

PIKE COUNTY HEALTH DEPARTMENT

FISCAL YEAR 2017 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 are researched yearly.
3. **Home Health** In FY17, the total number of home health referrals was 180, which is a decrease from 277 referrals in FY16. The number of referrals not seen in FY17 was 42, which is a decrease from 52 in FY16.

Our main referral source in FY17 continued to be hospitals (180), followed by physician offices (34), long term care (13) and rehab facilities (8). The main payer source for home health care continues to be traditional Medicare (83%), Medicare HMO (5%), VA (5%), Medicaid (4%), and Private Insurance (3%).

Pike County Health Department continues to work closely with physicians, hospital discharge planners and other service providers as a way of keeping referral sources 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 Facebook, the local radio station, local newspapers, and a redesigned brochure are utilized to educate the public regarding home health services available through Pike County Health Department.

HealthCare First (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. Our focus in the coming months for education will be in understanding the OASIS questions and answers accurately in an effort to improve our Star Rating.

4. **Skilled Nursing** visits in FY17 increased to 2108. This is an increase of over 300 visits from 1711 in FY16.

In FY17 admission visits totaled 193, a decrease of 21 from 214 in FY16. 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 for nursing visits if needed.

5. **Home Health Aide** visits in home health were 509 in FY17, which is a increase from 384 in FY16. PCHD continues to contract with Blessing Hospice to provide HHA visits for hospice patients as needed.
6. **Homemaker** visits provided in FY17 were 128, a decrease from 384 in FY16.
7. **Speech Therapy** There were a total of 16 visits for speech therapy in FY17, the same number as in FY 16. These visits are provided through a service agreement with one speech therapist on a PRN basis.
8. **Physical Therapy** In FY17 there were 1065 visits for physical therapy, versus 1101 visits in 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 FY17. There were 405 OT visits in FY17 compared to 232 visits in FY16.
10. **Home Nursing Services** are skilled nursing services provided by an RN and/or skilled personal services provided by a Home Health Aide (HHA) for an individual who does not qualify for Home Health Services. These services are provided for an individual in his or her personal residence and require a physician's order and may include blood draw for lab tests, pre-fill medication box, pre-fill insulin syringes, trim fingernails and toenails, and skilled personal services (HHA). In FY17 1507 visits were made as compared to 1025 in FY16.

Skilled Personal Services are provided by a HHA under the supervision of an RN in accordance with the plan of treatment established by a physician and may include: skilled personal care and personal care including: bath, shampoo, oral hygiene, skin and nail care, shaving, foot care, dressing, feeding, toileting and household services essential to health care at home.

11. **Home Services** are services provided by a Homemaker for an individual in his or her personal residence. These services provide non-medical and non-skilled assistance with activities of daily living, personal care, housekeeping, personal laundry, and companionship which are intended to enable that individual to remain safely and comfortably in his or her

own personal residence. These services do not require a physician's order or the supervision of a nurse. Duties of home services workers may include the following: assistance with household chores, including cooking and meal preparation, cleaning and laundry, assistance with activities of daily living and personal care such as: bathing, dressing, hair care, nail care, shaving; basic oral hygiene (mouth care) such as cleaning dentures or brushing teeth. In FY17 there were 561 homemaker visits compared to 550 visits in FY16.

12. **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.

13. **Tobacco Free Communities**

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 (ITQL), providing free phone counseling for those wishing to quit tobacco.

In FY17, Environmental Health (EH) staff conducted random Smoke Free Illinois Act (SFIA) compliance checks on food and non-food businesses each month as per Illinois Tobacco Free Communities grant requirements, 122 random inspections were conducted at non-food businesses and 189 at food businesses during their routine unannounced inspection.

Complaints on businesses that are not complying with the SFIA must be filed through IDPH online complaint system. Designated PCHD staff are notified of complaints via email from IDPH. PCHD did not receive any complaints in FY17.

During FY17, EH staff collaborated with the Chamber of Commerce to ensure all new businesses have signage and know requirements of the SFIA. A letter to all new and prospective businesses was provided to the Chamber of Commerce, along with information about the SFIA and FAQ about SFIA. EH staff mailed SFIA information and signage to 55 businesses requesting more information.

