

2020

# Strategic Plan

**Illinois Department of Public Health**  
**November 2020-2025**



# IDPH Strategic Plan

## Contents

<b>Executive Summary</b> .....	3
Acknowledgements.....	6
Strategic Planning Committee .....	6
IDPH Team and Partnership with the University of Illinois at Chicago Policy, Practice and Prevention Research Center and the Illinois Public Health Institute.....	7
IDPH Team.....	7
University of Illinois Chicago Policy, Practice and Prevention Research Center .....	7
Illinois Public Health Institute .....	7
Strategic Planning Process.....	7
Purpose .....	7
IDPH Overview.....	8
Data Inputs and Methods for the Environmental Scan .....	9
Surveys .....	9
Five Focus Groups .....	12
Supplemental Data Sources.....	12
Strategic Planning Committee Meetings.....	13
Strategic Planning Committee Implementation Meetings .....	14
IDPH Mission, Vision, and Values.....	15
Process of Revising the IDPH Mission, Vision, and Values .....	15
Mission.....	15
Vision .....	16
Values and Guiding Principles.....	17
SWOT Analysis .....	18
SWOT .....	19
Strategic Priorities .....	21
Eliminating Health Disparities and Advancing Health Equity.....	21
Enhancing Data Gathering, Dissemination and Actionability .....	22
Reducing Silos to Improve IDPH Collaboration and Effectiveness.....	23
Increasing Organizational and Community Resilience and Preparedness.....	23

Improving Communication, Collaboration, and Trust Among Stakeholders, Partners, and the Public .24  
Strengthening, Supporting and Developing the IDPH and Illinois Public Health Workforce.....25  
Action Plans .....26  
Next Steps .....42  
Appendix .....43  
Mission, Vision, and Values.....43



**Ngozi Ezike, MD**  
**Director**

**Executive Summary**

In 2020, the Illinois Department of Public Health (IDPH) participated in a strategic planning process to inform its priorities over the next five years. The process was guided by stakeholder and staff input to assess the current state and future of the Department, and resulted in an update to the IDPH mission, vision, and values, and identification of six strategic priorities along with SMART goals and objectives. The priorities, goals, and objectives, with time-framed targets, will be utilized to guide and support the Department and community improvements over the next five years. Figure 1 defines the six strategic issues prioritized by the Strategic Planning Committee, which included leadership from across the Department. The strategic issues addressed were identified by analyzing data collected and compiled and exploring IDPH’s cross-cutting strengths, weaknesses, opportunities, and threats.

*Figure 1. IDPH Strategic Priorities*



IDPH also updated its mission, vision, and value statements as part of the strategic planning process. The Strategic Planning Committee solicited input on the current mission, vision and values, and potential improvements through a survey of IDPH staff, members of the State Board of Health, and representatives from the Office of the Governor. The following mission, vision, and value statements were approved, and an extensive draft and revision process was led by the Strategic Planning Committee.

Figure 2. IDPH Mission and Vision.

**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.

**Vision:**

Illinoisans empowered and supported to achieve their optimal health with dignity and acceptance in diverse and thriving communities.

Figure 3. IDPH Values and Guiding Principles.

**Values and Guiding Principles**

**Health Equity:** We believe that achieving optimal health for everyone is rooted in reducing and removing social, environmental, economic, and structural barriers to health, such as racism and other forms of inequity.

**Integrity:** We believe that the foundation of public health is trust, and that we must always act with the highest standards of honesty, trustworthiness, and transparency.

**Science and Data:** We believe that our decisions, policies, and programs must be driven by science, the most reliable public health expertise, and timely data.

**Preparedness:** We believe we must be prepared to address emerging issues and health emergencies and maintain flexibility to respond quickly and effectively.

**Collaboration:** We believe that we are most effective in achieving our health goals when we value the contributions of our diverse employees and partners; collaborate with stakeholders, communities, and other state agencies; and foster a culture of inclusivity.

**Communication:** We believe that communication is a multi-dimensional process and to enhance public health we must provide accurate, evidence-based, actionable, and timely information that is informed by community needs, builds public confidence, and increases public knowledge and healthy behaviors.

IDPH will utilize the Strategic Plan to guide its work over the next five years in alignment with updated mission, vision, and value statements. To further guide the work over the next five years, the Strategic Planning Committee developed goals and measurable objectives for each priority strategic issue. The following summarizes these goals. (\*) Identifies goals linked to the State Health Improvement Plan. See also Action Plans highlighted on page 27-40.

### Reducing and Eliminating Health Disparities and Advancing\*

Goal 1: IDPH's culture celebrates diversity, reflects the Department's health equity mission, and ensures that staff are welcomed, respected, and valued for their contributions and ideas.

Goal 2: All IDPH programs are delivered with health equity priority and lens.

### Enhancing Data Gathering, Dissemination, and Actionability\*

Goal 1: Establish strong internal data science, surveillance, epidemiology, and statistical analysis capacity.

### Reducing Silos to Improve IDPH Collaboration and Effectiveness

Goal 1: IDPH staff members understand the work of IDPH and the role they play.

### Increasing the Organizational and Community Resilience and Preparedness\*

Goal 1: Demonstrate internal capacity in public health preparedness and response while maintaining (to effectively prevent illness, mitigate threats/hazards, and respond to public health emergencies) continuity of operations by December 31, 2021.

### Improving Communication, Collaboration, and Trust Among Stakeholders, Partners, and the Public\*

Goal 1: IDPH is viewed as a trusted, reliable, and credible public health resource and subject-matter expert.

Goal 2: A coordinated public health communication system across Illinois with accurate, aligned, and timely public health information exchange.

### Strengthening, Supporting, and Developing the IDPH and Illinois Public Health Workforce \*

Goal 1: IDPH has a well-developed workforce with a culture of continuous learning, opportunities for advancement and development in a supportive environment.

Goal 2: IDPH is an active partner and leader in developing the future public health system's workforce.

## Acknowledgements

### Strategic Planning Committee

In August 2020, Dr. Ezike appointed 27 individuals from various IDPH offices, the Illinois State Board of Health, and the Office of the Governor as members of the Strategic Planning Committee. The committee was tasked with championing the strategic planning process and helping to engage and to educate staff on the process and importance of the plan's implementation. The committee held five planning meetings and three implementation planning meetings to draft and to finalize the IDPH's strategic plan priorities for the next five years.

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## **IDPH Team and Partnership with the University of Illinois at Chicago Policy, Practice and Prevention Research Center and the Illinois Public Health Institute**

IDPH engaged the University of Illinois Chicago Policy, Practice and Prevention Research Center (P3RC), which subcontracted with the Illinois Public Health Institute (IPHI), to form a partnership to lead the process. The three institutions established an internal planning team that met weekly to review progress and timelines and solicit feedback on draft documents, tools, and data. IPHI and P3RC also met weekly and codeveloped the data collection instruments and worked together on data analysis and presentation. IPHI designed the strategic planning process, meeting agendas and materials, and facilitated the Strategic Planning Committee.

### **IDPH Team**

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## **Strategic Planning Process**

### **Purpose**

An organizational strategic plan should use data, including staff and stakeholder input, to inform priorities and plans to improve the organization and the community or jurisdiction. The strategic plan should be used to guide related decision making, resource allocation, policy alignment, and new or enhanced partnerships. Ultimately, the end result of this work should be the development of meaningful, actionable plans that the organization is committed to implementing to advance the mission and vision.



Strategic planning generally includes a few key components, including developing or updating an organization’s mission, vision, and values; conducting an environmental scan, including collecting primary data and information from staff and/or external stakeholders; analyzing the results of the scan and data collection, which frequently involves a SWOT (strengths, weaknesses, opportunities, and threats) analysis; identifying and prioritizing strategic issues; and developing, implementing, and monitoring the plan. The components are not necessarily linear and may take on a variety of forms. The IDPH strategic planning process was conducted virtually because of the COVID-19 pandemic. Mostly, the environmental scan was conducted prior to convening the Strategic Planning Committee and finalizing an update of the mission, vision, and values. This was done to be as efficient as possible with IDPH staff and stakeholders involved in the

*Figure 4. Strategic Planning Process.* process.



### **IDPH Overview**

One of the state’s oldest agencies, first established in 1877, IDPH now maintains an annual budget of more than \$600 million in state and federal funds with headquarters in Springfield and Chicago, seven regional offices, three laboratories, and more than 1,100 employees. IDPH has 200 different programs that benefit all Illinois residents and visitors while maintaining the public’s health.<sup>1</sup> Every five years, IDPH participates in a strategic planning process to guide its work and action.

