

## PIKE COUNTY HEALTH DEPARTMENT

### FISCAL YEAR 2016 ADMINISTRATIVE AGENCY EVALUATION

1. **Medical and Dental Policies-Procedures, By-Laws, and Department Policies & Procedures** were reviewed with recommended changes. Necessary changes are identified throughout the year and presented to the Professional Advisory Committee or the Oral Health Advisory Committee and Board of Health for approval.
2. **Personnel Policies** continue to be reviewed by the Personnel Committee and recommendations for changes are presented to the Board of Health for final approval. All staff has access to the personnel policies approved by the Board and submit to Administrator, written certification that they have reviewed changes and updates. All staff receive written copies of any additions or changes made during the year. Recommendations for position titles, job descriptions, hiring salaries for each position and yearly increases based on cost of living and merit evaluation are researched yearly.
3. **Home Health** In fiscal year 2016, home health regulatory and staffing challenges continued. Staying current with constant regulatory and compliance requirements takes a great deal of management time on a daily basis. Maintaining qualified and well-trained home health staff is an ongoing struggle for our small rural agency. Additional challenges in FY16 include the new Medicare initiative of Pre-Claim Review (PCR), piloted first in Illinois. PCR has greatly increased the home health work load with requirements for submitting documentation prior to billing. An additional change occurring at the end of FY16 is the transition from in home documentation with laptops, changing to ipads per computer software vendor requirements. However, even with all the challenges, PCHD continues a very good reputation for providing excellent home health care, per antidotal information and formal patient satisfaction survey results. With management staff changes and process changes in FY16, the number of home health referrals has increased and the number of referrals not seen has decreased. Overall, the home health program has improved in FY16.

Deyta patient satisfaction surveys, Home Health Compare, Home Health Star Ratings, HHQI reports, and CASPER reports, along with record reviews, continue to be utilized to monitor and identify problem areas for performance improvement. Results of chart audits are used for staff education and focused problem solving and appropriate interventions. Every OASIS type visit is audited for accurate clinical documentation and regulatory compliance, prior to billing.

In FY16, the total number of home health referrals was 318, which is an increase of 32 referrals over FY15 (FY15 = 286; FY14 = 285). The number of referrals not seen in FY16 was 52, which is 16% versus 25% not seen in FY15 and 26% not seen in FY14. Thus not only were there more total referrals in FY16, more of the referrals were actually admitted. In FY16, the reasons for referrals not seen are: 20 due to patient or family refused

care; 8 not homebound; 8 out of network insurance; 7 needs beyond home care; 6 no skilled need; 2 staffing limitations; and 1 out of service area.

Our main referral source in FY16, continued to be hospitals (204), followed by physician offices (37) and then long term care (18) or rehab facilities (7). The main payer source for home health care continues to be traditional Medicare (75%); then Private Insurance (10%); Medicaid (6%); Medicare HMO (5%); and VA (4%).

Pike County Health Department continues to work closely with physicians, hospital discharge planners and other service providers as a way of keeping them informed of our services. Providing home health education to physicians and their office staff and other area service providers is an ongoing process accomplished through personal contact and written information. Additional advertising through the local radio station, local newspapers, a redesigned brochure and a home health staff presence with a booth at the Pike County Health and Resource Fair, and the Senior Expo, provided more opportunities to educate the public regarding home health services available through Pike County Health Department.

4. **Skilled Nursing** visits in FY16 increased to 1711, versus 1377 in FY15 & 1639 in FY14. This is an increase of 334 visits from FY15.

In FY16 admission visits totaled 257, compared to 192 in FY15 and 212 in FY14. This is an increase of 65 admission visits in FY16 compared to admission visits in FY15.

We continue to see a high volume of patients with complicated wound care, including those with negative pressure wound therapy: patients with multiple co-morbidities and many who need in-home IV infusions. Nurses do a great deal of teaching with patients and families regarding medications, wound care, chronic disease management and safety. Our nurses rotate being on-call, allowing home health services to be available 24 hours a day, 7 days a week, including week-ends and Holidays per nursing visits if needed and/or per 24 hour emergency on-call phone number where patients can reach a nurse.

5. **Home Health Aide** visits in home health were 384 in FY16, which is a decrease from 450 visits in FY15 and 583 visits in FY14. These visit totals in FY15 & FY14 may have included the homemaker visits for VA and DORS patients. PCHD continues to contract with Blessing Hospice to provide HHA visits for their hospice patients. In FY16 we provided 501 hospice visits, compared to 593 visits in FY15, and 554 in FY14.
6. **Homemaker** visits provided in FY16 were 166, under the home health program primarily for patients with VA coverage, compared to 258 homemaker visits in FY15 in the home health program for patients who qualified under VA or DORS.

Under the Private Duty Program, there were 550 homemaker visits in FY16, versus 422 homemaker visits under Private Duty in FY15.