Information regarding SFIA is shared with EH Advisory Group at the quarterly meetings. EH staff provided SFIA information each quarter to local media outlets (i.e. newspapers, radio station, & newsletters). Each month, SFIA Summary Report are completed utilizing the log, tracking complaints and outcomes. EH staff submitted quarterly summary report by the 15th of each month.

EH staff was trained in Brief Tobacco Intervention and receives Illinois Tobacco Quitline (ITQL) Healthcare Provider Tool Kits. EH staff developed a list of potential partners to engage in tobacco cessation referrals. Staff provided outreach to these potential partners and set up meetings via letters and/or phone calls. Monthly ITQL stats are reviewed and analyzed each month by the Tobacco Program Coordinator, Sarah McNulty.

14. **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 17, 72 county employees utilized the wellness benefits as compared to 77 county employees in CY 16.
15. **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.
16. **Immunization Program** Regular immunization clinics are held 2 times per 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. In FY 17, it is noted that a larger number of immunization clients present as walk-ins, as opposed to presenting at the scheduled clinics or making appointments. This seems to be a sign of the times and a generalized cultural shift.

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. PCHD maintains a supply of flu vaccine into the spring of each year.

Beginning in FY 13, changes to the VFC program at the national and state level affected PCHD's Immunization Program for children. Children with Children's Health Insurance Program (CHIP) coverage were no longer able to receive vaccines through the Illinois Vaccine For Children (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. In FY 17, increased CHIP eligible children were served by PCHD. Federal funding for the CHIP program may be disappearing as part of new legislation in 2018. **It is now crucial to check Medicaid coverage level on the on-line Medi System prior to vaccinating any child with VFC vaccine.** At times, vaccination is delayed in order to check Medicaid eligibility, CHIP status, or to verify private insurance coverage. In FY 17, PCHD has needed to purchase private vaccines to meet the needs of the CHIP population.

PCHD continues to see a decrease in the over-all 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 well child visits; HCP not missing opportunities to vaccinate; the health department being out of insurance networks; and the public's general perception that health departments don't provide insurance billing. It should be noted though that immunization insurance billing in FY 17 increased from 2015 and 2016. (Read below).

Insurance billing for vaccinations began in 2013. In 2013, insurance immunization billing totaled \$19,287.00; in 2014, \$21,000.00; in 2015, \$11,170.00; in 2016, \$11,821.00; and in 2017, \$13,616.00 in insurance billings. PCHD immunization insurance billing capabilities are affected by insurance intricacies, no standardized process, decreased knowledge of staff doing billing, and delayed payment from insurance companies. Despite this, the persistent PCHD immunization billing staff has made great strides in learning the process for insurance billing and payment. Billing staff continually looks for training opportunities to learn new or different processes for the different insurance companies and are diligent in claims collection.

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.

In FY 17, PCHD raised fees for privately purchased vaccines. This was necessary due to price increases from the manufacturer. The immunization program coordinator evaluates the cost of vaccines and any need for corresponding price increase throughout the year.

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 17 (in-house & outside clinics) as compared to 23 flu clinics held in FY 16. There were 652 adult flu vaccinations given, 106 child flu vaccinations given, and 39 adult pneumococcal vaccinations administered in FY 17 as compared to 696 adult flu vaccinations given, 121 child flu doses given, and 47 adult pneumococcal vaccinations administered in FY 16.

Grand total of **all** immunizations given in FY 17 was 1,478 vaccinations given with 1,098 client contacts compared to 1,689 vaccinations given with 1,214 client contacts in FY 16.

Pike County continues to have strong infant immunization rates. For those infants who are in the I-CARE immunization registry, 82.8% of children 24-35 months of age are fully vaccinated. This is an increase from 75% in FY 16. The goal of Healthy People 2020 is 90%. In FY 17, 67.2% of children aged 24-35 months of age (in I-CARE system) have received flu vaccine. The influenza vaccination goal of Healthy People 2020 is 80%.

Immunizing children when they are here for their WIC visit, and continued use of our immunization reminder/recall mailing contributes to our strong immunization rates.

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 to local providers in vaccine storage issues, appropriate scheduling of immunizations, and general immunization recommendations.

IDPH VFC enrollment requirements become more stringent every year. Providers who provide VFC immunizations must comply with specific requirements such as screening for VFC eligibility, record maintenance & ordering of vaccine in I-CARE system, appropriate use of Vaccine Information Sheets, and avoidance of wastage of VFC vaccines. Proof of compliance with temperature monitoring equipment and vaccine storage and handling practices is mandated by the VFC program. Immunization staff must show proof of annual training in vaccine storage and handling. A VFC program review is conducted by IDPH every two years by IDPH.

