

**PIKE COUNTY HEALTH DEPARTMENT (PCHD)  
FISCAL YEAR 2023 (FY 23) 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 core 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 underfunded, increasingly complex mandates. Additional services are based on local needs and available funding. As such, PCHD depends on a combination of sources to fund much-needed PH services for the County. This includes Federal, State, and local grants; revenue for fees, services, and contracts; and County funding based on a maximum property tax levy of 0.100 of the Estimated Assessment Value and a TB Levy of 0.0075. PCHD will continue to seek opportunities and funding to preserve and expand programs to meet the growing health and wellness needs of Pike County residents.
- 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. Andy Borrowman, Pike County Board Chairperson, also serves on the BOH. Dr. James Daniels is the 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.
- 3. PCHD Policies/Procedures** Administrative Staff and Department Managers review/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. The Personal Policies are also reviewed by the PCHD Personnel Committee. Recommendations for updates are presented to the BOH for approval when needed. Staff have electronic access to program policies/procedures and must submit written certification of review of this information annually and as needed.
- 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 (HH) Services** HH Services are provided for a person in their own home according to a plan of treatment for illness/infirmity, prescribed by a physician licensed to practice medicine, a licensed physician assistant, or a licensed advanced practice registered nurse. Such services include part-time and intermittent Skilled Nursing (SN) services and other therapeutic services such as Physical Therapy (PT), Occupational Therapy (OT), Speech Therapy (ST), medical social services, or services provided by a Home Health Aide (HHA).

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 surgery patients; patients with multiple comorbidities; and in-home IV infusions. HH nurses provide SN services including teaching 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 hours/day, 7 days/week, including weekends and holidays.

**SN visits increased to 2,907 in FY 23**, compared to 1,828 in FY 22. **Admission visits totaled 109 in FY 23**, a decrease from 202 in FY 22. **There were 656 PT visits in FY 23**, a decrease from 1162 in FY 22. PT services are provided by (1) full-time Physical Therapist, (1) contractual PT Therapist, and (1) contractual PT Assistant. **In FY 23, there were 523 HHA visits**, an increase from 504 in FY 22.

**There were (0) ST visits in FY 23**, a decrease from 15 visits in FY 22. ST visits had been PRN by (1) contractual Speech Therapist. Sadly, the therapist passed away in May of 2023. **We have not secured a ST contract due to limited providers in the service area. We have also been unable to secure an OT contract due to limited providers in the PCHD service area. Therefore, we are unable to provide offer OT services.**

**HH referrals decreased to 107 in FY 23**, from 219 in FY 22. **The number of referrals not seen in FY 23 was 171**, an increase from 119 in FY 22. Turnover, staffing shortages, and poor reimbursement from payors limit the number of referrals that can be accepted for HH services.

**The main referral source in FY 23 continued to be hospitals (71), followed by physician offices (25), long term care, LTC (8), Insurance (2), and Rehab Facility (1). The main payer source for HH continues to be traditional Medicare (60.3%), Medicaid MCO (8.6%), Medicare HMO (2.4%), Private Insurance (1.7%), Medicaid (0.3%), and VA (26.7%).**

HH staff collaborate with health care providers, hospital discharge planners, and other service providers to keep referral sources informed of services. Providing HH education to providers 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/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 guide quality and performance improvement efforts. OASIS-E, effective 1/1/23, is the current version of OASIS.

CMS posts a subset of OASIS-based quality performance information on the Care Compare website at [www.medicare.gov/care-compare](http://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 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 2015 based on OASIS assessments and Medicare claims data. The Patient Survey Star Ratings were added to the website in 2016. These ratings are based on the HH CAHPS (Consumer Assessment of Healthcare Providers and Systems Survey), the patient experience of care measures. Star Ratings are updated quarterly based on new data.

Medicare’s payment model, PDGM (Patient-Driven Groupings Model), continues to be a priority. CMS finalized the case-mix classification model, effective 1/1/20. 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; Timing of the 30-day period; Clinical Grouping; Functional Impairment Level; and Comorbidity Adjustment.

RCD (Review Choice Demonstration/Pre-Claim Review) continues for Illinois HH agencies. RCD provides flexibility and choice for agencies, as well as risk-based changes to reduce burden on providers demonstrating compliance with Medicare policies. Agencies will select from three initial choices: Pre-claim Review; Post-payment Review; or Minimal Post-payment Review with a 25% payment reduction. After a 6-month period, agencies 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, agencies must meet a 90% target full provisional affirmation rate based on a minimum of ten submitted requests/claims. This program reduces the number of Medicare appeals, improves provider compliance with the Medicare program requirements, should not delay care to Medicare beneficiaries, and does not alter the Medicare benefit.