Beginning in August 2020, IDPH engaged in a strategic planning process to guide the Department priorities over the next five years and finalize a strategic plan in accordance with the Public Health Accreditation Board (PHAB) requirements (PHAB Standard 5.3). According to PHAB, a strategic plan results from a deliberate decision-making process and defines where an organization is going. The plan sets the direction for the organization and, through a common understanding of the mission, vision, goals, and objectives, provides a template for all employees and stakeholders to make decisions that move the organization forward.<sup>2</sup>

<sup>1</sup> About IDPH. IDPH Website (2020). <https://www.dph.illinois.gov/about-idph>

<sup>2</sup> Swayne, Duncan, and Ginter. Strategic Management of Health Care Organizations. Jossey Bass. New Jersey. 2008. (PHAB Glossary)

The plan and process must consider:

- Agency infrastructure and capacity required for efficiency and effectiveness.
  - Information management
  - Communication (including branding)
  - Workforce development
  - Financial stability
  - Identification of changing or emerging trends
  - How the strategic plan links to the State Health Improvement Plan (SHIP)

In the midst of the COVID-19 pandemic, IDPH still recognized the need for an updated Strategic Plan to continue to move forward with its work and commitment to the health of all Illinoisans by being guided by a strategic vision. IDPH sought to focus on the improvement, growth, and development of the Department and the state public health system as well as the health and health equity of the communities it serves. Due to those commitments, a strategic planning process was a vital next step.

### **Data Inputs and Methods for the Environmental Scan**

To inform the strategic planning process, several different types of data were collected and reviewed, including the following: Healthy Illinois 2021 State Health Assessment (SHA) and SHIP, an IDPH staff and State Board of Health (SBOH) survey, a stakeholder survey administered to local health departments (LHDs), five stakeholder focus groups, an IDPH financial analysis, performance and outcome data, and workforce development and performance management assessment results. These methods and data inputs were utilized throughout the processes of revising the IDPH mission, vision, and values, conducting the SWOT analysis, and developing the strategic priorities and action plans.

### **Surveys**

The Planning Team developed and conducted two surveys to gather insights from:

1. IDPH staff and SBOH
2. LHD staff throughout Illinois.

Both surveys were codeveloped by P3RC and IPHI and were conducted using online survey platforms. The LHD stakeholder survey was administered through Survey Gizmo and the IDPH staff and SBOH survey was administered through Survey Monkey, a platform that was more accessible for IDPH systems. In September 2020, both surveys were disseminated via email to the target audiences.

The primary purpose of the stakeholder survey was to inform the Healthy Illinois 2021 SHA/SHIP update and priorities for the state public health system over the next 18 months. As such, many survey questions focused on past and emerging priorities and the capacities and capabilities of the Illinois public health system. Additional questions were asked to specifically inform the Strategic Plan.

Questions aimed at informing the Strategic Plan were developed:

- to understand LHD perspectives on IDPH strengths, weaknesses, opportunities and threats;
- to assess COVID-19 response actions to date and to gather perspectives on ways to improve the response going forward; and
- to assess anti-racism priorities and status.

Additionally, the LHD stakeholder survey collected perspectives specific to the SHA/SHIP update:

- to understand the current and future priorities, assets, challenges, and opportunities for the Illinois public health system;
- to assess alignment and urgency of past SHIP priorities and additional priorities compared to local health departments (both surveys);
- to understand the local public health system capacity and needs to address these priorities and assess opportunities for improvement in the local public health system.

Although the system-related perspectives were collected to inform the SHA/SHIP update, IDPH fulfills a prominent role in the public health system which resulted in those perspectives being relevant to the Strategic Plan.

The survey was disseminated to the most up-to-date contact list for LHD administrators through an email encouraging administrators to share the survey with other LHD staff. The survey data collection opened September 2, 2020 and closed September 22, 2020, allowing for 21 days for completion. Weekly reminders were sent from a variety of sources, including IPHI, P3RC, and IDPH. The survey received 75 respondents from local public health department staff at all levels.

The following respondent data was collected to understand the sources of this information:

- Over 70% of respondents have worked in public health for more than 10 years (31.9% 10-19 years, 38.3% 20+ years)
- 72.9% of respondents identified as senior executives or leadership with only 2.1% identified as support staff.
- 89.6% of respondents identified as White, 6.3% preferred not to answer, and 2.1% identified as African American/Black.
- Over half of the respondents identified their age range as between 45 (45-54 20.8%) and 64 (55-64 45.8%) with only 8.3% identified as 25 – 34.

The staff/SBOH survey was primarily conducted to inform the strategic planning process and many of the questions and responses were also informative to the update to the Healthy Illinois 2021 SHA/SHIP. The staff/SBOH survey was disseminated to IDPH staff (including contractual and assignees), the members of the SBOH and representatives of the Governor's office. The survey sought to understand IDPH's strengths, weaknesses, opportunities, and threats and the need to update the Department's mission, vision, and values as part of the strategic planning process. Since the update to the Healthy Illinois 2021 SHA/SHIP process was occurring simultaneous, IDPH used the same data collection process to collect data for the SHA/SHIP update and the strategic plan with some questions being more relevant to one process. Input pertaining to the emerging issues were collected to inform both the SHA/SHIP update and the Strategic Plan. This process also ensured alignment between the Strategic Plan, Workforce Development Plan, Performance and Quality Improvement Plan, and the Healthy Illinois 2021 SHA/SHIP priorities update covering the next five years. An action plan is included that identifies, supports, and manages the core business goals of each plan.

Specific questions aimed at informing the Strategic Plan were developed to:

- Inform the IDPH mission, vision and values/guiding principles, and strategic planning priorities.
- Identify the Department's internal strengths and weaknesses, including gaps and overall areas for improvement and to identify external opportunities and threats.
- Assess how the Department addresses social and structural determinants of health and the its response and priorities on current issues (anti-racism, COVID-19),
- Assess functionality and needs related to key infrastructure issues, including:
  - workforce development and staffing,
  - collaboration and partnerships,
  - information systems and data,
  - communication, and
  - financial sustainability.

Survey data collection opened September 2, 2020 and closed September 25, 2020, allowing 24 days for completion. Weekly reminders were sent from IPHI and IDPH. The survey results included data from 177 respondents. As with the LHD stakeholder survey, anonymity was sought to maintain respondents' confidentiality. Respondents were not asked to provide their name, office location, or specific program area.

The following respondent data was collected to understand the sources of this information:

- IDPH staff, contractual, or assignee, made up almost 92% of respondents with 4.5% identified as SBOH members.
- Support staff made up the largest percentage of respondents (31.9%) followed by program or direct service staff (31.1%).
- More than half of the respondents identified as having worked in IDPH or state government for more than 10 years (10-19 years 22.4% and 20+ years 23.1%). Another quarter of respondents identified as having worked for IDPH or in state government for less than three years.
- A majority of the respondents identified their age range as over 45 (45-54 25.4% or 55-64 32.1%).
- Almost 53% of respondents identified as White, followed by 19.9% as African American/Black, 8.1% Hispanic or Latino(a), and 1.5% Native/Indigenous American. 11.8% preferred not to answer.

Survey data was analyzed by the partnership and presented to the Strategic Planning Committee. The two surveys were originally created and disseminated in the SurveyGizmo® platform. Due to issues with several IDPH staff not being able to access the staff/SBOH survey developed in SurveyGizmo®, about a dozen of the surveys completed in this platform were not analyzed and the survey was re-administered via the SurveyMonkey® platform. These platforms performed some basic analysis on both quantitative and qualitative data, while additional analysis for graphical displays of data was conducted by the partnership staff. Cross tabulation data analysis based on respondent characteristics was not conducted as limited respondent information was collected to maintain anonymity of the respondent. Qualitative survey data was analyzed by coding the narrative responses according to themes and counting the number of time themes were mentioned. Themes and summary statements were created for each code

to rank them by priority based on counts. The comments identified by the same code were put into one group and analyzed to write a summative thematic statement about all the comments. Each code was counted to determine frequency and priority.

### **Five Focus Groups**

The P3RC and IPHI co-developed a facilitation guide designed to seek input from the Illinois public health system and statewide community stakeholders and partners working on Healthy Illinois 2021 priorities and emerging priorities, including COVID-19, anti-racism, social justice, and equity. Although these focus groups were conducted for the SHA/SHIP update, the input gathered was also informative to the Strategic Plan. Questions pertaining to the strengths, weaknesses, and areas of improvement of the public health system, COVID-19 response, and what IDPH can do to help the system reach its goals provided valuable insight to the Strategic Planning Committee.

Each focus group included a set of stakeholders from different sectors of the public health system as follows:

1. Emergency managers/Illinois Emergency Management Agency members
2. Resource hospitals/coalitions and Illinois Health and Hospital Association representatives
3. Local health department leadership
4. A subset of the COVID-19 Equity Committee
5. Coalition representatives from the Healthy Illinois 2021 priority areas -- maternal and child health, chronic disease, and mental health

Focus group participants were identified through outreach by IDPH staff and partners. The 90-minute focus group sessions took place in September and October 2020 to provide stakeholder insight on the current and future state of the public health system, the role of the system in addressing structural racism, and a debrief and moving forward with addressing COVID-19. Qualitative data from the focus groups was analyzed by IPHI staff.

