

## PIKE COUNTY HEALTH DEPARTMENT

### FISCAL YEAR 2018 (FY 18) 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 then to the Board of Health (BOH) for approval. Our volunteer Medical Director is Dr. Ronald Johnson and our Alternate Medical Director is Dr. Christopher Wagoner and both are current members of the Board of Health. Our volunteer Dental Director is Dr. Stephen Liesen who is a past member of the Board of Health.
2. **Personnel Policies** continue to be reviewed by Administration and the Personnel Committee. Recommendations for changes are presented annually and as needed to the BOH for final approval. All staff has access to the personnel policies approved by the BOH and submits to Administrator, written certification that they have reviewed changes and updates. All staff receives 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 (HH)** In FY18, the total number of HH referrals was 205, which is a decrease from 277 referrals in FY17. **The number of referrals not seen in FY18 was 69**, which is an increase from 42 in FY17.

HH's main referral source in FY18 continued to be hospitals (160), followed by physician offices (30), long term care (13) and rehab facilities (2). The main payer source for HH continues to be traditional Medicare (83%), Medicare HMO (2%), VA (4%), Medicaid (3%), and Private Insurance (8%).

HH staff work closely with physicians, hospital discharge planners and other service providers as a way of keeping referral sources informed of services. Providing HH 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, local newspapers, and a redesigned brochure are utilized to educate the public regarding HH services available through PCHD.

During FY18 the focus of staff education was understanding the new Outcome and Assessment Information Set (OASIS) to be implemented in January 2019, OASIS D. OASIS is the instrument/data collection tool used by Medicare-certified HH agencies to collect and report performance data. Since 1999, the Centers for Medicare and Medicaid Services (CMS) has required agencies to collect and transmit OASIS data for all adult patients whose care is reimbursed by Medicare and Medicaid. OASIS data is used by CMS for multiple purposes including calculating several types of quality reports which are provided to home health agencies to help guide quality and performance improvement efforts.

Since 2003, CMS has posted this information on the Medicare.gov website “**Home Health Compare.**” These publicly reported measures include outcome measures which indicate how well home health agencies assist their patients in regaining or maintaining their ability to function; and process measures which evaluate the rate of home health agency use of specific evidence-based processes of care. CMS added **Star Ratings** in 2015. Star ratings are an additional tool to support consumers’ health care decision-making.

Every OASIS type visit is audited by the HH Supervisor for accurate clinical documentation and regulatory compliance, prior to billing. Results of chart audits are used for staff education, focused problem solving, and appropriate interventions. In addition, the Strategic Healthcare Program (SHP) OASIS scrubbing service is now being utilized to identify errors and inconsistencies and to alert clinicians to the findings for correction to prevent billing errors.

4. **Performance Improvement (PI)** provides for an on-going quality improvement process at PCHD. Focused record reviews continue in HH, with on-going staff training, especially related to documentation requirements and OASIS. Management staff continue to monitor the PCHD CMS Home Health Compare reports and Star Ratings; Healthcare First (Deyta) patient satisfaction reports; CASPER reports; PEPPER reports; multiple clinical and billing reports per the computer documentation system, Brightree, including SHP; HHQI reports; and the Illinois Homecare and Hospice (IHHC) list serve and emails to stay on top of constant regulation changes.

For FY18, the projects for PI were monitoring physician’s verbal orders, plans of care, and infection control. Policies on Conformance with Physician’s Orders, Bag Technique, Hand-washing, Infection Control and Education were updated and a procedure for Physician’s Signatures was written in order to ensure compliance with the CMS Conditions of Participation (COP) changes that were effective 1/13/2018. Monthly and quarterly monitoring tools were developed and are utilized for ensuring that physician’s orders and plans of care are received within 30 days, as per COP’s. The average percentage of verbal orders returned within 30 days was 97.89%. The average percentage of plans of care returned within 30 days was 95.26%.

To assure compliance with a revised infection control COP, a Cleaning Record to track weekly and monthly HH equipment and nursing/medical bag cleanings was developed and is being utilized by staff. Nursing bag cleanings take place following the weekly patient care conference. In addition, nurses keep the appropriate cleaning supplies in their nursing bag to clean non-critical patient care devices after each visit.

5. **Skilled Nursing (SN) visits decreased to 1897 in FY 18**, compared to 2108 in FY17. In **FY18, admission visits totaled 206**, compared to 237 in FY17. HH continues to provide services for a high volume of patients with complicated wound care, including those with negative pressure wound therapy; open heart surgical patients; patients with multiple co-morbidities; and many who need in-home IV infusions. HH nurses provide skilled services including: teaching with patients and families regarding medications, wound care, chronic disease management and safety. The nurses rotate being on-call, allowing HH services to be available 24 hrs/day, 7 days/week, including week-ends and Holidays for SN visits.