17. **Communicable Disease** In FY 17, a grand total of 77 disease investigations (including STD) were completed with 56 of the 77 meeting the CDC case definition (probable and confirmed) for a reportable disease case. These 56 probable and confirmed cases were then reported on to IDPH via I-NEDSS, as compared to 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 in FY 16. Only probable and confirmed cases are included in state case counts.

In FY 17, the probable & confirmed communicable disease cases that were reported to IDPH included the following diseases: Campylobacteriosis, Chlamydia, Hepatitis C, Histoplasmosis, Mumps, Varicella, E. coli, Lyme disease, TB disease (extra pulmonary), Legionellosis, Salmonellosis, Pertussis, Potential Rabies exposure, Influenza with ICU hospitalization, & potential Zika exposure.

In FY 17, as in most years, CD staff fielded multiple calls regarding a variety of issues – bedbugs, impetigo, strep, scabies, head lice, bat encounters, animal bites, multi-drug resistant enteroviruses, and non-mycobacterium complex TB.

In FY 17, as well as in FY 16, there were no foodborne or waterborne disease outbreaks. One possible foodborne disease outbreak was investigated in FY 17, but was determined to not meet “outbreak” status. In FY 17, PCHD investigated 3 other disease outbreaks: an

influenza outbreak at a long term care facility, an influenza outbreak at a school, and an acute gastro-enteritis outbreak (most likely norovirus) at a long term care facility.

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 are required to give prior approval for all Zika virus test requests from health care providers. PCHD coordinated with Illini Community Hospital lab and IDPH to arrange CDC Zika virus testing for 1 potentially exposed individuals in FY 17 compared to 2 in FY16. PCHD works closely with the provider to insure that the patients meet the appropriate Zika testing criteria.

18. **T.B.** In FY 17, there were 188 skin tests given, 0 positive TB skin tests, 0 chest X-ray, 0 latent TB infection, and 1 active TB (non-pulmonary) case, as compared to 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 16.

PCHD provided case management of one client in FY 17, with active TB disease. Although this case was extra-pulmonary in nature and not considered infectious to the public; it became complicated because of a stay in a LTC facility, hospitalization, multiple providers, delayed culture results, and stopping and re-starting TB treatment, thus requiring intensive case management by the CD staff of Pike County Health Department. The client's family and the LTC facility required education in TB disease and treatment. In FY 16, PCHD provided case management of one client on treatment for LTBI and initiated case management of another client, but could not complete or transfer case management to another county because client moved and was lost to follow-up.

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.

PCHD can provide TB skin testing solution to nursing homes, the Pike County Jail, Illini Community Hospital and other health care providers in Pike County at no cost to them. No vials were distributed in FY 17 as compared to 6 vials of TB skin testing solution distributed in FY 16. Targeted skin testing is the standard now, instead of mass skin testing, resulting in decreased numbers requiring TST. Private providers are purchasing their own TST solution.

In FY 17, due to price increase for tuberculin solution from the manufacture, the fee for a one-step TST was increased from \$10.00 to \$15.00 and 2-step TST was increased from \$15.00 to \$25.00.

19. **HIV/AIDS** There have been no cumulative HIV and no cumulative AIDS cases diagnosed since 2010. As of 6-30-17, there are no HIV (non AIDS) cases living in Pike County. As of 6-30-17, there are 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.
20. **STD-Sexually Transmitted Infections** There were 21 positive chlamydia tests reported to IDPH by PCHD in FY 17 ; and 31 in FY 16. There were 0 syphilis and gonorrhea cases reported in FY 17 and in FY 16. Health care providers can report HIV, AIDS, and STD directly to IDPH.
21. **Family Planning Program** PCHD had 293 active Family Planning clients in FY 2017. All active clients resulted in 815 Family Planning office visits. FY2016 had a total of 315 active clients. Approximately 8% of our clients are from out of county compared to 15in FY2016. Our Comprehensive new exams were down by 2 in FY 2017 with 49 initial exams, compared to 50 in FY2016. Annual exams were 139 in FY 2016, compared to 127 in FY 17. Fifty eight pap smears were done in FY 2016 compared to 42in FY 17. Six 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 111 in FY 17. Thirty eight 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 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. 37% of our Family Planning clients are at a zero fee level, 41compared to % in FY2016, 38% are on a medical card, 6% are at a partial fee and 2% are at a full fee level. In FY 2016, we saw 21 male clients in family planning, compared to 13 in FY2017. 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. 16% of family planning clients are covered by third party insurance compared to 17% in FY 2017 .
22. **WIC** (women, infants, children program) The Pike County WIC program had an average caseload of 279 clients in FY 17, compared to 286 in FY 16. 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 remained at this assigned number through June 2017. For FY 18 (beginning in July 2017), the PCHD WIC caseload was reduced to 353.