- 6. Home Nursing (HN) Services** HN Services are SN services and/or skilled personal services provided for an individual who does not qualify for HH. HN Services require a healthcare provider’s order and are provided for an individual in their own home. HN (SN) services are provided by a RN or LPN and may include lab draws, pre-fill of medication boxes, pre-fill of insulin syringes, and trimming of finger/toenails. HN skilled personal services are provided by a HHA, under the supervision of a RN, in accordance with the plan of treatment established by a healthcare provider. HN (HHA) services may include skilled personal care and other personal care including bath, shampoo, oral hygiene, skin/nail care, shaving, foot care, dressing, feeding, toileting, and household services. **HN (SN) Admission Visits were 3 in FY 23**, a decrease from 8 in FY 22. **Additional HN (SN) visits increased to 93 in FY 23**, compared to 28 in FY 22. **HN**

**(HHA) visits were 108 in FY 23.** Most insurance companies and Medicare will not pay for these services. However other insurance, such as long-term care insurance, may cover the costs if the client meets the qualifications and guidelines for coverage. If not, services are private pay. Our nurses can help determine this during the assessment visit.

7. **Home Services (HS)** HS are services provided by a Homemaker (HMKR) for an individual in their own home. 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 their own home. These services do not require a provider'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 23, there were 132 HS (HMKR) visits,** the same as in FY 22.
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.

*\*CASPER reports utilize agency submitted OASIS data to demonstrate performance. Current metrics are benchmarked against a prior period and the national rate.*

*\*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 to promote the program in Pike County, with HCHD providing reimbursement for staff time and mileage.
10. **Smoke-free Illinois** The Smoke-Free Illinois Act (SFIA) has been protecting Illinois residents and visitors from the dangers of secondhand smoke since its enactment on 1/1/08; e-cigarettes

were added to the act beginning 1/1/24. The SFIA is a state law which protects residents, workers, and visitors from the harmful effects of exposure to secondhand tobacco smoke and e-cigarette vapor by prohibiting smoking of all forms of combustible tobacco, including cigarettes, cigars, and hookah, and e-cigarettes, vapes, and any other electronic smoking device, in public places and places of employment. In addition to indoor areas, use of these products is banned outdoors within 15 feet from any entrance, exit, window that opens, or ventilation intake of a public place or place of employment.

PCHD has not received the available IDPH Smoke-free Enforcement Grant due to limited staffing for several years. However, Environmental Health staff continue to conduct compliance checks during routine unannounced food inspections at all food businesses in the county to ensure that they have signage and know the requirements of the SFIA. Complaints on food businesses and other businesses required to comply with the SFIA must be filed through the IDPH online complaint system. IDPH will notify PCHD of any complaints related to food businesses for follow-up and enforcement.

The Illinois Tobacco Quitline (ITQL) is a free resource to help Illinois residents quit smoking, vaping, or other tobacco use. It is operated by the American Lung Association and made possible by IDPH funding. Resources available through the ITQL include telephone cessation counseling, nicotine replacement therapy for eligible callers, motivational text messages, website, and online enrollment. The ITQL number continues to be distributed through all PCHD programs.

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 23, there were 57 county employees who utilized the wellness benefits, compared to 60 CY 22.**
12. **Laboratory Services** PCHD is a certified waived lab through CLIA. Laboratory services provided by PCHD include hemoglobin by fingerstick in WIC and Family Planning (FP), pregnancy testing and urinalysis by dipstick in FP; and microscopic wet mounts in FP. FP pap smears and Gonorrhea and Chlamydia samples are sent to Quest Diagnostics. Capillary lead tests by fingerstick are sent to the state lab for testing. The state lab is also utilized for Communicable Disease (CD) specimens including sputum, stool, and swab samples. *The WIC program is reported in #18; FP, # 17; Lead, #23; and CD, #14.*
13. **Immunizations** Vaccines are among the most successful, cost-effective PH 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. The re-emergence of vaccine preventable diseases is a global threat. Continued vaccination is necessary to protect everyone from potential disease outbreaks.

*Due to staffing shortages, PCHD initiated a contract with Adams County Health Department (ACHD) in FY 22 to provide oversight and support for PCHD Immunization and CD programs, including Emergency Preparedness (EP). CD is reported in #14 and EP is in #15.*

Beginning 9/1/22, ACHD assumed the lead of the PCHD Immunization program, including the Vaccines for Children (VFC) Program. The VFC Program provides vaccines to children whose parents/guardians may not be able to afford them. 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. PCHD is now a “mobile” offsite clinic for ACHD. Walk-in style clinics are now scheduled for two 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. ACHD utilizes electronic record documentation and billing and collection programs for clients with insurance or who pay full fee. PCHD staff are responsible for maintaining refrigerator/freezer temperatures 24/7 in on-site cold storage units located at PCHD. This includes working with the emergency notification system to prevent temperature excursions. These units are designed and designated for vaccine. In FY 23, PCHD utilized IDPH grant funding to purchase a new, upgraded vaccine refrigerator to replace an older unit; an Accushelf system (assists with patient safety checks and inventory by scanning the vaccine for each client prior to administration); and portable cold storage units. In addition, the County Board approved the purchase of a new generator for PCHD with the County’s **American Rescue Plan Act (ARPA)** funding to replace a much older unit. This allows for back-up power in the event of a power outage.

