

PIKE COUNTY HEALTH DEPARTMENT

FISCAL YEAR 2020 (FY 20) ADMINISTRATIVE AGENCY EVALUATION

1. **By-Laws and Policies/Procedures** New/revised by-laws and policies/procedures are presented to the Pike County Board of Health (BOH) annually and as needed for approval. BOH President is Dr. David Iftner. Dr. Ronald Johnson serves as volunteer Medical Director. Dr. Christopher Wagoner serves as the back-up Medical Director and is a member of the BOH. Andy Borrowman, Pike County Board Chairman, also serves on the 11-member board.
2. **Personnel Policies** Personnel Policies are reviewed by Administration and the Personnel Committee. Recommendations for new/revised policies are presented to the BOH for approval. All staff receive written copies of any additions/changes made during the year. Staff is required to submit written certification to Administration that they have reviewed updates. Job descriptions, hiring salaries for each position, and yearly cost of living increases are reviewed annually by Administration.
3. **Home Health (HH)** **The total number of HH referrals for FY 20 was 291**, an increase from 280 in FY19. **The number of referrals not seen in FY 20 were 69**, a decrease from 75 in FY19.

The main referral source in FY 20 continued to be hospitals (208), followed by physician offices (57), and long-term care/SNF (18). The main payer source for HH continues to be traditional Medicare (80%), Medicare HMO (7%), VA (2%), Medicaid (7%), and Private Insurance (5%).

HH staff collaborate with physicians, hospital discharge planners, and other service providers to keep 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. Various resources are used to educate the public regarding PCHD HH services.

Since 1999, the Centers for Medicare and Medicaid Services (CMS) has required Medicare-certified HH agencies to collect and report OASIS (Outcome and Assessment Information Set) data for all adult patients whose care is reimbursed by Medicare and Medicaid. OASIS is a comprehensive assessment designed to collect information on nearly 100 items related to a home care recipient's demographic information, clinical status, functional status, and service needs. OASIS data is used by CMS for multiple purposes including calculating several types of quality reports which are provided to HH agencies to help guide quality and performance improvement efforts.

CMS has posted this information since 2003 on the Medicare.gov website, Home Health Compare. These publicly reported measures include outcome measures which indicate how well HH agencies assist their patients in regaining or maintaining their ability to function, and process measures which evaluate the 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.

Each OASIS type visit is audited by the HH Supervisor and/or field staff for accurate clinical documentation and regulatory compliance, prior to billing. Results of chart audits are used for staff education, focused problem solving, and appropriate intervention.

PCHD implemented the Strategic Healthcare Program (SHP) a few years ago resulting in an increase in PCHD Star Ratings. SHP is an OASIS scrubbing application utilized to identify errors and inconsistencies. SHP also minimizes billing errors.

During FY 20, staff education and monitoring of Medicare's new payment model, Patient-Driven Groupings Model, continued to be a priority. Review Choice Demonstration/Pre-Claim Review continues for Illinois HH health agencies as well.

4. **Performance Improvement (PI)** 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 list-serve/emails to stay on top of constant regulation changes.

To assure compliance with revised infection control regulations, 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)** SN visits decreased to 1915 in FY 20, compared to 1938 in FY19. Admission visits totaled 222 in FY 20, an increase from 206 in FY 19. 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 weekends and Holidays for SN visits.
6. **Home Health Aide (HHA)** HHA visits were 470 in FY 20, a decrease from 607 in FY19. PCHD continues to contract with Blessing Hospice to provide HHA visits for hospice patients on an as needed basis. **There were 48 HHA hospice visits FY 2020 compared to zero in FY 19.**
7. **Homemaker (HMKR)** HMKR visits provided in FY 20 were 138, a decrease from 172 in FY 19.
8. **Speech Therapy (ST)** There were a total of 31 ST visits in FY 20, compared to 11 visits in FY 19. Skilled ST visits are provided by one contractual Speech Therapist on a PRN basis.

9. **Physical Therapy (PT)** There were 1286 visits for PT in FY 20, versus 1106 visits in FY19. PT services are provided by a full-time Physical Therapist, one contractual PT Assistant, and through Rehab Care Group, and Advance Physical Therapy on a PRN basis.
10. **Occupational Therapy (OT)** In FY 20, there were 25 OT visits, compared to 113 visits in FY 19. OT services are provided per contract with Rehab Care Group and Advance Therapy on a PRN basis.
11. **Home Nursing Services (HN)** HN services are *skilled nursing services provided by a RN and/or skilled personal services provided by a HHA for an individual who does not qualify for HH*. 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 20 were 36, compared to 300 in FY19. This decrease was due to discontinuation of services (pre-filling medication organizers) at an assisted living facility per owner's request. A private nurse was hired by the facility.

