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## CHAMPAIGN COUNTY BOARD OF HEALTH

Brookens Administrative Center  
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### **Champaign County Board of Health Budget Subcommittee**

**Tuesday, July 29, 2008**

**4:30 p.m.**

**Brookens Administrative Center, 1776 E. Washington  
Meeting Room 2  
Urbana, Illinois**

### **AGENDA**

<b><u>ITEM</u></b>		<b><u>PAGE NO.</u></b>
<b>A. Call to Order</b>		
<b>B. Roll Call</b>		
<b>C. Approval of Agenda/Addendum</b>		
<b>D. Approval of Minutes – June 24, 2008</b>		1-5
<b>E. Public Participation</b>		
<b>F. Approval of FY2009 Board of Health Budget</b>		
1. FY2009 Board of Health Budget		6-12
2. Information on Additional Programs & Services from CUPHD		13-17
<b>G. Other Business</b>		
<b>H. Adjournment</b>		

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*The mission of the Champaign County Public Health Department is to promote health, prevent disease and lessen the impact of illness through the effective use of community resources.*

1 **CHAMPAIGN COUNTY BOARD OF HEALTH**

2  
3 **Budget Subcommittee Meeting**  
4 **Tuesday, June 24, 2008, 4:30 p.m.**  
5

6 **Call to Order & Roll Call**  
7

8 The Budget Subcommittee held its second meeting on the FY2009 budget on June 24,  
9 2008 in Meeting Room 2 at the Brookens Administrative Center, 1776 East Washington, Urbana.  
10 The meeting was called to order at 4:35 p.m. by John Peterson. Stan James and John Peterson  
11 were present at the time of roll call, making all Budget Subcommittee members present and  
12 accounted for. The other Board of Health member present was Julian Rappaport. The staff  
13 members present were Kat Bork (Board of Health Secretary) and Deb Busey (County  
14 Administrator of Finance & HR Management). Others present were Victoria Christensen (RPC  
15 Senior Services), Nancy Greenwalt (CIDES Executive Director), Darlene Kloepfel (Regional  
16 Planning Commission), Julie Pryde (Acting CUPHD Administrator), and Andrea Wallace  
17 (CUPHD Finance Director).  
18

19 **Approval of Agenda/Addendum**  
20

21 **MOTION** by James to approve the agenda; seconded by Peterson. **Motion carried.**  
22

23 **Approval of Minutes**  
24

25 **MOTION** by Peterson to approve the Budget Subcommittee minutes of May 27, 2008;  
26 seconded by James. **Motion carried.**  
27

28 **Public Participation**  
29

30 Claudia Lenhoff, the Champaign County Healthcare Consumers Director, spoke about  
31 the May meeting minutes she had read. She hoped the decisions made by the Board of Health  
32 are in the interest of public health.  
33

34 **Discussion of FY2009 Board of Health Budget**  
35

36 CUPHD distributed their budget. Wallace highlighted the grant based items on the  
37 budget in blue that are 100% grant based. CUPHD's budget is based on the anticipation the  
38 grants will be funded at the same rate in FY2009 as they were in FY2008. The third page of the  
39 CUPHD budget explains the grants. There is no guarantee on the grant amounts until they are  
40 renewed by the state. The remaining items on the CUPHD budget are covered by the local  
41 health protection grant at \$125,403 and property tax revenue. Busey asked if the IDPH General  
42 Revenue grant remained the same. Wallace answered the health protection grant was at the same  
43 amount. Busey and Wallace discussed the level of funding compared to last year. Wallace  
44 stated the Tobacco Free Community Grant was decreased to \$25,725. Busey had previously  
45 provided a memorandum to the Board and CUPHD describing the distribution of the Public  
46 Health Levy for FY2007 and how this changed the revenue distribution in FY2008. The revenue  
47 from the property tax collected on behalf of the Board of Health will be increased from \$328,510  
48 to \$349,478. The subcommittee discussed the property tax distribution.

