

PIKE COUNTY HEALTH DEPARTMENT (PCHD)

FISCAL YEAR 2022 (FY 22) ADMINISTRATIVE AGENCY EVALUATION

1. **IDPH Certified Local Health Department (LHD)** PCHD is a certified LHD, in compliance with the requirements in the Illinois Department of Public Health (IDPH) Certified LHD Code (77 IL Admin. Code 600). The State appropriates funding each year to IDPH for the Local Health Protection Grant (LHPG). IDPH distributes the funds, by formula, to all certified LHDs to be utilized for the following mandated Public Health (PH) services: Food, Water, Sewage, and Infectious Diseases. PCHD receives the minimum grant award of \$65,684, only partially covering costs for provision of the underfunded, increasingly complex mandates. Additional Public Health (PH) services provided by PCHD are based on local needs and available funding. As such, PCHD depends on a combination of sources to fund the much-needed, additional services for the County.

Unfortunately, years of reductions and cutbacks, due to the lack of secure and sustained PH funding, threaten the capacity of LHDs to protect the public's health and respond to PH emergencies. Therefore, it is critical that PCHD continues collaboration efforts and seeks opportunities to preserve and expand programs to meet growing health and wellness needs of Pike County.

2. **PCHD Board of Health and Medical Director** PCHD Board of Health (BOH) meets quarterly and as needed. Dr. David Iftner is the current President of the 11-member board. BOH members are appointed by the County Board for 3-year terms. Jim Sheppard, Pike County Board Chairman, has served on the BOH for the last two years. Mr. Sheppard does not intend to seek another chairman appointment. The next chairman of the County Board will be named in December of 2022 and will represent the County Board on the BOH.

Dr. Ronald Johnson, the long-term PCHD Medical Director, resigned from his appointment towards the end of FY 22. *PCHD is in the process of finalizing a contract with Southern Illinois University (SIU), School of Medicine, Center for Family Medicine-Quincy, to appoint Dr. James Daniels as PCHD Medical Director. Dr. Daniels is a physician and faculty member of the Department of Family and Community Medicine, SIU Center for Family Medicine-Quincy. He serves as the Adams County Health Department (ACHD) Medical Director and has agreed to serve as the PCHD Medical Director. He will officially be appointed by the BOH at the next quarterly board meeting, currently scheduled for January 23, 2023. In the interim, Dr. Daniels has signed PCHD Standing Orders.*

3. **PCHD Policies/Procedures** Administrative Staff and Department Managers/Supervisors review and update agency and program policies/procedures annually and as needed to assure compliance with state and federal rules/regulations. This includes but is not limited to OSHA, HIPAA, and FOIA regulations, employee job descriptions, and Personnel Policies. Personnel Policies are also reviewed by the PCHD Personnel Committee. Recommendations for updates are presented to the BOH for approval when required. PCHD staff have electronic access to program policies/procedures and are required to submit written certification of review of this information annually and as needed for updates.
4. **Home Health Agency** *Home Health Agencies are public agencies or private organizations that provide skilled nursing services and at least one other home*

health service. PCHD is a Medicare certified Home Health Agency providing Home Health, Home Nursing, and Home Services. “Medicare-certified” means the agency is approved by Medicare and meets certain federal health and safety requirements.

- 5. Home Health Services (HH)** *Home Health services are services provided to a person at his residence according to a plan of treatment for illness or infirmity, prescribed by a physician licensed to practice medicine in all its branches, a licensed physician assistant, or a licensed advanced practice registered nurse. Such services include part time and intermittent nursing services and other therapeutic services such as physical therapy, occupational therapy, speech therapy, medical social services, or service provided by a home health aide.*

PCHD 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 on-call, allowing HH services to be available 24 hours/day, 7 days/week, including weekends and Holidays.

Skilled Nursing (SN) SN visits increased to **1,828 in FY 22**, compared to 1,720 in FY 21. **Admission visits totaled 202 in FY 22**, a decrease from 236 in FY 21.

Home Health Aide (HHA) HHA visits were **504 in FY 22**, a decrease from 548 in FY 21. PCHD continues to contract with Blessing Hospice to provide HHA visits for hospice patients. **PCHD did not provide HHA Hospice visits in FY 21 or 22.**

Homemaker (HMKR) HMKR visits in FY 22 were **120**, an increase from 106 in FY 21.

Speech Therapy (ST) There were a total of **15 ST visits in FY 22**, a decrease from 26 visits in FY 21. Skilled ST visits are provided PRN by one contractual Speech Therapist.

Physical Therapy (PT) There were **1162 visits for PT in FY 22**, a decrease from 1176 visits in FY 21. PT services are provided by a full-time Physical Therapist, one contractual PT Assistant, Rehab Care Group, and Advance Physical Therapy on a PRN basis.

Occupational Therapy (OT) In FY 22, there were **6 OT visits**, the same number of visits as in FY 21. OT services are provided per contract with Rehab Care Group and Advance Therapy on a PRN basis.