The PCHD CD Coordinator and front desk support have access to ICARE, an IDPH web-based immunization record-sharing application for healthcare providers. This allows PCHD to respond to immunization record requests. PCHD also initiated utilization of IRIS (Integrated Referral and Intake System) through ACHD. PCHD programs, such as WIC and Family Planning, use IRIS to refer clients for immunizations if needed. The CD coordinator is the administrator for this system at PCHD. ACHD and PCHD work together to provide community education and promote immunizations in Pike County. Sources include the PCHD website and Facebook page. News releases are emailed to local papers, radio/TV stations, County Board, and BOH. PCHD sends faxes to providers, emergency partners, and schools. Additional immunization outreach during FY 23 included long-term care centers and large businesses/organizations.

**In FY 23, there were 444 client contacts for immunizations with 522 doses of vaccines given, compared to 170 client contacts and 258 doses of vaccine given in FY 22. In FY 23, there were 95 COVID vaccination clinics, compared to 62 in FY 22. In FY 23, there were 579 COVID vaccinations given, compared to 2275 doses in FY 22. PCHD/ACHD held 72 flu vaccination clinics in FY 23 (in-house & outside clinics), including a drive through flu clinic, compared to 29 in FY 22. There were 338 adult flu vaccinations and 20 child flu vaccinations administered in FY 23, compared to 393 adult flu vaccinations and 27 child flu vaccinations in FY 22. PCHD also offered flu vaccination at several private entities/businesses around the county. The grand total of all immunizations (including COVID and Flu) given in FY 23 was 1459, as compared to 2,953 in FY 22.**

**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 (CD) as per the **LHPG**. *Food, Water, and Sewage are reported in #28.*

*As with Immunizations, ACHD assumed the lead of the PCHD CD (Infectious Disease) program, 9/1/22, providing oversight and support of the comprehensive CD program that includes disease reporting, surveillance, case management, investigation, effective documentation of case histories, outbreak control, and community outreach/education. Disease reports are received from health care providers, hospitals, and laboratories. EP is included in the CD program and is reported in #15.*

**The FY 23 CD numbers were 109 disease investigations, including Sexually Transmitted Disease/Sexually Transmitted Infections (STD/STI), completed with 75 of the 109 meeting the Center for Disease Control (CDC) \*case definition (probable and confirmed) for a reportable disease case.** A total of 72 disease investigations were completed with 53 of the 72 meeting the CDC case definition. The probable and confirmed cases were then reported to IDPH via I-NEDSS, the Illinois Electronic Disease Surveillance System. These numbers do not include COVID-19 cases.

*\*CDC uses a set of uniform criteria to define a disease for PH surveillance. Surveillance case definitions enable PH health officials to classify and count cases consistently across jurisdictions. 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 Pike County CD cases that were reported to IDPH in FY 23 included the following diseases: COVID-19, Campylobacteriosis, Chlamydia, Gonorrhea, Syphilis, Hepatitis C, Ehrlichiosis, Potential Rabies exposure, Salmonellosis, Babesiosis, Spotted Fever Rickettsioses, Pertussis, Shiga Toxin, Strep Group A invasive, Varicella, and Cryptosporidiosis. In FY 23, there were 31 chlamydia cases; 6 gonorrhea cases, and (1) syphilis case reported to IDPH, as compared to 24 chlamydia, 3 gonorrhea, and (1) syphilis case reported in FY 22.**

PCHD provides Expedited Partner Therapy (EPT), a standard of care endorsed by the CDC. EPT is the clinical practice of treating the sex partners of patients diagnosed with chlamydia or gonorrhea by providing prescription/medications to the patient to take to his/her partner without the provider first examining the partner. EPT is an effective treatment option to increase the likelihood of treatment for sex partners, thus reducing re-infection rates and overall STD/STI rates in a community. In Illinois, healthcare providers who make a clinical diagnosis of chlamydia, gonorrhea, or trichomoniasis may prescribe, dispense, furnish, or otherwise provide antibiotics to the infected person's partner(s) without physical examination of the partner(s).

In review of IDPH HIV/AIDS posted statistics, February 2023, there has been (1) cumulative HIV and (0) cumulative AIDS cases diagnosed since 2016. 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 23, there was (1) acute gastro-enteritis (A.G.E.) outbreak in a LTC facility,**

compared to 5 AGE outbreaks in FY 22. **There were 4 foodborne disease outbreaks investigated by PCHD in FY 23**, compared to (1) in FY 22. **There were no waterborne disease outbreaks in FY 23 or 22.**

**COVID-19 stats for FY 23 were as follows:**

- **Positive and Probable combined: 393**
- **Outbreaks: 7**
- **Hospitalizations: 23**
- **Deaths: 27**

Compared to COVID-19 stats in FY 22:

- Positive: 1669; Probable: 1192
- Outbreaks: 26
- Hospitalizations: 122
- Deaths: 10

**15. Emergency Preparedness (EP) The focus of the IDPH Public Health Emergency**

**Preparedness (PHEP) Grant** is to help LHDs 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 9/1/22, 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 for grant reporting.*

**The FY 23 PHEP Grant is on track to being fully completed by the end of the 2024 grant year, 6/30/24.** In FY 23, Pike ERC participated in a Healthcare Community emergency exercise that focused on supply chain disruptions of essentials for our healthcare systems and LTC facilities. The ERC also coordinated a weekend drive-thru flu clinic that was held on 9/23/23, vaccinating almost 30 individuals. The drive-thru clinic served as an EP exercise and was an opportunity to build and strengthen public health emergency response in Pike County. In addition, the PCHD ERC and CD Coordinator worked together to assure Pike County LTC facilities were reporting infectious diseases in their facilities during the fall and winter months when respiratory illness is higher risk.