Skilled Personal Services are provided by a HHA under the supervision of a 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 zero Skilled Personal Services visits through the HN program in FY 20, the same as FY 19.**

12. **Home Services (HS)** 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 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 HMKRs may include the following: light housekeeping and cooking with meal preparation, bathing, dressing, hair care, nail care, shaving and basic oral hygiene (mouth care) such as cleaning dentures or brushing teeth. **In FY20, there were 277 HS (HMKR) visits, compared to 300 HS visits in FY 19.**
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 (HCHD) is the lead agency for the PCHD IBCCP program. Since 2011, PCHD has had an agreement with HCHD for PCHD to promote the IBCCP program in Pike County, with HCHD 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 20, EH staff conducted SFIA compliance checks during 130 food business inspections and 65 random visits at non-food businesses. We also sent out information to 30 hunting lodges and 4 school districts. We included vaping education in all the materials sent to the schools. This type of tobacco use is extremely high among High School age children and poses a significant threat. Again, **during FY 20, 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 108 Pike County 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 FY 20.**

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 (ICH). The partnership continues with the American Lung Association's ITQL, providing free phone counseling for those wishing to quit tobacco.

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 20, 67 county employees utilized the wellness benefits, compared to 73 county employees in CY 19.**
16. **Laboratory Services** Laboratory services provided by PCHD include hemoglobin by Hemocue in WIC and Family Planning (FP), pregnancy testing, urinalysis by dipstick, and microscopic wet mounts in FP. Capillary lead obtained and sent to the state lab for testing. Pap smears along with Gonorrhea and Chlamydia sent to Quest Diagnostics. Venous blood specimens, ordered by a physician through HH are sent to ICH or other specified labs. Water samples are sent to the state lab. The state lab is utilized for Communicable Disease specimens. PCHD certified is a waived lab through CLIA.

17. Immunizations Regular immunization clinics are usually held two times per month at PCHD. **In March of 2020, all immunization clinics were cancelled due to PCHD COVID response.** PCHD utilized a drive-up process for child and adult flu vaccination clinics that were held in FY 20 due to COVID. PCHD also offered flu vaccination at several private entities/businesses around the county. **Regular immunization clinics were not resumed until September 2021.**

Cancelling of the clinics contributed to decreased vaccinations given by PCHD. Grand total of all immunizations given in FY 20 was 1202 vaccinations given with 950 client contacts, compared to 1560 vaccinations given with 1220 client contacts in FY19.

Despite fewer clinics related to COVID response, PCHD flu vaccine administration numbers remained stable. **Sixteen flu vaccination clinics were held in FY 20 (in-house & outside clinics), compared to twenty-three flu clinics in FY 19. There were 521 adult flu vaccinations and 118 child flu vaccinations administered in FY 20,** compared to 581 adult flu vaccinations and 124 child flu vaccinations administered in FY 19.

Cancelling of vaccination clinics due to COVID in FY 20 also contributed to decreased vaccination coverage levels for those infants on “active” status receiving vaccinations from PCHD. I-CARE reports show that 68% of children 24-35 months of age are fully vaccinated. The goal is 90%. Sixty-three percent of children aged 24-35 months of age received flu vaccine. The influenza vaccination goal of is 70%.

Prior to 2020, a vaccination decrease was seen in years 2013 – 2017 and was 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. These include pharmacies offering vaccinations; Health Care Provider (HCP) providing 6 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 do not provide insurance billing.

PCHD noted an increase in the numbers of immunizations administered in 2018 and 2019. The increase was attributed to doing more private insurance billing for immunizations overall, more effective advertising for flu vaccination, conducting private insurance billing for flu vaccinations in the fall of 2018 and 2019, and providing Shingles vaccine. Immunizing children when they are here for their WIC visit, dental visit, etc., along with continued use of immunization reminder/recall mailings, help contribute to strong immunization rates. Post COVID, PCHD will continue to use these methods to boost vaccination.

The Vaccines for Children (VFC) Program helps provide vaccines to children whose parents or guardians may not be able to afford them. This helps ensure that all children have a better chance of getting their recommended vaccinations on schedule. Vaccines available through the VFC Program are those recommended by the Advisory Committee on Immunization Practices (ACIP). These vaccines protect babies, young children, and adolescents from sixteen diseases.

A child is eligible for the VFC Program if he or she is younger than 19 years of age and is one of the following: Medicaid-eligible; Uninsured; Underinsured; American Indian or Alaska Native. Children whose health insurance covers the cost of vaccinations are not eligible for VFC vaccines, even when a claim for the cost of the vaccine and its administration would be denied for payment by the insurance carrier because the plan's deductible had not been met.

Since 2013, there have been numerous changes to the VFC immunization program. Beginning July 1, 2019, the Illinois VFC program started providing vaccines purchased by HFS for use with children under the age of 19 with CHIP coverage. These changes to the VFC/CHIP programs have been difficult for the public to understand. It is crucial for PCHD staff to check Medicaid coverage level on the on-line Medi System prior to vaccinating any child with VFC or CHIP vaccines. At times, vaccination is delayed checking Medicaid eligibility, CHIP status, or to verify private insurance coverage. Besides completing the appropriate billing; monitoring, separating, and maintaining adequate supply of the various vaccination caches (i.e., VFC, CHIP, privately purchased child, privately purchased adult vaccine, and state supplied 317 adult vaccine) proves to be a challenge. Vaccines cannot be used interchangeably from pay source to pay source. PCHD often finds that there either is not enough vaccine on hand, or too many doses of vaccine in stock. A child often presents needing a vaccine that is not in stock for the appropriate pay source; the same vaccine may be available from a different pay source but cannot be used for that child. The reminder/recall system for notifying the parent when to return for the vaccine requires great attention to detail. Although fewer total vaccinations are given compared to 15-20 years ago, the process for vaccinating has become much more complicated and cumbersome, for health department staff and clients alike.