HH referrals decreased from 316 in FY 21 to **219 in FY 22**. **The number of referrals not seen in FY 22 was 119**, an increase from 97 in FY 21. **The main referral source in FY 22 continued to be hospitals (155), followed by physician offices (53), long-term care/SNF (10), and Rehab Facility (1).** **The main payer source for HH continues to be traditional Medicare (68%), Medicaid MCO (11%), Medicare HMO (9%), Private Insurance (8%), Medicaid (11%), and VA (4%).**

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, **CMS (Centers for Medicare and Medicaid Services)** 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 are 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. **OASIS-D1** is the current version of the **OASIS** data set. **OASIS-E is effective January 1, 2023. HH agencies will be required to begin collecting data using the updated version of the item sets beginning with patients discharged on January 1, 2023.**

CMS posts a subset of **OASIS**-based quality performance information on the **Care Compare** website at www.medicare.gov/care-compare. CMS launched **Care Compare** in September 2020, a redesigned Medicare compare tool that allows users to find information about quality measures and care experiences for doctors, hospitals, nursing homes, HH agencies, dialysis facilities, hospices, inpatient rehabilitation facilities and long-term care hospitals. **Care Compare – Home Health** has information about the quality of care provided by “Medicare-certified” HH agencies throughout the nation. The site provides information on how well HH agencies care for their patients; how often each agency used best practices when caring for its patients, whether patients improved in certain key areas of care; and what other patients said about their recent HH care experience.

Star Ratings are a prominent feature of the **Care Compare** website. **Star Ratings** support consumers health care decision-making, while helping agencies identify areas for improvement and encouraging the agencies to strive for higher level of quality. There are two types of HH **Star Ratings**: *Quality of Patient Care Star Ratings* and *Patient Survey Star Ratings*. CMS first posted *Quality of Patient Care Star Ratings* in July 2015 based on **OASIS** assessments and Medicare claims data. The *Patient Survey Star Ratings* were added to the website in January 2016. These ratings are based on the **Home Health CAHPS** (Consumer Assessment of Healthcare Providers and Systems Survey), the patient experience of care measures. Star Ratings are updated quarterly based on new data.

During FY 22, staff education and monitoring of Medicare’s new payment model, **PDGM (Patient-Driven Groupings Model)**, continued to be a priority. CMS finalized the case-mix classification model, effective January 1, 2020. **PDGM** relies more heavily on clinical characteristics, and other patient information to place HH periods of care into the following meaningful payment categories for the purposes of adjusting payment: Admission Source; (two subgroups): Community or Institutional Admission Source; Timing of the 30-day period (two subgroups): Early or Late; Clinical Grouping (twelve subgroups); Functional Impairment Level (three subgroups): Low, Medium, or High; Comorbidity Adjustment (3 subgroups): None, Low, or High diagnoses.

RCD (Review Choice Demonstration/Pre-Claim Review) continues for Illinois HH agencies. **RCD** provides flexibility and choice for HH agencies, as well as risk-based changes to reduce burden on providers demonstrating compliance with Medicare HH policies. HHAs will select from three initial choices: Pre-claim Review; Post-payment Review; Minimal Post-payment Review with a 25% payment reduction. After a 6-month

period, HHAs demonstrating compliance with Medicare rules through pre-claim review or post-payment review will have additional choices, including relief from most reviews except for a review of a small sample of claims. To be eligible, HHAs must meet a 90% target full provisional affirmation rate based on a minimum of 10 submitted requests/claims. This program reduces the number of Medicare appeals, improves provider compliance with Medicare program requirements, should not delay care to Medicare beneficiaries, and does not alter the Medicare HH benefit.

6. **Home Nursing Services (HN)** *HN services are skilled nursing services provided by a RN or LPN 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 22 were 28, a decrease from 33 in FY 21. 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.* Most insurance companies and Medicare will not pay for these services unless additional nursing care is needed. The cost for these services may be covered by other insurance, such as long-term care insurance, if the client meets the insurance qualifications and guidelines for coverage. Our nurses can help determine this during the assessment visit. **PCHD did not provide HN Skilled Personal Services visits in FY 21 or 22.**
7. **Home Services (HS)** *HS are services provided by a Homemaker (HMKR) for an individual in his/her personal residence. These services provide non-medical/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/her own personal residence.* These services do not require a physician's order and are private pay. 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 FY 22, there were 132 HS (HMKR) visits, a decrease from 172 in FY 21.**
8. **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. To assure accurate clinical documentation and regulatory compliance, the PCHD HH Supervisor and/or field staff audit each OASIS type visit prior to billing.** Results of chart audits are used for focused problem solving, appropriate intervention, and staff education.

PCHD implemented the **SHP (Strategic Healthcare Program)** a few years ago. **SHP** is an OASIS scrubbing application utilized to identify errors and inconsistencies. **SHP** also minimizes billing errors. Management staff continue to monitor the PCHD **CMS Home Health Compare** reports and **Star Ratings; Healthcare First (Deyta)** patient satisfaction reports; **CASPER* reports (Certification And Survey Provider Enhanced Reports); PEPPER* reports (Program for Evaluating Payment Patterns Electronic Reports);** multiple clinical and billing reports per the computer documentation system, **Brightree**, including **SHP; HHQI (Home Health Quality Improvement)** reports; and the **Illinois Homecare and Hospice list-serve/emails** to stay on top of constant regulation changes.

With SHP, chart audits, and education of staff, **Star Ratings have improved over the last few years for PCHD, currently a 4.5 out of 5.**

- a. **CASPER reports are compiled using agency submitted OASIS data to demonstrate performance. Current metrics are benchmarked against a prior period and the national rate.*
- b. **PEPPER reports are comparative data reports that summarize an agency's Medicare claims data statistics in areas identified as at risk for improper Medicare payments. PEPPER reports can help guide a provider's auditing and monitoring activities with the goal of preventing improper Medicare payments.*

9. 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.