6. **Home Health Aide (HHA) visits in HH were 515 in FY18**, which is an increase from 509 in FY17. PCHD continues to contract with Blessing Hospice to provide HHA visits for hospice patients on an as needed basis. There were no HHA hospice visits made in FY 2018, to 15 HHA hospice visits in FY 17.
7. **Homemaker (HMKR) visits provided in FY18 were 63**, a decrease from 128 in FY17 due to the expiring of two VA patients.
8. **Speech Therapy (ST) There was a total of 23 ST visits in FY18**, compared to 16 ST visits in FY 17. Skilled ST visits are provided through a service agreement with one Speech Therapist on a PRN basis.
9. **Physical Therapy (PT) In FY18, there were 995 visits for PT**, versus 1065 visits in FY17. PT services are provided by a full-time Physical Therapist, one contracted PT Assistant, and through Rehab Care Group and Advance Physical Therapy on a PRN basis.
10. **Occupational Therapy (OT) In FY18, there were 375 OT visits**, compared to 405 visits in FY17. OT services are provided per contract with Rehab Care Group.
11. **Home Nursing Services (HN) are skilled nursing services provided by an RN and/or skilled personal services provided by a 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. *Skilled nursing services* may include lab draws, pre-fill medication boxes, pre-fill insulin syringes, and trimming finger/toenails. **HN visits made in FY 18 were 881**, compared to 946 in FY17.

*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. **There were 0 Skilled Personal Services visits through the Home Nursing Services program in FY 18**, the same as FY 17.

12. **Home Services (HS) are services provided by a Homemaker (HMKR) 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. Additional duties of HS HMKRs may include the following: cooking and meal preparation, bathing, dressing, hair care, nail care, shaving and basic oral hygiene (mouth care) such as cleaning dentures or brushing teeth. **In FY18, there were 476 HS (HMKR) visits**, compared to 561 HS visits in FY17.
13. **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.

14. **Tobacco Free Communities** Effective January 1, 2008, Illinois passed the Smoke Free Illinois Act (SFIA). This requires all public places and places of employment to be smoke-free inside and within 15 feet from entrances, exits, windows that open, and ventilation intakes. The grant work plan specified PCHD Environmental (EH) staff to make random business contacts to review compliance with the SFIA. These random visits to non-food businesses are pursued more as educational visits with copies of required signage being provided while noting anything that may be a violation. EH staff also conduct non-smoking compliance checks during their routine unannounced food inspections at all food businesses in the county. **In FY 18, EH staff conducted SFIA compliance checks during 170 food business inspections and 113 random visits at non-food businesses.** Complaints on businesses that are not complying with the SFIA must be filed through the Illinois Department of Public Health's (IDPH) online complaint system. Designated PCHD staff is notified of complaints via email from this web portal. **PCHD did not receive any complaints in FY17 or FY18.**

The Illinois Toll-Free Tobacco Quitline (ITQL) 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 ITQL, providing free phone counseling for those wishing to quit tobacco.

Again during FY18, EH staff collaborated with the Chamber of Commerce to ensure all new businesses have signage and know requirements of the SFIA. A letter for all new and prospective businesses was provided to the Chamber of Commerce for distribution, along with information and FAQ about the SFIA. **EH staff mailed SFIA information and signage to 112 Pike County businesses.**

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 is completed utilizing the log, tracking complaints and outcomes. EH staff submitted quarterly summary report by the 15th of each month to IDPH Tobacco Control Program.

EH staff was trained in Brief Tobacco Intervention and receives 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 were reviewed and analyzed each month by the Tobacco Program Coordinator.

15. **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 18, 71 county employees utilized the wellness benefits,** compared to 72 county employees in CY 17.

16. **Laboratory Services** provided by the PCHD include hemoglobin by Hemocue in WIC and Family Planning (FP), pregnancy testing, urinalysis by dipstick, and microscopic wet mounts in FP. 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. The state lab is also utilized for Communicable Disease specimens. PCHD is certified as a waived lab through CLIA.
17. **Immunizations** 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. 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.

Tdap, HPV, Hepatitis A and Meningitis vaccinations are promoted during the summer months to meet school requirements and current CDC (Centers for Disease Control) 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.

There have been numerous changes to the Vaccines for Children (VFC) program and the Children's Health Insurance Program the national and state level, starting in 2013. It is crucial for PCHD staff 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.

**Grand total of all immunizations given in FY18 was 1523 vaccinations given with 1141 client contacts**, compared to 1478 vaccinations given with 1098 client contacts in FY17. PCHD saw an increase in immunizations administered in FY18, compared to FY17. Prior to this, PCHD had seen an annual drop in the over-all number of vaccinations given by PCHD. This vaccination decrease has been a common trend for small local health departments across the state of Illinois. Several factors are felt to have contributed to the general decrease of immunizations at health departments across the state: pharmacies offering vaccinations; Health Care Provider (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.

PCHD attributes its increase in immunizations administered this year to doing more private insurance billing for immunizations over-all, more effective advertising for flu vaccination, and conducting private insurance billing for flu vaccinations in the fall of 2018.

Private insurance immunization billing increased in 2017 from the two previous years and increased again in 2018. Insurance billing to private insurance companies for child & adult vaccinations began in 2013. In 2013, private insurance immunization billing totaled

\$19,287; in 2014, \$21,000; in 2015, \$11,170; in 2016, \$11,821; and in 2017, \$13,616.

**There was \$15,794 billed to private insurance companies in 2018.** (These numbers do not include any Medicaid billing for immunizations, Medicare part D billing for flu and pneumonia shots, or other vaccinations given and billed through the TransAct Rx Medicare part D platform).

PCHD immunization insurance billing capabilities are affected by insurance intricacies, no standardized process, 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. Adults pay 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 FY17 and again in FY18, PCHD raised fees for privately purchased vaccines. This was necessary due to price increases from the manufacturer. The vaccine administration fee was raised from \$16 to \$20 in FY18. 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 the immunization program.