49 The subcommittee discussed the fees revenue. James was in favor of looking into  
50 gaining the additional revenue with penalties to violators who require repeat inspections. He felt  
51 there were restaurants in the County that were very much in need of inspection. Rappaport asked  
52 if the Board of Health had responsibility for the inspection policy. Pryde specified the policy  
53 comes from the state and CUPHD has always been in compliance. The Board of Health could  
54 change the ordinance if it wanted to collect fines for return inspections. More can be done, but  
55 Pryde cautioned the Board to carefully read the rules governing food inspections. Food  
56 inspection is one of the most unpopular public health programs because they have shut down  
57 restaurants. Pryde offered to have Jim Roberts attend a future Board meeting to talk about this  
58 program. In response to James's question about requiring a restaurant to post a notice of how to  
59 contact Environmental Health with complaints, Pryde thought it could be included in the  
60 ordinance; otherwise restaurants will not do it. The subcommittee agreed to place this item on a  
61 future Board of Health agenda. Pryde suggested a joint study session with CUPHD. Discussion  
62 continued over the food inspections. Rappaport asked where the over \$100,000 of expenses in  
63 excess of revenue comes from. Peterson explained it comes out of the general revenue. Pryde  
64 explained the trained personnel constitutes most of the cost because staff have to perform the  
65 inspections. If a program has to be cut, then it has to be something other than a core service like  
66 food protection.

67  
68 The total CUPHD request was an 8.7%, about \$53,000, increase over last year.  
69 Rappaport wanted to see where that money was going. Wallace said the biggest change was the  
70 Illinois Breast & Cervical Cancer Program (IBCCP) portion, which assumes the program will go  
71 up 25-30% in the number of clients CUPHD has to serve because the program's state-wide  
72 qualifications changed. Rappaport asked if CUPHD continues to serve clients even when grant  
73 money runs out. Pryde said this is only done in Champaign County. Wallace explained the  
74 County is billed for 14%, which is the portion of clients that CUPHD estimates are County  
75 residents. Rappaport asked if they would serve more clients because of the change in state  
76 requirements. Pryde said they are now required to provide breast and cervical screenings and  
77 treatment for any uninsured person, regardless of income. They will provide services to more  
78 clients, but they do not know how many more at this time. CUPHD is lead agency for three  
79 counties for IBCCP. Peterson asked if this was an unfunded mandate from the state. Pryde  
80 confirmed it was and shared that the state's tactic is often to first give money to an agency and  
81 then take it away. The subcommittee continued to discuss the program and the new eligibility  
82 requirements. Pryde would check with staff to confirm that CUPHD does not give extra money  
83 beyond the grant to the other counties.

84  
85 The subcommittee and CUPHD staff discussed the breakdown of the requested increase  
86 to the FY2009 budget across the divisions. Peterson appreciated that the CUPHD budget was  
87 presented in the same format as last year's budget. Wallace offered to continue using this format  
88 if it is working for the Board. James asked if the Board could decrease its funding from one  
89 CUPHD program and in order to increase funding for another program. Pryde said that could  
90 not be done without serious staff disruption. James stated this approach is not been fair to the  
91 Board. There have been CUPHD programs, like the home nursing service, where the Board was  
92 paying for the program, but the services were not adequately provided. Pryde noted that she  
93 tried to say that the home nursing program was not happening like it was saying it was  
94 happening for a long time. The core services such as Environmental Health and Communicable

95 Disease are required, but outside of those the Board can make changes if they want something  
96 different. Peterson said, for example, the Board could terminate the mobile unit contract if they  
97 are dissatisfied. Pryde acknowledged they could do so, but encouraged them to wait until the  
98 program has been active for a year before making a decision.  
99

100 Rappaport inquired why there was a change in the fringe benefits expense. Wallace  
101 stated there was a 6% change in health insurance and other benefits. Pryde confirmed fringe  
102 benefits and malpractice insurance are extremely costly. Discussion continued over CUPHD  
103 budget. James asked about the occupancy cost. Pryde and Wallace thought it was overhead  
104 costs. Busey asked why there was such a difference between the subtotal direct program  
105 expenses and total CUPHD Contract & Grant amount. Wallace said she would need to review  
106 her calculations to determine where the difference comes from.  
107

108 Peterson stated the budgeted expenses for the RPC Senior Wellness Program and the  
109 Mental Health Board joint funding would stay the same. He said the RPC program budget is  
110 \$50,000 and the Mental Health Board funding is \$25,000. Kloepfel said she prepared the Senior  
111 Wellness Program budget for same amount as FY2008. James asked Kloepfel about the  
112 program expenses, especially staff. Kloepfel remarked that she hired another person. She was  
113 not asking for more money because the program is only two quarters into this year and they do  
114 not have a lot to show for it. Kloepfel explained the money from the Board of Health is to set up  
115 a community network to provide referrals for County seniors and passing on information. It  
116 would leverage what RPC already does. They have started to build a network of people such as  
117 neighbors and pharmacists who will know what is going on in communities. Then RPC would  
118 have a case worker to do referrals. RPC is trying to leverage more money and may bring  
119 different proposal next year based on a needs assessment done this year.  
120