10. 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 Health (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 22, EH staff conducted SFIA compliance checks during 163 food business inspections. Staff collaborated with the Chamber of Commerce to ensure all new businesses have signage and know the 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 114 Pike County businesses and 4 school districts.

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 are notified of complaints via email from this web portal. PCHD did not receive any SFIA non-compliance complaints in FY 21 or 22.

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.

11. 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 22, 60 county employees utilized the wellness benefits, compared to 59 county employees in CY 21.**

12. 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 is a certified waived lab through CLIA.

13. Immunizations **Vaccines are among the most successful and cost-effective public health tools available for preventing disease and death. They not only help protect individuals, but also help protect entire communities by preventing and reducing the spread of infectious diseases. Vaccine preventable diseases are at an all-time low in the U.S. However, these diseases still exist, and continued vaccination is necessary to protect everyone from potential outbreaks.**

In March of 2020, all PCHD immunization clinics were cancelled due to COVID-19 (COVID) precautions and agency response. As such, PCHD began offering a drive-up option for adult vaccination. COVID vaccine arrived in December 2020 and the vaccination efforts began and continued throughout FY 21 and 22. Vaccination followed priority groups as identified by IDPH and CDC.

In FY 22, there were 62 COVID vaccination clinics, compared to 98 in FY 21. In FY 22, there were 2275 COVID vaccinations given, compared to 6366 doses in FY 21. PCHD contracted with nurses to help staff COVID vaccination clinics. Volunteers were recruited and proved to be a great asset to helping with the flow of clinics. PCHD assisted most of the LTC facilities in the county with vaccination of their staff and residents. PCHD nurses administered COVID vaccinations at Pike County Jail.

Regular immunization clinics (excluding COVID and Flu) were resumed in September 2021. PCHD then returned to the previous schedule of offering immunization clinics two times per month. Unfortunately, cancellation of the regular clinics and many other factors contributed to a significant decrease in vaccinations provided by PCHD. In FY 19, prior to COVID and cancellation of clinics, client contacts numbered 1220 with PCHD providing 1560 doses of vaccine. Client contacts then decreased to 950 client contacts and 1202 doses of vaccine in FY 20. PCHD documented a further, and quite significant decrease in vaccinations in FY 21 with only 120 client contacts and 236 doses of vaccine. **The numbers increased only slightly in FY 22 with 170 client contacts for vaccination with PCHD providing 258 doses of vaccine.**

Due to staffing shortages, PCHD initiated a contract with ACHD in FY 22 to provide oversight and support for PCHD Immunization and Communicable Disease (CD) programs, including Emergency Preparedness (EP). CD is reported in #14, pages 7-8 and EP is reported in #38, pages 16-17 of this report.

Beginning September 1, 2022, ACHD assumed the lead of the PCHD Immunization program. PCHD is now a “mobile” offsite clinic for ACHD. Walk-in style clinics are now scheduled for 2 days each week, with ACHD providing a nurse and receptionist. Vaccinations for all ages, including COVID, are available during clinics. ACHD purchases all private vaccines and transports vaccine to PCHD on clinic days via transport fridges and freezers monitored with dataloggers. PCHD staff are responsible for

maintaining refrigerator/freezer temps on current Helmer products. This includes working with the emergency notification system to prevent temperature excursions. ACHD utilizes electronic record documentation and billing programs. ACHD trained PCHD staff and will continue additional ongoing training. The PCHD CD Coordinator has access to ICARE and is the primary point of contact to provide immunization records to the community. ACHD is planning community education to promote immunizations in the County.

PCHD held 29 flu vaccination clinics in FY 22 (in-house & outside clinics), compared to 17 flu clinics in FY 21. There were 393 adult flu vaccinations and 27 child flu vaccinations administered in FY 22, compared to 424 adult flu vaccinations and 25 child flu vaccinations administered in FY 21. PCHD also offered flu vaccination at several private entities/businesses around the county. Pre-COVID, PCHD provided 23 influenza clinics in FY 19 with 581 adult doses and 124 child doses.

The grand total of all immunizations (including COVID and Flu) given in FY 22 was 2926 as compared to 7051 in FY 21.

- 14. Communicable Disease (CD) PCHD is an IDPH Certified LHD. All certified LHDs must provide the following mandated PH programs: Food, Water, Sewage, and Infectious Diseases as per the IDPH Local Health Protection Grant Program (Food, Water, and Sewage reported in #28, #29, #30, pages 13-14 of this report).**

As with Immunizations, ACHD assumed the lead of the PCHD CD (Infectious Disease) program, September 1, 2022, providing oversight and support of the comprehensive CD program that includes disease reporting, surveillance, case management, investigation, effective documentation of case histories, outbreak control, community outreach and education. Disease reports are received from health care providers, hospitals, and laboratories. The Emergency Preparedness (EP) program is included in CD and is reported in #38, pages 16-17 of this report.

The FY 22 numbers were 218 disease investigations, including Sexually Transmitted Disease/Sexually Transmitted Infections (STD/STI), completed with 201 of the 218 meeting the Center for Disease Control (CDC) *case definition* (probable and confirmed) for a reportable disease case. The probable and confirmed cases were then reported to IDPH via I-NEDSS. In FY 21, a grand total of 74 disease investigations were completed with 49 of the 74 meeting the CDC *case definition* for a reportable disease case. Only probable and confirmed cases are included in state case counts. **Numbers do not include COVID-19 cases.**

*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 22 included the following diseases: COVID-19, Campylobacteriosis, Chlamydia, Gonorrhea, Syphilis, Hepatitis C, Ehrlichiosis, Potential Rabies exposure, Salmonellosis, Tularemia, Spotted Fever Rickettsioses and Cryptosporidiosis. In FY

22, there were 24 chlamydia cases; 3 gonorrhea cases, and 1 syphilis case reported to IDPH, as compared to 13 chlamydia, 6 gonorrhea, and 2 syphilis cases reported in FY 21.

