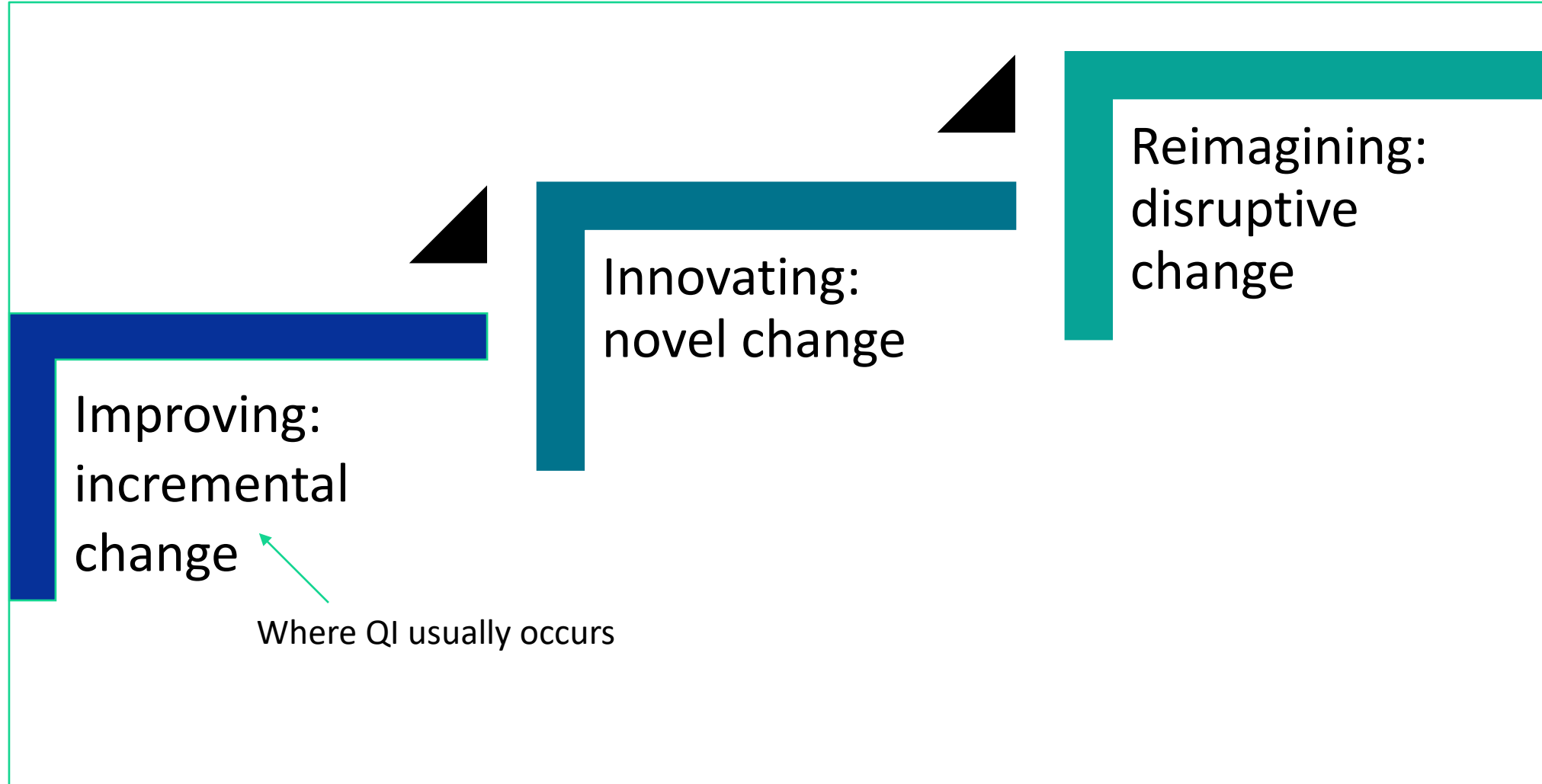
[Jonathan Samet](#) and [Ross C. Brownson](#)

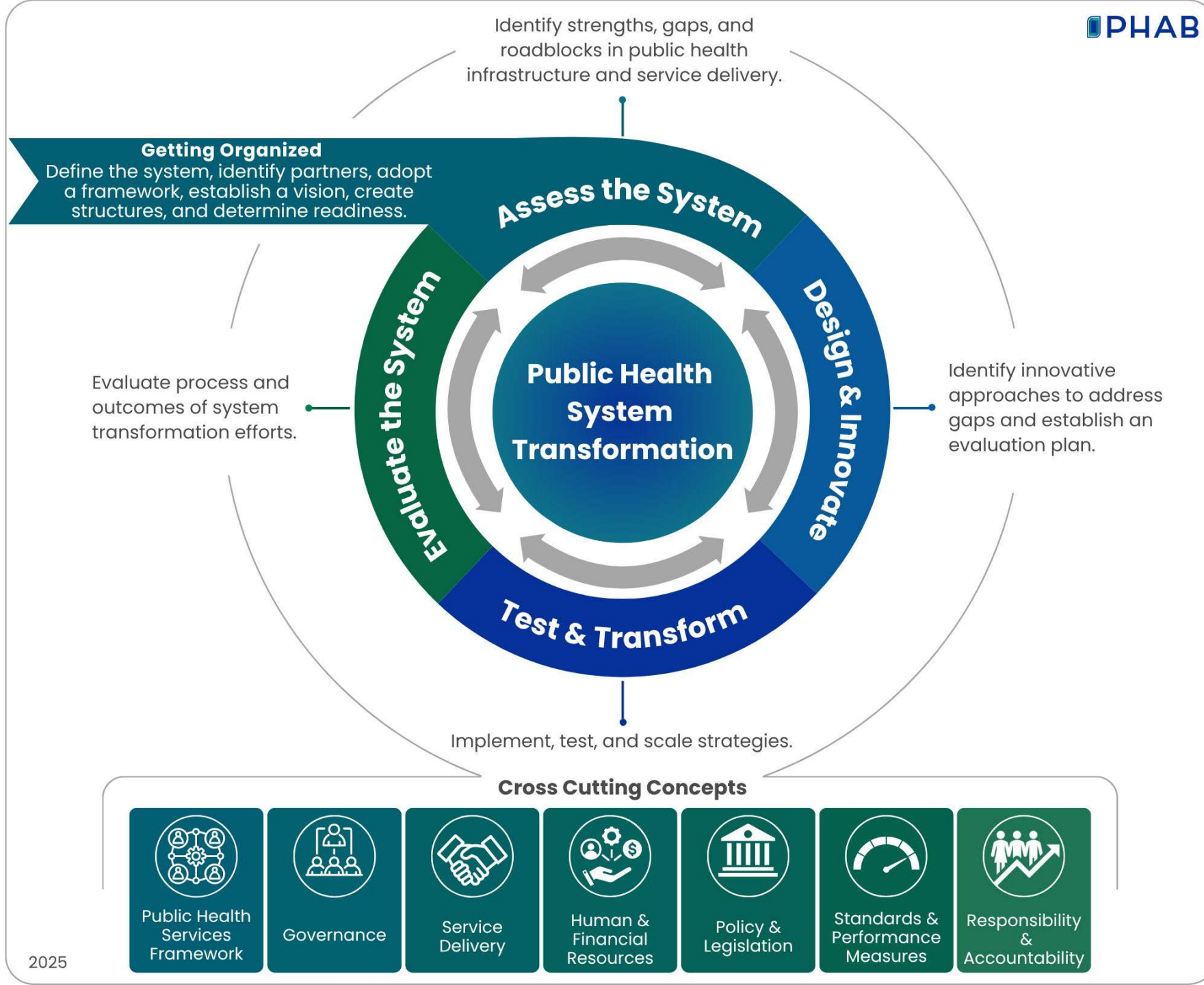
[AFFILIATIONS](#) ▾

PUBLISHED: JUNE 2024  **Open Access**

<https://doi.org/10.1377/hlthaff.2024.00007>

System Transformation Continuum





Assessment of Foundational Capabilities

- **2023**
 - 17 states found to be implementing the Foundational Capabilities within the context of efforts to strengthen public health infrastructure
- **2024**
 - States' and Territories' PHIG workplans reviewed to understand the progress toward implementation of Foundational Capabilities