**16. Tuberculosis (TB) In FY 23, there were 143 TB skin tests given with (0) positive tests, (1) Chest X-Rays, and (1) individual on treatment for Latent TB Infection (LTBI). FY 22 stats were as follows: 88 skin tests; (0) positive; (0) chest X-rays; (0) LTBI. **There were (0) active pulmonary or non-pulmonary TB cases reported in FYs 20-23.** In FY 19, there was (1)**



positive TB skin test; (1) chest X-ray; (1) 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 and 19. Although this case was extra-pulmonary in nature and not considered infectious to the public, it was a complicated case.

**In FY 23, PCHD organized an offsite TB skin testing clinic for Pikeland Pre-K staff resulting in (41) two-step TB skin tests. PCHD also performed an offsite TB skin testing clinic at Pike County Christian Academy performing (7) one-step TB skin tests for the staff.** PCHD can provide TB skin testing (TST) solution to LTC facilities, the Pike County Jail, ICH, and other health care providers in Pike County at no cost to them. However, targeted skin testing, instead of mass skin testing, is now the standard resulting in decreased requests for TST. In addition, private providers are purchasing their own from contracted vendors. As such PCHD did not distribute any vials of TST solution in FY 23, and only (1) vial of TST solution was provided to the Pike County Jail in FY 22.

- 17. Family Planning (FP)** PCHD FP program, funded by the **IDPH Family Planning Grant**, provides confidential, professional, and low-cost reproductive health care to men and women. FP promotes and encourages responsible behavior, the well-being of the family, family involvement, and healthy babies. Confidential services include FP counseling, reproductive exams, birth control methods, and testing for pregnancy and STDs/STIs. PCHD is currently seeking a contract to offer, the intrauterine device (IUD) for FP clients, a Long-Acting Reversible Contraceptive (LARC) method.

FP clinics are offered two days/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 (83%) of unduplicated FP clients were at a zero-fee sliding scale in FY 23. Thirty-six percent (36%) of unduplicated users were on a medical card. Nine percent (9%) were partial fee and 4% were full fee. Thirteen (13%) percent were covered by third party insurance in FY 23.**

**FP served 104 unduplicated clients in FY 23**, as compared to 111 in FY 22. **All active clients resulted in 293 office visits. Nine percent (9%) of clients in FY 23 were out-of-county residents**, compared to 7% in FY 22. **FP performed 25 initial comprehensive exams in FY 23**, compared to 24 in FY 22. **Annual comprehensive exams totaled 62 in FY 23**, compared to 51 in FY 22. **Fifteen (15) pap smears were done in FY 23**, compared to 27 in FY 22. **Six (6) of those pap smears were abnormal**, compared to 7 in FY 22, with follow-up by PCHD FP or referral to their own healthcare provider or to the IBCCP. **Pregnancy tests performed totaled 51 in FY 23**, compared to 44 in FY 22. **Fourteen (14) of those pregnancy tests were positive with referral to PCHD WIC and FCM programs.** *The WIC program is reported in the next section, #18 and FCM is in #20.*

**FP services were provided to 6 male clients in FY 23**, compared to 3 in FY 22. **FP caseload consisted of 6% male gender in FY 23**, compared to 3% in FY 22. Males were offered STD/STI testing for gonorrhea and chlamydia, STD screening, education, treatment for positive results and physical exam. Urine screening for gonorrhea and chlamydia are offered for both males and females as per FP grant requirements. In FY 19, the FP Program established a

relationship with Pike County Jail, providing STD/STI screenings to inmates. The FP nurse completes a visit with an inmate at the jail for intake, screening, counseling, and treatment.

- 18. WIC (Women, Infants, and Children)** WIC is a special supplemental nutrition program, funded through the Illinois Department of Human Services (IDHS), for women, infants, and children who meet residency, nutrition, and income requirements. Infants receive benefits during their first year while children receive benefits up to age five. The WIC program provides nutrition and health education, nutritious food, and breastfeeding promotion/support to WIC families. It can also identify other needs and provide referrals if needed, e.g., healthcare providers, immunizations, FP. PCHD WIC and FCM programs are 100% integrated. *FCM is reported in #20.*

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 assigned caseload has been gradually decreased by the State. **In 2023, GY 24 (7/1/23 to 6/30/24), assigned caseload was decreased to 296**, compared to 323 for GY 23 (7/1/22 to 6/30/23). **At the end of FY 23, the program had an average caseload of 217 clients**, compared to 215 in FY 22. In an effort to increase the caseload, staff are reviewing outreach strategies and working with IDHS for recommendations.