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. Pike County Health Department had its VFC review in February 2019. IDPH awarded a "Certificate of Excellence" to PCHD for achieving 100% in the VFC program review/compliance site visit in 2019. Due to COVID, the IDPH VFC reviews are now delayed. PCHD expects a review in 2021 or 2022.

Adult vaccines 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.

The immunization program coordinator evaluates the cost of private vaccines and any need for corresponding price increase throughout the year. There has been no fee increase recently. Travel counseling regarding communicable disease and travel vaccinations such as Hepatitis A, Hepatitis B and Typhoid vaccine are available through the immunization program.

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 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.

18. **Communicable Disease (CD)** In FY 20, a grand total of 76 disease investigations, including Sexually Transmitted Disease/Sexually Transmitted Infections (STD/STI) were completed with 48 of the 76 meeting the Center for Disease Control (CDC) *case definition* (probable and confirmed) for a reportable disease case. The 48 probable and confirmed cases were then reported on to IDPH via I-NEDSS. Only probable and confirmed cases are included in state case counts. **The FY 20 numbers do not include COVID-19 cases.** The FY 19 numbers were 85 disease investigations completed with 57 of the 85 meeting the CDC case definition (probable and confirmed) for a reportable disease case.

A surveillance case definition is a set of uniform criteria used to define a disease for public health surveillance. Surveillance case definitions enable public health officials to classify and count cases consistently across reporting jurisdictions. Surveillance case definitions are not intended to be used by healthcare providers for making a clinical diagnosis or determining how to meet an individual patient’s health needs.

The probable & confirmed communicable disease cases that were reported to IDPH in FY 20 included the following diseases: Campylobacteriosis, Chlamydia, Gonorrhea, Syphilis, Hepatitis C, Potential Rabies exposure, Salmonellosis, Spotted Fever Rickettsioses, Cryptosporidiosis, and Latent Tuberculosis infection.

Of note, there were 12 chlamydia cases; thirteen gonorrhea cases, and 2 syphilis cases reported to IDPH in FY 20. The increase in gonorrhea cases in FY 20 reflects the increase in gonorrhea cases statewide and nationwide. In FY19, PCHD reported 23 chlamydia, 1 gonorrhea, and zero syphilis cases to IDPH.

As in most years, CD staff also fielded multiple calls regarding a variety of issues in FY 20 including bedbugs, head lice, bat encounters, and animal bites.

PCHD monitored two influenza clusters in schools and another headache/fever cluster illness at a school in FY 20 and 1 disease outbreak --acute gastro-enteritis (AGE) outbreak at a LTC facility. This was most likely Norovirus. Two AGE outbreaks were investigated in FY19.

There were no foodborne or waterborne disease outbreaks in FY 20, compared to one foodborne outbreak in FY 19. This was a Toxoplasmosis outbreak that occurred in a group of Canadian deer hunters. This outbreak investigation involved coordination with IDPH and the Canada Department of Health. Two other potential foodborne cluster illnesses were

investigated in FY19; but neither met outbreak definition. There were no waterborne outbreaks in FY 19.

COVID-19: In FY20, there were 938 reported positive cases and 56 reported probable cases. PCHD investigates 22 outbreaks in FY20. There were 76 hospitalizations and 24 deaths reported.

19. **Tuberculosis (TB) In FY 20, there were 150 TB skin tests given with one positive test, 0 Chest X-Rays, and one person on treatment for Latent TB Infection.** FY 19 stats were as follows: 173 skin tests given; one positive TB skin test; 1 chest X-ray; 1 latent TB infection (LTBI); 1 active (non-pulmonary) TB case, and 1 active (pulmonary) TB case.

No active pulmonary or non-pulmonary TB cases were reported in FY 20

PCHD provided case management of a client with active *non-pulmonary* TB disease in FYs 18/19. Although this case was extra-pulmonary in nature and not considered infectious to the public; it was a complicated case.

PCHD provided case management for one active *pulmonary* TB case in FY 19. This case was considered infectious to the public. This case required daily Directly Observed Treatment (DOT) for TB on Monday through Friday for the entire 9 months of treatment. The patient was in home isolation for the first 3 months of treatment. Public and home health staff nurses providing care and DOT were required to wear an N95 mask when in the home during this time. Case management was very intensive and time consuming. Along with assessment of medication compliance and side effects, there was referral to other social agencies, coordination/collaboration of care with patient's health care provider, sputum sample collections, education to patient and family, problems due to poverty, and management of home isolation issues. This was the first case of active pulmonary TB disease in Pike County since 2007.

In FY 20, PCHD investigated 2 suspect TB cases, compared to 3 suspect TB cases in FY 19. PCHD provided guidance for one case of LTBI in the community in FY19, with treatment continued into FY 20. The patient completed LTBI treatment without incident.

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, ICH, and other health care providers in Pike County at no cost to them. **One vial of TST solution was provided in Pike County Jail in FY 20** compared to six vials of TST solution and syringes FY19. Targeted skin testing is the standard now, instead of mass skin testing, resulting in decreased numbers requiring TST plus private providers are purchasing their own TST solution with their contracted vendor.