Purpose of the Blueprint

WHAT THIS BLUEPRINT DOES

- **Serves as a guide for health departments interested and/or involved in system transformation.**
- **Describes the four key phases of system transformation, including key questions and recommended steps for each phase.**
- **Suggests external resources such as guides or tools.**
- **Complements other system transformation resources.**

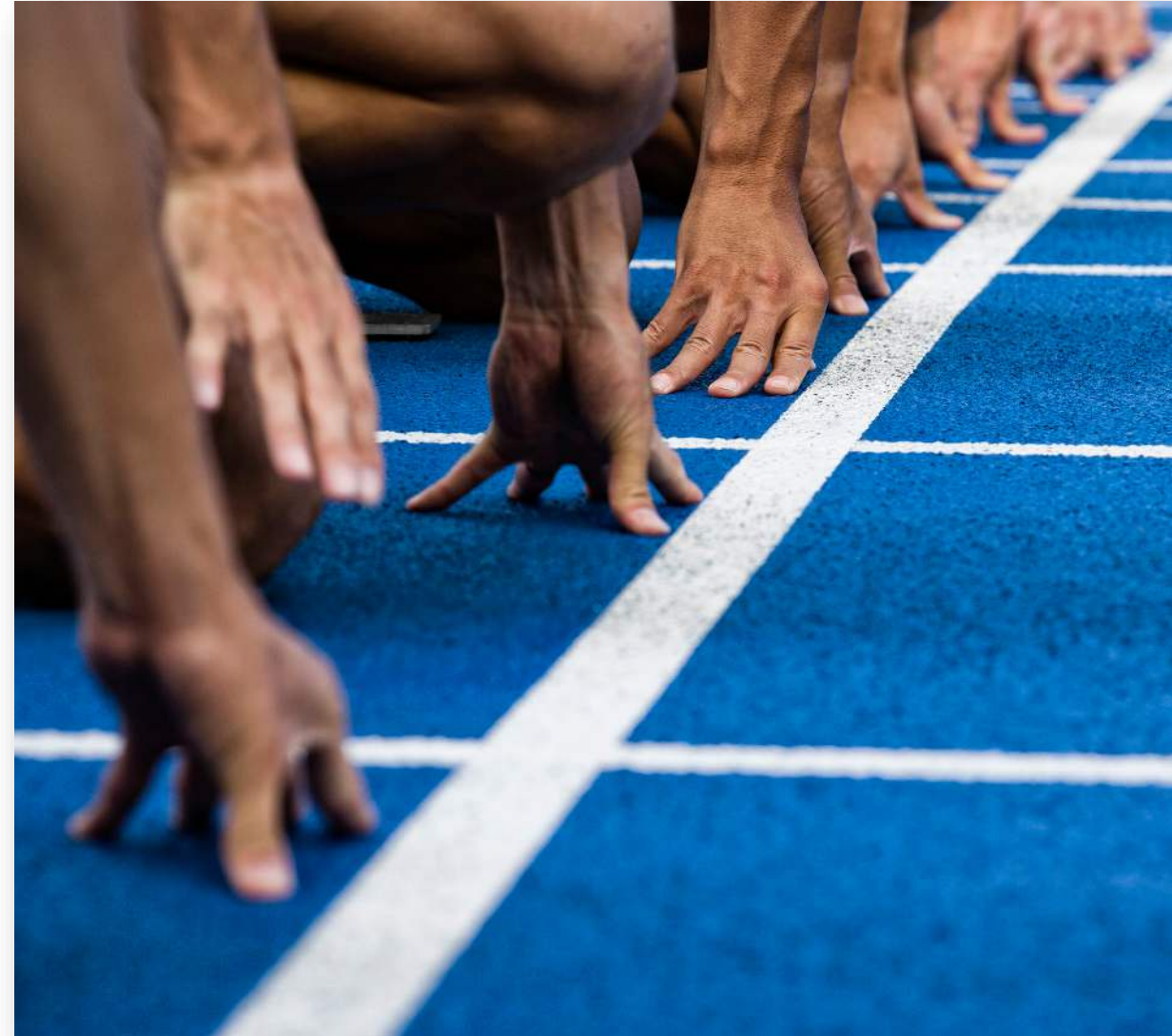
WHAT THIS BLUEPRINT DOES NOT DO

- **Serve as a manual that identifies or addresses all challenges or opportunities as part of system transformation work.**
- **Provide step-by-step guidance on how to implement recommendations in each of the phases.**
- **Dictate an action plan for system transformation.**
- **Provide a comprehensive list of questions, recommended steps, or external resources for transformation.**

Getting Organized

Outlines initial activities to lay the groundwork for transformation:

- Define the system
- Identify partners
- Adopt a framework
- Establish a vision
- Create structures
- Determine readiness



Practice: Lead, co-lead, or participate in efforts to implement Foundational Capabilities statewide

Initiation of public health transformation

LOCAL HEALTH DEPARTMENTS

STATE/LOCAL

STATE HEALTH DEPARTMENTS

Example: Kentucky

Example: Colorado

Example: Indiana

Partners in Transformation

- Governmental Public Health
- Tribal Health Authorities
- State Public Health Associations
- Elected Officials
- Academic Institutions
- Public Health Coalitions
- Philanthropic Organizations

Foundational Capabilities Frameworks

13 states had established frameworks or referred to using the PHAB model as their framework:

CA	KY	MO
CO	MA	NC
IN	MN	OH
KY	OR	WA
		WI

Foundational Capability	Included	Included elsewhere	Not Included
Assessment and Surveillance	11	2	
Community Partnership Development	12	1	
Equity	7	4	2
Policy Development and Support	10	2	1
Accountability and Performance Management	7	6	
Emergency Preparedness	13		
Communications	12	1	
Organizational Competencies:			
Leadership and Governance	12		1
IT Services	13		
Workforce Development and Human Resources	13		
Financial Management	11		2
Legal Services	10		3

Phase 1 – Assess the System

Activities to identify strengths, gaps, and roadblocks in public health infrastructure and service delivery:

- Discover current assets and resources in the system
- Estimate gaps and resource needs
- Describe delivery structures
- Investigate facilitating and impeding policies
- Determine desired outcomes



Secure Needed Resources

- **Expertise, experience, and bandwidth to ensure high quality data collection, analysis, and visualization**
- **Websites with guidance materials**
 - Operational definition manuals
 - Instruction guides
 - FAQs
- **Orientation webinars**
- **Office hours**
- **1:1 technical assistance by email or phone**