Statewide, WIC visits had been completed by phone with curbside pickup of benefits since 6/16/20. USDA (US Department of Agriculture) granted waivers for the physical presence requirement for height, weight, and hemoglobin testing for the program during the COVID-19 Pandemic. This waiver was extended through 5/10/23. The waiver was not renewed at that time, however WIC programs were given until 8/10/23, a 90-day period, to resume regular in-house appointments. State Staff encouraged LHDs to begin offering in-house appointments to clients prior to August based on the county's rate of COVID-19 transmission. As Pike County rates decreased, PCHD WIC began the required in-person appointments on 7/10/23.

The WIC program continues to provide a variety of free breast pumps to breastfeeding clients who have been evaluated to need one through a durable medical 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. *The BPCP is reported in the next section, #19.*

- 19. Breastfeeding Peer Counselor Program (BPCP)** The designated WIC Breastfeeding Coordinator is a Certified Lactation Educator through the UCLA program. The coordinator and the RN Case Manager 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. *FCM is reported in the next section, #20.* Assistance is provided on an "as needed" basis to anyone requesting such. PCHD had been without BFPC services, funded by the **IDHS BFPC Program**, since November 2021. However, a new BFPC was hired 11/1/2023. She began contacting women after completing all required trainings in mid-December 2023. A Breastfeeding Support Group is not advertised/offered at this time due to non-attendance.

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 were 2 manual/electric pumps distributed, at no charge, to WIC clients in FY 23,** compared to (1) in FY 22. 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 healthcare provider. This began in May 2015 and continues at this time. **During FY 23, two (2) pumps were provided to WIC clients through Neb Medical Services,** compared to 4 pumps in FY 22. **There were no electric or manual pumps rented or purchased by private pay women during the past 9 fiscal years (FY 15-23). Breastfeeding data indicates there were 19 exclusively breastfed infants, 19 partially breastfed infants, and 30 fully formula fed infants in FY 23,** versus 16 exclusively breastfed infants, 11 partially breastfed infants, and 67 fully formula fed infants in FY 22.

- 20. Family Case Management (FCM) FCM services for age and income eligible pregnant women and infants are funded with IDHS FCM grant funding.** Clients served include WIC clients and others identified as High Risk in the PCHD Lead Screening Program and \*Adverse Pregnancy Outcomes Reporting System (APORS). *The Lead Screening Program is reported in #23.* FCM provides comprehensive service coordination to improve the health, social, educational, and development needs of pregnant women and infants (0-12 months) from low-income families. Early access to prenatal and primary pediatric care is a priority. Case managers (RNs) collaborate closely with their clients, by coordinating medical and social services. This includes home visits. **In FY 23, the average FCM caseload was 123 clients,** compared to 87 clients in FY 22. **Due to the COVID-19 Pandemic, home visits were on hold with appointments completed by phone. Beginning 8/10/23, home visits were reinstated for infants (0-4) months of age. A total of 9 home visits were completed in the 4<sup>th</sup> quarter (September to November 2023).** FCM has been a key factor in reducing infant mortality, as documented by the state.

*\*Illinois hospitals are required to report adverse pregnancy outcomes through IDPH electronic APORS. The purpose of the collection of information on infants born with birth defects or other abnormal condition is to conduct surveillance on birth defects; guide PH policy in the reduction of adverse pregnancy outcomes; and identify and refer children for special services to correct and prevent developmental problems and disabling conditions. APORS cases meet one of more of the following criteria: infant is less than 31 weeks gestational age; part of a triplet, or higher order, birth; diagnosed as having a positive drug toxicity for any drug, shows signs/symptoms of drug toxicity/withdrawal, or the infant's mother admits to illegal drug used during the pregnancy; if the infant is diagnosed with a congenital anomaly, a serious congenital infection, an endocrine, metabolic or immune disorder, a blood disorder, another high-risk medical condition; or a neonatal/fetal death has occurred.*

- 21. HealthWorks of Illinois (HWIL) IDHS no longer covers HWIL program costs. Effective 9/1/20, 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 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 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 15 in FY 23, and 18 in FY 22.**

**22. All-Kids/Healthy Kids Illinois' children's health insurance, administered through the Illinois Department of Healthcare and Family Services (IHFS), 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 low cost. Premiums and co-payments are determined based on family income and size. IHFS recommends that children receive preventive and comprehensive health services designed to provide early discovery and treatment of health problems. IHFS recommends that preventive health care is provided 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 5,352 in FY 23, with 2,146 (40%) of those reported as children. This compares to 5,145 Medicaid recipients in Pike County in FY 22, with 2,099 (41%) of those reported as children.

**23. Lead Screening PCHD contracts with IDPH to provide initial lead screenings and follow-up nursing services for Pike County children with confirmed lead poisoning. Nursing services include lead case management and home visits, as per current IDPH lead guidelines. The IDPH Regional Lead Inspector provides environmental lead services.**

Due to the COVID-19 Pandemic, PCHD was closed to the public for several months resulting in a significant decrease in lead screenings. Prior to the Pandemic, there were 273 children who received lead screenings at PCHD in FY 19. Numbers dropped drastically to 114 screenings in FY 20, and yet again to only 12 in FY 21. Screenings increased slightly to 24 in FY 22 and **FY 23 reflected another small increase to 48 children screened for lead at PCHD.**

PCHD initial lead screenings are via capillary lead tests (by fingerstick) which are sent to the state lab for testing. Venous lead testing is necessary for children with screening levels of 5ug/dL or higher to confirm lead poisoning. Per PCHD Medical Director Standing Order, venous lead tests are drawn at ICH and sent to IDPH state lab for testing.