121 Regarding CIDES, Peterson said the Board budgeted \$130,360 in FY2008, plus a one-  
122 time \$10,000 equipment grant. CIDES requested \$130,360 in FY2009. Busey explained if all  
123 the revenue stays the same, the investment interest comes in as expected, and the County Board  
124 maintains the subsidy at \$95,000, then the Board would have just under \$130,000 left in  
125 remaining with the expenses budgeted so far. There was no guarantee the County Board subsidy  
126 would remain the same. If CIDES is budgeted at \$130,000, then the FY2009 budget would have  
127 a \$400 deficit. If the County Board subsidy decreases without a corresponding decrease in  
128 Board of Health expenditures, that money would have to come out of the Board of Health's fund  
129 balance. Busey said the Board of Health's fund balance is about \$600,000.  
130

131 Wallace clarified she made a formula error in the total CUPHD Contract and Grant  
132 amount. The figure for FY2008 actually should be \$290,059. She had the 3.5% COLA in  
133 FY2008 and that does not go into effect until FY2009. She stated \$319,627 is the correct figure  
134 for 2009.  
135

136 James asked if the County Board would approve another \$95,000 subsidy. Busey said  
137 could not predict what would occur, but the General Corporate Fund is in a very difficult  
138 position. James wanted the Board of Health to be prepared for a cut in the subsidy. Rappaport  
139 wanted to make projections to see how long it would take to deplete the \$600,000 carryover  
140 balance if the County Board reduces the subsidy. He did not want to ask the County Board to

141 reduce the subsidy, he wanted to tell the County Board what the options were and have them  
142 make the decision. James recommended, based on his knowledge of the County budget and the  
143 Nursing Home issue, that the Board of Health make good faith effort by cutting the subsidy by  
144 \$50,000 or they might end up with no subsidy. James stated the people representing the  
145 programs currently funded should understand the Board might not be in a position in the future  
146 to continue funding at current levels. Rappaport said his impression was that the County Board  
147 liked the CIDES program and that was a reason for the subsidy. He wanted to tell the County  
148 Board the consequences of reducing the subsidy. James said the groups that are currently funded  
149 should look into opportunities to use the money from the Board of Health to leverage other  
150 money because the County has to re-evaluate its budget. Present economic conditions have  
151 many businesses and government bodies evaluating their budgets to find ways to reduce  
152 expenses. The subcommittee discussed its budget and how to make a presentation to the County  
153 Board. James spoke about the County's financial struggles with the Nursing Home and how this  
154 subsidy was not intended to be open-ended, which Peterson confirmed. Busey articulated that  
155 when the subsidy is stopped, the Board cannot count on the County Board ever reinstating a  
156 subsidy. It would take the Board of Health twelve years to spend down its fund balance at the  
157 current budget levels. Predicting the effects of future revenue is very difficult. Peterson noted  
158 the property tax revenue is not sufficient to maintain all of the programs beyond the core  
159 services.

160  
161 Peterson asked if the Board of Health could loan the General Corporate Fund some of its  
162 fund balance. Busey did not think it was possible to take dollars designated for public health  
163 purposes and loan them to the General Corporate Fund. The General Corporate Fund is allowed  
164 to borrow from certain funds and Busey would be happy to obtain a legal opinion on the  
165 proposition. The subcommittee agreed this would be a creative idea. The subcommittee  
166 discussed what to request from the County Board regarding the subsidy. James firmly believed  
167 the members of the Republican Caucus would question continuing a \$95,000 subsidy when the  
168 Board of Health has very large fund balance and the drain on the General Corporate Fund is  
169 significant.

170  
171 **MOTION** by James to reduce the requested subsidy from the County Board by \$50,000;  
172 seconded by Peterson.

173  
174 Peterson wanted to have one more Budget Subcommittee meeting to finalize the Budget  
175 and then take it to the full Board for approval in July. He acknowledged that the Board really  
176 needs to look at its fund balance and the programs it supports. James said the Board must  
177 develop a better way to evaluate its programs. They should take into consideration other  
178 programs instead of the same ones that have been funded in the past. He envisioned the Board of  
179 Health of performing outreach to the County residents outside of the Champaign-Urbana area.

180  
181 **Other Business**

182  
183 There was no other business.

184  
185  
186

187 **Next Meeting**

188  
189 The next Budget Subcommittee meeting was scheduled for July 29, 2008 at 4:30 p.m.