### **Supplemental Data Sources**

To inform and to supplement the SWOT analysis, additional data was compiled and analyzed, including IDPH financial analysis, overall performance and outcome achievement, workforce development and performance management self-assessment data, implementation of the past strategic plan, and implementation of the Healthy Illinois 2021 plan.

IDPH finances were analyzed through a review of the IDPH fiscal year 2021 budget summary, Electronic Grants Administration and Management System (EGrAMS) grant data, and data from the General Revenue Fund (GRF) budget by IDPH office. This financial analysis was presented to the Strategic Planning Committee (SPC) to inform the SWOT discussion. The overall IDPH performance and outcome data was analyzed based on existing reports provided by IDPH, including the Public Accountability

Report (PAR),<sup>3</sup> the Performance Management Assessment,<sup>4</sup> and annual performance reports from each IDPH office. Data collected from these reports was analyzed to identify the strengths, weaknesses, opportunities, and threats from each IDPH office’s performance and the overall performance of IDPH.

IDPH looked at the results of the workforce development assessments and the performance management self-assessment to determine the major strengths and weaknesses. IDPH also assessed progress on the implementation of the past Strategic Plan and the Healthy Illinois 2021 SHIP.

**Strategic Planning Committee Meetings**

During October 2020, the SPC met five times to participate in and support the IDPH strategic planning process. Due to restrictions caused by the COVID-19 pandemic, SPC meetings were conducted virtually using the online Zoom platform.

During these meetings, the SPC:

- reviewed results from relevant data (surveys, financial analysis, implementation of past strategic plan, etc.) used to inform the SWOT and the strategic plan priorities;
- updated the mission, vision, and values;
- conducted a SWOT analysis;
- identified strategic priorities; and
- identified goals and objectives with measurable time-framed targets.

Input was received through discussion and during activities within randomly assigned breakout rooms. Each meeting activity had a worksheet for breakout groups to utilize for notetaking and to inform discussion. The information gathered from the breakout sessions was utilized to inform the Strategic Plan priorities.

Meeting	Date	Meeting Objectives
Planning Meeting 1	October 1, 2020	<ul style="list-style-type: none"> <li>• Define the purpose and benefit of Department strategic planning.</li> <li>• Review the strategic planning process and timeline.</li> <li>• Draft a mission, vision, and set of value statements/guiding principles.</li> </ul>
Planning Meeting 2	October 8, 2020	<ul style="list-style-type: none"> <li>• Review Staff/SBOH and LHD survey data to inform IDPH SWOTs.</li> <li>• Determine cross-cutting themes from the SWOT.</li> </ul>

<sup>3</sup> Performance Metric Data is also shared with the Comptroller who compiles an annual Public Accountability Report (PAR). The PAR report is separate from IPRS in that it only publishes Performance Metric data tied to State/GRF or combination State/Federal or fee-based funding sources on an annual basis.

<sup>4</sup> The Performance Management Specialist records performance metric input, output, outcome, and efficiency indicators with the Governor’s Office of Management and Budget’s (GOMB) IPRS system quarterly or annually. This data is used by the Budgeting For Results Unit at GOMB. Regarding IPRS, each metric is tied to federal, state or fee-based funding sources. Key Performance Indicators are shared with GOMB and IDPH for publication in the State of Illinois Budget Book.

		<ul style="list-style-type: none"> <li>• Discuss next steps to finalize the mission, vision, and set of value statements/guiding principles.</li> </ul>
Planning Meeting 3	October 15, 2020	<ul style="list-style-type: none"> <li>• Review additional data to inform the SWOT.</li> <li>• Based on the SWOTs, identify strategic priorities to fulfill the IDPH mission and work towards the shared vision.</li> <li>• Identify potential strategic issues for the five-year IDPH Strategic Plan.</li> </ul>
Planning Meeting 4	October 22, 2020	<ul style="list-style-type: none"> <li>• Recommend a set of strategic planning priorities.</li> <li>• Draft goals, objectives, and strategies for each IDPH strategic issue.</li> </ul>
Planning Meeting 5	, October 29, 2020	<ul style="list-style-type: none"> <li>• Review the revised mission, vision, and values.</li> <li>• Revise the strategic priorities by refining the priority name and strategic question.</li> <li>• Draft goals and aligned objectives for each strategic priority.</li> </ul>

### **Strategic Planning Committee Implementation Meetings**

The SPC participated in three virtual implementation planning meetings following the five planning meetings. These implementation meetings were conducted to finalize and to integrate plans into existing workplans and structures and to identify and document initial implementation activities.

<b>Meeting</b>	<b>Date</b>	<b>Meeting Objectives</b>
Implementation Planning Meeting 1	November 5, 2020	<ul style="list-style-type: none"> <li>• Refine the goals and objectives for each strategic priority.</li> <li>• Identify strategies, activities, and resources needed for implementation.</li> <li>• Discuss the most useful implementation structure.</li> </ul>
Implementation Planning Meeting 2	November 12, 2020	<ul style="list-style-type: none"> <li>• Finalize draft objectives, strategies, activities, and resources for implementation.</li> <li>• Identify any areas where implementation has already started or low hanging fruit for implementation.</li> <li>• Determine next steps to fully launch implementation and documentation of implementation.</li> </ul>

Implementation Planning Meeting 3	November 19, 2020	<ul style="list-style-type: none"> <li>• Finalize draft objectives, strategies, activities, and resources for implementation.</li> <li>• Identify any areas where implementation has already started of low hanging fruit for implementation.</li> <li>• Determine next steps to fully launch implementation and documentation of implementation.</li> </ul>
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## IDPH Mission, Vision, and Values

### Process of Revising the IDPH Mission, Vision, and Values

During the first Strategic Planning Committee meeting October 1, 2020, the committee began to draft an updated mission, vision, and set of value statements/guiding principles. The Strategic Planning Committee (SPC) referred to the current mission, vision, and values (MVV), definitions of MVV, as well as data and input from the staff/SBOH survey with feedback related to the existing MVV to suggest improvements and additions to the current statements. IPHI staff facilitated the SPC discussion and summarized the results and initial ideas.

The feedback summary and initial ideas were shared with committee members, who were invited to comment and/or make additional suggestions based on the summary. Next a small workgroup of SPC volunteers convened with an IPHI facilitator to wordsmith and finalize draft MVV statements to share with the committee and then with Dr. Ezike and Amaal Tokars. Feedback was received from the director and assistant director and incorporated into another set of draft MVV statements that were presented to the SPC for input and approval. The committee suggested further revisions and the workgroup reconvened to finalize and submit for final review. Following that second submission, the updated mission, vision, and values were approved by the SPC and the director.

#### Mission

The IDPH staff/SBOH survey asked specific questions related to the current mission and budget to inform the development of the new mission. Approximately 87% of survey respondents agreed (47%) or strongly agreed (40%) IDPH's current mission statement accurately described its purpose in terms of its impact, audience, and method. Survey respondents provided improvement ideas to include language or make important connections to the work. Respondents proposed including language on health education, health equity, and mental health. Systemic actions to connect the efforts and standards within IDPH and the external public/private partnerships that IDPH manages were also proposed improvement ideas.

Mission
<p>A mission statement should clarify the organization's purpose and indicate what the organization does and why.</p> <ul style="list-style-type: none"> <li>• It should answer the question: "Ultimately, what are we here to do?"</li> </ul> <p>A mission statement typically describes:</p> <ul style="list-style-type: none"> <li>• Impact: What do you want to achieve in the long run?</li> <li>• Audience: Who is the target group or beneficiaries of your work?</li> <li>• Methods: How do you reach the audience and achieve the impact?</li> </ul>



When asked whether the IDPH budget is clearly linked to its mission and priorities, 33% of respondents agreed while 27% responded that they did not know. Pay equity and transparency, increased funding opportunities, cost efficiency, realignment of funds, and tool/resource improvements were noted as areas the budget can be better linked to the mission and priorities.

Figure 3. Updated IDPH Mission.

**New 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.

**Vision**

The IDPH staff/SBOH survey asked specific questions related to the current vision to inform the development of the new vision. When asked whether IDPH’s current vision statement is motivating and inspirational for staff, more than half of the respondents agreed (49%) or strongly agreed (20%). Ideas for improvement included changing language to be bolder and more descriptive, adding language about health equity, and including language about the community-informed and focused work of IDPH. The respondents also noted the need for specificity about the community IDPH serves, the staff, the methodology used by IDPH, and the intended outcome IDPH hopes to see.

**Vision**

A vision statement describes what the community should look like and the organization should look like as it successfully implements strategies to fulfill the mission and achieves the organization’s full potential.

- It is intended to be inspirational and a picture of the future.
- The vision statement is for members of the staff and Board of Health as inspiration and direction.

Figure 4. Updated IDPH Vision.