**Twenty-two flu vaccination clinics were held in FY 18** (in-house & outside clinics), compared to 23 flu clinics in FY 17. **There were 679 adult flu vaccinations given, 168 child flu doses given, and 39 adult pneumococcal vaccinations administered in FY 18**, compared to 652 adult flu vaccinations given, 106 child flu vaccinations given, and 39 adult pneumococcal vaccinations administered in FY 17. In the fall of 2018, it was decided to offer insurance billing for flu shots. Offering this service increased flu vaccination numbers for the 2018 flu vaccination season. It was also noted in the fall of 2018, that just placing signage outside promoting "Flu Shots Today" caused many to stop in for their flu shot. It was noted that this signage alone brought in several new customers who had never received a flu shot from PCHD before.

**Pike County continues to have strong infant immunization rates. For those infants who are in the Illinois Comprehensive Automated Immunization Registry (I-CARE), 71% of children 24-35 months of age are fully vaccinated.** The goal of Healthy People 2020 is 90%. 65% 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, dental visit, etc, and continued use of immunization reminder/recall mailings contribute to 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 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 is 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 are very stringent. 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.

18. **Communicable Disease (CD) FY 18 saw a large increase in CD investigations and reporting. In FY 18, a grand total of 124 disease investigations, including Sexually Transmitted Disease/Sexually Transmitted Infections (STD/STI) were completed with 78 of the 124 meeting the Center for Disease Control (CDC) case definition (probable and confirmed) for a reportable disease case.** These 78 probable and confirmed cases were then reported on to IDPH via I-NEDSS; compared to 77 disease investigations (including STD/STI) completed with 56 of the 77 meeting the CDC case definition (probable and confirmed) for a reportable disease case in FY 17. Only probable and confirmed cases are included in state case counts. The increase in CD reports is attributed to the increase in chlamydia & gonorrhea cases, and over-all improved reporting processes due to use of I-NEDSS.

**There were 35 positive chlamydia tests reported to IDPH by PCHD in FY 18,** compared to 20 positive chlamydia tests reported in FY17. **In FY18, there were 0 syphilis cases and 9 gonorrhea cases reported to IDPH,** compared to 0 syphilis and 0 gonorrhea cases in FYs 16 and 17. The increase in gonorrhea cases in FY 18 reflects the increase in gonorrhea cases statewide and nationwide.

In FY 18, the probable & confirmed communicable disease cases that were reported to IDPH included the following diseases: Campylobacteriosis, Chlamydia, Cryptosporidiosis, Gonorrhea, Hepatitis C, Histoplasmosis, HIV, Influenza associated death in <18 year old, Potential Rabies exposure, Salmonellosis, Spotted Fever Rickettsioses , Streptococcal invasive Group A infection, TB disease (extra pulmonary), and Varicella.

In FY 18, as in most years, CD staff fielded multiple calls regarding a variety of issues including bedbugs, head lice, bat encounters, animal bites, multi-drug resistant enteroviruses, possible TB infections, elevated blood arsenic level, and a positive West Nile Virus in a horse in Pike County.

**In FY18, PCHD investigated 5 influenza outbreaks, all in long term care facilities (LTC), one of these influenza outbreaks occurred in April. In FY 17, PCHD investigated 3 disease outbreaks: an influenza outbreak at a LTC facility; an influenza outbreak at a school; and an acute gastro-enteritis outbreak (most likely norovirus) at a LTC facility.**

**In FY 18, as in FY17, there were no foodborne or waterborne disease outbreaks.**

19. **Tuberculosis (TB) In FY 18, there were 154 TB skin tests given with 1 positive test, 1 chest X-ray, and 1 person on treatment for active non-pulmonary TB.** FY 17 stats were as follows: 188 skin tests given; 0 positive TB skin tests; 0 chest X-rays; 0 latent TB infections (LTBI); and 1 active TB (non-pulmonary) case.

**PCHD provided case management of a client with active TB disease in FY 17 and throughout FY18.** 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 PCHD. **In FY 18, PCHD provided guidance on LTBI for 2 clients, neither who opted to receive treatment.**

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 (TST) 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 agencies requested vials of TST solution in FY 17 or in FY18. Targeted skin testing is the standard now, instead of mass skin testing, resulting in decreased numbers requiring TST and private providers are purchasing their own TST solution with their contracted vendor.

20. **HIV/AIDS One case of HIV was reported to PCHD October 2018 by IDPH.** (This case is not posted in IDPH data yet.) In review of IDPH HIV/AIDS posted statistics (most current post date is 2/28/18), there have been no cumulative HIV and no cumulative AIDS cases diagnosed since 2011. **As of 2/28/18 IDPH data, there are 3 cases of AIDS living in Illinois Department of Corrections cases are included in county totals.**
21. **Family Planning (FP) PCHD had 258 active FP clients in FY 18,** as compared to 293 in FY 17. **All active clients resulted in 696 FP office visits. Approximately 10% of FP clients were from out of county in FY 18,** compared to 8% in FY 17. **Comprehensive new exams were down by 18 in FY 18 with 31 initial exams,** compared to 49 initial exams in FY17. **Annual exams were 112 in FY 18,** compared to 127 in FY 17. **Forty-nine pap smears were done in FY 18,** compared to 42 in FY 17. **Nine 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. This is compared to 6 abnormal