Walk-in clinics began on January 2, 2013 with scheduled appointments only for the 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. With the reduction in caseload, the achieved caseload has improved. 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, mainly through Neb Medical Services (a durable goods provider) but a few breast pumps are on hand in-house. The WIC program continues to have a Breastfeeding Peer Counselor available to pregnant and breastfeeding women. These are described in the Breastfeeding Support section.

23. **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 also a few free breast pumps available to the WIC clients in-house. 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 any private paying women in FY 17, FY 16, or FY 15. There were 4 manual or electric pumps distributed to WIC clients in FY 17, compared to 16 in FY 16. There were 34 WIC infants initially breastfed in FY 17, compared to 30 in FY 16. 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. During FY 17, 11 pumps were given compared to 15 pumps given in FY 16.

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

24. **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 135 clients in FY.2017. The average DCFS caseload was in FY 2016 was 6 clients compared to 9 in FY2017. In FY 2016, 102 home visits were made compared to 35 in FY2017. Program guidelines resulted in decrease in number of home visits. 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.

25. **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.
26. **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 235 screened and 9 referred in FY 2017 with levels over 10.
27. **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 4th operatory used only for overflow. Since opening, the caseload has steadily grown.

By the end of FY 17, the Clinic had a total patient caseload of 4,082, compared to 3,417 in FY 16; 2,596 in FY 15; and 1,562 in FY 14. The Clinic gained 665 new patients in FY 17. 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 20 Illinois counties and at least 89 unique zip codes.

By the end of FY 17, clinic staff included; 2 full-time dentists (Dr. Matt Liesen and Dr. Kaydi Grote) and 3 full-time dental assistants, one whom is also the receptionist & biller. Dr. Matt Liesen will be leaving at the end of December to begin working in private practice. 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, grant funds allowed a complete upgrade of operatory 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 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, 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. M. Liesen & Dr. Grote, 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. M. Liesen in performing dental services for hospital cases at Illini Community Hospital. Dr. M. Liesen, in turn, is mentoring Dr. Grote 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".

28. **Vision Screening** was done by certified technicians. In FY 2017, 98 preschool children were screened with 0 referred for follow-up compared to 119 screened in FY 2016.
29. **Hearing Screening** is also done by certified technicians who screened 105 preschool children in FY 2017 with 0 referred for follow-up compared to 107 screened in FY 2016.
30. **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, weekly Rotary meetings and the Mental Health Center of Western Illinois' Human Rights Advisory Committee, PACT Advisory Board and the Illini Community Hospital Advisory Board. This community involvement has proven valuable in outreach efforts and opportunities for partnerships.
31. **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.
32. **Environmental Health**

Food

Environmental Health staff conducted 176 routine inspections and 31 rechecks for food establishments in FY 2017 as compared to 124 routine inspections and 55 rechecks in FY 2016. There were 9 foodborne illness/food complaints in FY 17 along with 6 in FY 2016.

Events lasting more than 3 consecutive days or more than 12 times a year have to be licensed and inspected by PCHD. Six temporary events were licensed in FY 2017. A voluntary temporary event program was set up for those events wishing to still be licensed who do not last more than 3 consecutive days or are less than 12 times a year. Six temporary events chose to be voluntarily licensed in FY 2017.

Nine pre-inspections were conducted for new establishment owners. Twenty-three consultations were provided to businesses owners and/or managers. Staff conducted 19 temporary event food inspections and 28 voluntary temporary food inspections in FY 2017 compared to 18 temporary food inspections in FY 2016.