7. **Speech Therapy** There was a total of 16 visits for speech therapy in FY16 versus 35 visits in FY15 and 1 visit in FY14. These visits are provided through a service agreement with one speech therapist on a PRN basis.
8. **Physical Therapy** In FY16 there were 1101 visits for physical therapy, versus 902 visits in FY15 and 972 visits in FY14. This is an increase of 199 PT visits from FY15 to FY16. Physical therapy services are provided by PCHD employee, Mindy Gunterman, PT, and through contractual agreements with Rehab Care Group and Advance Therapy Services.
9. **Occupational Therapy** OT services were provided per contract with Rehab Care Group in FY16. There were 232 OT visits in FY16 compared to 253 visits in FY15, and 123 in FY14.
10. **Registered Dietitian**: Three dietician visits were made in FY16 versus two visits in FY 15 and 5 visits in FY 14. These visits cannot be reimbursed directly but can be included in our cost reimbursement and are a great benefit to our patients. PCHD employee, Registered Dietitian, Mary Moss, provides the dietitian visits.
11. **Private Duty** is provided by home health nursing staff under an Illinois Private Duty license to provide home nursing services per private pay and an individual contract with each patient. Private duty nursing visits were 1025 in FY16 versus 794 in FY 15 and 798 in FY14. This is an increase in of 231 home nursing visits from FY15 to FY16. Services provided by RNs included case management, venipuncture, medication prefill, insulin syringe prefill, toenails trimmed, or other skilled needs for those who are not eligible for home health services.
12. **Cardiovascular Disease Prevention** Due to multiple staffing changes, no means of reimbursement and new location, all scheduled blood pressure clinics have ceased. If persons present at PCHD requesting a blood pressure check, an available agency nurse does provide this service as a courtesy only.
13. **Diabetes Program** In 2014, due to lack of funding, the diabetes program was eliminated.
14. **Cancer Education & Awareness** Eligible Pike County residents continue to be referred for mammograms and pap smears through the Illinois Breast & Cervical Cancer Program (IBCCP). Hancock County Health Department is the lead agency for the IBCCP program in Pike County. Since, 2011, PCHD has had an agreement with Hancock County Health Department for PCHD staff to promote the IBCCP program in Pike County, with Hancock County providing reimbursement for staff time and mileage.
15. **Tobacco** From 2010 to 2015, PCHD staff has provided educational prevention activities, by invitation, at the annual Rotary Prevention Day reaching over 300 junior high students each year from throughout the County. Due to changes to grant requirements and no means of reimbursement for staff time, PCHD has not participated in this event since 2015.

The Illinois Toll-Free Tobacco Quitline number continues to be distributed through all PCHD programs and through local MD offices, dental offices, and Illini Community Hospital. The partnership continues with the American Lung Association's Illinois Tobacco Quitline, providing free phone counseling for those wishing to quit tobacco.

Enforcement of the Smoke Free Illinois Act began on January 1, 2008. In FY 08, there were 8 documentable "first time" smoking complaints. In FY 09, there was only 1 official complaint. In FY 10, we received 4 anonymous complaints and only 2 anonymous complaints in FY 11. In 2012 and 2013, there were no official complaints, and again only 2 anonymous complaints. In 2014, a couple of anonymous complaints were investigated and education provided to the establishments owners. EH staff continues to follow-up on complaints and to send letters to all food service establishments and hunting lodges, promoting and explaining the SFIA requirements. EH staff also continues to assess each food facility during inspections, for potential problems in accommodating the SFIA. Written policies for enforcement are in place. The IDPH web site is utilized as our complaint and enforcement log.

In FY 2014 through June 2015, the collaborative agreement with Pike County Sheriff's Department was continued in which deputies assisted with education and enforcement of the SFIA, with an emphasis on visiting county bars with educational materials and for compliance checks. The tobacco grant requirements and funding changed beginning 7/1/15-6/30/16 so the collaborative agreement was discontinued. Because funding decreased, only the Environmental Health staff continued the education and enforcement of the SFIA during their inspections.

In FY 2015, EH staff observed a violation of the SFIA laws during a routine consultation and wrote two tickets. One ticket was written to the employee smoking and the other to the business for allowing the smoking to occur. Both tickets were originally contested but they plead guilty and dropped the request for a hearing.

In FY 2015, until June, the local tobacco coalition continued to meet quarterly, to increase awareness of tobacco laws, regulations, and local concerns. Coalition members include representatives from PCHD, the Pike County Sheriff's Department, Illini Community Hospital, a local physician office, a local church, local mental health professionals, and a representative from the Pike County Public Housing Authority. The coalition assisted the housing authority in educating their residents and implementing a "no smoking" policy in housing units. Due to the change in grant requirements and decreased funding, the Coalition has not met since July 8, 2015.

In FY 16, the focus of the Tobacco Grant was enforcement of the SFIA on businesses not already inspected by the Environmental Health staff. Due to limitations of staff time and availability, these were not considered a high priority. With the start of the FY'17 grant period, outreach to the Chamber of Commerce to provide information about the SFIA to existing and possible new businesses was completed. A letter to the editor to the local newspapers was sent and a coffee break on the local radio station was recorded with

information/updates regarding the upcoming random SFIA compliance checks to be completed on businesses in the county.

16. **Pike County Wellness Benefit** PCHD coordinates and promotes the wellness benefit program for county employees. Email is utilized in the promotion of upcoming wellness screenings and general reminders to all county employees that shared their email address on their claim form. During CY 16, 77 county employees utilized the wellness benefits as compared to 76 county employees in CY 15.
17. **Laboratory Services** provided by the health department include hemoglobin by Hemocue in WIC and Family Planning, pregnancy testing, urinalysis by dipstick, and microscopic wet mounts in Family Planning. Capillary lead is obtained and sent to the state lab for testing. Pap smears along with Gonorrhea and Chlamydia are sent to Quest Diagnostics. Venous blood specimens ordered by a physician through home health are sent to Illini Hospital or other specified labs. Water samples are sent to the state lab. State lab is also utilized for Communicable Disease specimens. We are certified as a waived lab through CLIA.
18. **Immunization Program** Regular immunization clinics are held 2x / month at PCHD. These clinics extend into the evening hours to accommodate working adults/parents and offer recommended vaccinations for both children and adults. Immunizations are also available by appointment and on a walk-in basis. An emphasis on Tdap, HPV, Hepatitis A and Meningitis vaccinations are promoted during the summer months to meet school requirements and meet current CDC vaccine recommendations. PCHD offers flu vaccination at a number of private entities/businesses around the county every autumn. Adult and child flu vaccination clinics are held in-house each October and walk-ins for flu shots are accepted throughout the influenza vaccination season.