paps in FY17. **Pregnancy tests performed were 93 in FY 18**, compared to 111 in FY 17. **Twenty-one of those pregnancy tests were positive with referral to PCHD WIC/FCM programs.** Pregnancy tests are purchased with Family Case Management (FCM) outreach funds. FP clinics are offered 3 or 4 days per month depending on need. Late clinic hours are available upon request. Nurse practitioners from local MD offices provide coverage for clinics. A nurse is available Monday through Thursday. Emergency contraceptives may be obtained after work hours by calling PCHD on-call staff. Oral contraceptives are dispensed through FP under Dr. Ronald Johnson's license. **Forty-two percent of FP clients were at a zero fee level in both FY17 and FY18, 24% are on a medical card**, compared to 38% in FY17, **5% are at a partial fee and 2% are at a full fee level. In FY 18, services were provided for 24 male clients in FP**, compared to 13 in FY17. **Nine percent of caseload was of male gender in FY 18**, compared to 4% in FY17. Males were offered STD testing for Gonorrhea and Chlamydia, STD screening, education, treatment for positive results and exam if requested by client. Urine screening for Gonorrhea and Chlamydia for males and females continues to be offered. Due to requirements by Title X, third party insurance companies are billed for services. **Twenty-six percent of FP clients are covered by third party insurance**, compared to 17% in FY 17. In FY 18, PCHD contracted with SIU-Quincy Prenatal Clinic to insert Long-Acting Reversible Contraceptive (LARC) methods for PCHD FP clients. **In FY18, four PCHD FP clients received a LARC method.**

22. **WIC (Women, Infants, and Children)** WIC caseload continues to be decreased by the State. Assigned caseload was decreased to 505 in July 2013, 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 July 2017), the PCHD WIC caseload was reduced to 353. **Then for FY 19 (beginning July 2018), the State reduced the PCHD assigned WIC caseload to 315. The Pike County WIC program had an average caseload of 264 clients in FY 18**, compared to 279 in FY 17.

Walk-in clinics began January 2, 2013, along with 2 clinics offering appointments extending into the evening hours. The clinics are scheduled on the 1<sup>st</sup> and 3<sup>rd</sup> Monday of each month. The schedule was revised again September 2015 due to the decreased caseload/funding. The WIC Clinic schedule was decreased to 2 half-days for appointments only and 1 full day for a walk-in clinic. 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. Staff review outreach strategies and are also working with the Illinois Department of Human Services (DHS) for recommendations on methods to increase caseload. The 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. PCHD WIC and FCM 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 see the importance of having a Breastfeeding Peer Counselor (BFPC) available to pregnant and breastfeeding women (BFPC summarized in next section).

23. **Breastfeeding Support** The designated WIC Breastfeeding Coordinator is a Certified Lactation Educator through the UCLA program. The two RN Case Managers and the WIC Breastfeeding Coordinator attended the Certified Lactation Counselors Program through the Health Education Associate's course some years ago. Breastfeeding is promoted through WIC clinics, phone calls by the Breastfeeding Peer Counselor (BFPC), and at home visits. Assistance is provided on an "as needed" basis to anyone requesting such.

Breast pump kits are available for purchase and electric pumps are 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 a pump, 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. **There were 5 manual or electric pumps distributed, at no charge, to WIC clients in FY 18**, compared to 4 in FY 17. Clients with a medical card and certain insurances can obtain a double electric pump, through Neb Medical Services, with a script from their doctor. This began in May 2015 and continues at this time. **During FY 18, five pumps were provided to WIC clients through Neb Medical Services**, compared to 11 pumps given in FY 17. **There were no electric or manual pumps rented or purchased from private pay women during the past 4 fiscal years (FY 15-18).** **There were 33 WIC infants initially breastfed in FY 18**, compared to 34 in FY 17.

The BFPC, hired January 2010, left PCHD at the beginning of July 2018. In November 2018, a new part-time BFPC (only) was hired at 10-20 hours/week. In September 2006, a Breastfeeding Support Group had been 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.

24. **Family Case Management (FCM)** provides services for age and income eligible pregnant women and infants. This includes WIC clients and others identified as High Risk in the Adverse Pregnancy Outcomes Reporting System (APORS), lead, etc. In addition, Department of Children and Family Services (DCFS) wards are case managed as per guidelines. The 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 18, the average FCM caseload was 126 clients**, compared to 135 clients in FY 17. **The average DCFS caseload was in FY 18 was 17 clients**, compared to 9 in FY17. **Thirty-six home visits were made in FY 18**, compared to 35 in FY 17. FCM likely was a big factor in reducing infant mortality, as documented by the state. WIC and FCM programs are 100% integrated.

25. **Healthy Kids** is incorporated in all PCHD 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 with confirmed lead poisoning, by Lead case management staff, as per current lead guidelines. Environmental services are provided by the Regional Lead Inspector (Edwardsville). **In FY 18, 286 children were screened, with 3 children referred for lead levels over 10 ug/dL and 8 children referred for lead levels over 5ug/dL;** compared to 235 children screened and 9 referred for levels of 10 and over in FY 17. **In July 2018, guidelines for opening a lead case changed from 10ug/dL to 5ug/dL and higher.**
27. **Oral Health** The Pike County Dental Clinic (the Clinic) opened December 2013 with grant funding from the Illinois Children’s Healthcare Foundation (ILCHF), Illinois Department of Healthcare and Family Services (HFS), and assistance from the Health and Wellness Foundation of Pike County (HWFPC). The Clinic’s primary mission is to provide access to basic oral health services for low-income, underserved children.