In review of IDPH HIV/AIDS posted statistics (October 2021), there has been 1 cumulative HIV and 0 cumulative AIDS cases diagnosed since 2014. There are 2 cases of AIDS and 1 case of HIV living in Pike County. Department of Corrections cases are included in county totals. In FY 22, there were 5 acute gastro-enteritis (AGE) outbreaks at LTC facilities. In FY 21, PCHD monitored 1 disease AGE outbreak at a LTC facility. There was 1 foodborne disease outbreak investigated by PCHD in FY 22 compared to 0 in FY 21. There were no waterborne disease outbreaks in FY 22 or 21.

COVID-19 stats for FY 22 were as follows:

**Positive: 1669
Probables: 1192
Outbreaks: 26
Hospitalizations: 122
Deaths: 10**

Compared to COVID-19 stats in FY 21:

Positive: 1763
Probables: 75
Outbreaks: 26
Hospitalizations: 122
Deaths: 37

- 15. Tuberculosis (TB) In FY 22, there were 88 TB skin tests given with 0 positive tests, 0 Chest X-Rays, and 0 on treatment for Latent TB Infection. FY 21 stats were as follows: 108 skin tests given; 0 positive TB skin tests; 0 chest X-rays; 0 latent TB infection (LTBI). No active pulmonary or non-pulmonary TB cases were reported in FY 21 or FY 22; 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. 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 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. **1 vial of TST solution was provided in Pike County Jail in FY 22**, compared to 2 vials of TST solution and syringes in FY 21. 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.

- 16. Family Planning (FP) PCHD FP program provides confidential, professional, and low-cost reproductive health care to men and women. We promote and encourage responsible behavior, the well-being of the family, family involvement and healthy babies. Confidential services include family planning counseling, reproductive exams, birth control methods, and testing for pregnancy and sexually transmitted diseases (STDs). All FP stats are comprised of services during PCHD FY 22. PCHD FP served 111**

unduplicated FP clients in FY 22, as compared to 129 in FY 21. **All active clients resulted in 280 FP office visits. Seven percent of FP clients in FY 22 and 11% in FY 21 were out of county residents. PCHD FP performed 24 initial comprehensive exams in FY 22**, compared to 10 in FY 21. **Annual comprehensive exams totaled 51 in FY 22**, compared to 57 in FY 21. **Twenty-nine pap smears were done in FY 22**, compared to 15 in FY 21. **Seven 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 6 abnormal pap smears in FY 21. **Pregnancy tests performed totaled 44 in FY 22**, compared to 40 in FY 21. **Eight of those pregnancy tests were positive with referral to PCHD WIC/FCM programs. FP clinics are offered 2 days per month depending on need. Late clinic hours are available upon request.** Jill Miller, APRN (Advanced Practice RN) provides coverage for clinics. A PCHD staff nurse is available Monday through Thursday for FP services.

Eighty-three percent of unduplicated FP clients were at a zero-fee sliding scale in FY 22, compared to 82% in FY 21. **Thirty-eight percent of unduplicated users are on a medical card**, compared to 51% in FY 21. **Three percent are partial fee and 2% are full fee. In FY 22, services were provided to 3 male clients**, compared to 13 in FY 21. **FP caseload consisted of 3 percent male gender in FY 22**, compared to 10% in FY 21. 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. **Thirteen percent of FP clients were covered by third party insurance in FY 22**, compared to 16% in FY 21. In FY 18, PCHD contracted with SIU-Quincy Prenatal Clinic to insert Long-Acting Reversible Contraceptive (LARC) methods for PCHD FP clients. **In FY 22, one PCHD FP client 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.

- 17. WIC (Women, Infants, and Children) WIC is a special supplemental nutrition program for women, infants, and children who meet residency, nutrition, and income requirements. The program provides healthy foods, advice, and referrals to pregnant, postpartum, and breastfeeding women so that they can stay strong and help their children. Infants receive benefits during their first year while children receive benefits up to age five.** The WIC program not only provides nutrition education, nutritious food, and breastfeeding promotion/support 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.

Unfortunately, the PCHD WIC caseload numbers have continued to slowly decrease the past few years. **This has been seen as a nationwide problem as well.** Therefore, the PCHD *assigned* WIC caseload has been gradually decreased by the State for the past few years. In 2022, **the FY 23 grant year (July 1, 2022 - to June 30, 2023) assigned caseload for PCHD was decreased to 323** compared to 336 for the FY 22 grant year (July 1, 2021 – June 30, 2022). **At the end of FY 22, the PCHD WIC program had an average caseload of 215 clients** compared to 237 in FY 21. In an effort to increase the caseload, staff are reviewing outreach strategies and are also working with the Illinois Department of Human Services (DHS) for recommendations.

Statewide, WIC visits have been completed by phone with curbside pickup of benefits since March 16, 2020. USDA granted waivers for the physical presence requirement

for height, weight, and hemoglobin testing for the program during the COVID-19 Pandemic, a Public Health Emergency. This waiver has been extended to January 2023 with a 90-day period to then resume regular in-house clinics if not extended again. The State Staff are encouraging LHDs to begin offering in-house to clients based on our county's rate of COVID transmission.