Beginning in FY 13, changes to the VFC program at the national and state level affected PCHD's Immunization Program for children. FY 16 brought about more changes--- this time to the state's child Health Insurance Program (CHIP) coverage. Children with CHIP coverage were no longer able to receive vaccines through the Illinois VFC program as of October 1, 2016. Illinois VFC providers serving CHIP children were required to privately purchase vaccines and seek reimbursement from the Illinois Department of Healthcare and Family Services. It is now crucial to check Medicaid coverage level on the on-line MediSystem prior to vaccinating any child with VFC vaccine. PCHD staff received additional training and education on these VFC changes and billing. As this situation continues to evolve, PCHD may need to purchase more private vaccines to meet the needs of the CHIP population. Again, this puts more pressure on small health departments serving the community on a limited budget.

PCHD continues to see a decrease in the number of vaccinations given by PCHD. Several factors are felt to have contributed to decreased vaccinations at PCHD: pharmacies offering vaccinations, HCP providing vaccinations at school physical exams, and the public perception that health departments don't provide insurance billing.

Insurance billing for vaccinations began in 2013. In 2013, insurance immunization billing totaled \$19,287.00; in 2014 --- \$21,000.00; and in 2015 --- \$11,170.00. 2016 showed \$11,821.00 in insurance billings (with all but \$395.16 collected from insurance or client). Complicated insurance intricacies, limited staff time for billing, shortened work week with furlough days, and the Illinois state budget impasse have all affected PCHD insurance billing capabilities. Despite this, the vigilant PCHD immunization billing staff has made great strides in learning the ins and outs necessary for billing and payment.

Adult vaccines are purchased privately from the manufacturer or distributor. The adult patient pays out-of-pocket for the cost of the vaccine plus administration fee; or PCHD bills the patient's insurance; or utilizes TransAct Rx for Medicare Part D prescription drug billing.

Travel counseling regarding communicable disease and travel vaccinations such as Hepatitis A, Hepatitis B and Typhoid vaccine are available through our immunization program.

Twenty three flu vaccination clinics were held in FY 16 (in-house & outside clinics); 21 flu clinics were held in FY 15. There were 696 adult flu vaccinations given, 121 child flu doses given, and 47 adult pneumococcal vaccinations administered in FY 16. There were 868 adult flu vaccinations given, 186 child flu vaccinations given, and 13 adult pneumococcal vaccinations administered in FY 15. More pneumococcal vaccinations are being administered because of the new Prevnar 13 vaccine recommendation for adults.

Grand total of **all** immunizations given in FY 16 was 1,689 vaccinations given with 1,214 client contacts. FY 15 total was 2,008 vaccinations given with 1,493 client contacts.

Pike County continues to have strong infant immunization rates. For those infants who are in the I-CARE immunization registry, 75% of children 36 months of age are fully vaccinated. The goal of Healthy People 2020 is 90%.

Current CDC recommendations for adult and child vaccination are followed. PCHD staff is informed about current CDC vaccine recommendations for healthcare providers and efforts are made to make sure all of our staff is adequately immunized. New hires must provide an immunization record and any recommended vaccinations are given to new employees at no cost to the employee. Vaccination and vaccine preventable disease educational programs and updated literature are offered to the public, to PCHD staff, and to health care providers in the community throughout the year. PCHD immunization staff are seen as the "experts" on vaccination in the county and are frequently called upon to provide guidance, field a variety of immunization questions, and answer concerns from our local health care providers.

19. **Communicable Disease** In FY 16, 78 disease investigations (including STD) were completed with 59 of the 78 meeting the CDC case definition (probable and confirmed) for a reportable disease case. These 59 cases were then reported on to IDPH via I-NEDSS.

In FY 15, a grand total of 125 disease investigations (including STD) were completed with 108 of the 125 meeting the CDC case definition (probable and confirmed) for a reportable disease case. A foodborne disease outbreak involving apple cider (\*\*read below\*\*) contributed to the increased numbers in FY15.

FY 16 probable & confirmed communicable disease cases that were reported to IDPH included the following diseases: Campylobacteriosis, Chlamydia, Creutzfeldt-Jakob Disease (CJD), Cryptosporidiosis, Hepatitis A, Hepatitis C, Histoplasmosis, Invasive Haemophilus influenza, Latent TB Infection, Legionellosis, Salmonellosis, Staph –Vancomycin Intermediate Resistant Staph Aureus (VISA), & potential Zika exposure.

In FY 16, no foodborne or waterborne disease outbreaks were investigated. In FY 15, one foodborne disease outbreak was investigated. (\*\*The FY 15 outbreak involved a bacterial contamination, Cryptosporidium, of unpasteurized apple cider sold at Pike County Color Drive in October 2015. \*\*) In FY 15, PCHD also investigated 3 other disease outbreaks: an influenza outbreak at a long term care facility, an acute gastro-enteritis outbreak (most likely norovirus) at a long term care facility, and suspected pertussis outbreak in the community.

In FY 16, a new virus called Zika virus came to the attention of the public health community. Communicable Disease staff attended multiple CDC and IDPH-sponsored trainings and conferences regarding Zika virus and testing. Statewide, local health departments served as the liaison to health care providers regarding Zika virus and health departments were required to give prior approval for all Zika virus test requests from health care providers. PCHD coordinated with Illini Community Hospital and IDPH to arrange CDC Zika virus testing for 2 potentially exposed individuals. PCHD worked closely with the provider to insure that the patients met the appropriate testing criteria.