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 then notified of elevated levels through HHLPS (Healthy Homes and Lead Poisoning

Surveillance System a web-based platform used by IDPH). PCHD lead staff are responsible for follow-up and case management of elevated lead levels identified by QMG and IRH, and any other provider if the child lives in Pike County. **Fifty-four (54) children were identified in FY 23 as having lead levels over 5 ug/dL**, compared to 38 in FY 22. **Home visits were on hold during the COVID-19 Pandemic but were reinstated beginning in August 2023. Four (4) home visits were conducted, August through November 2023.**

- 24. 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/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. **Currently, the SIU dental clinic is serving 2,170 clients.**
- 25. Vision Screening** Certified technicians do **IDPH reimbursed** Vision Screenings. **In FY 23, there were 127 preschool children screened with (0) referred for follow-up**, compared to 166 screened and (0) referrals in FY 22.
- 26. Hearing Screening** Certified technicians do **IDPH reimbursed** Hearing Screenings. **In FY 23, there were 136 preschool children screened with (0) referred for follow-up**, compared to 178 screened and (0) referrals in FY 22.
- 27. 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.
- 28. IDPH Local Health Protection Grant Programs of Food, Water, and Sewage (LHPG)**  
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 **LHPG**. *Infectious Disease is reported as Communicable Disease (CD) in #14.* The LHPG provides funding to IDPH Certified LHDs 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 11/1/22, 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.*

**Environmental Health (EH), Food: PCHD issued 120 food establishment licenses in FY 23,** compared to 120 licenses in FY 22. EH staff continue to collaborate with owners proposing to open new facilities to assist them through the licensing process. **Eight (8) pre-inspections were conducted in FY 23 for new establishment owners,** compared to 6 pre-inspections in FY 22. **EH staff conducted 153 routine inspections and 35 rechecks for food establishments in FY 23,** compared to 163 and 54 in FY 22. **Three (3) consultations were provided to businesses owners and/or managers in FY 23,** compared to 2 in FY 22.

Beginning on 1/1/19, the Food and Drug Administration defined temporary food 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 BOH and County Board, PCHD began the Temporary Food Inspection Program, including fees, on 7/1/19. **There were 128 temporary events licensed and 91 inspected in FY 23,** compared to 116 temporary events licensed and 85 inspected in FY 22.

Cottage Food regulations changed 1/1/22 requiring that 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 registered cottage food vendors for FY 23,** the same as FY 22.

**There were 4 foodborne illness/food complaints in FY 23,** compared to 15 in FY 22.

**Twenty (20) people enrolled in the *online* 8-hour Certified Food Protection Manager Course (CFPM) and then tested at PCHD in FY 23,** compared to 25 in FY 22. **Seven (7) people attended the PCHD *in-person* 8-hour CFPM course in FY 23; and 20 people attended the PCHD *in-person* Food Handler Course in FY 23.** PCHD did not offer in-person courses in FY 22. The Food Handler Certificate can also be obtained by completing a 2-hour online course. After successful completion, participants can print their own certificate.

EH staff use the food inspection software for inspections, license registrations, temporary event registration, and documenting food complaints. The software allows for licensed renewals to be completed online. The system allows establishments to complete their license application and temporary event applications online, with the ability to pay any registration fees. It will also assess late application fees as needed.

**EH, Water: There were 2 wells permitted, and (0) wells sealed in FY 23,** compared to (1) water well permitted, and 3 water wells sealed in FY 22. **There were 4 water samples that were analyzed for Coliform in FY 23,** an increase from (0) in FY 22. The IDPH Lab in Springfield no longer tests for Nitrate.

**EH, Sewage: Twenty-three (23) alterations or new private onsite wastewater treatments systems were permitted in FY 23,** compared to 24 alterations or new private sewage disposal

systems permitted in FY 22. **Six (6) sewage complaints were received and investigated in FY 23**, compared to 5 in FY 22. EH staff constantly work 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. EH staff hosted (1) educational workshop for private sewage contractors. Approximately 53 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 2/10/14. **There were (0) new \*Notice of Intent submitted this year.**

*\*A Notice of Intent (NOI) for a general permit is similar to a permit application, in that it is notification to the regulatory authority of a planned discharge for which coverage under a specific National Pollutant Discharge Elimination System (NPDES).*

**29. Nuisance Enforcement PCHD is designated at the County Nuisance Ordinance Enforcement Officer for unincorporated areas.** The Ordinance defines Nuisance as “Any condition which may be offensive and detrimental to a person or his property or which may constitute a hazard to the health of any person.” General Nuisances, such as trash, burning of garbage, weeds, dilapidated buildings, and derelict vehicles are further defined in the Ordinance. **In FY 23, there were 4 nuisance complaints logged**, compared to 12 in FY 22. 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 following website: <https://www.pikecountyil.org/health-department/programs-services/environmental-health/nuisance-control>.