The WIC program continues to provide a variety of free breast pumps to breastfeeding WIC clients who have been evaluated to need one, mainly through Neb Medical Services (a durable goods provider) along with a few breast pumps that 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, #18).

- 18. Breastfeeding Support** The designated WIC Breastfeeding Coordinator is a Certified Lactation Educator through the UCLA program. The coordinator and two RN Case Managers attended the Certified Lactation Counselor Program through the Health Education Associate's course years ago.

Breastfeeding is promoted through WIC clinics, phone calls by a part-time **Breastfeeding Peer Counselor (BFPC)**, and at FCM home visits. Assistance is provided on an "as needed" basis to anyone requesting such. However, PCHD has been without Breastfeeding Peer Counselor (BFPC) services since November 2021. Hopefully, a new one will be hired and trained before June 2023. Due to non-attendance, a Breastfeeding Support Group is not advertised/offered at this time.

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. They 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 was one manual/electric pump distributed, at no charge, to a WIC client in FY 22**, compared to 0 in FY 21. 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 22, four pumps were provided to WIC clients through Neb Medical Services**, compared to 0 pumps given in FY 21. **There were no electric or manual pumps rented or purchased from private pay women during the past 8 fiscal years (FY 15-22).** Breastfeeding data from the new I-WIC system indicates there were 16 exclusively breastfed infants, 11 partially breastfed infants, and 67 fully formula fed infants from December 2021 through November 2022.

- 19. 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. 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 FY 22, the average FCM caseload was 87 clients, compared to 87 clients in FY 21. Due to the COVID Pandemic/Health Emergency extension, FCM/APORS*

home visits continue to be completed by phone. FCM has been a key factor in reducing infant mortality, as documented by the state.

- 20. HealthWorks of Illinois (HWIL)** The Department of Human Services (IDHS) no longer covers HWIL program costs. Effective 9/1/2020 the HWIL program transitioned to a managed care model, **YouthCare**, for the provision of Department of Children and Family Services (DCFS) case management services. YouthCare contracts with agencies for the provision of services.

DCFS refers cases to HWIL after the initial 45 days the child is in care. PCHD provides follow-up services and communication with the ACHD regarding issues pertaining to these cases and maintains medical records for the child. PCHD continues to provide HWIL case management services with ACHD serving as the lead agency. **The primary goals of HWIL are to ensure that each child receives preventative health care services; that each child is connected with appropriate healthcare services; and to develop health care plans for incorporation into each child's overall DCFS service plan. The average DCFS caseload was 18 in FY 22, and 15 in FY 21.**

- 21. Healthy Kids** Illinois' children's health insurance, administered through the Department of Healthcare and Family Services (HFS) is called **All-Kids**. The **All-Kids** program offers comprehensive health care coverage to children or helps in paying premiums of employer or private health insurance plans. **All-Kids** services are available at no cost or at low cost. Premium and co-payments are determined based on family income and size. HFS recommends that children receive preventive and comprehensive health services designed to provide early discovery and treatment of health problems. HFS recommends that children receive preventive health care at regular intervals and will reimburse providers for well-child medical services at the recommended periodicity schedule or more often, as needed.

*The preventive (well-child visit) component of the program in Illinois is referred to as **Healthy Kids, commonly known as Early and Periodic Screening, Diagnosis and Treatment (EPSDT).** 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 screenings are also provided through Healthy Kids.*

Per HFS website, Pike County's total Medicaid recipients totaled 5145 in FY 22, with 2099 (41%) of those reported as children. This compares to 4935 Medicaid recipients in Pike County in FY 21, with 2058 (42%) of those reported as children.

- 22. 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. The IDPH Regional Lead Inspector provides environmental lead services.

Due to the COVID Pandemic, PCHD was closed to the public for several months resulting in decreased screenings. In FY 22, 24 children were screened for lead at PCHD compared to 12 in FY 21. These 2 years reflect a significant decrease in lead screenings, compared to 114 in FY 20 and 273 in FY 19.

Thirty-eight children were identified in FY 22 as having lead levels over 5 ug/dL, compared to 23 identified for levels of 5 ug/dL or higher in FY 21. 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) also perform lead screenings on their pediatric clients at their facilities. Identified elevated levels are reported to IDPH. PCHD is notified through HHLPS (Healthy Homes and Lead Poisoning Surveillance System). PCHD Lead staff are responsible for elevated lead levels identified by QMG and IRH. **Due to COVID Pandemic, lead home visits have been completed by phone.**