20. **T.B.** In FY 16, there were 179 TB skin tests given with 2 positive tests, 3 chest X-rays, 1 person on treatment for latent TB infection (LTBI), and 0 active TB cases. In FY 15, there were 173 skin tests given , 0 positive TB skin tests, 0 chest X-rays, 1 person on treatment for latent TB infection, and 0 active TB cases.

PCHD provided case management of one client on treatment for LTBI in FY 16 and initiated case management of another client in FY 16, but did not complete. Both of these clients were children with LTBI and were referred from another Illinois county who was referred to them from another state. One of these children moved on to an unknown destination and client was lost to follow-up. Of note, one of the families enlisted the assistance of an interpreter to converse with PCHD CD nurse.

Clients with positive TB skin tests are referred to their private health care provider or PCHD TB-contracted MD, Dr. Venu Reddy, from Blessing Physician Services for follow-up care. The TB Program (on a case-by-case basis) will assist clients as payer of last resort for treatment and care related by mycobacterium TB or LTBI only. To qualify for payment by

PCHD TB program, this treatment and care must meet CDC recommended guidelines.

TB skin testing solution is provided to nursing homes, the Pike County Jail, Illini Community Hospital and other health care providers in Pike County at no cost to them. Six vials of TB skin testing solution were distributed in FY 16; 10 in FY 15.

21. **HIV/AIDS** There has been no HIV cases diagnosed and reported in Pike County during 2009-2016. There have been no cumulative AIDS cases diagnosed 2009-2016. As of 7-31-16, there are no HIV cases (living) and 3 cases of AIDS (living) in Pike County. These numbers are the most current data available from IDPH. Illinois Department of Corrections cases are included in county totals.
22. **STD-Sexually Transmitted Infections** There were 31 positive chlamydia tests reported to IDPH by PCHD in FY 16 ; and 34 in FY 15. There were 0 syphilis cases reported in FY 16. In FY 15, there were 2 cases of syphilis (unrelated). *Prior to FY 15, Pike County had not had a case of syphilis in over 10 years.* There were 0 gonorrhea cases were reported in FY 16; 3 in FY 15. Syphilis and gonorrhea cases are increasing state-wide and nation-wide. Health care providers can report HIV, AIDS, and STD directly to IDPH.
23. **Family Planning Program** PCHD had 344 active Family Planning clients in FY 2016, a decrease of 32 from FY 2015. All active clients resulted in 993 Family Planning office visits. With the decrease in 32 active clients this resulted in only 6 less office visits for the fiscal year. Approximately 15% of our clients are from out of county compared to 12% in FY 2015. Our Comprehensive new exams were down by 2 in FY 2016 with 50 initial exams, compared to 64 in FY 2015. Annual exams were 139 in FY 2016, compared to 164 in FY 15. Fifty eight pap smears were done in FY 2016 compared to 50 in FY 15. Fifteen of those pap smears were abnormal, with follow-up by PCHD FP, referral to their own MD or the Illinois Breast and Cervical Cancer Program for follow-up as needed. Pregnancy tests performed were 89 in FY 2016, compared to 150 in FY 15. Thirty three of those pregnancy tests were positive with referral to PCHD WIC/FCM programs. Pregnancy tests are purchased with FCM outreach funds. Family Planning clinics are offered 3-4 days per month. Late clinic hours are available. Nurse practitioners from local MD offices provide coverage for our clinics. A nurse is available Monday through Thursday. Emergency contraceptives may be obtained after work hours by calling Illini Hospital for PCHD on-call staff. Oral contraceptives are dispensed through Family Planning under Dr. Ronald Johnson license. 41% of our Family Planning clients are at a zero fee level, compared to 42% in FY 2015, 35% are on a medical card, 6% are at a partial fee and 1% are at a full fee level. In FY 2016, we saw 21 male clients in family planning, compared to 25 in FY 2015. Males were offered STD testing for Gonorrhea and Chlamydia, STD screening, education, treatment for positive results and exam if requested by client. We continue to offer urine screening for Gonorrhea and Chlamydia for males and females. Due to requirements by Title X we continue to bill third party insurance companies. 17% of family planning clients are covered by third party insurance compared to 19% in FY 2015 .
24. **WIC** (women, infants, children) had an average caseload of 286 clients in FY 16, compared to 298 in FY 15. Our assigned caseload had been decreased to 505 in July 2013. That FY

was the first change in caseload since 2007. The caseload was reduced again in July 2015 to 455 and remains at this assigned number at least through June 2017. We began walk-in clinics on January 2, 2013 with scheduled appointments only for our 2 late night clinics on the first and third Monday evenings. The schedule was revised again 9/1/15 due to the decreased caseload/funding. Clinics are scheduled appointments on 2 half days and 1 full day with Tuesday remaining a walk-in clinic. Our caseload numbers have continued to slowly decrease the past few years. This has been seen as a nationwide problem, too. We continue to review our outreach strategy and are also working with DHS to assure we are reaching the target population and methods to increase our caseload. Our WIC program not only provides nutrition education and nutritious food to WIC families, but also is an excellent method to reach women, infants and children to identify additional needs and for referral to other programs, e.g. physicians, immunizations. Our WIC and Family Case Management programs are 100% integrated. The WIC program continues to provide a variety of free breast pumps to the breastfeeding WIC clients evaluated to be in need of one and continues to have a Breastfeeding Peer Counselor available to pregnant and breastfeeding women. These are described in the Breastfeeding Support section.