Assessment Results

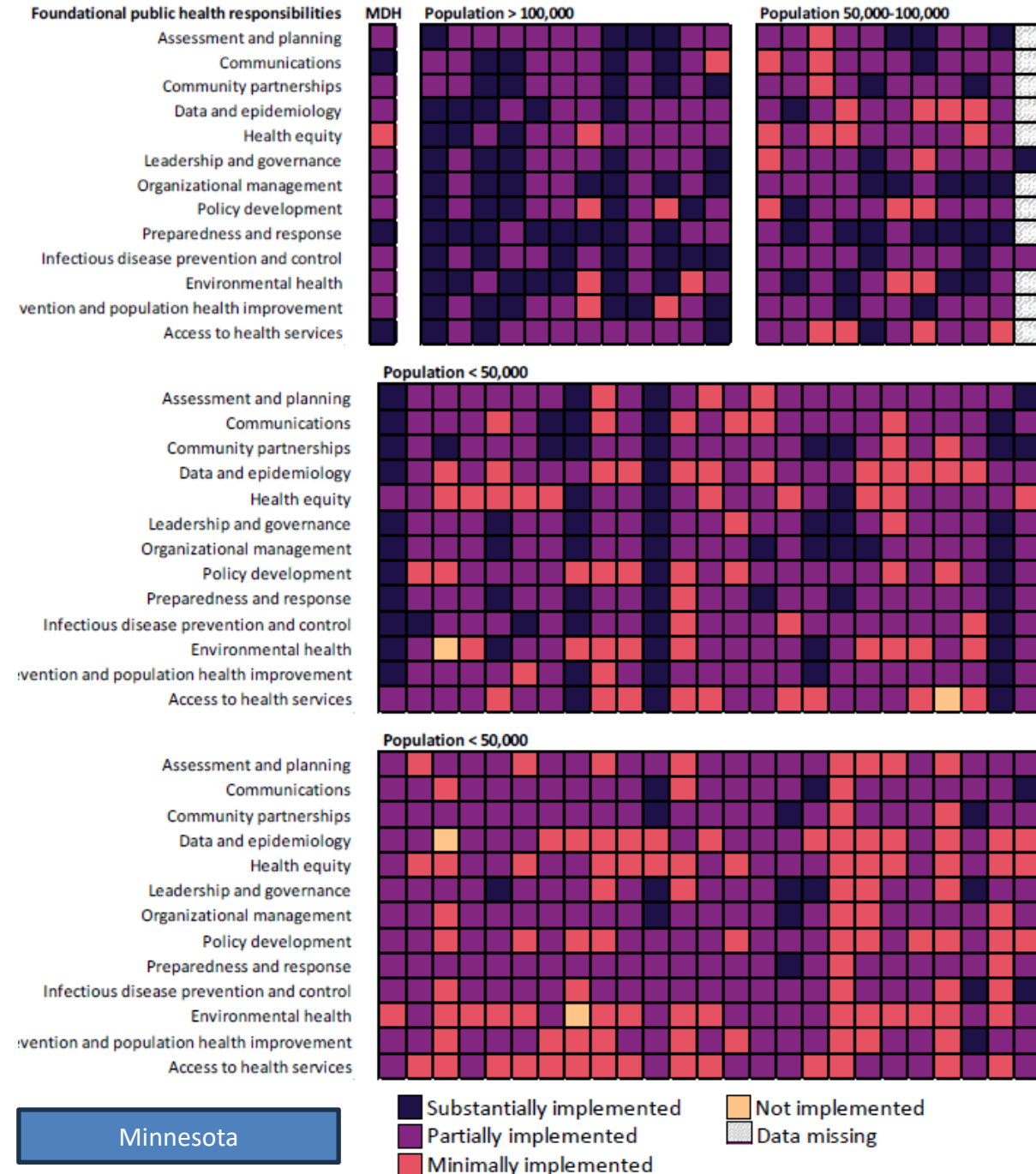
Missouri

	MO	Regions								
		A	B	C	D	E	F	G	H	I
Capabilities										
Emergency Preparedness and Response	●	●	●	●	●	●	●	●	●	●
Policy Development and Support	●	●	●	●	●	●	●	●	●	●
Communications	●	●	●	●	●	●	●	●	●	●
Community Partnership Development	●	●	●	●	●	●	●	●	●	●
Organizational Administrative Competencies	●	●	●	●	●	●	●	●	●	●
Accountability and Performance Management	●	●	●	●	●	●	●	●	●	●
Assessment and Surveillance	●	●	●	●	●	●	●	●	●	●
Areas of Expertise										
Communicable Disease Control	●	●	●	●	●	●	●	●	●	●
Chronic Disease	●	●	●	●	●	●	●	●	●	●
Linkage to Medical, Behavioral, and Community Resources	●	●	●	●	●	●	●	●	●	●
Injury Prevention	●	●	●	●	●	●	●	●	●	●
Maternal, Child, and Family Health	●	●	●	●	●	●	●	●	●	●
Environmental Public Health	●	●	●	●	●	●	●	●	●	●

● 100% of jurisdictions have capacity at ≥ 4 ● 56%—77% of jurisdictions have capacity at ≥ 4 ● 55% or less of jurisdictions have capacity at ≥ 4



Level of implementation of foundational responsibilities by department (weighted)



Phase 2 – Design & Innovate

Activities to identify innovative approaches to address gaps and establish an evaluation plan:

- Define new or expanded services
- Design performance standards
- Create new oversight and delivery structures
- Plan for changes in human and financial resources
- Pursue innovative approaches to transform the system



New service delivery models

For several years now, Massachusetts has provided grants to health departments interested in developing health districts or other forms of service and resource sharing arrangements.



■ Rural North

Del Norte, Glenn, Humboldt, Lake, Lassen, Mendocino, Modoc, Shasta, Siskiyou, Tehama, Trinity

■ Central California

Calaveras, Fresno, Kern, Kings, Madera, Mariposa, Merced, San Joaquin, Stanislaus, Tulare, Tuolumne

■ Greater Sierra Sacramento

Alpine, Amador, Butte, Colusa, El Dorado, Nevada, Placer, Plumas, Sacramento, Sierra, Sutter, Yolo, Yuba

■ Southern California

Imperial, Inyo, Mono, Orange, Riverside, San Bernardino, San Diego, San Luis Obispo, Santa Barbara, Ventura

■ Bay Area

Alameda, City of Berkeley, Contra Costa, Marin, Monterey, Napa, San Benito, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma

■ Los Angeles

City of Long Beach, Los Angeles, City of Pasadena

Examples of new cost allocation formulas

Minnesota

- Base funding to all LHDs
- 60% of remaining funds allocated based on social vulnerability index
- 40% of remaining funds to the smallest health departments

Oregon

- Base funding base plus additional amounts according to:
 - Burden of disease
 - Health status
 - Racial and ethnic diversity
 - Poverty
 - Education
 - Limited English proficiency
 - Rurality

Phase 3 – Test & Transform

Activities to implement, test, and scale strategies:

- Pilot new strategies to detect strengths and weaknesses
- Identify facilitating and impeding factors for implementation
- Pass and enact legislation
- Adopt and enforce policies
- Coordinate implementation of transformed practices



Examples of how legislation and policies support implementation of Foundational Capabilities

- Develop recommendations to strengthen public health infrastructure
- Require provision of Foundational Capabilities
- Report on investments in Foundational Capabilities
- Support new service delivery models
 - Nevada: health districts do not have to comprise contiguous counties
 - Indiana: multi-county health departments must maintain a physical office in each participating county



Communicate about the value of Public Health

Phase 4 – Evaluate the System

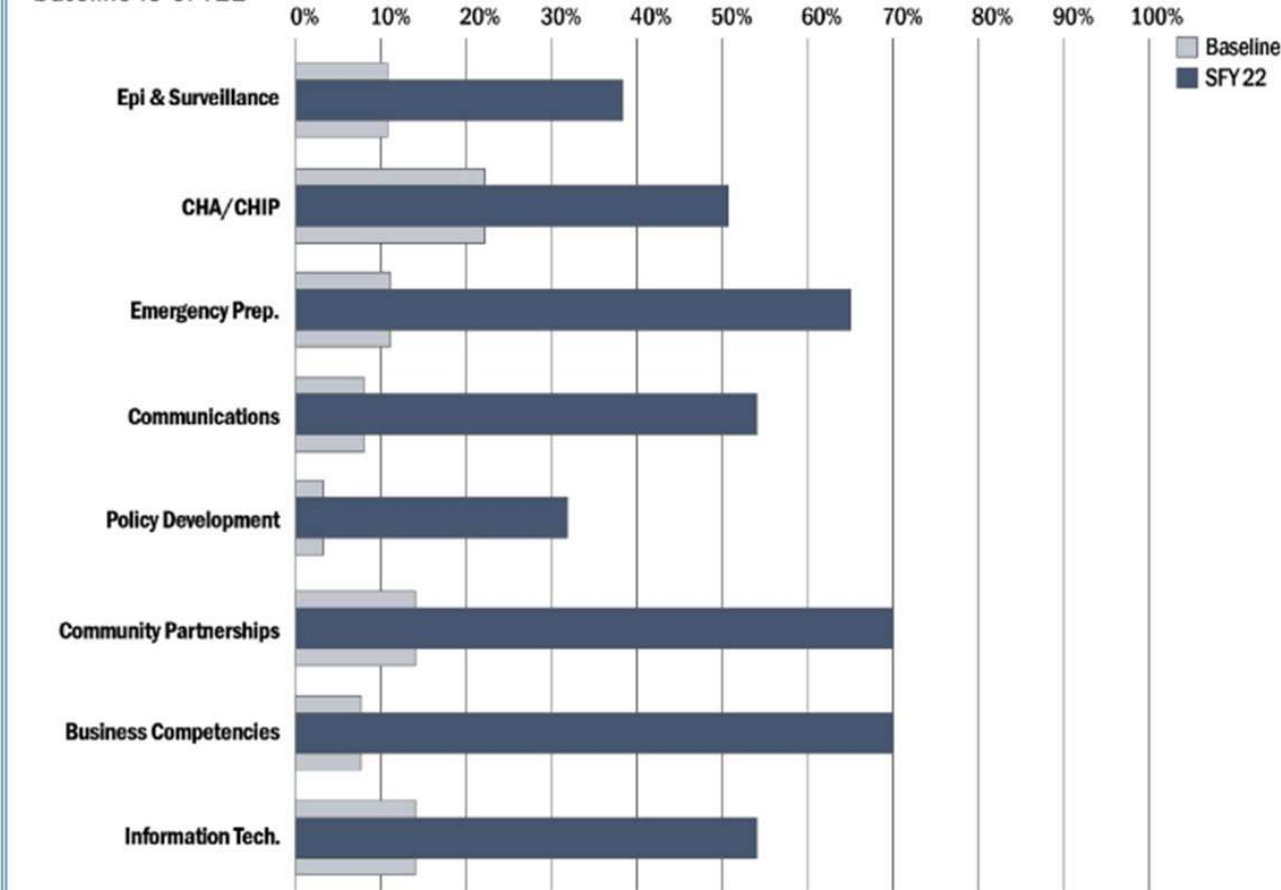
Activities to evaluate the processes and outcomes of the system transformation efforts:*