Initially, children and adults who resided anywhere in Illinois and met income guidelines could be seen in the Clinic. **In 2014, due to the high demand for services, new ADULT patients were limited to only those residing in Pike County.** At one point, the Clinic was providing services for children from Pike and 20 nearby counties. **In 2018, as the caseload continued to grow, new CHILDREN patients were restricted to Pike and the 4 neighboring counties of Brown, Scott, Calhoun and Greene, to decrease wait times for appointments.** Appointments for children will be restricted to only those children residing in Pike County if necessary.

**By the end of FY 18, the Clinic had a total patient caseload of 4571,** compared to 4082 in FY 17; 3417 in FY 16; 2596 in FY 15; and 1562 in FY 14. **The Clinic gained 473 new patients in FY 18,** compared to 665 in FY 17. **The caseload continues to grow, with 99% of clients enrolled in Medicaid.** Many clients have special needs such as autism. The Clinic also provides services for **Pike County Inmates and Federal Inmates housed in the Pike County Jail; Pike County HIV residents through Adams CHD HIV Case Management Program; PACT children; and residents of the Mental Health Center of Western Illinois (MHCWI) Community Housing Program in Brown County .**

Prior to April 2018, HFS only reimbursed for basic restorative and emergency dental services for adult Medicaid recipients. **As of April 2018, newly formed Medicaid Managed Care Organizations (MCOs) started providing reimbursement for adult preventative services.** With the addition of adult preventative care services, the Clinic’s adult caseload is increasing. Per recommendation of Clinic Dentist, the Clinic now requires adults to schedule preventative care prior to restorative care unless emergency care is needed. PCHD also advertised and hired a part-time hygienist in FY 18 to provide preventative oral health services for the expanding adult population.

The most recent HFS numbers for Pike and surrounding counties per HFS website are for 2017. **Pike County total Medicaid recipients was reported at 4149 with 1795 (43%) reported as children.** Brown, Calhoun, Green, and Scott Counties include an additional 2710 children enrolled in Medicaid.

**Current Clinic staff includes 1 full-time dentist, a part-time hygienist, and 3 full-time dental assistants, one whom is also the receptionist & biller. Dr. Stephen Liesen** volunteers at least one day per month in the Clinic, providing direct services for difficult cases. **Dr. Matt Liesen** completed his 2 year contract with the National Health Service Corp (NHSC) State Loan Repayment Program (SLRP) during FY 17. He began working in the Clinic in July 2015. As anticipated, Dr. Liesen left at the beginning FY 18(end of December 2017), to work in a private practice.

**Current Clinic dentist, Dr. Kaydi Grote**, started working for the Clinic in 2016, initially on a part-time basis, transitioning to full-time during FY 17, to replace Dr. Matt Liesen. Dr. Grote will complete her 2 year contract with the NHSC SLRP in the fall of 2019. She is uncertain of her future plans. With this in mind, PCHD is currently trying to recruit another dentist, but has been unable to do so. A couple of applicants have expressed interest in sponsorship for a H1B Visa. PCHD will not pursue these applicants due to the expenses associated with the program.

Hospital cases for small children requiring extensive restoration are on hold for now. Dr. Brett Schafer, Barry Dental Clinic and BOH member has been providing these services at Illini Community hospital for several years now. However, Barry Dental Clinic chose not sign any of the MCO contracts and is no longer seeing any Medicaid/MCO clients. As such, Dr. Schafer would need to be credentialed through PCHD to be able to continue to provide hospital cases. The Clinic is not able to cover the costs of hospital cases due to minimal reimbursement. PCHD Administration is researching other options for this much needed service. Currently, the closest resource for hospital care covered by Medicaid is in the Chicago area, making it difficult for parents to access services for their young children.

In time, MCOs could have a significant negative fiscal impact on Local Health Departments (LHDs). MCOs have expanded to all Illinois' counties and are expected to cover 80% of the Medicaid Population. **As of 2/2019, HFS reports 2700 of 4149 (65%) Pike County Medicaid recipients are now enrolled in a MCO.** HFS has acknowledged that LHDs will most likely not receive Federal Matching Funds for Dental, Family Case Management, and Immunizations for Medicaid clients enrolled in MCOs. **The loss of Federal Matching funds will be devastating to LHDs.**

As a result of the changes in funding streams, LHDs are looking towards affiliations with a Federally Funded Health Centers (FQHCs) and others to save much needed services, such as Safety Net Dental Clinics. Adams County, Morgan County, and Logan County Health Departments have already partnered with SIU Center for Family Medicine (SIU). These Counties have Dental Clinics that are successfully operated by SIU.

PCHD has partnered with SIU for several years, currently collaborating with SIU in the FP Program. PCHD is also part of a regional group, WILCA, Western Illinois Counties Alliance. This group includes, SIU, Adams/Brown County, Hancock County and Schuyler County health departments and Mental Health Centers of Western Illinois (MHCWI). This group came together to work on common goals and projects for rural health.