20. **HIV/AIDS** In review of IDPH HIV/AIDS posted statistics (as of November 2020), there have been 1 cumulative HIV and 0 cumulative AIDS cases diagnosed since 2013.

There are 2 cases of AIDS and 1 case of HIV living in Pike County. Department of Corrections cases are included in county totals.

21. **Family Planning (FP)** All FP stats are comprised of services during PCHD FY 2020. **PCHD FP served 179 unduplicated FP clients in FY 20**, as compared to 238 in FY 19. **All active clients resulted in 593 FP office visits. Eleven percent of FP clients in 2020 were out of county residents**, compared to 7% in 2019. **FP saw an increase in initial comprehensive exams at 27 in FY 20** compared to 22 in FY 19. **Annual comprehensive exams totaled 44 in FY 20**, compared to 66 in FY19. **Forty-two pap smears were done in FY 20**, compared to 24 in FY 19. **Four of those pap smears were abnormal**, with follow-up by PCHD FP, referral to their own MD or to the IBCCP. This is compared to six abnormal pap smears in FY 19. **Pregnancy tests performed totaled 106 in FY 20**, compared to 54 in FY 19. **Twenty-three 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 2 or 3 days per month depending on need. Late clinic hours are available upon request. Nurse practitioners from local MD offices provide coverage for clinics. A staff nurse is available Monday through Thursday for Family Planning services. 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. **Eighty-five percent of unduplicated FP clients were at a zero-fee sliding scale in FY 20**, compared to 86% in FY 19. **Thirty-four percent of unduplicated users are on a medical card**, compared to 32% in FY 19. **Twelve percent are partial fee and 3% are full fee. In FY 20, services were provided to 17 male clients in FP**, compared to 22 in FY 19. **FP caseload consisted of seven percent male gender in FY 20** compared to 11% in FY 19. Males were offered STD testing for gonorrhea and chlamydia, STD screening, education, treatment for positive results and physical exam. Urine screening for gonorrhea and chlamydia for males and females are offered as per FP grant requirements. **Fourteen percent of FP clients were covered by third party insurance in FY 20**, compared to 12% in FY 19. In FY 18, PCHD contracted with SIU-Quincy Prenatal Clinic to insert Long-Acting Reversible Contraceptive (LARC) methods for PCHD FP clients. **In FY 20, 7 PCHD FP clients received a LARC method. In FY 19 PCHD FP Program established a relationship with Pike County Jail, providing STI screens to inmates. FP Nurse completes visit with inmate at the jail for intake, screening, counseling, and treatment.**

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. For FY 20 (beginning July 2019), the State reduced the caseload to 299. **The caseload was again reduced for FY 21 (July 1, 2020 – June 30, 2021) to 291. Pike County WIC program had an average caseload of 260 clients in FY 20**, compared to 241 in FY 19.

Walk-in clinics began January 2, 2013, along with two clinics offering appointments extending into the evening hours. The evening clinics are scheduled on the 1st and 3rd Mondays of each month. The schedule was revised again September 2015 due to the

decreased caseload/funding. The WIC Clinic schedule was decreased to two half-days and one full day for appointments only and one full day for a walk-in clinic. Assigned and achieved 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 Illinois WIC Program was beginning the switch over to the Electronic Benefits Transfer (EBT) system and new computer software program in early 2020 with PCHD WIC to “go live” in March 2020. However, with the COVID-19 Pandemic and the closing of the clinics March 16, 2020, training was delayed. Statewide WIC clinics were completed by phone with curbside pickup of benefits. USDA granted waivers for clients to have height, weight, and hemoglobin testing for the program. This waiver has been extended into 2021. Staff completed training for the new system remotely with the new system “Go Live” date of May 16, 2020. With this switch over to a new computer system, some data numbers may not be completely accurate at this time.

The WIC program continues to provide a variety of free breast pumps to the breastfeeding WIC clients evaluated to need one, 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 Counselor 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 3 manual or electric pumps distributed, at no charge, to WIC clients in FY 20 (July 1, 2019, through June 30, 2020),** compared to 4 in FY 19. Clients with a medical card and certain insurances can obtain a double electric pump, through Neb Medical Services here at PCHD, with a script from their doctor. This began in May 2015 and continues at this time. **During FY 20, 4 pumps were provided to WIC clients through Neb Medical Services,** compared to 3 pumps given in FY 19. **There were no electric or manual pumps rented or purchased from private pay women during the past 6 fiscal years (FY 15-20). There were 17 WIC infants initially breastfed in FY 20,** compared to 26 in FY 19.

The part-time BFPC left PCHD in March 2020. PCHD remained without a BFPC for over 8 months. Applications were received in October 2020, but due to staffing issues and the COVID-19 Pandemic, interviews were not held until December 2020 with hiring to happen in early 2021. Due to non-attendance, a Breastfeeding Support Group is not advertised/offered at this time.