- Design metrics to align with performance standards
- Identify and implement corrective actions

** Activities should begin in prior phases (i.e., ongoing process improvement) with summative evaluation at end.*



Example of demonstrating accountability in transformation plans and funding requests



- Health Equity
- Policy Development, Legal Services, and Analysis
- Legislation
- Accountability Measures
- New Delivery Models for Foundational Capabilities
- Transition from COVID-19 emergency response

Progress with Foundational Capabilities . . .

1. Accountability, Performance Management, and Accreditation

- State health improvement plans, performance management systems, workforce development plans, accreditation and Pathways recognition

2. Communications

- Communications plans, equitable access to materials, social media

3. Organizational Administrative Competencies

- Grants, software, policies and procedures

. . . as reported by states and territories in PHIG workplans

**See the full report for
more examples and
links to referenced
materials**

Top Take Aways

Blueprint can be helpful to individual health departments and health department systems no matter where you might be on your transformation journey.

Blueprint can guide your work (theory) while pulling examples from other states for inspiration (practice).

PHAB building a website to accompany the Blueprint that will be more interactive and allow for easy updating as new resources and stories from the field emerge.

Public Health Transformation in Illinois

Kristin Rzeczkowski
Workforce Director
Illinois Department of Public Health

8/20/25

About IDPH

Our mission: The Illinois Department of Public Health is an advocate for and partner with the people of Illinois to re-envision health policy and promote health equity, prevent and protect against disease and injury, and prepare for health emergencies.

By the numbers



1877

IDPH is one of the state's oldest agencies, organized in 1877 with only 3 employees.



3

Laboratories



6

Regional Health Offices



1,400

IDPH employs 1,400 Illinoisans who are committed to making the state a healthier place.

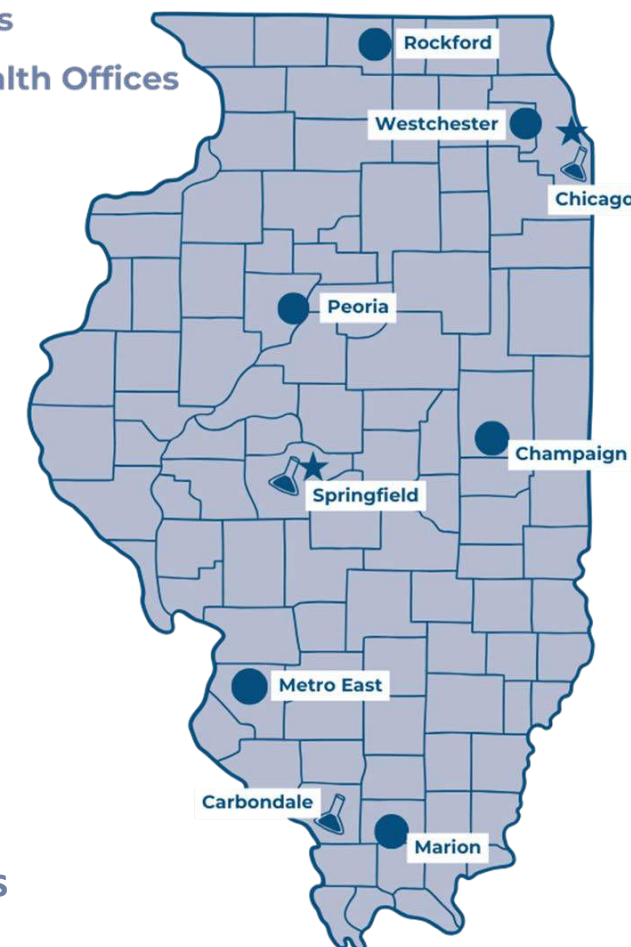
Our Programmatic Offices

- Office of Disease Control
- Office of Health Care Regulation
- Office of Health Promotion
- Office of Health Protection
- Office of Policy, Planning, and Statistics
- Office of Preparedness and Response
- Office of Racial and Cultural Health Equity
- Office of Women's Health and Family Services

★ Headquarters

● Regional Health Offices

🧪 Laboratories



IDPH Overview

- **Vision**
 - Illinoisans empowered and supported to achieve their optimal health with dignity and acceptance in diverse and thriving communities.
- **Mission**
 - The Illinois Department of Public Health is an advocate for and partner with the people of Illinois to re-envision health policy and promote health equity, prevent and protect against disease and injury, and prepare for health emergencies.
- **Over 200 programs, affecting health & wellbeing of every Illinois resident & visitor**
 - Childhood immunization
 - Food, water and drug testing
 - Hospital and nursing home licensure
 - Infectious and chronic disease control
 - Vital records
 - Health statistics collection and evaluation
 - Newborn screenings
 - Women's health promotion
 - Emergency Preparedness
 - Workforce development

Public Health System Challenges: Nationally

Public health challenges increase in complexity, but funding steadily declines

Chronic disease and mental health conditions account for most of U.S. health care spending

Less funding limits public health capacity to address complex issues (e.g., health equity) and provide basic public health programs

Experts estimate a shortfall of \$4.5 billion per year necessary for health departments to provide basic public health programs

Substantial governmental public health workforce intend to leave due to stress and burnout

Nearly one-third of state and local public health employees (32%) said they are considering leaving their organization in the next year

PUBLIC HEALTH

By Jonathon P. Leider, Brian C. Castrucci, Moriah Robins, Rachel Hare Bork, Michael R. Fraser, Elena Savoia, Rachael Piltch-Loeb, and Howard K. Koh

The Exodus Of State And Local Public Health Employees: Separations Started Before And Continued Throughout COVID-19

Public health position available: Low pay. Promise of burnout and harassment. Master's preferred.

By Kimberly Ma | September 1, 2023

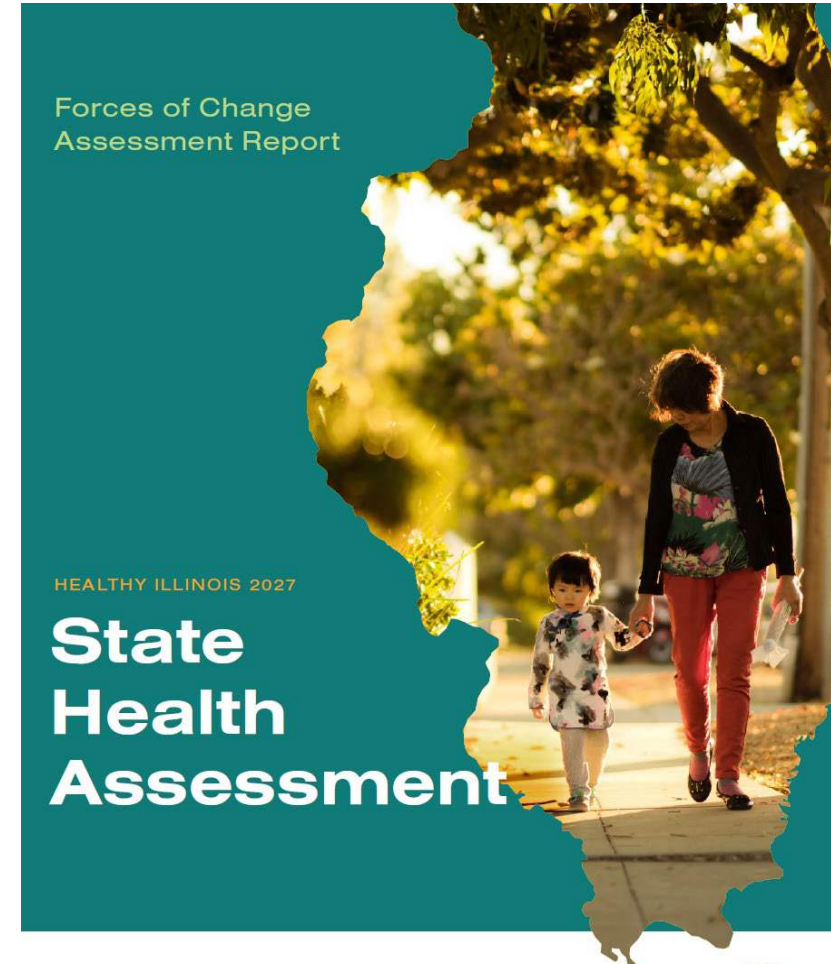


Kimberly Ma

Kimberly Ma is a PhD student in Biodefense at George Mason University and also works in public health preparedness. Previously, she... [Read More](#)