25. **Breastfeeding Support** the designated WIC Breastfeeding Coordinator is a Certified Lactation Educator through the UCLA program. The two RN Case Managers, the WIC Breastfeeding Coordinator, and the Breastfeeding Peer Counselor (BFPC) have attended the Certified Lactation Counselors Program through the Health Education Associate's course. Breastfeeding is promoted through WIC clinics, phone calls by BFPC, and at home visits (if done) to all clients. Assistance is provided on an "as needed" basis to anyone requesting such. We have breast pump kits (manual and for the electric pump) available for purchase and electric pumps available for rent for non-WIC clients. There are free breast pumps available to the WIC clients. These pumps were provided by the state in previous fiscal years based on requested orders. These are given to the WIC clients in need of one without charge. The electric pump must be returned to the clinic, but all others (manual, mini electric, and personal pump) are for the client to keep. We did not rent or sell any electric or manual pumps to women in FY 16, which was the same (0) in FY 15. There were 16 manual or electric pumps distributed to WIC clients in FY 16, compared to 9 in FY 15. There were 30 WIC infants initially breastfed in FY 16, compared to 36 in FY 15. Clients with a medical card/certain insurances can obtain a double electric pump at PCHD through Neb Medical Services (a durable goods provider) with a script from their doctor. This began in May 2015 and continues at this time.

The current Peer Counselor, hired January 2010, is now a full-time employee with 46% of her time as the Breastfeeding Peer Counselor in FY 16. In September 2006, a Breastfeeding Support Group was started and offered on the 1<sup>st</sup> and 3<sup>rd</sup> Tuesdays of the month. This was reduced to just the 1<sup>st</sup> Tuesday of the month in 2014. However, due to non-attendance, a Breastfeeding support group is not advertised/offered at this time.

26. **Family Case Management** serves age and income eligible pregnant women and infants. This includes our WIC clients and others identified as High Risk (APORS, lead, etc.). In addition, DCFS wards are case managed as per guidelines. Our goal is to reach all eligible

clients to promote wellness and healthy lifestyles. Early access to prenatal and primary pediatric care is a priority. Case managers (RNs) work closely with their clients to coordinate medical and social services. In addition, they perform physical and developmental assessments and provide health and safety education. In FY 2016, our average FCM caseload was 140 clients compared to 133 clients in FY 2015. The average DCFS caseload was in FY 2016 was 6 clients compared to 5 in FY 2015. In FY 2016, 102 home visits were made compared to 109 in FY 2015. Case management has likely been a big factor in reducing our infant mortality, as documented by the state. Our WIC and Family Case Management programs are 100% integrated.

27. **Healthy Kids** is incorporated in all our programs involving children. Physical assessments are done through WIC and at home visits by RN's. Immunizations, developmental screenings, hemoglobin and lead screening, are also provided through Healthy Kids.
28. **Lead Screening** PCHD contracts with IDPH to provide initial lead screening and follow-up nursing services for Pike County. Home visits are made on children 36 months and younger with confirmed lead levels of 10 or more and on children >36 months with confirmed lead levels of 15 or more. Environmental services are provided by the Regional Lead Inspector (Edwardsville). In FY 2016, we screened 192 children referring 5 for levels over 10, compared to 186 screened and 2 referred in FY 2015 with levels over 10.
29. **Oral Health** The Pike County Dental Clinic, which opened in December 2013, continues to provide basic oral health services for underserved children and adults, most whom are covered by the IL Medicaid. The Clinic opened initially at part-time hours with all part-time staff and 3 functional operatories with a 4<sup>th</sup> operatory used only for overflow. Since opening, the caseload has steadily grown.

By the end of FY 16, the Clinic had a total patient caseload of 3,417, compared to 2,596 in FY 15; and 1,562 in FY 14. The Clinic gained 846 new patients in FY 16. In February of 2014, new adult patients were limited to only those residing in Pike County, due to the high demand for services. Children who reside anywhere in Illinois and meet income guidelines are seen in the Clinic, as the primary mission of the Clinic has always been to serve low-income underserved children. Currently 60 % of the patients are age 20 and under and 40% of the patients are aged 21 and over. Patients are choosing to travel to our Clinic from at least 14 Illinois counties and at least 81 unique zip codes.

In the spring of 2015, PCHD received approval as a National Health Service Corp site, which opened up opportunities for dental professional student loan repayment programs. With this designation came specific Clinic requirements regarding policies, billing and sliding fee scale. All these requirements were met and are continuously evaluated to assure compliance. In July of 2015, Dr. Matthew Liesen began his employment with PCHD as the Clinic dentist. PCHD received approval for grant funding through IDPH, Office of Rural Health, student loan repayment programs, which allowed Dr. Matt access to the program. The program requires a two year commitment, so Dr. Matt is expecting to provide services at PCHD Dental Clinic at least until September 2017.

By the end of FY 16, in addition to Dr. Matt at full-time hours, Clinic staff includes 3 full-time dental assistants, one whom is also the receptionist & biller; a full-time dental hygienist and an additional part-time dentist, Dr. Kaydi Grote. Dr. Stephen Liesen continues to serve as the volunteer dental director and spends at least one day per month providing direct services, on a volunteer basis to see difficult cases in our Clinic.

Due to multiple successful grant applications, in FY 16, the grant funds allowed a complete upgrade to op 4; including purchase & installation of a new dental chair, 12 o'clock station, light, dentist delivery unit & chair and assistant unit & chair. Additional dental equipment, such as several high speed hand pieces, a microlab hand piece, equipment for dentures; and surgical & hygiene instruments were purchased with grant funds. Other grant funds were used to subsidize the dentist and the hygienist salaries and to purchase additional dental supplies. Medicaid billing is going well, however, these revenues still do not cover costs of Clinic operations. Medicaid cost claiming is adding much needed additional revenue for the Clinic.