PCHD Administration made contact with SIU Center for Family Medicine in early 2016 to see if they would consider incorporating the Clinic into the SIU FQHC. SIU was unable to assist at that time as their requests for assistance from LHDs and other health organizations extended well into 2017 and they could not commit to any more agencies. PCHD reached out to SIU again in June of 2017 to see if they could possibly consider the Clinic in 2018 planning; and submitted a **Change in Scope application** at the end of 2017 for SIU to formally consider the Clinic as part of the SIU FQHC. PCHD and SIU continued to discuss pursuing this option during FY 18. It is anticipated that decisions will be made during FY19. SIU has the capacity to preserve, sustain, and expand the Clinics oral health services assuring continued access to care for the unserved/underserved population of Pike County and the surrounding area.

28. **Vision Screening** is done by certified technicians. **In FY 18, 113 preschool children were screened with 0 referred for follow-up**, compared to 98 screened and 0 referrals in FY 17.
29. **Hearing Screening** is done by certified technicians. **In FY 18, 110 preschool children were screened with 0 referred for follow-up**, compared to 105 screened and 0 referrals in FY 17.
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, and the Mental Health Center of Western Illinois' Human Rights Advisory Committee, and PACT Advisory Board. This community involvement has proven valuable in outreach efforts and opportunities for partnerships.
31. **Health Education** 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 reductions in grant opportunities and reduced grant funding, PCHD has few fiscal or personnel resources to provide educational programs other than those associated with a grant programs currently in place.
32. **Environmental Health (EH)**

### **Food**

**Licenses:** PCHD issued **117 food establishment licenses in FY 18**, compared to 93 licenses in FY 17. **One cottage food vendor was licensed in FY 18**, the same as FY 17. EH staff continues to work with owners proposing to open new facilities to assist them through the licensing process. **Five pre-inspections were conducted in FY18** for new establishment owners, compared to 9 pre-inspections in FY 17.

**Inspections:** **EH staff conducted 170 routine inspections and 50 rechecks for food establishments in FY 18**, compared to 189 routine inspections and 31 rechecks in FY 17. **Thirty-two consultations were provided to businesses owners and/or managers in FY 18**, compared to 23 in FY 17.

**Temporary Events:** During FY 18, events lasting more than 3 consecutive days or more than 12 times a year had to be licensed and inspected by PCHD. **Thirteen temporary events were licensed and inspected in FY 18**, compared to 19 temporary events in FY 17.

A **voluntary temporary event option** was set up for those events wishing to be licensed and inspected, but do not last more than 3 consecutive days or are less than 12 times a year. **Thirty temporary events chose the *voluntary temporary event option* and were licensed and inspected in FY 18**, compared to 19 events in FY 17.

**In 2019, all temporary events must be licensed and inspected per the revised IDPH Food Code.** PCHD EH staff will work with the Board of Health and County Board to implement this new, unfunded mandate, including developing fees for Temporary Event licensing. These fees will be presented to the County Board for approval.

**In FY 18, ten people enrolled in the online 8-hour Food Service Sanitation Manager Course (FSSMC), 39 people attended an in-house food class, and 6 attended the Food Handler Training.** This is compared to 23 people enrolled in the online 8-hour FSSMC class, 78 people attended an in-house food class, and 6 people attended the Food Handler Training in FY 17. EH staff has focused on keeping the EH website routinely updated rather than mailing newsletters. EH receives all recall information from the FDA via email, but only record recalls that require action in the local area. **There were 6 food borne illness/food complaints in FY18**, compared to 9 complaints in FY 17.

**Water Eleven water samples were analyzed in FY 18**, compared to 15 water samples in FY 17. **Three water wells were permitted in FY 18**, compared to 7 water wells in FY 17. None of the wells constructed in 2017 or 2018 were potable water wells. **Six water wells were sealed in FY 18**, compared to 5 water wells sealed in FY17.

Staff participated in WaterCon trainings sharing the PCHD perspectives with boil orders and other water emergencies. Approximately, 55 total people attended both sessions.

**Septic Twenty-three alterations or new private sewage disposal systems were permitted in FY 18**, compared to 33 private sewage permit applications in FY 17. It was noted that 35% of the permits were for replacement systems. Soil evaluation and site-consultation prior to signing off on the building permit is a requirement and this is resulting in better site planning. Many violations by homeowners and contractors have been due to lack of knowledge of rules and regulations, rather than purposeful violations. EH staff constantly works to encourage advance notice of private sewage system installations to allow improved scheduling and inspection capabilities. Staff also distribute these rules and regulations and provide copies of the sewage pre-application worksheet to other county agencies. **Two sewage complaints were received in FY 18**, compared to 5 sewage complaints received in FY17.

EH staff co-presented an educational workshop for private sewage contractors in September 2018. Approximately 55 persons attended and received continuing education hours towards State licensing. Presentations were also given at the Illinois Association of Local

Environmental Health Administrators (IALEHA) and Onsite Wastewater Professional of Illinois (OWPI) conferences.

Staff continues to promote increased awareness of sewage inspections as they pertain to real estate transfers.

U.S. Environmental Protection Agency (EPA) has developed a general National Pollutant Discharge Elimination System (NPDES) permit for homeowners who need to have a surface discharge. This permit went into effect on February 10, 2014. No new Notice of Intent was submitted this year.