Public Health System Challenges: Illinois

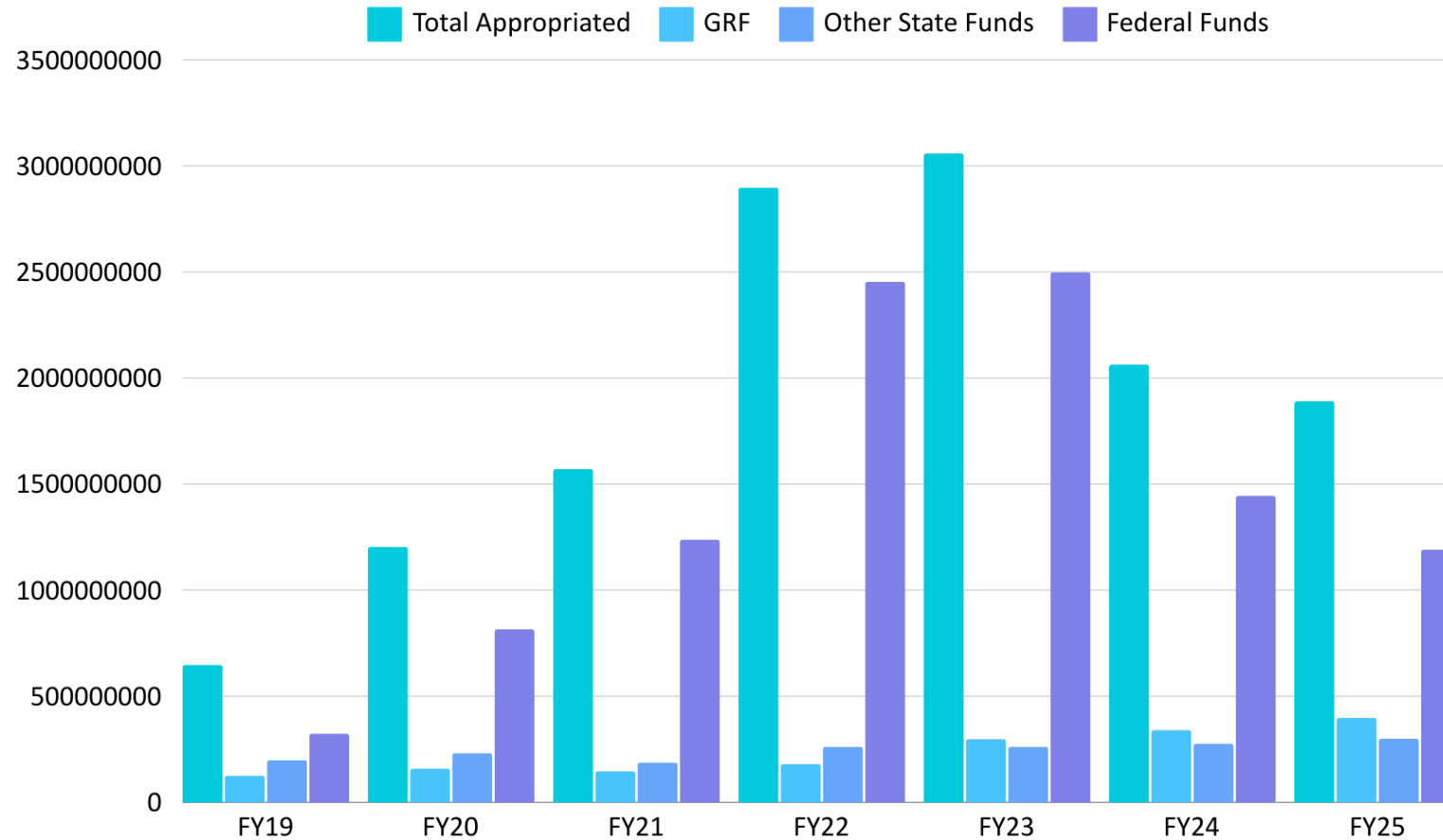
1. Illinois has profound health inequities
2. Lack of sustainable and flexible funding plagues public health's ability to address population health
3. Compared to nationally, Illinois ranks among lowest states for public health funding



Policy, Practice and
Prevention Research Center



Boom or Bust Funding



Illinois's Public Health System



**Fragmented
system**



**Non-
Sustainable
System**



**Limited
State and
Local
Capacity**



**Burned
Out
Workforce**



Illinois Public Health Workforce Transformation Initiative

A Timeline for Action

**Fall 2023 -
Winter 2024**
Transformation
Initiative forms

Fall 2024
Initiative Reset

February 2025
New
Leadership
Committee
formed

**March 2025-
August 2025**
Workgroups
meet to add
details to
strategic
agenda

**April 2024-
September
2024**
Data
collection/
assessment
phase. Training
plan launched

**December
2024/January
2025**
Intensive
engagement
between
LHDs/State

March 2025
Leadership
Committee
presents
outline of
strategic plan
and 3
workgroups
launch

**September/
October 2025**
Finalize
strategic plan

Launching the Initiative



Illinois Director Vohra Announces Groundbreaking Public Health Workforce Transformation Initiative at Kick-Off Meeting

June 25, 2024

Getting Organized

- Participating Partners
 - Solely governmental public health (state and local HDs and state public health association)
 - Engaged other states early on for guidance/learn from experience
- Legislation
 - No legislation involved in getting this off ground
 - Have not yet engaged electeds
- Facilitation
 - Had academic partner throughout assessment phase
 - Do not have external/third party facilitation now

Initial Structure of Transformation Initiative



Working Goals and Activities

Create and Implement a Training Plan

- Address rapid workforce development needs
- Intended Use:**
 - Establishes sustainable training for all levels of public health and public health pathways in Illinois

Identify LHD/SHD Capabilities for Foundational Services

- Use the **capacity and cost assessment** process to understand existing LHDs/SHD positions and funding toward basic public health services
- Intended Use:**
 - Provides concrete evidence of the financial resources needed to ensure all Illinoisans receive basic public health services

Develop Strategic, Systems Innovations and Structural Agenda

- Explore items raised in listening sessions:
 - Modernization **policies and pipeline issues**
 - Opportunities to **leverage resources** (e.g., regional position sharing, innovations in training, propose funding needs)
- Intended Use:**
 - Identifies the specific strategies and activities the Illinois public health system collectively recommended to address shared and unique challenges

Develop a Strategic Proposal for Sustained Support

- Propose a funding approach for sustained capacity for positions and innovations
- Intended Use:**
 - Outlines funding models and approaches to address the gaps identified and financing the collectively recommended strategies

New Leadership Training



Transformational Leadership

Public Health Leadership Institute for Systems Change (PHLISC)

- Strategic and Developmental Skills: Leadership, systems change
- New to leadership or revisioning post-COVID-19



Supervisory Skills

In partnership with IL Public Health Association

- Soft and Hard Skills: Performance management, budgeting, communication
- New to management, addressing burn-out



Foundational Public Health

New to Public Health – (N2PH) Residency Program

- Basic Core Skills: Public health frameworks, understanding what other divisions/units do
- New to the public health field