Not only does our Clinic allow access to student loan repayment programs, for our two dentists and hygienist, the Clinic also provides a great learning opportunity for new dental professionals and dental assistants. Under the guidance of Volunteer Dental Director, Dr. Stephen Liesen, all staff receives the mentoring needed to improve their skills & their confidence in providing oral health care. Dr. Matt & Dr. Kaydi, are both learning a great deal from Dr. Stephen, such as more complex dental procedures such as root canals, crowns and dentures. Dr. Stephen has also mentored Dr. Matt in performing dental services for hospital cases at Illini Community Hospital. Dr. Matt, in turn is mentoring Dr. Kaydi in the hospital setting.

The biggest challenges to the sustainability of the Clinic are: 1) maintaining qualified staff, 2) covering the high costs of Clinic operations, and 3) empty chair time & lost revenue due to "no shows".

30. **Vision Screening** was done by certified technicians. In FY 2016, 119 preschool children were screened with 1 referred for follow-up compared to 136 screened in FY 2015.
31. **Hearing Screening** is also done by certified technicians who screened 107 preschool children in FY 2016 with 0 referred for follow-up compared to 143 screened in FY 2015.
32. **Additional MCH programs** PCHD staff continues to attend and provide leadership roles in the following community organizations: Pike County Social Service (Interagency Council), Pike County Community Health Partnership, QUANADA Board, weekly Rotary meetings and the Mental Health Center of Western Illinois' Human Rights Advisory Committee, and the Illini Community Hospital Advisory Board and Board of Trustees. This community involvement has proven valuable in outreach efforts and opportunities for partnerships.

33. **Health Education Programs** Due to continued staffing and program changes, most health education programs are done within the context of current grant programs and reported under those program reports. With continued reduction in grant possibilities & reduced grant funding, PCHD has few fiscal or personnel resources to do educational programs other than those associated with a particular grant program currently in place.

34. **Environmental Health**

**Food**

Environmental Health staff conducted 124 routine inspections and 34 rechecks for food establishments in FY 2016 as compared to 167 routine inspections and 55 rechecks in FY 2015. There were 6 foodborne illness/food complaints in FY 16 along with 10 in FY 2015.

Temporary event licensing was discussed at length with members of the EH Advisory Committee, Public Safety Committee, and the County Board, as well as many people in the community. Events lasting more than 3 consecutive days or more than 12 times a year have to be licensed and inspected by the PCHD. The County vetoed a proposal to license all temporary events lasting more than 1 day. A voluntary temporary event program was set up for those events wishing to still be licensed. Four temporary events were licensed and 5 temporary events choose to be voluntarily licensed in FY 2016.

Ten pre-inspections were conducted for new establishment owners. Forty-one consultations were provided to businesses owners and/or managers. Staff conducted 18 temporary event food inspections and 33 voluntary temporary food inspections in FY 2016 compared to 29 temporary food inspections in FY 2015.

Fifteen people enrolled in the online 8-hour FSSMC class. Ninety people attended an in-house food class and all 90 were given a review session, as well as a monitored national exam. Eighteen attended the Food Handler Training. In FY 15, 9 people enrolled in the online 8-hour FSSMC class and 89 people attended an in-house food class. Environmental Health staff has focused on keeping the EH website routinely updated rather than mailing routine newsletters. We continue to receive all recall information from the FDA via email, but only record recalls that require action in our local area.

In FY 2016, 117 food establishment licenses were issued, while 121 licenses were issued in FY 2015. In FY 2016, 18 temporary licenses and 33 voluntary temporary licenses were issued compared to 29 temporary licenses in FY 2015. We continue to work with owners proposing to open new facilities to assist them through the licensing process.

We had 1 cottage food vendor licensed.

In FY 2016, Environmental Health staff completed a self-assessment of nine standards to evaluate the effectiveness of the Food Safety Program at PCHD, for a grant received from the Retail Program Standards Grant Program. This program provides funds for the

completion of projects and training to enhance conformance with the Voluntary National Retail Food Regulatory Program Standards.

Food Awards will be presented according to the county award standards this spring.

**Water** In FY 2016, 14 water samples were taken and reports prepared. No water wells were permitted in FY 2016 as compared to 10 water wells constructed in 2015. Two of the wells constructed in 2015 were for potable water wells. Two water wells were sealed in 2016, while 1 well was sealed in 2015.

**Septic.** We permitted 40 alterations or new private sewage disposal systems in FY 2016 as compared to receiving 31 private sewage permit applications in FY 2015. We noted a proportional increase in the number of new projects permitted (70%). This number is 33% higher than the number installed in 2015, but weather may have played a part in this. IDPH adopted new sewage permitting requirements and we now require a soil evaluation and site-consultation prior to signing off on the building permit and this is resulting in better site planning. We continue to believe many violations by homeowners and contractors have been due to lack of knowledge of rules and regulations, rather than purposeful violations. We constantly work to encourage advance notice of private sewage system installations to allow us improved scheduling and inspection capabilities. Environmental health staff continues to work to provide distribution of these rules and regulations and has provided copies of the sewage pre-application worksheet to other county agencies. There were 3 sewage complaints received in FY 2016 the same number seen in 2015.

We continue to promote increased awareness of sewage inspections as they pertain to real estate transfers.

Our office co-presented an educational workshop for private sewage contractors in September. Approximately 58 persons attended and received continuing education hours towards State licensing. A presentation was also given at the IALEHA Conference.

USEPA has developed a general NPDES permit for homeowners who need to have a surface discharge. This permit went into effect on February 10, 2014. No new NOI's were submitted this year.