190  
191 **Adjournment**

192 The meeting was adjourned at 5:47 p.m.

193 Respectfully submitted,

194  
195  
196  
197 Kat Bork  
198 Board of Health Secretary

199  
200 *Secy's note: The minutes reflect the order of the agenda and may not necessarily reflect the order of business conducted at the meeting.*

*County Board of Health*

**COUNTY BOARD OF HEALTH – 089-049**

The Champaign County Public Health Department is directed by the County Board of Health consisting of nine members, appointed by the County Board Chair to three year, staggered terms. The Board is responsible for disease control, and the physical and environmental health of County residents. This Department is supported through the Health Fund levy; federal, state and local grants; and fees. The maximum rate for the Health Fund levy is \$.10/100 assessed valuation. The current rate is \$.0257/100 assessed valuation.

**MISSION STATEMENT**

The mission of the Champaign County Public Health Department is to promote health, prevent disease and lessen the impact of illness through the effective use of community resources.

**FINANCIAL**

<u>Fund 089 Dept 049</u>	<u>2007 Actual</u>	<u>2008 Original</u>	<u>2008 Projected</u>	<u>2009 Budget</u>
PROPERTY TAXES - CURRENT	\$776,618	\$824,781	\$824,049	\$865,298
PROPERTY TAXES - BACK TAX	\$216	\$0	\$0	\$0
MOBILE HOME TAX	\$1,077	\$0	\$0	\$0
PAYMENT IN LIEU OF TAXES	\$344	\$0	\$0	\$0
BUSINESS LIC & PERMIT	\$33,650	\$90,125	\$90,125	\$90,125
NONBUSINESS LIC & PERMIT	\$44,932	\$48,938	\$48,938	\$48,938
FEDERAL GRANTS	\$87,273	\$1,750	\$1,750	\$1,750
STATE GRANTS	\$153,751	\$242,867	\$295,875	\$239,046
INTEREST EARNINGS	\$26,387	\$32,400	\$17,120	\$18,000
OTHER MISCELLANEOUS REV	\$25	\$0	\$0	\$0
INTERFUND TRANSFERS	\$145,500	\$95,000	\$95,000	\$45,000
<b>REVENUE TOTALS</b>	<b>\$1,269,773</b>	<b>\$1,335,861</b>	<b>\$1,372,857</b>	<b>\$1,308,157</b>
SALARIES AND WAGES	\$1,380	\$10,000	\$9,377	\$9,377
FRINGE BENEFITS	\$164	\$0	\$623	\$623

*County Board of Health*

<u>Fund 089 Dept 049</u>	<u>2007 Actual</u>	<u>2008 Original</u>	<u>2008 Projected</u>	<u>2009 Budget</u>
SERVICES	\$701,139	\$662,891	\$646,719	\$663,057
SERVICES	\$647,352	\$676,631	\$658,664	\$678,658
<b>EXPENDITURE TOTALS</b>	<b>\$1,350,035</b>	<b>\$1,349,522</b>	<b>\$1,315,383</b>	<b>\$1,351,715</b>

<b><i>FUND BALANCE</i></b>
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<u>2007 Actual</u>	<u>2008 Projected</u>	<u>2009 Budgeted</u>
\$462,788	\$519,807	\$476,249

The fund balance at the end of FY2008 represents 61% of budgeted FY2009 County Board of Health expenses (excludes payment of property tax to Champaign-Urbana Public Health District). This fund balance enables the County Public Health Department to continue operations in the face of potential fluctuations in revenue streams.

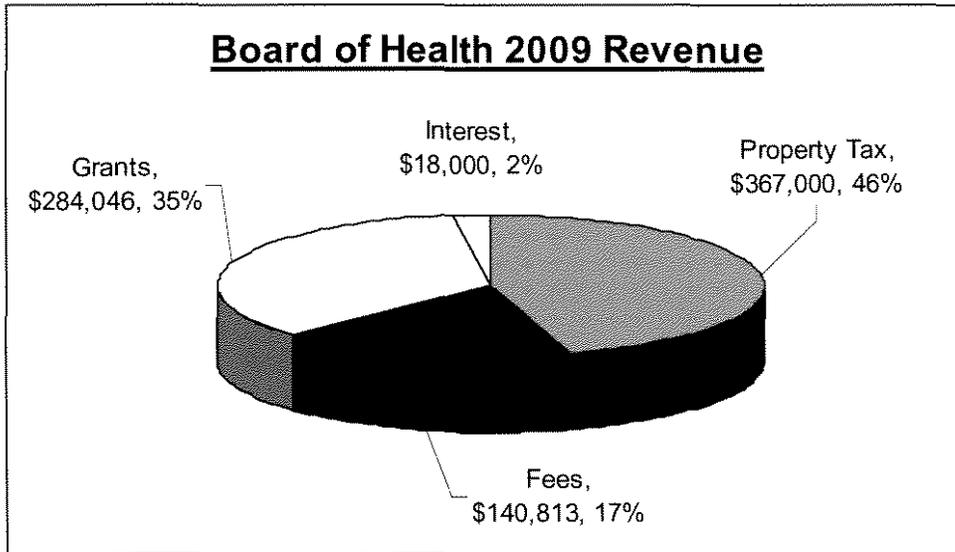
<b><i>ANALYSIS</i></b>
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**OPERATIONS ANALYSIS –**