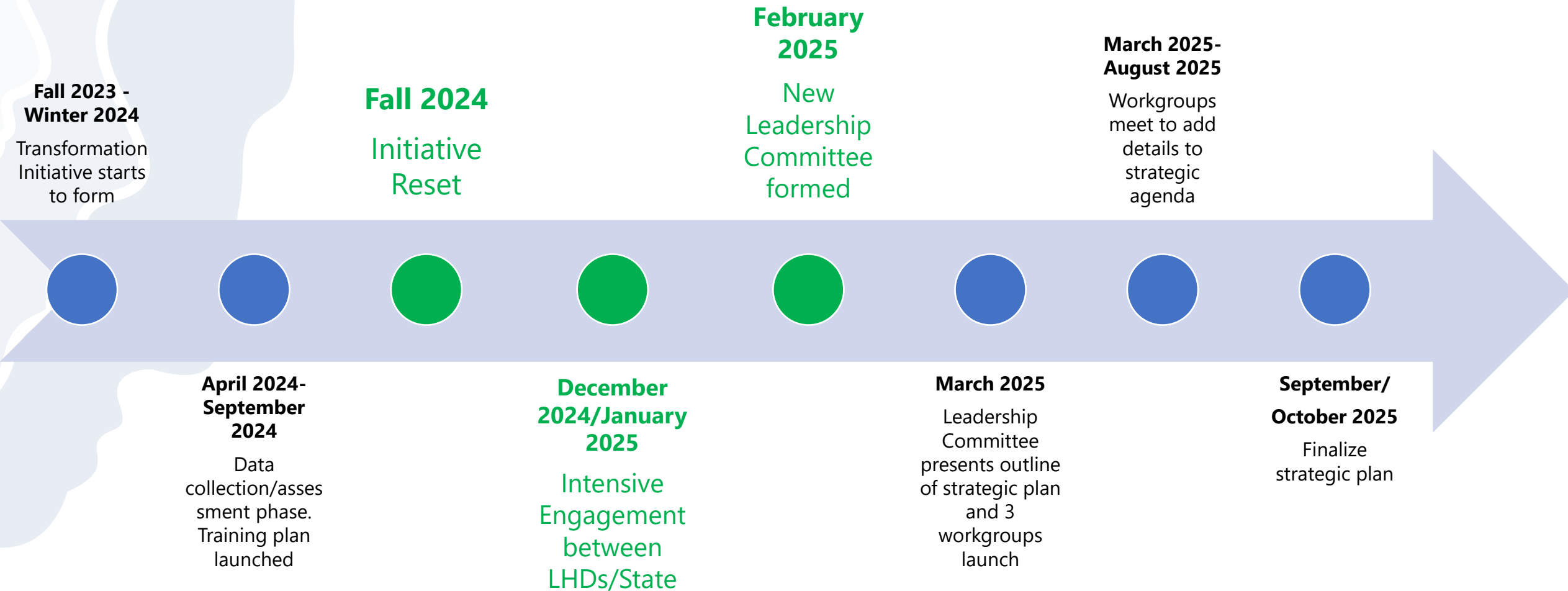
Assessments

- Listening sessions (13 held)
 - With participation from 31 LHDs, state, and IL Public Health Association in late 2023 to gather preliminary public health workforce gaps
- Individual LHD feedback via interviews and surveys
- Breakout brainstorming sessions, April 2024 at transformation kick-off event
- Leadership Committee and workgroup participation composed of IDPH, LHD consortia and IPHA representatives
- Subject matter expert input and partner interviews facilitated over the summer of 2024
- Capacity and Cost Assessment completed by 73 (of 97) LHDs and state
 - between May-November 2024

Assessment Findings- 5 Buckets

- Communications
- Funding and Infrastructure
- Workforce Capacity and Capability
- Data, Assessment, and Surveillance
- Policy Development and Implementation

A Timeline for Action



Where Do We Go From Here?

3

- Explore items raised in listening sessions:
 - Modernization **policies and pipeline issues**
 - Opportunities to **leverage resources** (e.g., regional position sharing, innovations in training, propose funding needs)
- **Intended Use:**
 - Identifies the specific strategies and activities the Illinois public health system collectively recommended to address shared and unique challenges

Now is the time to take what we have learned and agree upon a path forward.

**YOU ARE
HERE**

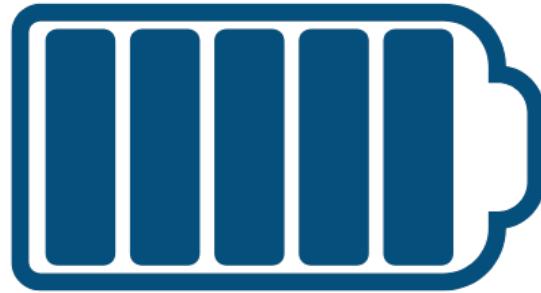


Building a Statewide, Coordinated Public Health Service Delivery Model

Illinois's Ideal Public Health System



**Coordinated
System**



**Sustainable
System**



**Optimizing
State and
Local
Capacity**



**Resilient
Workforce**

Initial Proposed Framework

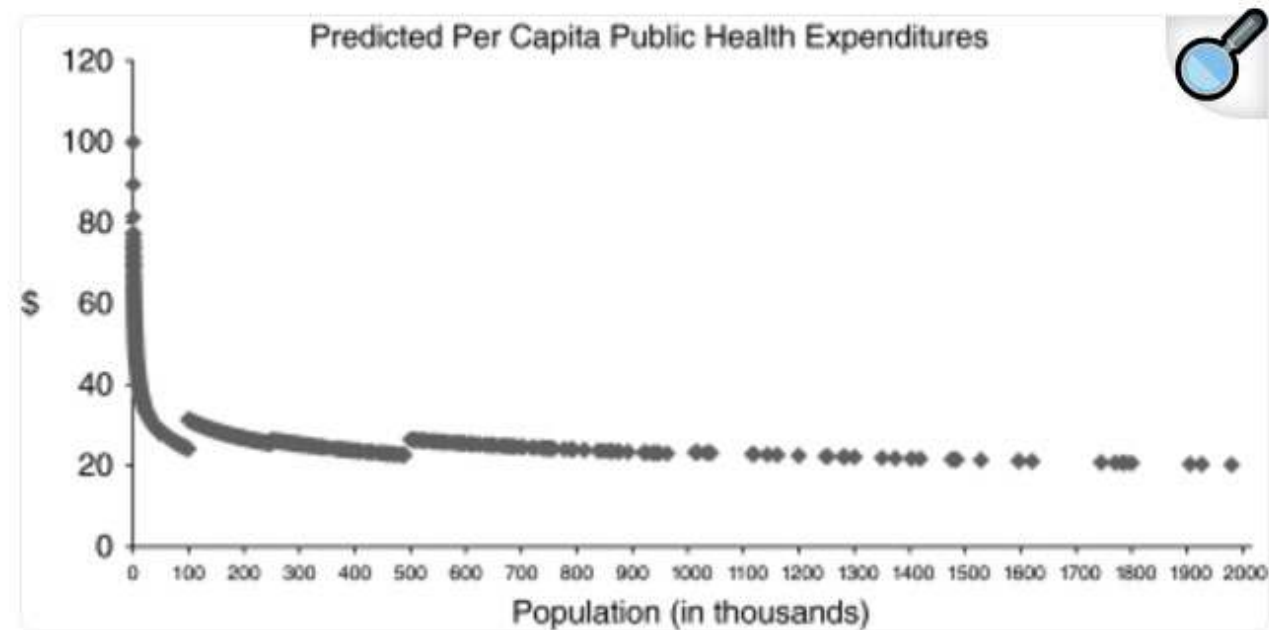
Define Core Level of Service

Public Health Data Systems

Partnership Driven Service Model

LHD to LHD Partnerships

Population Served	Number of LHDs
Over 100,000	23 (24% of LHDs)
Under 100,000	74 (76% of LHDs)



Santerre, Rexford E. "Jurisdiction size and local public health spending." *Health services research* vol. 44,6 (2009): 2148-66. doi:10.1111/j.1475-6773.2009.01006.x

Various LHD Partnerships



Henry & Stark County
Health Department



Egyptian
Health Department

Healthy People...Healthy Communities



Southern 7 Health Department



COOK COUNTY
HEALTH

LHD and IDPH Partnerships

IDPH Health Regions & Local Health Departments

Health Regions and Local Health Departments

Click on a region on the map for a list of local health departments.