23. **Oral Health** PCHD transitioned the Pike County Safety Net Dental Clinic to Southern Illinois University (SIU) Center for Family Medicine, in September of 2020. SIU has the capacity to preserve, sustain, and expand services, assuring continued access to services for the underserved population in the County. Oral health services are now provided under the scope of the SIU Federally Qualified Health Center (FQHC), with SIU operating the dental clinic. SIU employs dental staff and leases space and equipment from PCHD. Services are available for income eligible children and adults, including pregnant women, regardless of inability to pay. Medicaid insurance is accepted and discounted fees are available for uninsured/underinsured patients who qualify based on family size and income. Services include exams, cleanings, fluoride treatment, sealants, x-rays, fillings, extractions, and crowns. Referrals are provided for dental services not offered by the Pike County Dental Clinic. *In 2020, prior to the transition of operations to SIU, the Clinic had a total patient caseload of 4,995 with 99% of clients enrolled in Medicaid.*
24. **Vision Screening** Certified technicians do Vision Screenings. **In FY 22, 166 preschool children were screened with zero referred for follow-up,** compared to 140 screened and zero referrals in FY 21.
25. **Hearing Screening** Certified technicians do Hearing Screenings. **In FY 22, 178 preschool children were screened with zero referred for follow-up,** compared to 147 screened and zero referrals in FY 21.
26. **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.
27. **IDPH Local Health Protection Grant Programs of Food, Water, and Sewage** *PCHD is an IDPH Certified LHD. All certified LHDs must provide the following mandated PH programs: Food, Water, Sewage, and Infectious Diseases as per the Local Health Protection Grant Program. (Infectious Disease, reported as Communicable Disease (CD) in #14 pages 7-8. The Local Health Protection Grant (LHPG) provides funding to certified local health departments to ensure that basic levels of protection for Illinois residents are maintained at the community level for infectious diseases, food protection, safety of the potable water supply, and private sewage disposal.*

In addition to the Immunization, CD and EP programs contract, PCHD initiated a second contract with ACHD for the Environmental Health (EH) programs of Food, Water, and Sewage, including direction and supervision by a Licensed Environmental Health Practitioner (LEHP). Beginning November 1, 2022, ACHD began providing

oversight and performance of certain reporting and inspection duties to meet the IDPH program standards and complete program requirements for an IDPH Certified LHD.

- 28. Environmental Health (EH): Food PCHD issued 120 food establishment licenses in FY 21, compared to 114 licenses FY 21. **Two cottage food vendors were licensed in FY 22, compared to 3 in FY 21.** EH staff continues to collaborate with owners proposing to open new facilities to assist them through the licensing process. **Six pre-inspections were conducted in FY 22 for new establishment owners,** compared to four pre-inspections in FY 21. **EH staff conducted 163 routine inspections and 54 rechecks for food establishments in FY 22, compared to 154 and 8 in FY 21. Two consultations were provided to businesses owners and/or managers in FY 22, compared to 4 in FY 21.****

Beginning on January 1, 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 1, 2019. **There were 116 temporary events licensed and 85 were inspected in FY 22,** compared to 118 licensed and inspected in FY 21.

Cottage Food regulations changed January 1, 2022. All cottage food establishments must register with the health department. No inspection will be completed unless a complaint is received. Food items must be labeled and state they come from an uninspected kitchen. There were 2 Cottage Food vendor licenses in FY 22, compared to 3 in FY 21.

In FY 22, 25 people enrolled in the online 8-hour Certified Food Protection Manager Course (CFPM), 15 people attended an in-house food class. We did not host an in-person 8-hour CFPM course this year. We also did not host any in-person Food Handler Courses. The Food Handler Certificate can be obtained online. The Food Handler certificate only requires a 2-hour online course. After successful completion, participants can print their own certificate. We are hoping to resume in-person CFPM courses in FY 23. EH receives all recall information from the FDA via email, but only records recalls that require action in the local area. **There were 15 food borne illness/food complaints in FY 22,** compared to 5 in FY 21.

Software has been purchased to allow staff to do electronic inspections with the ability to email the inspection report to the establishments. The new system will allow establishments to complete their license application and temporary event applications online, with the ability to pay any registration fees. It will also assess a late application fee, if applicable.

- 29. EH: Water Three water samples were analyzed in FY 22,** compared to nine in FY 21. **Two water wells were permitted in FY 22. Three water wells were sealed in FY 22,** compared to the one in FY21. The IDPH Lab in Springfield no longer tests for Nitrate, therefore there were no nitrate testing samples. And no request for Nitrate sample kits.
- 30. EH: Sewage Twenty-four alterations or new private sewage disposal systems were permitted in FY 22, compared to 32 in FY21.** 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. Six sewage complaints were received in FY 22, the same as in FY 21.

EH staff hosted one educational workshop for private sewage contractors. Approximately 56 individuals attended and received continuing education hours towards State licensing.

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 were submitted this year.**

- 31. EH: Nuisance the Pike County Nuisance Ordinance currently designates PCHD as the enforcement officer for the ordinance. In FY 22, twelve nuisance complaints were logged** compared to 14 in FY 21. Many of these were incorporated areas and while EH staff continue to help conduct health hazard evaluations, there is limited enforcement capabilities since they are governed by their own ordinance. The Pike County Board has amended the Code Hearing Ordinance to allow local units of government to separately enter into agreements 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 being forwarded 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. The Nuisance Complaint Form is also available on the Pike County Government website at <https://www.pikecountyil.org/health-department/programs-services/environmental-health/nuisance-control>.

As a feature of the new County Landfill Host Agreement, the Landfill offered two mornings where residents could take permissible items to the land fill and deposit for free. They would like to have one in the spring and one in the fall each year. Staff continue to work at promoting this opportunity to the public.

- 32. 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. **Mosquito surveillance this summer included a total of 8 mosquito pools tested for West Nile Virus; all tests were negative. There were no birds submitted for WNV testing in FY 22 or FY 21.**

There was a large response to the annual tire collection held at the Western Illinois Fair. The tire pick up was delayed due to the IEPA not getting the tire pickup on their schedule. People in the community kept putting tires on the pile. The Fair Board was displayed with the delay. We will try to secure another site for next year's collection.