24. **Family Case Management (FCM)** 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) collaborate 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 PCHD FY 20 the average FCM caseload was 81 clients**, compared to 97 clients in FY19. **The average DCFS caseload was 11 in both FY 19 and FY 20. Fifteen home visits were made in FY 20**, compared to 47 in FY 19. The decrease in visits was due to the COVID 19 pandemic. WIC and FCM programs are 100% integrated. FCM was a key factor in reducing infant mortality, as documented by the state.
25. **Healthy Kids** Healthy Kids is incorporated in all PCHD programs involving children. Physical assessments are done through WIC and at home visits by RNs. 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 20, 114 children were screened, with 23 lead levels over 5 ug/dL identified**; compared to 273 children screened and 18 identified for levels of 5 ug/dL or higher in FY 19. In July 2018, guidelines for opening a lead case changed from 10ug/dL to 5ug/dL and higher. Quincy Medical Group (QMG) and Illini Rural Health (IRH) are now performing lead screenings on their pediatric clients. Identified elevated levels are reported to IDPH. PCHD is notified through HHLPSS (Healthy Homes and Lead Poisoning Surveillance System). PCHD Lead staff are responsible for elevated lead levels identified by QMG and IRH. Due to COVID 19 Pandemic, lead home visits have been completed by phone.
27. **Oral Health** The Pike County Dental 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 was 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 twenty nearby counties. **In 2018, as the caseload continued to grow, new CHILDREN patients were restricted to Pike and four neighboring counties of Brown, Scott, Calhoun, and Greene, to decrease wait times for appointments.**

At the end of the 2nd quarter of FY 20, the Clinic had a total patient caseload of 4,995, compared to 4582 in FY 19; 4571 in FY 18; 4082 in FY 17; 3417 in FY 16; 2596 in FY 15; and 1562 in FY 14. The Clinic gained 46 new patients through the 2nd quarter of FY 20 compared to 384 in FY 19; 473 FY 18: and 665 in FY 17. 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.**

Per HFS website, Pike County total Medicaid recipients totaled 4508 in FY 20, with 1970 (44%) of those reported as children. Brown, Scott, Calhoun, and Green Counties include an additional 2759 children enrolled in Medicaid.

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 as well. This addition resulted in an increase in the adult caseload and request for appointments. Per recommendation of the Clinic dentist, new adult patients are required 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, although she resigned in FY 19 due to moving out of the area.

Over the next few years, MCOs could have a significant negative fiscal impact on LHDs, expanding to all Illinois' counties and are expected to cover 80% of the Medicaid population. Of concern, HFS has acknowledged that LHDs will 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 of February 2020, HFS reports 2977 (69%) Pike County total Medicaid recipients are now enrolled in an MCO.** This is an increase from 2700 (65%) of 4149 total Medicaid recipients enrolled in an MCO as of February 2019.

As a result of the changes in Medicaid and other funding streams, PCHD and others looked towards affiliations with a Federally Funded Health Centers (FQHCs) and others to save much needed services, such as safety net dental clinics. Adams, Morgan, and Logan County Health Departments have already partnered with SIU Center for Family Medicine (SIU) FQHC. These Counties have Dental Clinics that are successfully operated by SIU. SIU has the capacity to preserve, sustain, and expand the oral health services in LHDs assuring continued access to care for the unserved/underserved populations in rural Illinois.

PCHD has partnered with SIU on other projects, currently collaborating with SIU in the FP Program. PCHD is also part of a regional consortium, WILCA, Western Illinois Counties

Alliance. This group includes SIU, Adams/Brown, Hancock, and Schuyler County health departments, and Mental Health Centers of Western Illinois (MHCWI) who have partnered to work on common goals and projects for rural health. Therefore, PCHD initiated conversations with SIU in early 2016 seeking assistance for Dental Clinic operations. 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 again in June 2017 to question if SIU could consider the Dental Clinic in 2018 planning. At that time, PCHD was invited to submit a formal **Change in Scope (COS) proposal** to SIU for review and potential submission to HRSA, the Health Resources and Services Administration. HRSA approval of the SIU COS application would allow the organization to operate the Clinic under the scope of their FQHC. However, shortly after submission of the proposal, **SIU notified PCHD of a HRSA New Access Point (NAP) notice of funding opportunity (NOFO)**. Up to seventy-five grants (\$650,000/year for minimum of 2 years beginning in September 2019) would be awarded to provide operational support for new, full-time, permanent service delivery sites to improve the health status and decrease health disparities of medically underserved communities and vulnerable populations. Funding of NAPs would increase access to affordable quality, cost-effective, comprehensive, primary health care services in the US and in particular, rural areas.

With this NOFO, SIU subsequently submitted a NAP proposal to PCHD BOH to collaborate with PCHD and the MHCWI to provide primary care, dental care, and behavioral health at the PCHD location. **The BOH voted to accept the SIU FQHC proposal allowing SIU to proceed with the HRSA NAP grant application.**

SIU reported that the grant application was moved forward in the first round of review in the grant process. They were assigned to a HRSA grant consultant and were required to attend a grant meeting in Washington D.C. The consultant indicated that the application was strong, and Pike County had one of the highest designated Health Professional Shortage Area (HPSA) scores. Prior to the PCHD Dental Clinic opening, the HPSA for Dental had a high score of 17 prior to opening of the Clinic. **Unfortunately, SIU was not awarded the grant for a NAP.** Much of the funding was awarded to fund healthcare in Puerto Rico due to the devastating earthquake earlier that year.