**New Vision:**  
 Illinoisans empowered and supported to achieve their optimal health with dignity and acceptance in diverse and thriving communities.

## Values

### Values and Guiding Principles

The IDPH staff/SBOH survey asked specific questions related to the current values to inform the development of the new value statements.

Respondents were asked about their level of agreement regarding whether IDPH's current core beliefs and values fully and accurately define the Department's core beliefs, values, and guiding principles. A majority of the respondents agreed (55%) or strongly agreed (28%).

Survey respondents provided the following ideas for improvement to the current value statements:

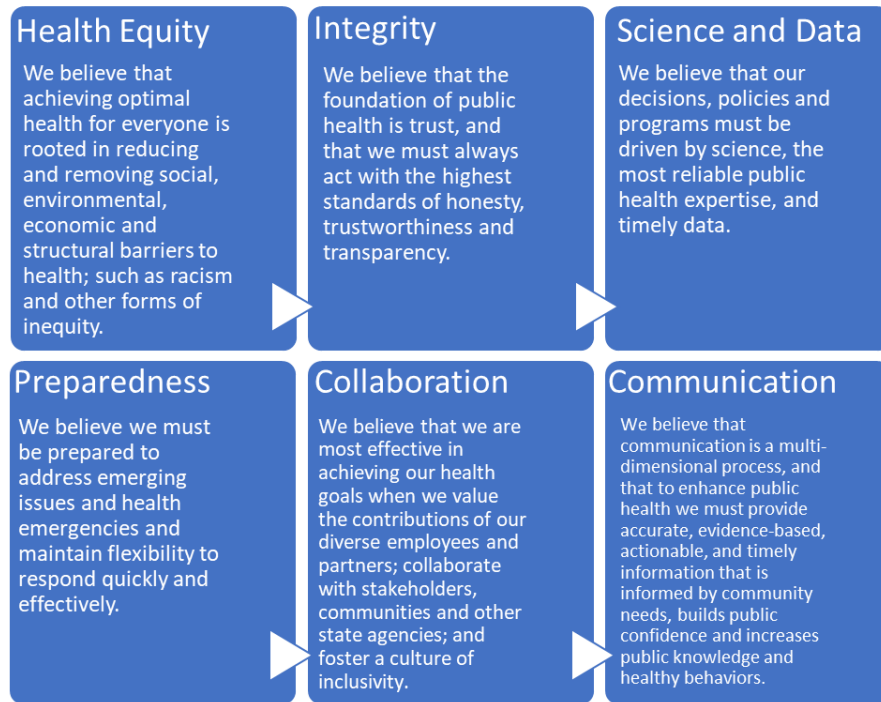
- Simplify the language.
- Partnerships: Some comments described a lack of communication between partners and IDPH, distrust with partners and tension in forcing relationships. Other comments were that partnerships occurred across a variety of external levels.
- Health Equity: Need for a more nuanced description of health equity.
- Social Justice: Need for organizational-wide education and awareness on the ways in which public health is intrinsically linked to other social determinants, including social justice.
- Health Communication: Need to include language around health communication efforts with the public to inform, gain input, and improve overall community health. Include mention of work on providing factual and evidence-based health education resources to the public year around, and especially at peak times.
- Community Trust: Need to center the importance of community trust in the sharing of health communications and building shared solutions.
- Role of Data: Note that the values of IDPH were founded in data reflective of the best data available at the time of the publication.
- External Transparency: Language increase efforts to improve external transparency with the community and national partners.
- Community-informed: Include language on transparency, accountability, and community informed work on behalf of the public.

Define an organization by communicating core beliefs, standards, characteristics, and ethical ideologies.

- Are intended to ground and drive the way members of an organization work with each other, partners, and the community.
- Should influence decision-making and approaches to the work of the organization.

Survey respondents most frequently noted that the IDPH core beliefs and values address COVID-19 "very much" (36%) on a scale of 1 being "very little" to 5 being "very much." A majority of the respondents selected 3 out of 5 for structural racism at 34%, followed by 4 out of 5 (29%) and 5 out of 5 (18%). Public Health 3.0 (36%) and Social and Structural Determinants of Health (36%) were most frequently selected 4 out of 5. Forty-five respondents selected "Other" (44% - 3 out of 5), with seven participants providing written answers that included queer health, risk communication, external communication, and social media communication.

Figure 5. Updated IDPH Value and Guiding Principles.



## SWOT Analysis

The SWOT (Strengths, Weaknesses, Opportunities, and Threats) analysis explores the IDPH’s internal strengths and weaknesses and the external opportunities and threats. The SWOT tool is a framework for organizing and looking at the information that informs the big picture view.<sup>5</sup> This analysis helps define cross-cutting issues and potential areas of focus that may become strategic priorities to fulfill IDPH’s mission and work towards the vision.

The SPC utilized the staff/SBOH and LHD stakeholder surveys, focus groups, progress on the past Strategic Plan and 2016 SHIP implementation, data on IDPH performance, IDPH financial analysis, linkages to the SHIP, and other information, including IDPH workforce development, information management, communication, and emerging threats. This data was shared with the SPC and discussed virtually in small and large group formats to further define IDPH internal strengths and weaknesses or improvement opportunities. When possible, this data was also utilized to inform external opportunities and threats.

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<sup>5</sup> Developing a Local Health Department Strategic Plan: A How-To Guide. NACCHO. <https://www.naccho.org/uploads/downloadable-resources/Programs/Public-Health-Infrastructure/StrategicPlanningGuideFinal.pdf>

## SWOT

The following themes were developed from staff/SBOH and LHD survey responses as well as discussion with the SPC on October 8, 2020:

<u>IDPH Internal Strengths</u>	<u>IDPH Internal Weaknesses</u>
<ul style="list-style-type: none"><li>• <u>Leadership:</u><ul style="list-style-type: none"><li>○ Dr. Ezike’s leadership is respected among Illinois residents; good communicator.</li><li>○ Dr. Ezike’s strong partnership with the Governor.</li><li>○ Dr. Ezike conveys IDPH as a mission-driven, equity-focused organization.</li></ul></li><li>• <u>Mission:</u><ul style="list-style-type: none"><li>○ Health equity focus.</li></ul></li><li>• <u>Staffing:</u><ul style="list-style-type: none"><li>○ IDPH staff expertise, knowledge, competency.</li><li>○ Care, dedication, service, willingness.</li><li>○ Teamwork/ability to come together in large or small teams as the need dictates.</li></ul></li><li>• <u>Workplace:</u><ul style="list-style-type: none"><li>○ Flexible work schedules.</li><li>○ Remote operations driving operational improvements.</li></ul></li><li>• <u>Partnerships:</u><ul style="list-style-type: none"><li>○ With industry, local leaders, LHDs, Governor’s office.</li></ul></li><li>• <u>Communication:</u><ul style="list-style-type: none"><li>○ Regular communication with LHDs.</li></ul></li><li>• <u>Health education:</u><ul style="list-style-type: none"><li>○ High-quality health education via calls and webinars (not clear who audience is – LHDs?).</li></ul></li></ul>	<ul style="list-style-type: none"><li>• <u>Staffing:</u><ul style="list-style-type: none"><li>○ Under staffing/high workload.</li><li>○ Makeup (more/different expertise. Not clear – does this also include more diversity needed?).</li><li>○ High turnover; lack of transition planning; loss of institutional knowledge.</li><li>○ Low morale (due to understaffing and turnover).</li><li>○ Pay equity.</li><li>○ Lack of workforce development.</li><li>○ COVID-19 staffing upsets balance/overwhelms traditional staff; too many temporary workers; training needs not met.</li></ul></li><li>• <u>Communication:</u><ul style="list-style-type: none"><li>○ Between staff and managers, to/among regional offices, external communications (with LHDs mentioned specifically).</li><li>○ Improve communication with public in light of targeting public health (is this more of a threat?).</li><li>○ Improve communication with younger people.</li></ul></li><li>• <u>Processes/bureaucracy:</u><ul style="list-style-type: none"><li>○ Complicated infrastructure; cumbersome procurement processes; multiple communications paths; lack of standard operating procedures; duplication of effort (solutions suggested including project management tools and better communications).</li></ul></li><li>• <u>Collaboration:</u><ul style="list-style-type: none"><li>○ Programmatic silos; siloed funding.</li></ul></li></ul>