- [All Health Regions](#)
- [All Local Health Departments](#)

★ IDPH Regional Office

Westchester

Champaign

Marion

Metro East

Peoria

Rockford

No Local Health Department

Local Health Department
Jurisdictional Boundaries



Center for Local Public Health

Center for Public Health Practice

The Center for Public Health Practice is located in the [MDH Community Health Division](#). We work to build capacity and improve performance of Minnesota's state and local public health system. We provide leadership, technical assistance, consultation, planning support, and performance measurement to state and local partners.

Local Health Department Outreach

Supporting Indiana's local health departments.

Local health departments are vital to our communities where Hoosiers live, work, and play. Through continuous engagement with 95 health departments, IDOH program areas and the Local Health Department Outreach Division provide direct support to Indiana's locally controlled health departments and their respective boards of health to carry out essential public health services.

The Local Health Department Outreach Division supports local health departments and the state by:

- Serving as the agency liaison for the local health departments and boards of health
- Providing programmatic and administrative technical assistance and policy support
- Delivering current and robust training opportunities to local health department personnel

Local health departments provide essential health services to protect the public's health such as environmental health service protection, emergency preparedness, preventative and primary care, immunizations, training and education, and others per state local government mandates.

To contact the Local Health Department Outreach Division email LHDinfo@health.in.gov.



[Home](#) > [Executive Office of Health and Human Services](#) > [Department of Public Health](#)

Office of Local and Regional Health (OLRH)

OLRH provides local public health (LPH) with the resources, tools, and support needed to promote and protect the health of their communities. We offer training and technical assistance for LPH's unique challenges and needs.

We also coordinate the State's LPH response for emergencies and promote wellness and health equity for all individuals. We support improvements in local public health performance and quality and are committed to building and maintaining a skilled public health workforce. We connect our LPH partners with Department of Public Health (DPH) programs, services, and resources, which work to advance public health planning at the community level.


Read more about our [Mission, Vision, and Values](#) in our [Strategic Plan](#) | [DOC](#) and [About OLRH](#) page

The Connecticut Department of Public Health Local Health Administration Section Local Health Infrastructure Overview

The Office of Local Health Administration (OLHA) is responsible for ensuring the delivery of public health services at the local level. The mission of OLHA is to work with local partners to fulfill Connecticut General Statutes and Regulations thereby providing essential public health services statewide.

IPLAN & CHNAs

Illinois Department of
Public Health



Illinois Project for
Local Assessment of Needs

IPLAN DATA SYSTEM

SHARE

RESOURCES

FAQs

CONTACT US

BROWSER TIPS

ILLINOIS BRFS DATA

November 17, 8:50 PM


Users Online: 37

Visit count since 03/02/98:
313279

IPLAN Data System | SHARE | Resources

Jump to

IQuery - the next generation of IPLAN Data System

**IQuery**
community health
data query system

08/01/2012
IQuery is a web-based data query system for collecting and disseminating public health data. A primary goal of IQuery is to expand the capability of the **IPLAN Data System** by offering tools that data managers can use in adding and managing data and improving the functionalities for searching, presenting and analyzing public health data. To access IQuery, click <https://iquery.illinois.gov>. Note: The IPLAN site is for historical data purposes only. Please go to IQuery for current data.

What is IPLAN?

The Illinois Project for Local Assessment of Needs (IPLAN) is a **community** health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois. Based on the *Assessment Protocol for Excellence in Public Health* (APEX-PH) model, IPLAN is grounded in the core functions of public health and addresses public health practice standards. The completion of IPLAN fulfills most of the requirements for Local Health Department certification under Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. The essential elements of IPLAN are:

1. an organizational capacity assessment;
2. a community health needs assessment; and
3. a community health plan, focusing on a minimum of three priority health problems.

IPLAN News

Measuring Community Health Improvement Implementation 09/03/2013

In this time of limited resources, it is becoming increasingly important that we are able to demonstrate the impact of our work. Of equal importance is documenting the processes we collectively take toward achieving this impact. IPLAN requires that health departments include measurable outcome and impact objectives for each health priority selected in their Community Health Improvement Plans (CHIP). Because impact and outcome objectives often take a substantial amount of time and resources to show results, process measures can help provide accountability and ensure that implementation plans are on track to meet goals. This webinar discusses how health departments can monitor progress and measure results in a meaningful way by developing good impact and outcome measures to document success, and process measures to track achievements along the way. [more...](#)

Partnering for CHNA and IPLAN 08/02/2013

According to the Patient Protection and Affordable Care Act of 2010, Section 501(r) (3) requires non-profit hospitals to conduct a CHNA at least once every three years and adopt an implementation strategy to meet the community health needs identified through the CHNA. The CHNA must take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health. [more...](#)

Developing a Health Department Strategic Plan: Organizational Capacity Assessment 02/26/2013

This workshop will provide a comprehensive overview of the strategic planning process including how-to tips and tools as well as examples from other health department strategic planning processes. While this webinar is targeted to health departments, it offers valuable information on the strategic planning process for non-profit organizations as well. Participants will leave the webinar with resources and step-by-step process to develop an organizational strategic plan that meets state and national guidelines. [more...](#)



**Sangamon
County Illinois
2024**

New Governance Structure

Initial Initiative Structure

**Strategic Agenda
and Visioning
Group**

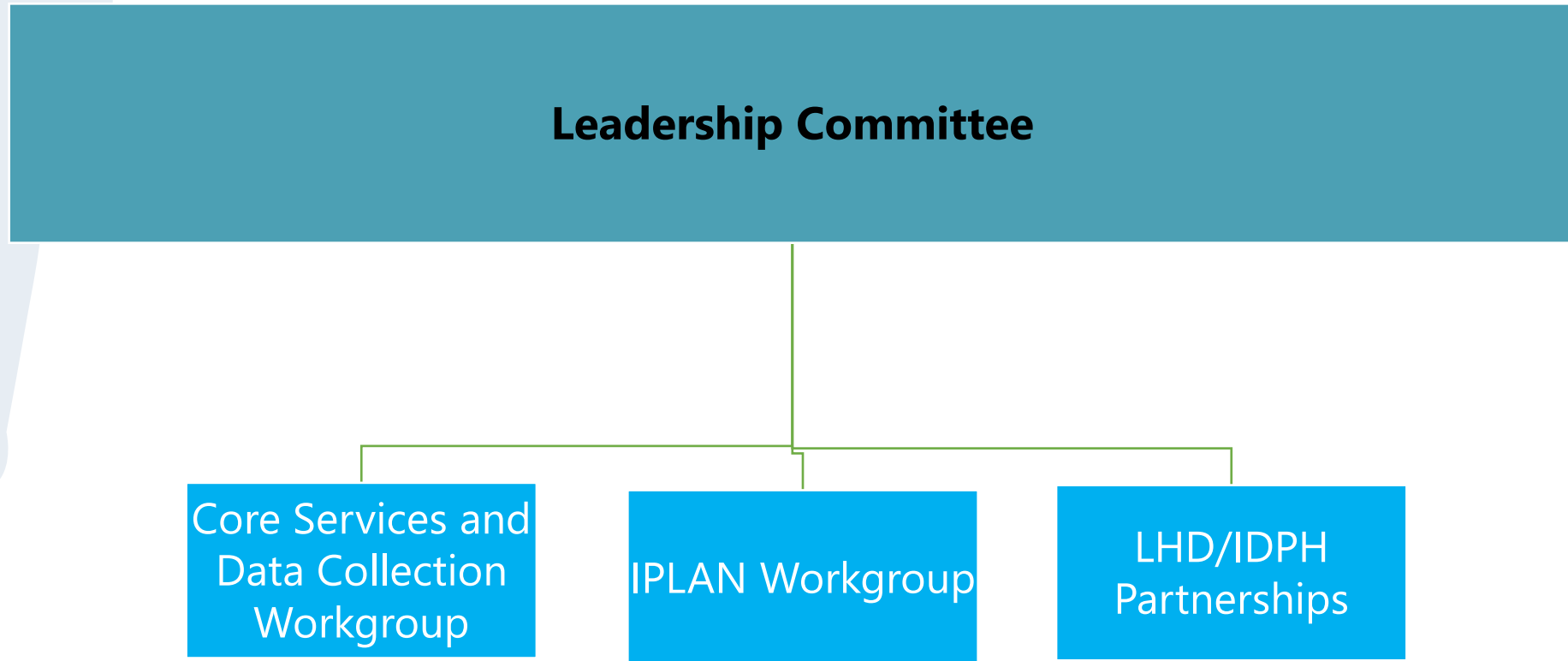
**Systems
Transformation
Action Resource
(STAR) Group**