**Nuisance** The Pike County nuisance ordinance currently designates the health department as enforcement officer for this ordinance. In 2016, we logged 10 nuisance complaints as compared to 32 nuisance complaints in FY 2015. Many of these were in incorporated areas and, while we continue to offer our assistance to conduct health hazard evaluations, we have limited enforcement capabilities. This complaint activated program requires extensive staff time with many difficulties encountered and no additional revenue source. The Pike County Board has amended the Code Hearing Ordinance to allow local units of government to separately enter into agreement to enforce local ordinances. This will allow local enforcement of local ordinances. The Pike County Board, in April 2005, voted to exclude the application of the county nuisance ordinance for incorporated areas of the county. Most

incorporated areas have contracted or upgraded their police protection to enforce their local ordinances, but we continue to offer our assistance when needed for health related issues. We occasionally receive requests from local units of government to conduct health hazard surveys and we do so when time allows.

We use color-coded complaint forms and confidential envelopes for complainants to use if requested, and these color-coded envelopes are to be opened by the Administrator or her designee.

We have reviewed the legal requirements for disclosing the names of complainants and have found in the “Freedom of Information Act” government agencies are specifically offered the opportunity to maintain confidentiality for complainants.

The County has budgeted a portion of the Host Fee Funds in the new landfill host agreement to go to the health department.

**West Nile Surveillance** We applied for and received a grant for \$10,000 to provide support for West Nile Virus surveillance and dead bird collection. We tried to use part of the funds to support a local used tire collection but IEPA has resumed their free collections. We have attended meeting of local units of governments to discuss the issues of mosquito borne illnesses and how communities and neighborhoods can be impacted by lots where nuisance conditions exist which harbor mosquitoes. Two dead birds were submitted for WNV testing and neither were positive.

**Tanning** In FY 16 we inspected 5 tanning salons compared to 7 inspected in FY 2015. A downtrend economy seems to have been a big factor in closure of salons, plus increased taxed by the federal government. No tanning complaints were received in FY 2015. The tanning businesses state raising the age limit to 18 and older has made a significant impact on their businesses and two have chosen not to renew their licenses.

PCHD employs two tanning inspectors and a third employee hopefully will be trained as well.

**Indoor Air Quality** We continue to receive occasional inquiries regarding indoor air issues regarding health and construction issues with mold in residential settings and also information on carbon monoxide. Illinois has passed a “Smoke –Free” act which prohibited smoking in all public buildings, effective January 1, 2008. Our office continues to receive complaints on violations of this act through the IDPH complaint systems.

The new grant activities require PCHD (EH) staff to make random business contacts to review the requirements of the SFIA Act. We are pursuing these visits as educational visits and taking copies of required signage to install and also noting anything that may be a violation.

We have access to a Q-TRAC air monitor capable of measuring CO<sub>2</sub>, CO and relative humidity.

**Body Art** The Illinois Department of Public Health developed the “Body Art Code” to provide administrative rules to accompany Public Act 094-1040, the “Tattoo and Body Piercing Establishment Registration Act”.

This law requires all establishments in the State of Illinois which provide tattooing or body piercing services to register with the State of Illinois and become licensed prior to offering these services to the public. Licensure requires specific warnings and information be offered clients, artist and client records be kept, commercial disposal of potentially infectious medical wastes, proof of blood-borne pathogen training by the artists, and specific sanitation provisions be observed.

The health department has one inspector licensed to inspect these establishments. In 2013 the only licensed facility in the county failed to renew their license and we currently have no licensed body art facilities in the county. No complaints were filed or investigated during FY 2016.

35. **Vital Records** There were 5 in-county births recorded in FY 2016, as compared to 0 in-county births recorded in FY 2015.

There were 157 deaths registered in FY 2016, compared to 152 in FY 2015.

36. **Emergency Preparedness** IDPH receives federal grant funds to assist with emergency preparedness at the local level. PCHD collaborates with multiple community partners to provide emergency preparedness planning and training. In a reciprocal partnership, PCHD participates in various drills and exercises with EMA and Illini Community Hospital.

IDPH Regional Emergency Response Coordinator visits PCHD bi-annually to review our Medical Counter Measure Plan. A detailed Emergency Response Plan is written with input from the Pike County Sheriff’s Department, Illinois State Police, Illini Community Hospital, Pike County Emergency Management Agency, and other local emergency response agencies and volunteers. This plan must be exercised and partners trained to be effective.

PCHD staff attend and or participate in conferences, training and certification classes related to Emergency Preparedness. As part of the EP grant deliverables, two staff members attended the IDPH EP Summit in Schaumburg, IL in June 2016.

PCHD conducted a Full Scale Exercise (FSE) in June 2016, in conjunction with a statewide IDPH anthrax exercise. Multiple partners participated in this exercise, including Illini Community Hospital, EMA, Pike County Sheriff’s Office, EMS, and other county offices. The goal of the FSE was to exercise our ability to dispense antibiotics to first responders in Pike County during a simulated terrorist anthrax release.

Plans for forming a Medical Reserve Corps group in Pike County were initiated in FY 15, but no process was made with this in FY 16 due to state budget funding issues, furlough days, and staffing issues.

Pike County EMA has a new director & PCHD has begun collaboration with the new director.

37. **Staff** The total health department staff for FY 2016 was 34. We have service agreements with 2 nurse practitioners, 1 speech therapist, and 2 agencies that provides physical therapy, Rehab Care Group and Advance Physical Therapy.
38. **Performance Improvement** The Performance Improvement Committee (PI) provides for an on-going quality improvement process at Pike County Health Department. In FY 14 and FY 13 and FY12, the PI Committee focused entirely on improving the home health program, with targeted measures developed as a result of the Medicare survey in March 2012. The PI Committee at that time, reviewed results of focused record reviews, analyzed results for trends, made recommendations and facilitated development of staff education and new policies. Outcomes of those 3 years of continuous performance improvement are evident in our home health programs, with improved clinical record reviews and improved billing timelines. And most noteworthy, a Medicare review in spring 2015, resulted in no deficiencies found.