SIU regrouped to submit the COS application, seeking partial funding from HWFPC. The collaborative effort proposed to unite the PCHD Dental Clinic, MHCWI, and SIU Behavioral Health Services at one location, PCHD. The BOH approved the plan and the transition of PCHD Dental Clinic operations to SIU was scheduled for December 2019. This date was extended to March 2020 and subsequently delayed once again due to COVID-19. Dental Clinic services were finally transitioned to SIU in September of 2020 to be provided under the scope of the SIU FQHC, the original plan prior to the HRSA release of NOFO for NAPs. SIU would operate the Clinic and employ all dental staff, leasing space and equipment from PCHD.

Prior to the transition, **Clinic staff included one full-time dentist and three full-time dental assistants, one whom is also the receptionist & biller. 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. Matt Liesen** had completed his 2-year contract with

the National Health Service Corp (NHSC) State Loan Repayment Program (SLRP) left at the in December 2017 to work in a private practice. Dr. Grote completed her 2-year contract with the NHSC SLRP in the fall of FY 19. She is currently uncertain of her future, giving verbal notice of her intent to work part-time, and potentially resign to work in private practice. Dr. Grote also plans to consider employment with SIU who can offer increased wages and benefits compared to PCHD. Dr. Grote provides efficient, high-quality oral health services. She works well with the underserved population displaying excellent rapport with children and parents. It will be unfortunate if she does, indeed leave the Clinic. It is difficult to recruit dentists to work in safety net dental clinics, especially in rural areas.

Until FY 2020, **Dr. Stephen Liesen, Barry Dental Clinic (BDC)**, served as volunteer Dental Clinic Director and volunteered time in the Clinic providing direct services for difficult cases. He was also on the BOH for many years. Dr. Liesen and **Dr. Brett Schafer**, also BDC, accepted referrals from the Clinic for hospital cases. Surgeries were provided at ICH for small children requiring extensive restoration. However, BCD chose not to sign any of the MCO contracts in 2018 and would no longer serve Medicaid/MCO clients. As Dr. Liesen approached retirement, he decided would not provide hospital services in the future and would no longer serve on the BOH. However, Dr. Schafer indicated that he would consider continuation of hospital cases. He would have to be credentialed through PCHD or SIU to provide services. Unfortunately, the PCHD Dental Clinic was not able to cover the costs of hospital cases due to minimal reimbursement and did not pursue this option. It is uncertain if SIU will provide hospital services in the future or if these cases will be referred to another provider with hospital privileges. 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.

28. **Vision Screening** Screenings are done by certified technicians. **In FY 20, 116 preschool children were screened with zero referred for follow-up**, compared to 190 screened and zero referrals in FY 19.
29. **Hearing Screening** Screenings are done by certified technicians. **In FY 20, 118 preschool children were screened with zero referred for follow-up**, compared to 201 screened and zero referrals in FY 19.
30. **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 grant programs currently in place.
31. **Environmental Health (EH): Food** **PCHD issued 118 food establishment licenses in FY 20**, compared to 120 licenses FY 19. **Two cottage food vendors were licensed in FY 20**. EH staff continues to collaborate with owners proposing to open new facilities to assist them through the licensing process. **Three pre-inspections were conducted in FY20 for new establishment owners**, compared to three pre-inspections in FY 19. **EH staff conducted 130 routine inspections and 53 rechecks for food establishments in FY 20**. **Seven consultations were provided to businesses owners and/or managers in FY 20**

Beginning on January 1st, 2019, the FDA defined temporary stand as, “any temporary food stand that operates for a period of no more than 14 consecutive days in conjunction with a single event or celebration”. This change required that most stands be licensed and inspected by PCHD. With approval from the Board of Health and the County Board, PCHD began our Temporary Food Inspection Program, including fees, on July 1st, 2019. **There were 49 temporary events were licensed and inspected in FY 20.**

In FY 20, twenty-nine people enrolled in the online 8-hour Certified Food Protection Manager Course (CFPM), twenty-five people attended an in-house food class, which is a large group compared to 19 participants in the previous year, but this was also due to not having as many in person events. We did not host any in-person Food Handler Courses. This is something that we are having people achieve online. With Food Handler certificates only requiring a 2-hour online course, and you can print your own certificate, we feel an in-person class is not necessary. EH receives all recall information from the FDA via email, but only record recalls that require action in the local area. **There were 10 food borne illness/food complaints in FY 20,** compared to 18 in FY 19.

32. **EH: Water Nine water samples were analyzed in FY 20,** compared to three in FY 19. **Six water wells were permitted in FY 20. Four water wells were sealed in FY 20,** compared to the six in FY19. The IDPH Lab in Springfield no longer tests for Nitrate, therefore there were no nitrate testing samples. And no request for Nitrate samples.
33. **EH: Sewage Thirty-five alterations or new private sewage disposal systems were permitted in FY 20, only one less than last year.** 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. **Four sewage complaints were received in FY 20,** compared to zero in FY 19.

EH staff co-presented one educational workshop for private sewage contractors. This is less than last year due to Covid restrictions throughout the year. **Approximately 55 individuals 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 Intents was submitted this year.

34. **EH Nuisance** The Pike County Nuisance Ordinance currently designates PCHD as the enforcement officer for the ordinance. **In FY 20, 14 nuisance complaints were logged,** compared to 23 in FY 19. Many of these were in incorporated areas and while EH staff continue to help 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 help 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.