**Nuisance** The Pike County Nuisance Ordinance currently designates PCHD as the enforcement officer for the ordinance. **In FY 18, 12 nuisance complaints were logged,** compared to 23 nuisance complaints logged in FY 17. Many of these were in incorporated areas and, while EH staff continue to offer assistance to conduct health hazard evaluations, there is limited enforcement capabilities as the Pike County Board voted to exclude the application of the county nuisance ordinance for incorporated areas of the county. 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. Most incorporated areas have contracted or upgraded their police protection to enforce their local ordinances, but EH staff continues to offer assistance when needed for health related issues. Requests from local units of government to conduct health hazard surveys are occasionally received and EH staff does so when time allows. Many complaints and concerns about bedbugs are still addressed to PCHD office and these are expected to continue. Color-coded complaint forms and confidential envelopes are available for nuisance complainants to use and are provided if requested. These color-coded envelopes are to be opened by the Administrator or designee. Government agencies are specifically offered the opportunity to maintain confidentiality for complainants.

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. Staff continues to work at promoting this opportunity to public! The County has budgeted 3% of the Host Fee Funds in the new landfill host agreement for PCHD.

**West Nile Surveillance** PCHD applied for and received \$10,000 to provide support for West Nile Virus (WNV) surveillance and dead bird collection. Staff have attended meetings 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. In FY 18, two dead birds were submitted for WNV testing and both were negative. **A horse in Pike County tested positive for WNV in FY18.**

**Tanning** Five tanning salons were inspected in FY 18, the same as FY 17. No re-checks were necessary. All tanning customers must be 18 or older. This requirement along with a downtrend economy and increased taxes by the federal government seem to contribute to

closure of salons over the last few years. **No tanning complaints were received in FY 18 or FY17.**

**Indoor Air Quality** PCHD receives occasional indoor air quality inquiries related to mold and carbon monoxide in residential settings. EH staff has access to a Q-TRAC air monitor capable of measuring CO<sub>2</sub>, CO and relative humidity.

Illinois passed a “Smoke –Free” act effective January 1, 2008 which requires all public places and places of employment to be smoke-free inside and within 15 feet from entrances, exits, windows that open, and ventilation intakes. EH is able to receive complaints on violations of this new act through the IDPH web portal complaint system. See #13 for Tobacco Free Communities activities.

**Body Art** IDPH 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 to be offered to clients; artist and client records are to be kept; commercial disposal of potentially infectious medical wastes; proof of blood-borne pathogen training by the artists; and specific sanitation provisions be observed.

PCHD has one inspector licensed to inspect these establishments. In 2013, the only licensed facility in the county failed to renew their license. There have been no licensed body art facilities in the county since that time. **No body art complaints were filed during FY 18.**

33. **Vital Records** There was **1 in-county birth recorded in FY 18**, compared to 2 in-county births recorded in FY 17.

There were **142 deaths registered in FY 18**, compared to 144 in FY 17.

34. **Emergency Preparedness (EP)** IDPH receives federal grant funds to assist with EP at the local level. PCHD submitted the 5 year Public Health EP grant to IDPH in June 2018 and received funding to continue EP activities.

PCHD collaborates with the local Emergency Management Agency (EMA) and other community partners to provide EP planning, training, drills and exercises. PCHD assists the Pike EMA director by planning meetings and agenda, taking minutes of meetings, inviting new community entities to attend the meetings, and developing and presenting exercises. Monthly EMA Community Partner meetings are sometimes not well attended and further work needs to be done to improve this aspect of EP planning.

IDPH Regional Emergency Response Coordinator visits PCHD bi-annually to review the Medical Counter Measure Strategic National Stockpile (SNS) Plan. The next review is scheduled for April 2019.

The county Emergency Operations Plan is updated by Pike EMA Director with input from PCHD.

In FY 17, the EP program was expanded to include the requirements for CMS Conditions of Participation for PCHD Home Health Program. Additional HH policies were developed to integrate emergency preparedness activities into home health care. Review of these policies continued into FY18.

PCHD staff attended and/or participated in conferences, on-line Federal Emergency Management Agency (FEMA) trainings, and webinars related to EP. As part of the EP grant deliverables, two staff members attended the EP Summit in Normal, IL in June 2018. New PCHD employees are required to complete FEMA courses as part of their job orientation. Key incident management personnel at PCHD continue to lack completion of the required basic FEMA courses.

**PCHD staff members completed 22 on-line FEMA courses in FY 17 and 19 courses in FY18.** EP drills included an all staff after-hours alert drill, PCHD management staff after-hours “alert and assembly” drill, Illinois Public Health Mutual Aid System (IPHMAS) drill, Illinois HELPS drill, and monthly radio drill. Other trainings completed were: Illinois National Electronic Disease Surveillance System (I-NEDSS), Exercise Evaluator training, Stop The Bleed, Opioid trainings, State of Illinois Rapid Emergency Notification system (SIREN), vaccine storage & handling, bloodborne pathogen (BBP) & mock OSHA walk-thru, Web EOC, and Inventory Management and Tracking System (IMATS) for SNS.

PCHD experienced a real life emergency event in June 2018 when a major storm caused a power outage. Due to loss of power, vaccines were moved. Incident command, communication strategies, collaboration with other agencies involved in vaccine move, notification of utility companies, and staffing assignments/issues were also tested with this event. An After Action Report (AAR) and Improvement Plan was developed.