The County appropriates 4% of the landfill fees to PCHD. These funds help with costs for serving as the Nuisance Officer and other underfunded, IDPH mandated programs for the County. As a feature of the County Landfill Host Agreement, the Landfill offered two mornings where residents could take permissible items to the landfill 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.

**30. West Nile Virus (WNV) Surveillance PCHD receives grant funding from IDPH to provide support for 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 can be impacted by areas where nuisance conditions exist that harbor mosquitoes. Mosquitos can be collected from pools to be tested for WNV. **PCHD did not test mosquito pools in FY 23**, however, there were 8 mosquito pools tested in FY 22. **One (1) dead bird was submitted for WNV testing in FY 23. It was negative for WNV.**

**PCHD was unable to secure a collection site for tire collection in FY 23.** In the past, the Western Illinois Fair hosted the site. However, IEPA pick up was delayed by wet weather in FY

22. People kept dumping tires causing issues at the fairgrounds. As such, the Western Illinois Fair Board no longer wants to host the site. EH staff is trying to coordinate with the Pleasant Hill Fair Board to host the collection site in the future.

31. **Tanning**: IDPH reimbursed PCHD for inspecting 3 tanning salons in FY 23, the same as in FY 22. Increased awareness of skin cancer and more strict tanning regulations may contribute to decreases in tanning salons. **There were no tanning complaints in FY 23.**
32. **Indoor Air Quality** PCHD receives occasional indoor air quality inquiries related to mold and carbon monoxide in residential settings. EH staff will answer questions and direct inquiries to IDPH or IEPA websites for more information. EH staff does not have the proper training to conduct indoor air quality investigations or interpret indoor air quality.
33. **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 Illinois, which provide tattooing or body piercing services, to register with the State and become licensed prior to offering these services to the public. Licensure requires the following: 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. **There have been no licensed body art facilities in Pike County since FY 13. There were no complaints or reports of unlicensed facilities/individuals providing body art in the County in FY 23.**
34. **Radon** The Illinois Emergency Management Agency (IEMA) provides funding to PCHD 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 IEMA, the U.S. EPA, and others show that radon occurs in every county in Illinois. 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. **Pike County is one of the counties in Illinois where some homes have had elevated radon levels. To promote awareness, EH staff had a table at the WGEM Home Show (March 2023) and gave out roughly 25-30 radon kits. Unfortunately, the wellness expo, to be held at Pittsfield Lake, was canceled.** In FY 22, over 100 kits were given out during this event.
35. **Vital Records** IDPH reimburses PCHD for registration of Pike County birth and death certificates. **There was (1) in-county birth recorded in FY 23, compared to 2 in FY 22. There were 166 in-county deaths registered in FY 23, compared to 181 in FY 22.**
36. **Staff** **There were 17 total PCHD staff at the end of FY 23,** compared to 16 staff members in FY 22. PCHD has service agreements with SIU Center for Family Medicine, ACHD, (1) nurse practitioner, (1) PT, (1) PT assistant, and (2) agencies providing PT and OT services when available, Rehab Care Group and Advance Physical Therapy.



**37. 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 2<sup>nd</sup> 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. This group assigned a Steering Committee to move forward to develop a formalized structure to address health needs and disparities from a collaborative, countywide 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 once again due for IDPH recertification in late 2020, including completion of the IPLAN process. However, ongoing response duties related to the COVID-19 Pandemic, an unprecedented PH emergency, were expected to delay the process. As such, PCHD requested, and IDPH approved, an extension. With support and guidance from IDPH and the Health and Wellness Foundation of Pike County (HWFPC), and while still in the midst of the Pandemic, PCHD initiated the IPLAN process in 2021. PCHD was invited and worked with ICH as a project partner, exchanging resources, information, and sharing a consultant to assist in the completion of both the **PCHD Community Health Needs Assessment and Plan** and the **ICH Community Health Needs Assessment**. The projects were developed and conducted under the direction of ICH and PCHD, in partnership with representatives from the community. The consultant also facilitated the IPLAN process and completion of the PCHD Community Health Needs Assessment and Community Health Plan. The process included community participation to analyze data from various resources, identify and prioritize community health problems, and establish objectives and strategies for intervention to address the 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:***

***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 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.*

***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.*

***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.*

***Next steps include reconvening the PCCHP Steering Committee to move forward with an approach to address the priority health needs identified in the 2022 IPLAN. This includes planning and beginning new and continuing current initiatives to address priorities.***

*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 will also continue the provision and promotion of WIC. Additional initiatives will be identified, researched, and implemented as appropriate.*

**As of 11/30/23,** the PCCHP Steering Committee has not regrouped, mainly because local agencies are in post-Covid recovery, and many are struggling with significant staffing turnover and shortages. SIU has not moved forward with their plan to partner with PCHD to assist with staffing psychiatric services at PCHD. SIU oral health services and PCHD WIC services continue to be provided at PCHD.