35. **EH West Nile Surveillance** PCHD applied for and received \$14,000 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 20, zero birds were submitted for WNV testing. We used our funds to purchase testing and surveillance equipment so we can begin West Nile Virus testing next summer.**
36. **Tanning:** **Four tanning salons were inspected in FY 20, one less than FY19 due to one facility closing.** 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 19 and FY 20**
37. **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 CO₂, 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 fifteen feet from entrances, exits, windows that open, and ventilation intakes. EH can receive complaints on violations of this new act through the IDPH web portal complaint system. See #13 for Tobacco Free Communities activities.

38. **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 does not have any current employees licensed to perform these inspections. 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. If a licensed body art facility comes to the county, we will send both EH employees to training to be licensed. The trainings are available any time through a webinar on the IDPH Portal. **There were no complaints filed for FY20.**

39. **Vital Records** There were **zero in-county births recorded in FY 20**, compared to two in-county births recorded in FY 19. There were **166 deaths registered in FY 20**, compared to 158 in FY 19.

40. **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. **A work plan and budget are submitted annually. Adjustments were necessary to the PHEP grant due to COVID and another application was completed in 2020.**

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. IDPH Regional Emergency Response Coordinator visits PCHD bi-annually to review the Medical Counter Measure Strategic National Stockpile (SNS) Plan. The review was conducted in April 2019.

The county Emergency Operations Plan is updated by Pike EMA Director with input from PCHD. Security updates were made to the PCHD building in FY19. **As part of the EP grant, a Hazard Vulnerability Analysis (HVA) and a Training & Exercise Planning Workshop (TEPW) is completed annually.**

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 FY 20.**

PCHD staff attended and/or participated in conferences, on-line Federal Emergency Management Agency (FEMA) trainings, and webinars related to EP. Due to COVID-19, the annual EP Summit in Normal, IL was cancelled. New PCHD employees are required to

complete FEMA courses as part of their job orientation. Key personnel at PCHD continue to lack completion of FEMA courses required for Incident Command positions.

EP trainings completed were Starcom radio drill, Illinois National Electronic Disease Surveillance System (I-NEDSS), Communicable Disease trainings, State of Illinois Rapid Emergency Notification system (SIREN), vaccine storage & handling, bloodborne pathogen (BBP) & mock OSHA walk-thru, WebEOC, and Inventory Management and Tracking System (IMATS) for SNS.

In FY19, PCHD participated in a Pandemic Flu TTX (Tabletop Exercise) presented by IDPH, an Ebola exercise hosted by ICH, and a Pandemic Flu Functional Exercise. **In FY 20 PCHD participated in a Medical Surge TTX hosted by Blessing Hospital and an IDPH facilitated Vaccine TTX.** The EP grant requires an annual exercise, with completion of After-Action Report (AAR) and Improvement Plan. **In FY 20, the real event of the COVID pandemic counted towards the annual exercise, so no additional exercise was necessary. PCHD completed AARs related to the pandemic.**

A Memorandum of Understanding (MOU) with Adams County Health Department's Medical Reserve Core (MRC) is in place for volunteers in an emergency.

COVID-19 Activities: PCHD participated in numerous webinars, meetings, trainings, and ZOOM meetings related to the COVID response. Staff participated in both state level and regional EP meetings. These dealt with management of covid cases, isolation and quarantine, legal preparedness, travel monitoring, contact tracing, resource needs, surge staffing, distribution of PPE, management of vaccine cold chain, and vaccination. PCHD met with local leaders, schools, and other health care entities. Efforts were made to have a coordinated response with ICH Hospital and Pike EMA. The internal Incident Management Team met weekly and often daily to plan. PCHD received a SNS drop of PPE in March 2020. This PPE was distributed to LTC, EMA, hospital, jail, etc. PCHD facilitated the collection of covid lab specimens with LTC facilities and developmentally disabled home. Pike County Highway and Pike County Sheriff's Department assisted with PPE distribution and transport of specimens to IDPH lab in Springfield. A grant for contact tracing was completed. This involved utilization of the Salesforce platform and hiring/training of contracted contact tracers. A PHEP grant application and a Mass Vaccination Plan was completed. COVID-19 vaccine arrived in December 2020 and the vaccination effort was begun. Vaccination followed priority groups as identified by IDPH and CDC. Additional PPE, vaccination supplies, and technology were purchased. PCHD partnered with ICH to offer the initial vaccinations to health care workers who were in priority groups for COVID-19 vaccine. PCHD staff worked many long hours to meet the community's needs during this unprecedented time.

41. **Staff Total PCHD staff at the end of FY20 was 21, compared to 28 staff members at the end of FY 19.** PCHD has service agreements with one nurse practitioners, one speech therapist, one physical therapy assistant and two agencies providing occupational and physical therapy, Rehab Care Group and Advance Physical Therapy, and SIU Center for Family Medicine.