	<ul style="list-style-type: none"> <li>• <u>Accountability and performance</u> (<i>not specified</i>).</li> <li>• <u>Language access:</u> <ul style="list-style-type: none"> <li>○ Improve communications in more languages; translators (not sure what about translators?).</li> </ul> </li> <li>• <u>LGBTQ+ Health:</u> <ul style="list-style-type: none"> <li>○ Need increased focus.</li> </ul> </li> <li>• <u>Partnerships:</u> <ul style="list-style-type: none"> <li>○ Need to increase community allies.</li> </ul> </li> </ul>
<p style="text-align: center;"><b><u>External Opportunities</u></b></p> <ul style="list-style-type: none"> <li>• <u>Partnerships:</u> <ul style="list-style-type: none"> <li>○ More partnerships: academic institutions, community orgs, public agencies, private orgs, non-traditional partners/other sectors; community engagement.</li> <li>○ Strengthen through communication and transparency.</li> <li>○ Overlapping content areas and opportunity for collaboration (does this relate to health equity in all policies).</li> </ul> </li> <li>• <u>Health equity:</u> <ul style="list-style-type: none"> <li>○ New leverage opportunities regarding health equity, health equity-friendly budget.</li> <li>○ Promote health equity in all policies approach.</li> <li>○ Training for staff on health equity.</li> </ul> </li> <li>• <u>Training:</u> <ul style="list-style-type: none"> <li>○ In general, training and education opportunities.</li> </ul> </li> <li>• <u>COVID-19:</u> <ul style="list-style-type: none"> <li>○ Opportunities to increase support for/importance of public health practice; make case for more robust public health system/more investment.</li> </ul> </li> <li>• <u>Funding:</u></li> </ul>	<p style="text-align: center;"><b><u>External Threats</u></b></p> <ul style="list-style-type: none"> <li>• <u>Public distrust:</u> <ul style="list-style-type: none"> <li>○ Distrust of public health, of science, of government in general; lack of community buy-in/faith.</li> </ul> </li> <li>• <u>Political climate:</u> <ul style="list-style-type: none"> <li>○ Politicization of public health; polarized political climate.</li> </ul> </li> <li>• <u>Funding:</u> <ul style="list-style-type: none"> <li>○ State and federal budget deficits; COVID-19 economic downturn impact.</li> <li>○ Inconsistent distribution federal of funding.</li> <li>○ Siloed funding streams.</li> </ul> </li> <li>• <u>Federal public health:</u> <ul style="list-style-type: none"> <li>○ Inconsistent information/directives/guidance.</li> </ul> </li> <li>• <u>COVID:</u> <ul style="list-style-type: none"> <li>○ Lack of epi and data people in workforce who can translate data into information and policy recommendations.</li> <li>○ Burnout/mental/physical/emotional toll of the pandemic on staff.</li> </ul> </li> <li>• <u>Staffing:</u> <ul style="list-style-type: none"> <li>○ Better pay/work environment opportunities outside of IDPH.</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>○ New opportunities.</li> <li>● <u>Technology:</u> <ul style="list-style-type: none"> <li>○ Opportunity to harness mobile applications and social media to connect people to services, provide alerts, foster connections, and collaboration; geo-fencing/beacon technology.</li> </ul> </li> <li>● <u>Mental health</u></li> </ul>	
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The SPC sorted and analyzed the SWOT and defined cross-cutting themes from the SWOT analysis. In this context, the SPC members reflected on the cross-cutting themes along with the past strategic plan issues and relevance of those priorities today, new and emerging issues, and the data gathered from the surveys to identify current issues. The SPC members critically analyzed which of these identified issues could be considered strategic and would have the greatest impact on IDPH and the health of Illinoisans and which may be more operational in nature. Through consensus building discussion, the SPC narrowed the strategic issues to six priorities. To fully define the strategic issue from a topical improvement area, workgroups were formed and tasked with drafting a question that encapsulates the strategic issue. The drafting of the question to define the strategic priorities helped workgroup members home in on the specific challenge and desired outcomes which prepared the members to develop goals, objectives, and strategies to finalize the priorities for the 2021-2025 IDPH Strategic Plan.

## Strategic Priorities

### Eliminating Health Disparities and Advancing Health Equity

This priority addresses the strategic question: how can IDPH dismantle systemic inequalities and advance health equity?

Across the data sources, health equity and disparities were frequently noted as a top priority.

- A majority of survey respondents (83% staff/SBOH and 65% LHD) noted cultural/racial equity as an important or very important area to continue and/or begin work.
- Staff/SBOH survey respondents frequently noted that IDPH needs to become more open and vocal on the issues surrounding structural racism.
- Integrating and emphasizing anti-racism and equity was cited as one of two lowest ranked services for public health system capability in the LHD survey. Slightly more than half (52%) of LHD survey respondents noted moderate capability (skills, knowledge, and expertise) to integrate and emphasize anti-racism and equity with 32% having noted minimal capacity (staff, time, and funding).
- Focus groups frequently identified issues with a lack of access to care and community outreach, limited categorical funding, and a lack of diverse/representative workforce in regard to the public health system’s ability to address structural racism.

Addressing racism, equity, and justice was frequently described throughout the focus groups and survey data as a significant issue. Due to the significant findings that showed a need to address this topic, IDPH recognized the importance of identifying “Eliminating Health Disparities and Advancing Health Equity” as a strategic priority.

### **Enhancing Data Gathering, Dissemination and Actionability**

This priority addresses the strategic question: how can IDPH generate, and broadly and proactively share, high-quality data that is understood by users, easily accessible, meaningful, actionable, and supports efforts to advance health equity in all communities? Limited data sharing, collection, and accessibility were challenges cited throughout the data sources.

- Most LHD survey respondents mentioned the need to improve access to and dissemination of timely data since the length of time between datasets makes it difficult for strategic planning, decision making, and evaluating effort and impact.
- Staff/SBOH survey respondents scored 3.11 out of 5 for agreement with this statement: “IDPH’s current data and information systems are adequate to support our mission.”
- Survey respondents for both the staff/SBOH (57% very important) and LHD (37% very important) surveys recognized the importance of continuing to improve data quality and dissemination.
- LHD survey respondents rated the public health system’s capacity to address the service of “Evaluate Effectiveness, Accessibility, and Quality of Services” at 29% minimal to no capacity.
- Survey respondents and focus groups noted the need for IDPH to stop the use of outdated technology and surveillance systems.
- The financial analysis and subsequent discussion noted that actions or activities to correct problems were rarely heard because IDPH operates in silos and data is not shared, nor is there a way to synthesize/analyze the different data collection repositories.
- The financial analysis also presented that there is greater opportunity for data driven decision-making within IDPH overall.
- Focus groups noted the significant need for more timely access to data and better communication about data, specifically at the local and county levels.

With evidence from the data sources, the SPC acknowledged the importance of data quality and accessibility to advance the work of the system and IDPH. Data improvement was frequently highlighted as an important priority to continue addressing with the updated Strategic Plan. Further, Public Health 3.0 defines actionable data as one of the key recommendations to advance public health. “Timely, reliable, granular-level (i.e., subcounty), and actionable data should be made accessible to communities throughout the country, and clear metrics to document success in public health practice should be developed to guide, focus, and assess the impact of prevention initiatives, including those targeting the social determinants of health and enhancing equity. The public and private sectors should work together to enable more real-time and geographically granular data to be shared, linked, and synthesized to inform action while protecting data security and individual privacy. This includes developing a core set of metrics that encompass health care and public health, particularly the social determinants of health,

environmental outcomes, and health disparities.”<sup>6</sup> For these reasons, “Enhancing Data Gathering, Dissemination and Actionability” was prioritized as a strategic issue by the SPC.

### **Reducing Silos to Improve IDPH Collaboration and Effectiveness**

This priority addresses the strategic question: how can IDPH dismantle silos and improve internal communication and collaboration in order to be a more cohesive, efficient, and effective organization? While communication is commonly cited as an issue within organizations, data collected revealed the perceived impact that internal silos have on communication and collaboration.

- Effective internal communications were rated an overall average of 3.6 out of 5 with staff/SBOH survey respondents. This includes statements on effective internal communications from across IDPH.
- Staff/SBOH respondents expressed a need for more cross-office communication and SPC members described a need for dismantling silos that create communication barriers.
- Several staff/SBOH respondents suggested all-staff meetings and consistent ways to communicate together to all staff on a regular basis.
- Staff/SBOH survey respondents most frequently identified communication as an important issue to address and how lack of communication has been caused by and resulted in silos across IDPH.
- When asked what IDPH should stop doing that is not working, respondents noted that silos should not be allowed within departments, and communications, promises, action plans, and in person relationships should not be neglected.

Findings from all data sources consistently highlighted the need for improved internal communication systems and the challenge of silos within IDPH. Data revealed how silos have resulted in weakened communication and collaboration across offices and programs. The SPC recognized the need to focus on “Reducing Silos to Improve IDPH Collaboration and Effectiveness” over the next five years.

### **Increasing Organizational and Community Resilience and Preparedness**

This priority addresses the strategic question: how can we ensure we are well prepared for future public health emergencies and continue to mitigate the current threat(s)? Since the strategic planning process was conducted in the middle of the COVID-19 pandemic, emergency preparedness and response were a top priority on the minds of many who participated in surveys, focus groups, and discussions. Several questions focused on what Illinois has done well, what can be improved, and what needs to be done to be more successful in the future as we continue to navigate through the pandemic, a mass vaccination plan, and to prepare and to respond to other threats and hazards.