Leadership Committee

21C Workgroup

**Workforce Development
Workgroup**

Streamlined Initiative Structure



*All workgroups temporary. March-August 7th 2025

Transformation Initiative Co-Chairs

President, Southern IL Public Health Consortium

President, IL Association of Public Health Administrators

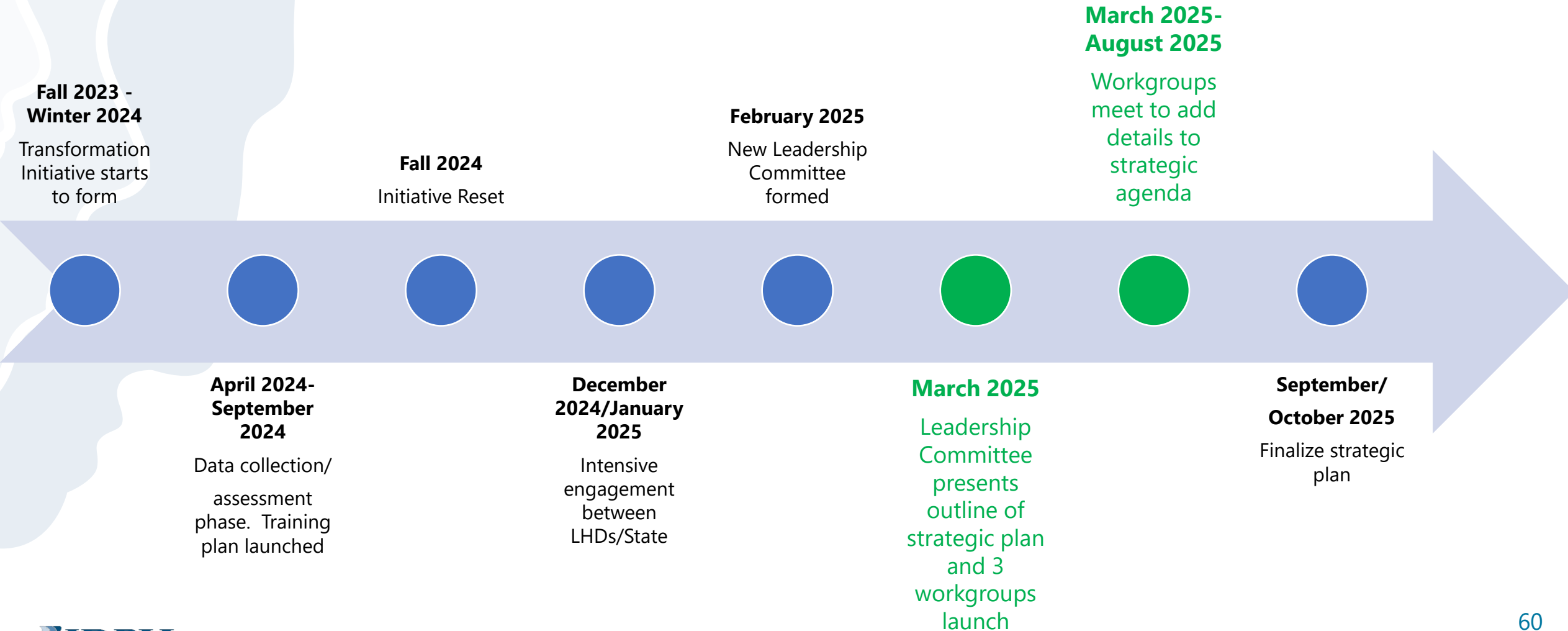
Assistant Director, IL Department of Public Health

President, Northern IL Public Health Consortium

*Previously 2 co-chairs

Next Steps

A Timeline for Action

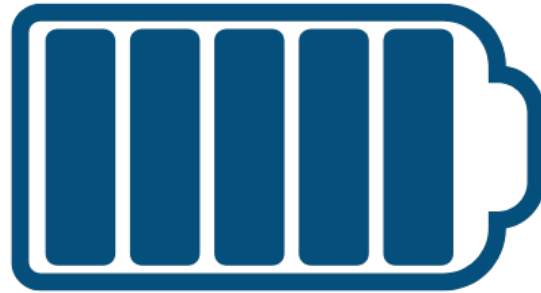


Building a Statewide, Coordinated Public Health Service Delivery Model

Illinois's Ideal Public Health System



**Coordinated
System**



**Sustainable
System**



**Optimizing
State and
Local
Capacity**



**Resilient
Workforce**



Strategic Agenda Framework

Define Core Public Health Services in Illinois
and Measure Performance

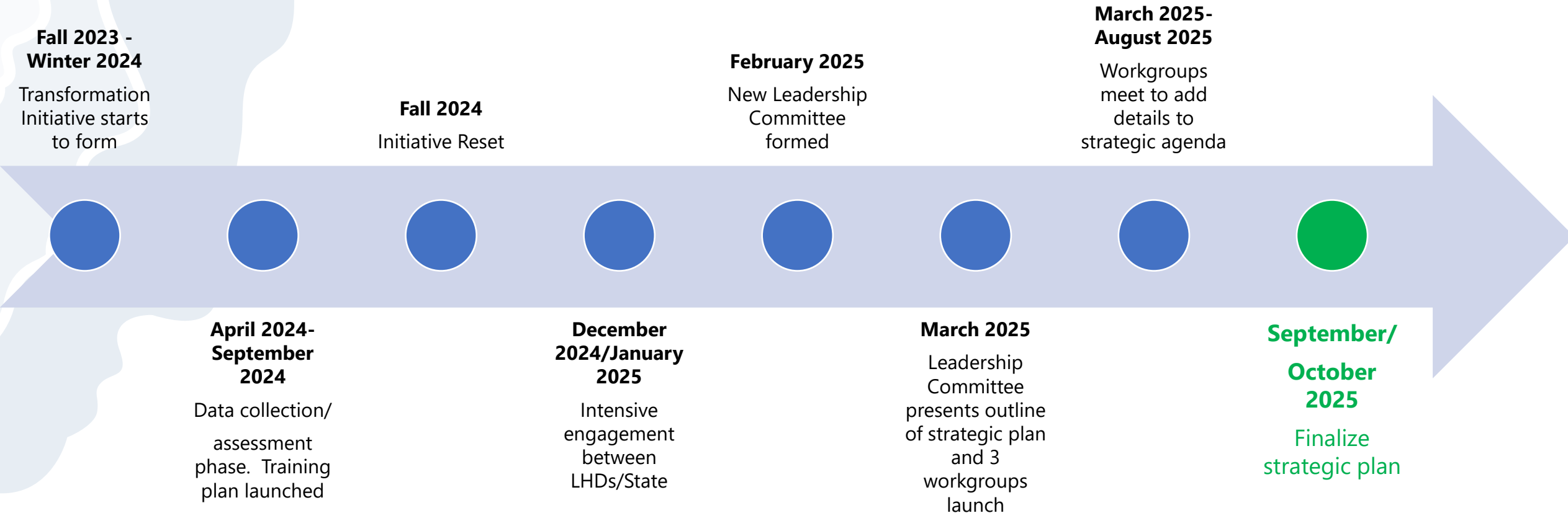
Strengthen Public Health Data Systems

Leverage LHD/IDPH Partnerships

Key Elements and Assumptions

1. Working within “baseline” funding, setting aside expectations for funding increases in short-term
2. Optimize resources we currently have through strengthened partnership
3. Expand the definition of “core” public health services/capabilities (“raise the floor”)
4. Measure performance
5. Improve access to and collection of data
6. Leverage and strengthen relationships
7. Eventually codify changes in administrative code and reflect what it means to be a certified health department

A Timeline for Action



Q&A

Wrap Up

Resources & Contact Information

- [Blueprint for Public Health System Transformation](#)
- [IL Transformation Launch](#)
- [21st Century Learning Community](#)
- Melissa Sever: msever@phaboard.org
- Grace Gorenflo: ggorenflo@gmail.com
- Kristin Rzeczkowski: Kristin.Rzeczkowski@Illinois.gov

Thank You!