The Champaign County Board of Health contracts with the Champaign-Urbana Public Health District (CUPHD) to provide services to the residents it serves outside of the jurisdictional boundaries of Champaign-Urbana. In addition to the contract with CUPHD, the County Board of Health also contracts with Central Illinois Dental Education Services (CIDES) to provide child dental access services, and Champaign County Regional Planning Commission Senior Services for home health care for seniors. The CIDES contract and home health care programs were originally funded with a grant from the Champaign County General Corporate Fund. This grant funding is being phased out by the County, as the expenses for both programs is absorbed by property tax and other general revenue in the County Board of Health Fund.

**REVENUE ANALYSIS –**

The revenue for the County Health Department comes from three primary sources – grants, fees and property tax. The distribution for FY2009 is:



Although the property tax rate limit for County Public Health is \$.10/100 assessed valuation, the current rate of \$.0257/100 is subject to the Property Tax Extension Limitation Law. Increases to the property tax levy and rate are calculated according to that law. The increase in FY2009 is 5.5%.

The County Board of Health recognizes that there is some volatility in future funding available through grants, and to that end continues to analyze and assess the fees that are charged to ensure that services are appropriately paid for by users.

In addition to the \$809,859 revenue available for County Public Health, the County also collects \$498,298 in property taxes from citizens of Champaign-Urbana, which is then transferred to the Champaign-Urbana Public Health District as an expenditure appropriation in the FY2009 budget. Champaign-Urbana Public Health District then abates the portion of its tax revenue which is collected by the County.

**EXPENDITURE ANALYSIS –**

The budget for the contract with Champaign-Urbana Public Health District for FY2009 reflects an 8.9% increase over the original budget for that contract for FY2008. Other expenses remain substantially flat. The total FY2009 budget reflects a 0.2% increase over actual expenditures in FY2007.

**EXPENSE PER CAPITA**

Actual Dollars				
2005	2006	2007	2008	2009
\$11.03	\$11.29	\$11.29	\$9.98	\$10.52

**ENVIRONMENTAL HEALTH**

**OBJECTIVES**

1. To minimize factors which may cause food-borne illness and to prevent the transmission of food-borne diseases attributable to licensed food establishments in Champaign County.
2. To prevent the transmission of enteric disease in Champaign County attributed to improper sewage disposal or unsafe private water supplies.
3. To conduct inspections, investigate complaints, and provide public information.
4. To obtain compliance for all programs through the Local Health Protection Grant.

**PERFORMANCE INDICATORS**

*\*IDPH Local Health Protection Grant Annual Performance Indicators (partial)*

	<b>2007 Actual</b>	<b>2008 Projected</b>	<b>2009 Projected</b>
<b>Food Protection Program</b>			
Number of Routine Inspections	333	350	360
Number of Foodborne Illness Complaints* Evaluated/Investigated (*CUPHD + Champaign County Public Health Department)	38*	50*	50*
Number of Non-Foodborne Illness Complaints Evaluated/Investigated	21	25	25
Number of Education Presentations	29	40	60
<b>Potable Water Supply Program</b>			
Number of Water Well Permits Issued	72	50	50
Number of New Wells Inspected	62	60	60
Number of Water Wells Sealed	68	35	35
Number of Sealed Wells Inspected	12	35	35
<b>Private Sewage Disposal Systems</b>			
Number of Sewage Permits Issued	124	105	95

*County Board of Health*

Number of Sewage Systems Inspected	117	112	95
Number of Sewage Complaints Received	25	25	25
Number of Sewage Complaints Inspected	25	25	25

***DIVISION OF INFECTIOUS DISEASE***

***OBJECTIVES***

1. Provide 504 hours (42 hours/month) of mobile outreach public health services to medically underserved locations within Champaign County.
2. Comply with Joint Committee on Administrative Rules, Administrative Code on Communicable Disease Control.