PCHD continues to be a part of a regional consortium, the Western Illinois Counties Alliance (WILCA). This partnership was created in 2016 to address rural health issues through regional collaborative efforts by securing funding and utilizing shared resources across six counties:

Adams, Brown, Hancock, McDonough, Pike, and Schuyler. Members include representatives from SIU, LHDs, and mental health agencies who have partnered to work on common goals and projects. However, COVID-19 Pandemic emergency response responsibilities have prevented considerable progress. With the end of the PH Emergency, the group is once again looking towards potential health and wellness initiatives for the region.

The ACHD Administrator has initiated discussions with the PCHD Administrator about an Alcohol, Tobacco, and other Drugs (ATOD) collaboration across the WILCA area. ACHD proposed utilizing existing ACHD grant funding to initiate an ATOD educational awareness and prevention program related to alcohol, tobacco, vaping, marijuana, opioid, and other substance abuse. The ACHD Administrator is also seeking IDPH Regional Smoke-free funding for the proposed project.

The Executive Director of the HWFPC was also invited and participated in initial discussions related to the project and potential funding specific for Pike County. The Foundation's mission is to "promote and assist organizations and initiatives that positively impact the physical, mental, and, and social health of those in Pike County." As such, the HWFPC has been instrumental in the planning and implementation of numerous health initiatives in Pike County and continues to be a vital partner dedicated to improving the health of residents in the County.

The proposed initiative would include promotion of the Illinois Youth Risk Behavior Survey in the schools for grades 8, 10, and 12. The surveys will provide current data on the student population related to alcohol, tobacco, and other drug use, social norms, etc. The results will drive interventions for project. Health educators will provide a dedicated media campaign in the schools which provides positive social educational materials and "normalizing" messaging. Additional components will include a broader media marketing campaign with the same elements being conducted in the schools.

**PCHD is due for IDPH LHD 5-year recertification in 2025. As a part of recertification, the IPLAN process must be completed, and an updated Community Health Assessment and Plan must be submitted to IDPH. PCHD will initiate the 2025 IPLAN process in FY 24.** PCHD will once again partner with ICH to exchange resources, information, and share a consultant to assist in the development of both the PCHD Community Health Needs Assessment and Plan and the Community Health Needs Assessment for ICH. The projects will be developed and conducted under the direction of PCHD and ICH, in partnership with community/county representatives.

### 38. Financial (Unaudited)

Revenues	FY 2023			FY 2022	Difference
Federal Grants	\$351,258.59	↓	from	\$626,026.05	(\$274,767.46)
State Grants	\$211,692.15	↑	from	\$125,374.13	\$86,318.02
Local Grants	\$0.00	↓	from	\$6,000.00	(\$6,000.00)
County Funds					
Tax Levy	\$320,368.99	↑	from	\$303,089.36	\$17,279.63
TB Levy	\$27,036.00	↑	from	\$18,300.00	\$8,736.00
Landfill	\$11,353.89	↓	from	\$15,162.02	(\$3,808.13)
Revenue for Services					
Medicare	\$360,160.16	↓	from	\$398,534.20	(\$38,374.04)
Veterans Affairs	\$92,134.87	↑	from	\$68,840.65	\$23,294.22
Medicaid	\$38,128.65	↓	from	\$50,151.50	(\$12,021.85)
Private Patient Fees	\$32,019.53	↓	from	\$59,455.09	(\$27,435.56)
Other misc. fees, contracts	\$156,482.60	↑	from	\$127,006.87	\$29,475.73
Interest	\$2,731.43	↑	from	\$1,287.00	\$1,444.43
<b>Total Revenues</b>	<b>\$1,603,366.86</b>	<b>↓</b>	<b>from</b>	<b>\$1,799,226.00</b>	<b>(\$195,859.01)</b>
<b>Expenditures</b>	<b>FY 2023</b>			<b>FY 2022</b>	<b>Difference</b>
Salaries	\$994,342.40	↓	from	\$1,083,242.50	(88,900.10)
Professional Contracts	\$191,321.38	↓	from	\$295,272.07	(103,950.69)
Travel & Education	\$41,434.20	↓	from	\$57,196.60	(15,762.40)
Insurance	\$91,388.00	↑	from	\$86,709.00	4,679.00
Office Supplies	\$22,028.03	↓	from	\$34,312.15	(12,284.12)
Medical Supplies	\$10,878.18	↓	from	\$41,498.88	(30,620.70)
Utilities & Office	\$24,358.97	↓	from	\$54,744.90	
Expenses					(30,385.93)
Advertising	\$7,203.95	↓	from	\$26,676.76	(19,472.81)
Leases	\$12,892.61	↓	from	\$28,025.28	(15,132.67)
Maintenance & Repairs	\$7,549.04	↓	from	\$20,169.35	(12,620.31)
Capital Outlay	\$0.00	=	from	\$0.00	0.00
Debit Service	\$20,090.16	=	from	\$20,090.16	0.00
Other	\$133,267.20	↑	from	\$55,793.55	77,473.65
<b>Total Expenditures</b>	<b>\$1,556,754.12</b>	<b>↓</b>	<b>from</b>	<b>\$1,803,731.20</b>	<b>(246,977.08)</b>
<b>Revenues Over/Under Expenditures</b>	<b>\$46,612.74</b>			<b>(\$4,505.33)</b>	<b>\$51,118.07</b>