42. **Financial**

Revenues

Federal Grants	\$ 389,956 (↑ from \$ 167,423 in FY 19)
State Grants	\$ 129,232 (↓ from \$ 191,484)
Local Grants	\$ 0 (↓ from \$ 24,662)
County Funds	
Tax Levy	\$ 269,579 (↑ from \$ 250,338)
TB Levy	\$ 55,391 (↑ from \$ 10,800)
Landfill	\$ 14,630 (↑ from \$ 8,974)
Revenue for Services	
Medicare	\$ 543,424 (↑ from \$ 508,979)
Medicaid	\$ 323,247 (↓ from \$ 463,652)
Private Patient Fees	\$ 117,681 (↓ from \$ 166,993)
Other misc. fees, contracts	\$ 189,026 (↓ from \$ 45,585)
Interest	\$ 336 (↓ from \$ 423 in FY 19)
Total Revenues	\$ 2,032,502 (↑ from \$ 1,839,313 in FY 19)

Expenditures

Salaries, prof. contracts, travel, education	\$1,335,043 (↓ from \$1,436,593)
Insurance	\$ 154,342 (↓ from \$ 65,503)
Office/medical supplies	\$ 118,735 (↓ from \$ 127,860)
Utilities and office expenses	\$ 67,417 (↑ from \$ 21,399)
Equipment/building expenses	\$ 24,316 (↓ from \$ 45,988)
Capital Outlay	\$ 0 (↓ from \$ 25,142)
Debt Service	\$ 78,483 (↑ from \$ 20,090)
Other	\$ 68,939 (↑ from \$ 21,895)
Total Expenditures	\$ 1,847,624 (↑ from \$1,764,470)

43. **IDPH Recertification of Local Health Department (LHD)** PCHD is an IDPH Certified LHD as specified in the Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. LHDs must recertify every 5 years. **PCHD was due for IDPH recertification in late 2020, however it was extended to 2021 due to the ongoing COVID-19 Pandemic, a Public Health Emergency.**

Completion of the Illinois Process for Local Assessment of Needs (IPLAN) was added to the LHD recertification process in 1999. The IPLAN process results in the development of an organizational capacity assessment, a community health needs assessment, and a community health plan. The ultimate purpose is to identify, analyze, and address local health priorities with the goal to improve the health of Pike County residents.

In 2005, the second round of IPLAN for PCHD, the required community advisory group expressed a desire to continue to work together and demonstrated an ongoing commitment to understand and address existing and emerging health needs in Pike County. This group assigned a Steering Committee to move forward to develop a formalized structure to address health needs and disparities from a countywide, collaborative approach, thus the development of the Pike County Community Health Partnership (PCCHP). Based on identified priorities, focus groups from the 2005 IPLAN process included the Pike County

Transit Group and the Oral Health Advisory Committee. These priorities were further guided by the 2010 IPLAN process. As a result, the West Central Mass Transit District started offering public transportation services in Pike County on January 1, 2011. PCHD opened the Pike County Safety Net Dental Clinic in December of 2013.

The *2015 Pike County Community Health Needs Assessment* was funded by the Health and Wellness Foundation of Pike County (HWPCPC). The Foundation contracted with Western Illinois University, Illinois Institute for Rural Affairs, to conduct the Assessment to be utilized by multiple Pike County entities, including PCHD. Cynthia Struthers, PhD, led the team that completed the assessment. She had also conducted the previous IPLAN assessment in 2010.

Dr. Struthers 2015 Executive Summary stated the following (page i):

“...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 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...”

Recommendations and Priorities per Dr. Struthers (page 46):

“Clearly Pike County has a visible low-income population whose health and social service needs need to be addressed. 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)

“The most salient health needs in Pike County identified in this assessment are:

- 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”**

“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 Pike County Health Department... Pike County must continue current collaboration efforts with an eye for opportunities for new partnerships and new ideas...”

Specific recommendations per Dr. Struthers were as follows (page 46-47): Promote local services and agencies; Preserve existing programs and continue to seek outside resources as appropriate to preserve and expand programs. Address basic needs such as food, shelter, and clothing; Continue to expand Dental/Oral Care; Continue to promote Public Transportation. “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.”

Based on the *2015 Pike County Community Health Needs Assessment* the *Pike County Community Health Plan, 2015-2020* was prepared by PCHD Administrator and Director of Nursing. The Plan was guided by a collaborative community process led by the PCCHP.

By considering the statement/questions presented by Dr. Struthers in the Assessment, PCHD identified and addressed the following three 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 PCCHP Strategic Plan; ICH 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 PCCHP 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.

Although the 2020 IPLAN has been delayed due to covid, the PCHD Administrator is working with IDPH and the Executive Director of the HWFCP to initiate the process. PCHD plans to hire a consultant to guide a community advisory committee in the identification of health and wellness priorities and the development of a community health improvement plan for implementation based on a variety of data.

Once the process is completed, PCHD will work with the consultant to develop required documents to submit to IDPH as mandated in the IL Certified Local Health Department Administrative Code. At a minimum, the process must include analysis of data contained in the IDPH IPLAN Data System. This includes data related to the following:

- Demographic and socioeconomic characteristics
- Health and access to care
- Maternal and child health
- Chronic disease, including cancer incidence
- Infectious disease

- Environmental, occupational injuries, and injury control
- Sentinel events such hospitalizations.

In addition, jurisdictional health-related data, including information from the Behavioral Risk Factor Surveillance (BRFS), IL Hospital and Health Systems Association's Community Information System (CHIS), IL State Board of Education's Your Risk Behavior Survey and others should be gathered as appropriate.