***PERFORMANCE INDICATORS***

	<b>2007 Actual</b>	<b>2008 Projected</b>	<b>2009 Projected</b>
Complete hours in County	N/A	100%	100%
Report Class I (a) Diseases (11 conditions) within 3 hours	100%	100%	100%
Report Class I (b) Diseases (25 conditions) within 24 hours	100%	100%	100%
Report Class II Diseases (27 conditions) within 7 days	100%	100%	100%

***DIVISION OF MATERNAL & CHILD HEALTH***

***OBJECTIVES***

1. To offer all Maternal & Child Health Management (MCH) clinical services on each service day.
2. To immunize all clients behind on Center for Disease Control (CDC) published immunization schedule.
3. To screen all Medicaid children on MCH programs for lead poisoning at one year of age and two and one half years of age.
4. To screen all pregnant and postpartum women for perinatal depression.
5. To increase the completion percentage of girls who participate in the Teen Parent Services program.

*County Board of Health*

6. To enroll all eligible pregnant women and infants on the Medicaid program and enroll them on MCH services.
7. To ensure all infants under age one receive three well child visits.

<b>PERFORMANCE INDICATORS</b>
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	2007 Actual	2008 Projected	2009 Projected
Immunization Rates 1 year olds			90.0%
Immunization Rates 2 year olds			90.0%
Well Child Visits: 3 or more at 1 year			90.0%
Medicaid Pregnant Women/Infants			95.0%

<b>DIVISION OF WELLNESS &amp; HEALTH PROMOTION</b>
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<b>OBJECTIVES</b>
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**Illinois Breast and Cervical Cancer Program**

FY2009 caseload assignment from IDPH was increased by 285 women beginning 7/1/08:

Champaign =	622	(↑118)	
McLean =	485	(↑99)	
Vermilion =	308	(↑68)	
Total =	415	(↑285)	

Caseload numbers and composition as of 7/22/2008:

CUPHD =	346	(27.55%)	
Champaign County =	196	(15.60%)	(Excluding Champaign-Urbana)
McLean =	382	(30.41%)	
Vermilion =	332	(26.43%)	
Total =	1,256		

1. To provide the necessary outreach (flyers, posters, health fairs & presentations – as opportunities become available) throughout the county to enroll enough new Champaign County residents in FY2009 to maintain Champaign County residents are at least 16% of caseload (16% of 1415 = 226).
2. All Illinois Breast and Cervical Cancer Program (IBCCP) care algorithms and timelines are followed while seeking a diagnosis. (CDC requires 95% compliance)
3. If diagnosed, referral to Medicaid Breast and Cervical Cancer Treatment Act facilitated in order for client to being treatment within 60 days (CDC IBCCP guideline requires 95% compliance).

County Board of Health

**Health Promotion**

1. To have all elementary schools implementing coordinated school health programs.
2. To have at least one person at every school trained to implement comprehensive sexual education.
3. To have every school implementing comprehensive sex education.
4. To send the Diabetes Newsletter to everyone with diabetes in Champaign County.
5. To teach people with diabetes to manage it.
6. To increase the number of 5<sup>th</sup> graders who complete Project: Towards No Tobacco (TNT).
7. To increase the number of former smokers in Champaign County.
8. To ensure that tobacco vendors are not selling tobacco to minors.
9. To ensure all workplaces and public places are complying with Smoke Free Illinois.

**Vision Cooperative**

1. To ensure that anyone who is on Medicaid and needs eye glasses receives them.

**PERFORMANCE INDICATORS**

	<b>2007 Actual</b>	<b>2008 Projected</b>	<b>2009 Projected</b>
Number of Coordinated Approach to Child Health (CATCH) Schools	3	4	5
Number of eyeglass fittings, dispensing, and repairs	85	100	100
Number of school personnel trained in Sex Education Implementation	0	20	30
Number of clients enrolled in Living Well with Diabetes	0	20	30
Number of students that complete TNT	280	300	300
Number of people enrolled in Freedom From Smoking or Break the Habit	12	20	30
Tobacco Vendor Compliance checks	126	126	126
Number of smoking complaints	0	50	20

## **Appendix A Additional Programs and Services**

### **Division of Maternal & Child Health**

A multidisciplinary, integrated approach to services intended to improve the health of pregnant women, infants, and children. This includes the following activities:

Special Supplemental Food Program for Women, Infants, and Children (WIC) and Family Case Management are programs partially supported by grants from the Illinois Department of Human Services (IDHS). These grant programs are intended to support pregnant women through education, referral, and advocacy, and to provide supplemental foods to ensure good nutrition and access to prenatal care to help ensure healthy pregnancy outcomes. Pregnant women can receive pregnancy testing, prenatal vitamins, nutritional assessments, food coupons and/or infant formula appropriate for their nutritional needs, nutrition education and counseling, assistance with *AllKids* enrollment, and assistance in securing a primary provider through Illinois Health Connect. Case managers and nutritionists support the pregnant women and their infants to ensure healthy babies and reduce infant mortality and morbidity. Premature or high risk babies receive extended support to up to 2 years of age via the APORS (Adverse Pregnancy Outcome Reporting System) funding through DHS. Nutritionists also extend the WIC program to children at nutritional risk up to the fifth birthday, and offer Farmer's Market coupons to qualifying families and work to provide access for redemption of those coupons.