Twenty-three people enrolled in the online 8-hour FSSMC class. Seventy-eight people attended an in-house food class. Six attended the Food Handler Training. In FY 16, 15 people enrolled in the online 8-hour FSSMC class and 90 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 2017, 93 food establishment licenses were issued, while 117 licenses were issued in FY 2016. In FY 2017, 19 temporary licenses and 30 voluntary temporary licenses were issued compared to 18 temporary licenses in FY 2016. 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 2017, Environmental Health staff completed a verification audit on the self-assessment of nine standards that was completed in FY 2016. This self-assessment was completed, as a grant requirement of the Retail Program Standards Grant Program, to evaluate the effectiveness of the Food Safety Program at PCHD. 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 2017, 15 water samples were analyzed compared to 14 water samples in 2017. Seven water wells were permitted in FY 2017 as compared to 0 water wells constructed in 2016. None of the wells constructed in 2017 were for potable water wells. Five water wells were sealed in 2017, while 2 well were sealed in 2016.

We participated in WaterCon trainings discussing the health department perspectives with boil orders and other water emergencies. Total people attending both sessions were ~55.

Septic We permitted 33 alterations or new private sewage disposal systems in FY 2017 as compared to receiving 40 private sewage permit applications in FY 2016. We noted a 40% of the permits were for replacement systems. We continue to 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 5 sewage complaints received in FY 2017 compared with 3 in 2016.

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

Our office, again, co-presented an educational workshop for private sewage contractors in September. Approximately 55 persons attended and received continuing education hours towards State licensing. Presentations were also given at the IALEHA Conference and the OWPI 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 2017, we logged 23 nuisance complaints as compared to 10 nuisance complaints in FY 2016. 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.

As a feature of the new County Landfill Host Agreement, the Landfill offered two mornings where residents could take permissible items to land fill and deposit for free. They would

like to have one in the spring and one in the fall each year. We will continue to work at promoting this opportunity to public!

Many complaints and concerns about bedbugs are still addressed to our office and we expect these concerns to continue.

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 3% 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 used a part of the funds to apply for and promote an IEPA funded used tire collection for local units of government. 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. One dead bird was submitted for WNV testing and was negative.

Tanning In FY 17, we inspected 5 tanning salons compared to 5 in FY 2016. 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 2017. The tanning businesses state raising the age limit to 18 and older has made a significant impact on their businesses.

PCHD employs three tanning inspectors.

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 CO₂, 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. One complaint was filed and investigated during FY 2017.

33. **Vital Records** There were 2 in-county births recorded in FY 2017, as compared to 5 in-county births recorded in FY 2016.

There were 144 deaths registered in FY 2017, compared to 157 in FY 2016.

34. **Emergency Preparedness** IDPH receives federal grant funds to assist with emergency preparedness at the local level. PCHD submitted the 5 year Public Health Emergency Preparedness grant to IDPH in June 2017 and received funding to continue preparedness activities.

PCHD collaborates with local EMA and other community partners to provide emergency preparedness planning, training, drills and exercises. Pike County EMA has a new director & PCHD collaborates closely with the new director. PCHD has been a great help to the Pike EMA director in FY 17 by planning meetings and agenda, inviting new community entities to attend the meetings, and developing and presenting exercises.

IDPH Regional Emergency Response Coordinator visits PCHD bi-annually to review our Medical Counter Measure Plan. This review was held in May 2017. Updates to the plan were completed. The county Emergency Operations Plan was updated in FY 2017 by Pike EMA Director with input from PCHD.

In FY 17, the EP program was expanded to include the requirements for the CMS Conditions of Participation for Pike County Health Department Home Health Program. Additional home health policies were developed to integrate emergency preparedness activities into home health care.

PCHD staff attend and/or participate in conferences, on-line FEMA trainings, and webinars related to Emergency Preparedness. New PCHD employees are required to complete FEMA courses as part of their job orientation. PCHD EP Coordinator has strongly focused on staff completion of required FEMA courses for all employees in FY 17 and now all but 3 employees have completed the required FEMA courses. As part of the EP grant deliverables, two staff members attended the IDPH EP Summit in Schaumburg, IL in June 2016 and one staff member attended the EP Summit in Normal, IL in June 2017.