**In FY18, PCHD participated in a Flood TTX (Table Top Exercise) presented by Pike County EMA, a SNS TTX hosted by FEMA, an active shooter TTX hosted by Illini Community Hospital, and a severe weather TTX hosted by Adams County EMA.**

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 order to meet the EP grant deliverables in FY18, PCHD signed a Memorandum of Understanding (MOU) with Adams County Health Department to join their MRC unit.**

35. **Staff** Total PCHD staff for FY 18 was 30. PCHD has service agreements with 2 nurse practitioners, 1 speech therapist, 1 physical therapy assistant and 2 agencies providing occupational and physical therapy, Rehab Care Group and Advance Physical Therapy, and SIU Center for Family Medicine.
37. **Financial** Year end revenues were down \$187,771 (9%), from \$2,004,116 in FY 17 to \$1,816,345 in FY 18. **Medicare revenues** increased \$14,058 (3%), from \$496,867 in FY 17 to \$510,925 in FY 18. **State contractual revenues** and grants were down \$198,093 (21%),

from \$961,599 in FY 17 to \$763,506 in FY 18. **TB revenues** were up \$900 (8%), \$10,800 in FY 17 to \$11,700 in FY 18. **County tax revenues** increased \$15,113 (7%), from \$223,650 in FY 17 to \$238,763 in FY 18. **Other sources of revenues**, fees, donations, loans were up \$70,252 (32%), from \$221,199 in FY 17 to \$291,451 in FY 18.

**Year end expenses** were down \$201,697 (10%), from \$2,029,768 in FY 17 to \$1,828,071 in FY 18. **Salaries and travel** decreased \$134,958 (10%), from \$1,394,185 in FY 17 to \$1,259,227 in FY 18. **Operating expenses** including supplies, contractual, other expenses, were down \$181,712 (30%), from \$613,658 in FY 17 to \$431,946 in FY 18. **Equipment** and building improvements were down \$5,115, from \$21,925 in FY 17 to \$16,810 in FY 18. **Loan repayment** costs were up \$25,000 (26%), from \$95,088 in FY17 to \$120,088 in FY18.

**Beginning balance** of cash for FY 18 on 12/01/17 was \$120,096 and the **ending balance** at 11/30/18 was \$108,370, a decrease of \$11,726.

38. **Recertification of Health Department/IPLAN 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) through 2020.**

**IPLAN (Illinois Process for Local Assessment of Needs)** is required by IDPH to be completed by LHDs every 5 years for Recertification of a Local Health Department. PCHD completed and submitted the 4<sup>th</sup> round of IPLAN in 2016, successfully recertifying the agency through 2020.

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 most recent Pike County Community Needs Assessment that could be utilized by multiple Pike County entities, including PCHD. Cynthia Struthers, PhD, led the team that completed the assessment.

Per Dr. Struthers,

**“What has changed in 2015 is that the very health care and social service providers whose mission it is to identify and meet health care needs in the county are in danger of closing their doors due to cuts in funding and uncertainty about funding.** This is particularly true of programs that rely on grants from the State of Illinois in order to function. The state’s budget impasse has led to the loss of some programs and threatens the existence of others.”

“Pike County has a decade long history of coming together to creatively address the health and wellness needs of residents. But as state funds, programs, and initiatives have been eliminated local groups face the same needs in the county with fewer resources with which to address them.”

“Clearly Pike County has a visible low income population whose health and social service needs need to be address. Children who do not have access to health care and do not learn healthy habits carry poor health into the future. And finally, older residents face additional health issues as they age. The World Health Organization's definition of health does not allow for a focus on a single population though. **The questions that need to be addressed are what should be done, what can be done, and what can be afforded.**” ([www.ncbi.nih.gov](http://www.ncbi.nih.gov))

**Per Dr. Struthers’ assessment, the following are the most salient health needs in Pike County:**

- 1) Obesity, Nutrition, and Exercise
- 2) Smoking Cessation and Substance Abuse
- 3) Mental Health Services (**This includes a broad range of mental health services, everything from peer counseling to psychiatry**)
- 4) Access to Care/Services

Struthers stated, “**The salient questions at this time are what can be done in Pike County, and what can Pike County afford to do.** One important issue that has to be addressed is the preservation of the PCHD. In addition, ICH has to continue to promote its role in community programs and providing needed health services locally...Pike County must continue current collaboration efforts with an eye for opportunities for new partnerships and new ideas... The Pike County health and social service environment cannot be all things to all people but it can be the conduit through which care and connections flow.”

**Specific recommendations per Dr. Struthers were as follows: Promote local services and agencies; Preserve existing programs; Address basic needs such as food, shelter, and clothing; Continue to expand Dental/Oral Care; Continue to promote Public Transportation.**

*By considering the statement/questions presented by Dr. Struthers in the Assessment, PCHD administrative staff identified and addressed the following 3 priorities in the resulting PCHD Community Health Plan: 1) Access to Care; 2) Mental Health; 3) Obesity, Nutrition, Exercise.*

The 2015-2020 Priorities were guided and aligned with the following: 2016 Pike County Community Health Partnership (PCCHP) Strategic Plan; Illini Community Hospital (ICH) Community Health Plan; Illinois State Health Plan, Healthy Illinois 2021; and Federal Healthy People 2020.

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.

In addition to current community resources that are in place, providers must **preserve and sustain existing programs and services**, such as Pike County Health Department, Pike County Dental Clinic, Illini Community Hospital, and Mental Health Centers of Western Illinoisan 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.”** “Local providers need to continue to seek outside resources as appropriate to preserve and expand programs. Providers must utilize innovative ways to promote services.” Of note, PCHD, ICH and MHCWI recently initiated communication with SIU School for Family Medicine to explore ways to sustain access to affordable dental, medical, and mental health services.”