Medical case management is provided for children that are wards or children of wards of the State of Illinois. The *Healthworks* grant is funded by IDHS to provide financial support to select local health departments to ensure that these children within Champaign County receive quality medical care and requires active, intensive case management of each child through the network of recruited medical and dental providers in this community.

Medical, financial, and social support for pregnant and parenting teenagers (moms and dads) to encourage them to complete their high school education and receive a high school diploma or equivalent (e.g. GED). Teen Parent Services (TPS) is funded by IDHS and also works to prepare these clients for parenting and prevent subsequent unplanned pregnancies.

*AllKids* enrollment, funded in part by reimbursement for each fully completed *AllKids* application, is intended to assist families in enrolling children in the State of Illinois Medicaid system through the Child Health Insurance Program (CHIP). This reimbursement is provided by the Illinois Department of Healthcare and Family Services (HFS).

Breastfeeding education, promotion, and support for pregnant and lactating women. This effort, partially funded by the grants above, is intended to increase the number

of breastfed babies as well as the duration of breastfeeding, using counseling, education, home visits and breast pump loan program, thus improving the chances of healthy outcomes for the infant.

The Genetics Program provides education and counseling about genetic diseases, testing for genetic diseases, transportation of clients to medical providers, and limited medical services to clients with genetic diseases. This program is funded, in part, by a grant from the Illinois Department of Public Health.

Childhood Lead Poisoning Prevention Program, which provides screening, appropriate follow-up, education and medical case management for children with elevated blood lead levels. Environmental inspections of homes or child care setting are arranged, as needed by the Division of Environmental Health, to determine the source of child's lead poisoning and eliminate the hazard. This program is funded, in part, by a grant from the Illinois Department of Public Health.

Perinatal Depression Screening is completed during pregnancy and early postpartum period to assess whether women might be suffering from any depression systems. Referrals are then made to primary care physicians and/or mental health services and follow-up is completed through the Family Case Management Program.

Childhood Immunizations are provided through the Vaccines For Children Program (VFC). Clients that are uninsured, Medicaid insured, Native American, or Native Alaskan and from birth to 18 years of age can access childhood vaccinations at no cost for the vaccine. A small administrative fee is charged for each dose given. Underinsured children who do not have complete coverage for immunizations can be given vaccines under this program as part of a collaboration and agreement with the local Federally Qualified Health Center, Frances Nelson.

### **Division of Wellness & Health Promotion**

The Wellness and Health Promotion Division offers the Coordinated Approach To Child Health (CATCH) program. This is a program that brings schools, families and communities together to work toward creating a healthy school environment. It is designed to prevent sedentary behavior, poor dietary choices and tobacco use through changes at the elementary school level. Health promotion efforts target both children's behaviors and the school environment including classroom curricula, foodservice modifications, physical education changes and family reinforcement.

The Vision Cooperative is a collaborative effort of optometrists and ophthalmologists in the community with the support of public health. Clients with a current medical card are eligible for services. Services include referral to a participating optometrist to receive a prescription and free eyeglasses. The fitting and dispensing of the glasses is done at the Champaign-Urbana Public Health District's office.

Wellness and Health Promotion offers many services funded by the coordinated school health grant. Coordinated school health is a process which brings a school

community together to teach children to be healthy for a lifetime. Education programs provided include: hygiene, hand washing, puberty, sexually transmitted infections, reproduction, birth control, and nutrition.

Health Educators have been trained to implement the "Our Whole Lives" comprehensive, medically-accurate sexual health curriculum throughout Champaign County. Training will be offered to teachers who wish to integrate "Our Whole Lives" into their classroom.

The *Living Well with Diabetes* program utilizes discussion, skill building, and education to assist seniors with diabetes, manage their condition. The program utilizes materials from two curricula approved by the American Diabetes Association. The programs are "U.S. Diabetes Conversation Map" and "Life with Diabetes".