33. Tanning Three tanning salons were inspected in FY 22, compared to two in FY 21.

Increased awareness of skin cancer and more strict tanning regulations may contribute to decreases in tanning salons. **No tanning complaints were received in FY 22 or FY 21.**

34. Indoor Air Quality PCHD receives occasional indoor air quality inquiries related to mold and carbon monoxide in residential settings. EH staff have 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 #10, pages 5 for PCHD Tobacco Free Communities activities.*

35. 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 compliance with specific sanitation provisions. (Body Art includes Tattoos, Piercings and Micro-Blading)

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. There were no complaints or reports of unlicensed facilities/individuals providing body art in Pike County in FY 22.**

36. Radon Over 100 radon test kits were distributed at a drive-thru wellness expo at the Pittsfield Lake in FY22. Radon gas is odorless, tasteless, and colorless. It enters the home through cracks in the basement foundation and crawlspaces. It can accumulate in the lungs over a period of years. Radon is a Class A carcinogen, which means there is actual evidence that exposure to radon over a period of years can cause lung cancer in humans. The goal of PCHD is to increase the public’s awareness about radon, promote radon testing and mitigation, and advance the use of radon resistant new home construction practices. Studies by the Illinois Emergency Management Agency (IEMA) and U.S. Environmental Protection Agency (USEPA) and others show that radon occurs in every county in Illinois. Pike County is one of the counties in Illinois where some homes have had elevated radon levels.

37. Vital Records There were two in-county births recorded in FY 22, compared to one in-county birth recorded in FY 21. There were 181 deaths registered in FY 22, compared to 165 in FY 21.

38. Emergency Preparedness (EP) The focus of the IDPH Public Health Emergency Preparedness (PHEP) grant is to help LHDs, as part of the healthcare and PH system, build and sustain capacity to respond to and recover from PH emergencies quickly and effectively, thus protecting the public’s health and safety. Enhancing communications, improving resource management, and building medical surge capacity are priorities. LHDs are required to conduct activities that identify and minimize preparedness gaps

identified through drills, exercises, events, and other PH preparedness risk assessment and planning. Objectives include activities related to volunteer response; community preparedness; information sharing; medical countermeasures, dispensing, and administration; mass care; and responder safety and care.

Coordination of the EP program is included in the ACHD contract under the umbrella of the CD program. Effective September 1, 2022, ACHD provided an Emergency Response Coordinator (ERC) responsible for coordination of the PCHD EP program, specifically the duties related to the PHEP grant as described and required grant reporting.

During FY 22, PCHD continued active emergency operations related to COVID response. This included monitoring and reporting of disease, contact tracing, isolation and quarantine, and vaccination and other activities as recommended by IDPH and CDC. See **FY 22 COVID disease stats in #14, page 8.**

PCHD hired contractual nurses and staff to assist with contact tracing and vaccination clinics. Volunteers also helped with clinic flow. In addition to weekly in-house clinics, COVID vaccinations were provided for staff and residents in LTC facilities and at the Pike County Jail as requested. See **FY 22, COVID vaccination stats, #13, page 6.**

Beginning in December of 2021, PCHD was chosen as a community COVID PCR testing pilot through IDPH. Drive-thru testing became available on 12/1/21 at the Pike County Farm Bureau. The Pike County Sheriff's Department (PCSD) and the Pike County Emergency Administrator (PEMA) assisted with planning and traffic flow. The testing site was later moved to the health department.

Challenges related to the ongoing testing included staffing, cold weather, shipping process, and slow resulting of tests. The Illinois Emergency Management Agency (IEMA) provided a nurse for several weeks to assist with testing due to the high demand for testing. A retired PCHD staff member was also contracted to help with COVID testing. **Testing continued throughout 2022 with frequency dependent on levels of COVID disease in Pike County based on weekly information provided by IDPH. The pilot was discontinued in December of 2022, so PCHD was unable to continue community testing.**

Binax Now antigen tests, provided by IDPH, were provided to LTC facilities and a group home that were experiencing COVID outbreaks. PCHD also continued to distribute free rapid antigen tests to the public as available/provided by IDPH. Tests were distributed at the Wellness Expo on 4-23-22.

During FY 22, staff members continued to participate in IDPH trainings/webinars and local and regional meetings related to contact tracing, disease reporting, school updates, and other COVID response duties as needed or required. Key staff collaborated with the Pike County Emergency Management Administrator, Pike County Sheriff's Department, Illini Community Hospital, other healthcare entities, school leaders, and other emergency partners. A press release with COVID case information was sent to the media weekly through the month of May 2022. Press releases were then sent as needed.

39. Staff Total PCHD staff at the end of FY 22 was 16, compared to 20 staff members at the end of FY 21. PCHD has service agreements with one nurse practitioner, 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.