- LHD survey respondents rated “Prepare and Respond to Health Threats in the Community” as high with 59% reporting optimal or significant; yet still noted needs for improvement.

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<sup>6</sup> DeSalvo, Wang, Harris, Auerbach, Koo, O’Carroll. Public Health 3.0: A Call to Action for Public Health to Meet the Challenges of the 21<sup>st</sup> Century (2017). CDC: Preventing Chronic Disease.  
[https://www.cdc.gov/pcd/issues/2017/17\\_0017.htm](https://www.cdc.gov/pcd/issues/2017/17_0017.htm)



- Focus group participants noted there were struggles to exercise epidemiology and public health surveillance, Strategic National Stockpile plans were not implemented or updated, and there were issues with planning for vulnerable populations during the COVID-19 response.
- Preparedness and response were identified as a public health system gap/challenge most frequently/strongly highlighted and needed urgent improvement by survey respondents (LHD – 11.3% and staff/SBOH – 12.6%).
- 45.1% of LHD survey respondents scored “planning” 3 out of 5 (excellent) for how well the public health system has conducted planning activities during COVID-19.

Overall, preparedness and response were frequently noted as a necessary strategic priority as a result of the COVID-19 pandemic. The pandemic consistently highlighted gaps and challenges with preparedness and response across the system and within IDPH despite the strong leadership Illinois demonstrated. Therefore, the SPC determined that “Increasing Organization and Community Resilience and Preparedness” should remain a strategic priority to address over the next five years.

### **Improving Communication, Collaboration, and Trust Among Stakeholders, Partners, and the Public**

This priority addresses the strategic question: how do we ensure public health information is shared with the public in an effective and timely manner by and through trusted sources and partners? The challenges presented with vast communication needs during the pandemic highlighted the importance of aligned, timely public health communication to partners and communities from trusted sources. Data gathered reinforced this need.

- Communication was most frequently cited across both surveys when respondents were asked to describe the top three most notable weaknesses of IDPH. This included communication between staff and managers, regional offices, between LHD’s and local offices, and other external partners.
- Overall branding and marketing were scored on average 3.27 out of 5 (highest) for the effectiveness of external IDPH communications by staff/SBOH survey respondents.
- Communication to the general public from IDPH was rated 3.55 out of 5 on average for effectiveness by staff/SBOH survey respondents.
- Focus group participants frequently noted partnership engagement and state public health system communication as examples of what has been least effective or not done well. This included a perceived lack of transparent decision-making, engagement with decision makers and elected officials, silos across the system, and communication with partners.
- A majority of the respondents from both surveys (58% staff/SBOH – very important and 47% LHD – important) noted the importance of continuing partnership development over the next five years.
- Public distrust and the polarized political climate were also frequently highlighted as external threats throughout the data sources.

Building partnerships, improving external communication, and breaking down silos were most frequently highlighted as areas for improvement across all data sources. Partnership development was

specifically identified as a top priority for both surveys. The analysis of the data showed that “Improving Communication, Collaboration, and Trust Among Stakeholders, Partners, and the Public” should remain a significant strategic priority to address.

### **Strengthening, Supporting and Developing the IDPH and Illinois Public Health Workforce**

This priority addresses the strategic question: how can IDPH support the future and current public health workforce in Illinois? Both the SPC and the State Health Improvement Plan (SHIP) Team working on an update to the Healthy Illinois 2021 plan noted significant capacity needs for the public health workforce today and in the future. COVID-19 highlighted how the public health workforce is understaffed in key areas.

- 27% of staff/SBOH survey respondents disagreed and 13% strongly disagreed with the statement that “IDPH has sufficient daily workforce capacity to adequately address the current priorities and emerging public health issues in Illinois.”
- Staff/SBOH survey respondents identified hiring and retention, tailored training and skill development, diversity, equity and inclusion, and leadership development as most critical workforce development needs for IDPH.
- Focus group participants cited staffing shortages, limited funding for staffing, lack of critical public health roles (i. e., legal and policy, community health workers, etc.), underpaid staff, and low recruitment efforts as ineffective aspects of the public health system.
- LHD survey respondents rated the capacity (staff, time, funding) of the public health system much lower than the capability of the public health system, which indicates the need for more public health staff.
- A range of 30-46% of LHD survey respondents scored more than half of the essential public health services as minimal to no capacity within the local public health system.

Across data sources, capacity and capability was frequently noted as gaps and challenges experienced within IDPH and across the public health system workforce. Survey and focus group participants identified various needed areas of improvement. The SPC identified how strengthening the workforce would lead to strengthening in the overall system, which is why the SPC prioritized “Strengthening, Supporting, and Developing the IDPH and Illinois Public Health Workforce.”

## Action Plans

IDPH selected the following strategic issues as priorities:

- Reducing and Eliminating Health Disparities and Advancing Health Equity
- Enhancing Data Gathering, Dissemination, and Actionability
- Reducing Silos to Improve IDPH Collaboration and Effectiveness
- Increasing Organizational and Community Resilience and Preparedness
- Improving Communication, Collaboration, and Trust Among Stakeholders, Partners, and the Public
- Strengthening, Supporting, and Developing the IDPH and Illinois Public Health Workforce

Strategic Planning Committee Members worked in teams to develop goals, objectives, and strategies to address the issues over the next five years and began working on strategies defined as “low-hanging fruit” or foundational to jump start the implementation of the plan in 2021.

**Reducing and Eliminating Health Disparities and Advancing Health Equity**  
*How can IDPH dismantle systemic inequalities and advance health equity?*

**Goal 1: IDPH’s culture celebrates diversity, reflects the Department’s health equity mission, and ensures that all staff are welcomed, respected, and valued for their contributions and ideas**

**Objective 1A: By December 2026, staff will strengthen their capacity for understanding and acting on diversity, inclusion, racism, and implicit bias by 75% through related professional development activities.**

<b>Strategies/ Activities</b>	<b>Who will be involved?</b>	<b>Resources</b>	<b>Timeline for completion</b>
Conduct a baseline assessment on the staff understanding of racism, diversity, inclusion, and implicit bias and implement assessment on a periodic basis (continually measuring).	Office of Human Resources (OHR), Director’s Office (DO)	High quality assessment tool (survey), if the current one needs improving.	By April 2021
Establish leadership to lead internal and external Diversity, Equity, and Inclusion (DEI)/health equity efforts.	DO	Funding source and approval by Illinois Department of Central Management Services (CMS) for position description	9-12 months, by January 2022
Provide professional development activities for each staff person each year.	OHR	Training activities	Beginning March 2021

**Objective 1B: By June 30, 2023, IDPH will have an agency-wide approach in place to build its culture of diversity, equity, and inclusion.**

Establish leadership to lead internal and external DEI/health equity efforts.	DO	Salary \$\$ and approval by CMS/OHR, etc. for position description.	9-12 months, by January 2022
The DEI Committee has been established and will lead these efforts. Members of that committee can be contacted by staff with concerns. The DEI committee has established goals.	DEI Committee point person for each office	Communication to identify contact person in each office with goals statement.	Within 3 months, by March 2021

**Goal 2: All IDPH programs are delivered with health equity priority and lens. This is goal linked with the SHIP Vision for Success to “Integrate equity checklists in all grants and planning processes.”**

**Objective 2A: By December 2022, 75% of all grants, vendor contracts, and program partnerships will incorporate a health equity requirement or component in alignment with IDPH’s health equity framework.**

Establish leadership to lead internal and external DEI/health equity efforts.	DO	Salary \$\$ and approval by CMS/OHR, etc. for position description.	9-12 months, by January 2022
By December 2021, 100% of IDPH offices will have reviewed their programs and identified opportunities to include health equity components and requirements from the health equity checklist.	Deputy directors	Training via ITRAIN	12 months, by December 2021
IDPH staff, local health departments, and grantees are knowledgeable about and are using the health equity checklist.	Deputy directors	Post training survey	By February 2022

**Objective 2B: By December 2024, IDPH programs are data driven and include prioritization of funding and effort focused on public health work that includes strategies on health disparities and systemic inequity. (Note: disparities and inequities are not limited to racial**

<b>inequities and may also include, among others, populations such as LGBTQ+, non-binary, ethnicity, poverty, senior residents, individuals experiencing homelessness, undocumented immigrants, different abilities, rural communities, etc.)</b>			
Establish leadership to lead internal and external DEI/health equity efforts.	DO and DEI Committee	Internal and external collaboration	9-12 months, by January 2022
Educate and communicate regarding specific efforts around inequity and disparity.	DO and DEI Committee	Health equity tools	Beginning August 2021

**Enhancing Data Gathering, Dissemination, and Actionability**

*How can IDPH generate, and broadly and proactively share, high-quality data that is understood by users, easily accessible, meaningful, actionable, and supports efforts to advance health equity in all communities?*