Since 2015, PI activities are somewhat on hold, due to mandatory furlough days, multiple home health staffing changes and limited time for PI. In 2016, focused record reviews continued in home health, with on-going staff training especially related to documentation requirements, OASIS changes, and initiation of Pre-Claim review. Management staff continues to review the PCHD “Star Ratings”; Deyta patient satisfaction reports; the Home Health Compare website; multiple clinical and billing reports per the computer documentation system, Brightree; monitoring reports per HHQI; and daily monitoring of the Illinois Homecare and Hospice (IHHC) list serve and emails to stay on top of constant regulation changes. To get back on track with PI, a public health nurse has been training on PI processes per webinars and attending an IHHC sponsored presentation, so that she can assist with PI projects. At the end of 2016, home health staffing is changing again and the Brightree documentation system is changing from laptops to ipads for the visiting nurses, which requires additional staff training prior to implementation. Plans are to refocus on more PI projects, once home health staffing stabilizes and ipad transition is complete.

39. **Financial** Revenues were up \$356,678 (20%), from \$1,805,203 in FY 15 to \$2,161,881 in FY 16. Medicare revenues increased \$76,065 (18%), from \$416,642 in FY 15 to \$492,707 in FY16. State contractual revenues and grants were up \$395,046 (54%), from \$734,818 in FY 15 to \$1,129,864 in FY 16. TB revenues were up \$900, from \$9,900 in FY 15 to \$10,800 in FY16. County tax revenues increased \$3,677 (2%), from \$217,247 in FY 15 to \$220,924 in FY 16. Other sources of revenues, fees, donations were up \$37,713 (14%) from \$269,873 in FY 15 to \$307,586 in FY 16.

Operating expenses were up \$229,043 (12%), from \$1,758,124 in FY 15 to \$1,987,167 in FY 16. Salaries and travel decreased \$69,159 (5%), from \$1,272,222 in FY 15 to \$1,203,063 in FY 16. Operating expenses including supplies, contractual, other expenses, and loan repayment were up \$298,202 (61%), from \$485,902 in FY 15 to \$784,104 in FY 16. Equipment and building improvements were down \$74,042, from \$136,707 in FY 15 to \$62,665 in FY 16.

Beginning balance of cash for FY 16 on 12/01/15 was \$33,699 and the ending balance at 11/30/16 was \$145,748, resulting in an increase of \$112,049.

40. **Recertification of Health Department** Pike County Health Department completed the 4<sup>th</sup> round of IPLAN (Illinois Process for Local Assessment of Needs) in the fall of 2016, successfully recertifying the agency through 2020. IPLAN is required by IDPH to be completed by LHDs every 5 years. The IPLAN was originally due in the fall of 2015, however, the Illinois budget crisis and resulting impact on our agency delayed this process. PCHD requested and was granted an extension. IPLAN was completed and submitted to IDPH in early fall 2016. The agency was notified in November that PCHD is in substantial compliance with the requirements specified in the Certified Local Health Department Code (77 IL Administrative Code, Sections 600.400 and 600.410).

IPLAN includes the completion of an Organizational Capacity Assessment, a Community Health Needs Assessment, and a Community Health Plan. In the fall of 2015, the Pike County Health and Wellness Foundation contracted with Western Illinois University, Illinois Institute for Rural Affairs, to conduct a Pike County Community Needs Assessment that could be utilized by multiple Pike County entities, including PCHD. Cynthia Struthers, Ph.d. led the team that completed the assessment.

The following three priorities were addressed in the resulting Community Health Plan, completed by PCHD: Access to Care; Mental Health; Obesity/Nutrition/Exercise. The 2015-2020 Priorities were guided and aligned with the following: 2016 PCCHP Strategic Plan; ICH Community Health Plan; IL State Health Plan, Healthy IL 2021; and Federal Health People 2020.

Access to Care:

- Dr. Struthers emphasized that providers must **address basic needs** such as food, shelter, and clothing. She recommended, “Continue to collaborate and support creative programs that address food insecurity and provide shelter. Work with local schools to meet the specific needs of homeless teens.... Work to reduce stigma directed at individuals and families.”
- In addition to current community resources that are in place, providers must **preserve and sustain existing programs and services**, such Pike County Health Department, Pike County Dental Clinic, Illini Community Hospital, Mental Health Centers of Western Illinois and West Central Mass Transit District. Dr. Struthers

advised, **“Local providers need to continue to seek outside resources as appropriate to preserve and expand programs. Providers must utilize innovative ways to promote services.”**

Mental Health:

- It is vital that health and social service providers continue to work together to preserve, sustain, and expand mental health programs. Grant funding, creative collaborations, and new opportunities, including outside resources, must be considered by providers.

Obesity/Nutrition/Exercise/

- Examples of current local health & wellness initiatives that must be promoted, expanded and sustained include the following: CATCH, Fitness Trail at Lowry Park and Food Pantry Garden
- Additional programs such as these must be identified, available, accessible, and affordable to address obesity and to promote nutrition and exercise. i.e. Healthy Pike County Challenge 2017

The 2015 IPLAN process has identified “what should” and “what can be done”. However, “what can be afforded” is uncertain at best. Over the last 5 years, unstable funding and cuts in funding threaten the existence of the Partnership and the health and social services provided in rural Pike County Illinois. Ten years ago, agencies such as PCHD had the financial and human resources to invest in and lead health initiatives. This is no longer an option. PCHD and others are fighting to keep their doors open. **Therefore, it is critical that we continue to partner to secure ways to preserve and expand programs to meet the growing health and wellness needs of Pike County residents.**