PCHD staff members completed 22 on-line FEMA courses in FY 17. Emergency preparedness drills included an earthquake drill, fire drill, all staff after-hours alert drill, PCHD management staff after-hours “alert and assembly” drill and a real-life emergency transport of vaccines to Illini Rural Health Clinic when vaccine refrigerator failed. Other trainings completed were: basic radio training, fire extinguisher training, HIPAA and Confidentiality, Lab reporting, Epidemiology, State of Illinois Rapid Emergency Notification system (SIREN), vaccine storage & handling, use of IDPH online epi outbreak survey (REDCAP), BBP & mock OSHA walk-thru, Web EOC, Pike County community Hyper-Reach alert service, Inventory Management for SNS (IMATS), and attendance at the American Red Cross Shelter Class.

PCHD conducted a Full Scale Exercise (FSE) in June 2016, in conjunction with a statewide IDPH anthrax exercise. Multiple partners participated. 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. In FY 17, a county-wide FSE was initially planned by Pike EMA for the summer of 2017, but then cancelled due to time constraints.

PCHD developed, hosted and presented a county-wide Earthquake Table Top Exercise (TTX), in collaboration with Pike County EMA in November 2017. Multiple community partners participated in the TTX.

Plans for forming a Medical Reserve Corps (MRC) group in Pike County were initiated in FY 15, but little progress was made with this. In FY 17, the local EMA director began researching development of a local MRC or volunteer unit. If development of a local MRC or other coordinated volunteer group does not happen in Pike County in FY 18, PCHD will need to develop an MOU with a neighboring county for volunteer assistance, in order to meet the EP grant deliverables.

PCHD’s Home Health program has also added Emergency Preparedness to their plans of care for each patient.

35. **Staff** The total health department staff for FY 2017 was 33. We have service agreements with 3 nurse practitioners, 1 speech therapist, and 2 agencies that provides physical therapy, Rehab Care Group and Advance Physical Therapy.
36. **Performance Improvement** The Performance Improvement Committee (PI) provides for an on-going quality improvement process at Pike County Health Department.

Focused record reviews continue in home health, with on-going staff training especially related to documentation requirements and OASIS. Management staff continue 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.

For FY18, our project for PI will be monitoring physician’s orders, plans of care, and infection control. Policies on Conformance with Physician’s Orders and Bag Technique were updated and a procedure for Physician’s Signatures was written in order to ensure our compliance with the CMS Conditions of Participation (COP) changes will take effect 1/13/2018. We developed monthly and quarterly monitoring tools for ensuring that we receive physician’s orders and plans of care within 30 days, as per COP’s. In addition we also developed a Cleaning Record to track weekly and monthly home health equipment and nursing/medical bag cleanings, to assure compliance with infection control COP.

37. **Financial** Year end revenues were down \$157,765 (7%), from \$2,161,881 in FY 16 to \$2,004,116 in FY 17. Medicare revenues increased \$4,160, from \$492,707 in FY 16 to \$496,867 in FY 17. State contractual revenues and grants were down \$141,366 (13%), from \$1,129,864 in FY 16 to \$988,498 in FY 17. TB revenues were the same, \$10,800 in FY 16 and \$10,800 in FY 17. County tax revenues increased \$2,726 (1%), from \$220,924 in FY 16 to \$223,650 in FY 17. Other sources of revenues, fees, donations, loans were down \$23,285 (8%) from \$307,586 in FY 16 to \$284,301 in FY 17.

Year end expenses were down \$20,064 (1%), from \$2,049,832 in FY 16 to \$2,029,768 in FY 17. Salaries and travel increased \$191,122 (16%), from \$1,203,063 in FY 16 to \$1,394,185 in FY 17. Operating expenses including supplies, contractual, other expenses, and loan repayment were down \$170,446 (22%), from \$784,104 in FY 16 to \$613,658 in FY 17. Equipment and building improvements were down \$40,740, from \$62,665 in FY 16 to \$21,925 in FY 17.

Beginning balance of cash for FY 17 on 12/01/16 was \$145,748 and the ending balance at 11/30/17 was \$120,096, resulting in a decrease of \$25,652.

38. **Recertification of Health Department** Pike County Health Department completed the 4th 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. 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. The Health and Wellness

Foundation of Pike County contracted with Western Illinois University, Illinois Institute for Rural Affairs, to conduct the 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

- Past programs and wellness initiatives included CATCH and the Food Panty Garden. Programs such as these must be identified, available, accessible, and affordable to address obesity and to promote nutrition and exercise.

The 2015 IPLAN process identified “what should” and “what can be done”. However, “what can be afforded” is uncertain at best. Unstable funding and cuts in funding continue 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.**