40. **Financial**

FY 2022

Revenues

Federal Grants	\$ 626,026.00	(↑ from \$ 607,401.00)
State Grants	\$ 125,374.00	(↑ from \$ 120,069.00)
Local Grants	\$ 6,000.00	(↑ from \$0.00)
County Funds		
Tax Levy	\$ 303,089.00	(↑ from \$ 275,624.00)
TB Levy	\$ 18,300.00	(↑ from \$ 10,800.00)
Landfill	\$ 15,162.00	(↑ from \$ 14,810.00)
Revenue for Services		
Medicare	\$ 467,375.00	(↓ from \$ 566,553.00)
Medicaid	\$ 50,151.00	(↑ from \$ 43,845)
Private Patient Fees	\$ 59,455.00	(↓ from \$ 83,982)
Other misc. fees, contracts	\$ 127,007.00	(↓ from \$ 178,812)
Interest	\$ 1,287.00	(↑ from \$ 461)
Total Revenues	\$1,799,226.00	(↓ from \$ 1,902,357 in FY 21)

Expenditures

Salaries, prof. contracts, travel, education	\$1,435,711.00	(↑ from \$1,319,219)
Insurance	\$ 86,709.00	(↓ from \$ 101,122)
Office/medical supplies	\$ 75,811.00	(↓ from \$ 122,497)
Utilities and office expenses	\$ 81,422.00	(↑ from \$ 64,004)
Equipment/building expenses	\$ 48,195.00	(↑ from \$ 41,143)
Capital Outlay	\$ 0.00	(no change)
Debt Service	\$ 20,090.00	(no change)
Other	\$ 55,794.00	(↓ from \$ 83,133)
Total Expenditures	\$1,803,732.00	(↑ from \$1,751,208 in FY 21)

41. **IDPH Local Health Department Recertification: IPLAN LHDs must recertify every 5 years. Recertification includes completion of the Illinois Process for Local Assessment of Needs (IPLAN), which 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 of improving the health of Pike County residents.**

PCHD has completed four IPLAN processes since 1999. In 2005, the second round of IPLAN for PCHD, the required community advisory committee 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).* 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 PCHD IPLAN process resulted in the prioritization and development of strategies for intervention for the following three priorities: 1) Access to Care; 2) Mental Health; and 3) Obesity, Nutrition, Exercise.

PCHD was due for IDPH recertification, including completion of the IPLAN, in late 2020. Ongoing response duties related to the unprecedented public health emergency, the COVID-19 Pandemic, delayed the process. Therefore, PCHD requested, and IDPH approved, an extension for submission of the PCHD IPLAN.

PCHD initiated the IPLAN process in 2021, with support and guidance from IDPH and the HWFPC. To complete the process, PCHD worked with Illini Community Hospital (ICH) as a project partner, exchanging resources, information, and sharing a consultant to assist in the development of both the Community Health Needs Assessment (CHNA) for ICH and the IPLAN for PCHD. The projects were developed and conducted under the direction of ICH and PCHD, in partnership with representatives from the community.

The consultant facilitated the collaborative, community IPLAN process and completion of the Community Health Needs Assessment and Community Health Plan. The process included community participation to analyze data from various resources, to identify and prioritize community health problems, and to establish objectives and strategies for intervention to address most important health and wellness needs of Pike County residents.

The 2022 IPLAN Priorities remain the same or similar to health problems identified in the previous IPLAN. They were based on the current 2022 Community Health Needs Assessment and are addressed in the *2022-2027 PCHD Community Health Plan as follows:*

- a. **Mental Health:** A variety of data indicates that Mental Health remains a health problem in Pike County and includes Deaths of Despair (deaths from suicide + drug/alcohol poisoning) which is higher than state and national averages. **Deaths of Despair were 41.2 deaths/100,000 total population as compared to 39.0 statewide. There were 20.3 alcohol related motor vehicle crashes/100,000 total population compared to 4.2/100,000 for the state.** Additional Pike County statistics that indicate or contribute to the potential for poor mental health include the use of tobacco, alcohol, and other drugs, poverty, disability, low educational achievement, poor health, limited access to healthcare and other services to meet basic health, and others.
- b. **Food Insecurity:** Food Insecurity (lack of reliable access to a sufficient quantity of affordable, nutritious food) Pike County is a geographically large, primarily rural county. Pike County is a designated Food Desert which directly contributes to limited access to food. **There are 13,847 of the 16,430 residents living in food deserts, 23.80% of those in the report area have Low Food Access as compared to 20.19% statewide. Poverty is a key driver of health status. Within the report area, 13.82% are living in households with income below the Federal Poverty Level (FPL). This is higher than the state level of 12.49%.** This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status as follows: **27.00% of low-income have low food access as compared to 16.57% statewide; 57.1% of**

public-school students are eligible for free or reduced-price lunch, which is higher than the state average of 48.7%; and 15.2% of the population is receiving SNAP benefits as compared to 14.5% statewide. Further Pike County statistics document disability, elderly living alone, and poor health as indicators higher than state average. All can contribute to Food Insecurity.

- c. **Access to Care: Pike County is designated as a Health Professional Shortage Area (HPSA), defined as having a shortage of primary medical care, dental, or mental health professionals.** This indicator is relevant because a shortage of health professionals contributes to access and health status issues. **Data indicates that 100% of the Pike County population resides in a designated HPSA for all healthcare services (physical, mental, and oral health),** directly contributing to lack of access to healthcare for Pike County residents.

- d. **Next steps include reconvening the PCCHP Steering Committee to move forward with a collaborative, community approach to address the priority health needs identified in the 2022 IPLAN.** This includes planning and beginning new and continuing current initiatives to address Mental Health, Food Insecurity, and Access to Care.

- e. PCHD will continue to partner with SIU to assure access to oral health services for the low-income, underserved population. The agency is also planning to partner with SIU to provide a registered nurse, 1 day/week, to assist with psychiatric services to increase access to mental health services. PCHD will continue to work in conjunction with area food pantries and school back-pack programs to assure access and safe distribution of food for residents with low access to food. The agency also will continue the provision and promotion of WIC, the Supplemental Nutrition Program for Women, Infants, and Children. Additional initiatives will be identified, researched, and implemented as appropriate.