<b>Goal 1: Establish</b> strong internal data science, surveillance, epidemiology, and statistical analysis capacity. <b>This goal is linked with the SHIP Vision for Success for “Improved health models that are date driven/data sharing.”</b>			
<b>Objective 1A: Survey and disseminate existing data systems by December 21, 2021, (i.e., statutorily required data, updated data dictionary, stakeholder requirements).</b>			
<b>Strategies/ Activities</b>	<b>Who will be involved?</b>	<b>Resources</b>	<b>Timeline for completion</b>
Review internal and external requirements for data systems and needs.	Office of Policy, Planning and Statistics (OPPS), OPM, Legislative Affairs, regional health officers	Use Survey Monkey, REDCAP, or Excel spreadsheet to gather data.	By December 2021

Review and develop best practices.	OPPS, Office of Performance Management (OPM)	Review existing data standards through an equity lens. Council of State and Territorial Epidemiologists.	By December 2022
Create a visualization of IDPH's key data goals.	OPPS, OPM, Information Technology (IT), Office of Communications	Data visualization software to display population health data sets. Technical assistance to get the data on the IDPH website.	By December 2022
Disseminate results.	Deputy directors, section chiefs, and data stewards	Senior Staff meeting, IPLAN, Annual Report, Budgeting for Results, Website.	By December 2023

**Reducing Silos to Improve IDPH Collaboration and Effectiveness**

*How can IDPH dismantle silos and improve internal communication and collaboration in order to be a more cohesive, efficient, and effective organization?*

<b>Goal 1: IDPH staff members understand the work of IDPH and the role they play.</b>			
<b>Objective 1A: New IDPH staff members must complete agency orientation training that includes information about the organizational structure within a month of onboarding (system in place by December 2021.)</b>			
<b>Strategies/ Activities</b>	<b>Who will be involved?</b>	<b>Resources</b>	<b>Timeline for completion</b>
Certificate of completion for the existing onboarding training.	OHR, staff-participant, onboarding supervisor	ITRAIN, SmartSheet	By December 2021

Deputy directors may invite one or more of their staff team to participate in interviews as appropriate and may invite other offices to participate in the orientation process.	Deputy directors	Outlook calendar/invitation	By December 2021
Create orientation with relevant information that may include acronyms, funds, phone numbers, emails and other contact information, and org charts; and regularly update.	OHR staff receive support from the different offices	Physical binder and electronic – app or folder housed online,” How-to Guide.”	By December 2021
Develop list of relevant information (who the staff are, what their work looks like, and where they are located) that each division should share with new staff.	OHR staff receive support from the different offices	Extract from human resources system work location and title, updated information from the different offices and staff.	By December 2021
Disseminate information to new and to current staff on navigating the intranet and how to find existing resources (i. e., regional maps etc.).	Office of Communications	SIREN or mass blast to let them know it exists and where to find it.	By December 2021
Develop an onboarding and orientation program.	OHR and Office of Communications	ITRAIN/Orientation Agenda	By December of 2022
<b>Objective 1C: The Director’s Office will further develop bi-directional communication with Department Leadership by December 2022.</b>			
Extract and record institutional knowledge from current staff.	OHR, deputy directors, supervisors, and staff	All offboarding plans include a transition plan.	By December 2022



**Increasing Organizational and Community Resilience and Preparedness**

*How can we ensure we are well prepared for future public health emergencies and continue to mitigate the current threat(s)?*

<p><b>Goal 1: Demonstrate internal capacity in public health preparedness and response while maintaining (to effectively prevent illness, mitigate threats/hazards and respond to public health emergencies) continuity of operations by December 31, 2021. This goal is linked with the SHIP Vision for Success for “Improved resource planning outside of COVID-19.”</b></p>			
<p><b>Objective 1A: Develop the current Public Health Emergency Preparedness Program setting short-term and long-term milestones to achieve the goals.</b></p>			
<b>Strategies/ Activities</b>	<b>Who will be involved?</b>	<b>Resources</b>	<b>Timeline for completion</b>
Assess the current emergency management plans for IDPH.	Office of Preparedness and Response (OPR), Office of Health Protection (OHP), external stakeholders, representatives from DO	Staff time, technology to conduct virtual meetings	By April 2021
Assess the current testing, training, and exercise program for IDPH.	OPR, OHP, external stakeholders, representatives from DO	Staff time, technology to conduct virtual meetings	By April 2021
Implement goals and objectives of the emergency management program.	OPR, OHP, external stakeholders, representatives from the DO	Staff time, technology to conduct virtual meetings	By August 2021

Identify potential revenue streams to continue to support the program.	OPR, OHP, external stakeholders, representatives from the DO	Staff time, technology to conduct virtual meetings	By April 2021
Ensure IDPH staff are trained and engaged.	OPR, OHP, external stakeholders, representatives from the DO	Staff time, technology to conduct virtual meetings	By January 2022
<b>Objective 1B: By December 31, 2021, develop the current the current Emergency Preparedness Program for IDPH into a Comprehensive Emergency Management Program setting short-term and long-term milestones to achieve the goal to engage external stakeholders to increase the resiliency of Illinois.</b>			
Use best practices and empirical data to identify key stakeholders by conducting an analysis and recommend opportunities to increase resiliency practices through MOU's, possible rule/statutory changes, or grant requirements.	Local health departments		By April 2021
Articulate framework for collaborative action with stakeholders.	IEMA, ING, EPA, CDC, FEMA, HHS, IDOT	Staff time, technology to conduct virtual meetings Summit/seminar	By August 2021

**Improving Communication, Collaboration, and Trust Among Stakeholders, Partners, and the Public**

*How do we ensure public health information is shared with the public in an effective and timely manner by and through trusted sources and partners?*

<b>Goal 1: IDPH is viewed as trusted, reliable, and credible public health resource and subject-matter expert. This goal is a priority for the SHIP Vision for Success for “Improved and consistent /shared communication and messaging.”</b>			
<b>Objective 1A: Create and disseminate proactive and responsive communication messages and information about a range of public health issues and topics in a coordinated and timely manner.</b>			
<b>Strategies/ Activities</b>	<b>Who will be involved?</b>	<b>Resources</b>	<b>Timeline for completion</b>
Develop a quality improvement (QI) team and project to reduce the amount of time it takes to get formal communication out. QI team will map the communication development and dissemination process to identify improvement opportunities and to implement an improvement plan.	Office of Communications, deputy directors, QI lead	Staff time and access to staff for interviews and process reviews.	By April 2021
Ensure all IDPH communication has credible data for evidence-informed information.	Office of Communications, deputy directors, OPPS	Scheduled and consistent updates (meetings) from data teams for sharing and updates of data.	By December 2021
Identify subject matter experts to inform communication from each program area.	Office of Communications, deputy directors	Identify subject matter experts and others to provide guidance.	By July 2021
Review existing social media channels for usefulness, responsiveness, and timeliness.	Deputy directors, social media staff person.	\$\$ for social media staff person; access to all social media accounts.	By July 2021

<b>Objective 1B: Ensure that the Communications Plan is informed by Cultural and Racial Equity by January 2022.</b>			
Articulate communications plan to meet demand/needs.	Deputy directors, OHR, chief of staff	For salaries	By July 2021
Identify workgroups and capacity building activities for communication and community engagement staff that includes the development of communication that is cultural inclusive.	Office of Communications t, Minority Health Services, Office of Health Promotion (OHPM), Community Public Health Outreach Manager	Prioritization of time to allow for access and inclusion in meetings and roundtables.	By April 2021
Identify and highlight models of excellence in communication plans and systems external to IDPH.	Deputy directors, Office of Communications, external organizations, and professional associations	Prioritization of time to allow for engagement with outside organizations. Staff to establish relationships and prioritize ongoing cultivation of same. \$\$ allocations for memberships where necessary.	By October 2021
<b>Objective 1C: IDPH Communication and Community Engagement staff increase knowledge, skill, and capacity to integrate cultural and racial equity lens or framework into their strategic communication.</b>			
Engage with diverse community organizations to build trust and open lines of communication regarding health care concerns.	Office of Communications, Minority Health Services,	Staff to establish relationships and prioritize ongoing cultivation of same.	Begin March 2021
Identify diversity/equity/inclusion training for staff.	Deputy director, OHR, Minority Health Services	\$\$ funding for training; identification of trainer	Begin March 2021

		Prioritization of times for meetings	
Identify cultural/racial benchmarks (i. e., holidays, events of local organizations, etc.) into editorial and digital educative information.	Office of Communications, community anchors	Staff to conduct research into dates and events and maintain relationships with various organizations.	Begin March 2021

**Goal 2: A coordinated public health communication system across Illinois with accurate, aligned, and timely public health information exchanged. This goal is a priority for the SHIP Vision for Success for “Improved and consistent /shared communication and messaging.”**

**Objective 2A: Enhance the partnership with LHDs in dealing with public health issues including emergencies and threats that might prevent a consistent voice, messaging, and coordinated efforts from being developed by January 2022.**

Strategies/ Activities	Who will be involved?	Resources	Timeline for completion
Strengthen and enhance the LHD public information officer (PIO) network.	Office of Communications, local health department PIOs, regional PIO leads	Ensure dissemination of information to all LHD PIOs through regional leads.  Build communication conduits for same (chatrooms, GroupMe#, etc.).	Begin March 2021

**Objective 2B: Build Community Relationships**

Build a network with community-based organizations and community representatives (particularly in central and southern Illinois) and hard to reach communities to reach key audiences. Leverage this network for targeted social media to reach intended populations.	Office of Communications, community public health outreach manager, OHPM, Minority Health Services	Prioritization of time to allow for engagement with outside organizations. Staff to establish relationships and prioritize ongoing cultivation of same. \$\$ allocations for memberships where necessary.	Begin March 2021
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**Strengthening, Supporting, and Developing the IDPH and Illinois Public Health Workforce**  
*How can IDPH support the future and current public health workforce in Illinois?*

<b>Goal 1: IDPH has a well-prepared workforce with a culture of continuous learning, opportunities for advancement, and development in a supportive environment.</b>			
<b>Objective 1A: By June 30, 2023, IDPH will implement a revised onboarding and orientation procedure and protocol resulting in a more prepared and competent staff.</b>			
<b>Strategies/ Activities</b>	<b>Who will be involved?</b>	<b>Resources</b>	<b>Timeline for completion</b>
Develop department level new-employee orientation, including video presentation by each office.	OHR, DO, office leadership	Existing training resources, information technology (IT)	By January 2022
Implement department level new-employee orientation, including video presentation by each office.	OHR, DO, office leadership	Intranet	By March 2022

Develop and implement a survey of recent hires (within a year) to gain feedback from their onboarding experience.	OHR, DO, office leadership	IT support	By March 2021
Develop onboarding orientation/training.	OHR, DO, office leadership	Existing templates	By June 2021
Develop or identify existing orientation/training and distribute for onboarding.	OHR, DO, office leadership		Begin July 2021
Develop and implement orientation/training assessment.	OHR, DO, office leadership	IT support	By June 2021
Survey office for examples of existing transition processes.	OHR, DO, office leadership	Point person from each office, point person from OHR	By June 2021
Create and disseminate a transition planning template or process to be standardized by office that includes such components as outline of job descriptions, meetings to be attended, projects with due dates, guide to files, and/or IT processes.	OHR, DO, office leadership	Support for OHR and based on best practices from other states	By June 2022
Identify relevant agency or programmatic standard operating procedures.	DO, office leadership	Existing documentation	By June 2021
Develop relevant standard operating procedures or process checklists.	Office of Finance and Administration (OFA), IT, legal, OPM, leadership	All levels of staff, IT resources, templates	By January 2022

<b>Objective 1B: By December 30, 2024, 25 percent of IDPH staff will have achieved their individual training goals.</b>			
Pilot a continuous training program through individualized learning goals.	OHR, office leadership	Other state agencies that have training programs – Illinois Department of Transportation	By June 2022
Expand individual learning goals to every office.	OHR, Office Leadership		By June 2023
Identify key leads on Strategic Plan implementation leadership roles to include deputy directors, division chiefs, or section chiefs.	DO, office leadership,	Clear review of Strategic Plan	By March 2021
Require training for supervisors in management and coaching.	OHR, office leadership	CMS, Illinois Department of Healthcare and Family Services (HFS), Illinois Department of Human Services (DHS) trainings	By January 2022
Use intranet/email to communicate meetings, trainings, and other staff opportunities.	Office of Communications, OHR, offices, DO	Tools on the intranet, IDPH resources	By July 2021
Promote best practice of cross-training in programs, functions.	Office leadership	Senior Staff, office, and division level meetings	By January 2022
Pilot an IDPH mentorship program for new IDPH staff.	OHR, office leadership	Illinois state agencies, examples from other states	By June 2022



Offer project management training.	DO	IDPH training resources	By December 2021
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**Goal 2: IDPH is an active partner and leader in developing the future public health system’s workforce.**

**Objective 1A: By December 31, 2022, IDPH will further organizational learning through collaborations with at least five hospitals or institutions of higher learning to enhance IDPH’s footing as a learning organization.**

Strategies/ Activities	Who will be involved?	Resources	Timeline for completion
Align with funding opportunities to provide salary/stipends for staff/interns.	OFA, DO, OHR, deputy directors	Training or documentation from OFA and OHR on funding mechanisms, contracting mechanisms, and allowable activities.	By January 2022
Develop an Internship program.	OHR, DO	Point person, local colleges, other health departments.	By December 2022

**Objective 1B: By December 31, 2023, there will be increased awareness of the vast array of public health positions.**

Schedule roundtables or tours.	DO, office leadership	Create request form, promotion plan, need point person.	By January 2022
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Develop a relationship with career services at universities.	OHR, DO, office leadership	OHR to identify a point person to develop the relationships.	By January 2022
IDPH ambassador initiative to speak at schools and event.	DO, office leadership	Create team to develop program, pilot, promote.	By June 2022
<b>Objective 2C: Formalize internship program at IDPH by January 2022.</b>			
Identify intern best practices at other state health departments.	DO, office leadership	Reach out to learn best practices at other state department of health(SDOH) internship programs. Reach out to Association of State and Territorial Health Officials (ASTHO).	By December 2021
Conduct IDPH internship needs assessment.	DO, office leadership	Working with local and national partners on best practices for internships.	By June 2022
Attend internship fair.	DO, office leadership		By December 2022

## Next Steps

Over the next five years, the Strategic Plan will be utilized to guide the work of IDPH as well as support the activities of the State Health Improvement Plan. Staff will be encouraged to follow the action plan within the document to ensure alignment and accomplishment of IDPH goals.

The result is a Strategic Plan divided into six priority areas:

1. Eliminating Health Disparities and Advancing Health Equity
2. Enhancing Data Gathering, Dissemination, and Actionability
3. Reducing Silos to Improve IDPH Collaboration and Effectiveness
4. Increasing Organization and Community Resilience and Preparedness
5. Improving Community Collaboration and Trust Among Stakeholders, Partners, and the Public
6. Strengthening, Supporting, and Developing IDPH and Illinois Public Health Workforce.

Each priority area has an associated action plan that will be used by Priority Work Groups to monitor the overall implementation and the progress toward objectives over time. Each group will be led by a pair of IDPH staff with involvement of program and administrative staff from across the agencies and across all titles. Under the direction of the Office of Performance Management (OPM), this will be a vertically integrated team of leaders and staff members, trained in continuous quality improvement techniques and processes, that will lead the effort to ensure the goals and objectives of the Strategic Plan are fulfilled. Workgroups will engage through in-person and virtual meetings. Built into the implementation process will be opportunities to update the goals and objectives of the plan over the next five years.

# Appendix

## Mission, Vision, and Values



Past Value Statements	New Value Statements
<p><b>IDPH is committed to:</b></p> <ul style="list-style-type: none"> <li>• <b>Partnering and collaborating</b> with all stakeholders, partners and communities, where possible</li> <li>• <b>Public health decision-making</b> grounded in the principles, processes and infrastructure of <b>science</b>, that is maintained, enhanced and disseminated in accordance with our statutory mandates</li> <li>• <b>Communicating</b> effectively with the public to maintain and enhance public health quickly, respectfully and excellently</li> <li>• <b>Establishing an atmosphere of understanding, collaboration and professionalism</b> within public health regulation based on current <b>best practices</b></li> <li>• <b>Promoting health equity, fairness and social justice</b> within the context of the diverse communities of the State of Illinois through our policies and programs</li> <li>• <b>Integrity, competence, and trust</b> among staff, key partners, and the general public</li> </ul>	<p><b>Health Equity:</b> We believe that achieving optimal health for everyone is rooted in reducing and removing social, environmental, economic and structural barriers to health; such as racism and other forms of inequity.</p> <p><b>Integrity:</b> we believe that the foundation of public health is trust, and that we must always act with the highest standards of honesty, trustworthiness and transparency.</p> <p><b>Science and Data:</b> We believe that our decisions, policies and programs must be driven by science, the most reliable public health expertise, and timely data.</p> <p><b>Preparedness:</b> We believe we must be prepared to address emerging issues and health emergencies and maintain flexibility to respond quickly and effectively.</p> <p><b>Collaboration:</b> We believe that we are most effective in achieving our health goals when we value the contributions of our diverse employees and partners; collaborate with stakeholders, communities and other state agencies; and foster a culture of inclusivity.</p> <p><b>Communication:</b> We believe that communication is a multi-dimensional process, and that to enhance public health we must provide accurate, evidence-based, actionable, and timely information that is informed by community needs, builds public confidence and increases public knowledge and healthy behaviors.</p>