Each of the four sessions last two hours and has a limit of twelve participants. At each session, participants will receive incentives. The incentives will be used to encourage participation, but will also be a useful tool in diabetes self-care. At each session seniors will have the opportunity to meet others living with diabetes. Continued social interaction following the group will be encouraged. Seniors will be asked to share their phone numbers with each other. This will facilitate continued communication and support following the end of the program. Program sessions include: "On the Road to Better Managing your Diabetes", "Healthy Eating", "Medication Management", and "Maintaining your Health".

The Illinois Breast and Cervical Cancer Program (IBCCP) contracts with local medical providers to provide breast and cervical cancer screenings for uninsured, or underinsured Illinois women between 35-64 years of age. CUPHD IBCCP serves women from Champaign, McLean and Vermilion Counties. CUPHD IBCCP provides community education, presentations, and outreach to encourage all women to have their annual screenings done and to seek new client enrollment in order to provide annual screenings (breast and pelvic exams, pap test, and mammogram) for uninsured women who would otherwise have no access to these services.

Approximately 35-40% of the screening tests yield abnormal results requiring IBCCP medical case management and diagnostics services. While women under the age of 35 are not eligible for screening through this program, they may be eligible for medically indicated diagnostic services if referred by their medical provider. If diagnosed, eligible women are transferred into the Medicaid Breast and Cervical Cancer Treatment Act for treatment. The screening and diagnostic medical services are funded by grants from the Illinois Department of Public Health and the Susan G. Komen Breast Cancer Foundation.

## **Division of Infectious Disease Prevention & Management**

The Division of Infectious Disease takes a multi-disciplinary approach to disease prevention and interruption in Champaign County. Services offered from this division include:

Surveillance of Sexually Transmitted Disease, Human Immunodeficiency Virus, Hepatitis, and Tuberculosis are the focus of this division. The goal of this surveillance is the prevention of new infections of these diseases.

The detection of and treatment of STD, HIV, TB and the prevention of Hepatitis are key. STD/HIV/Hepatitis/TB testing clinics are conducted both in the agency and through mobile outreach services throughout Champaign County. STD testing is offered to all women who seek pregnancy testing at CUPHD.

STD/HIV/Hepatitis/TB treatment is offered in clinics as well as in home settings. The Illinois Department of Public Health, HIV Section, provides funding to support Case Management services to those persons affected by HIV. IDPH, Tuberculosis Program, partially provides funding to support Directly Observed Therapy for those affected by TB. Disease Intervention Services are offered to those persons affected by an STD.

Evidence-based, CDC recommended programming for those most at risk for STD/HIV/Hepatitis/TB is offered. This programming is provided in venues to reach those most at risk.

Mobile outreach services allow the divisions services to be conducted on site of business and agencies that serve at risk persons. Mobile services are delivered at times and in locations that make accessing services easier for clients. This program is funded by the IDPH, STD Section, IDPH, HIV Section, and IDPH, Office of Minority Health.

Peer-based teen STD services are conducted in this division funded in part by the IDPH, STD Section. This project focuses on providing training to 15-19 year old teens about STD infection and prevention and encouraging these teens to education their peers on these topics.

The Men's STD screening clinic is conducted weekly as a low-threshold service to encourage men to access services. Urine screening for STD infection is used to encourage participation.

The Champaign County Jail Project is funded by IDPH, HIV Section. STD/HIV/Hepatitis testing and treatment is provided to inmates of the County Jail.

Testing for those most at risk for Hepatitis C and vaccinations for those most at risk for Hepatitis A and B infection are provided in all services. A Hepatitis C support group is supported by a national drug company and is provided monthly to those affected.

Prostate Cancer screening is conducted with funding provided by IDPH, Office of Men's Health. Screening clinics are offered throughout Champaign County and education on the importance of early detection through yearly Prostate Cancer screening is offered.

The Statewide Young Men who have Sex with Men Capacity Building project is funded by the IDPH, HIV Section. This project provided technical assistance to providers who work with this at-risk population to prevention new HIV infections.

### **Division of Environmental Health**

The following environmental health services supplement the Local Health Protection Grant environmental health programs.

Community surveillance, education and prevention to prevent mosquito-borne viruses including West Nile virus.

West Nile virus mosquito vector surveillance program which involves collecting adult *Culex* mosquitoes and testing these samples for West Nile virus and other mosquito-borne viruses. These activities are funded by an IDPH grant to the District.

West Nile mosquito vector prevention program is directed at the larval control of the *Culex* mosquitoes. In addition to collecting and testing of adult mosquitoes for mosquito-borne diseases, the program includes the collection of dead birds for West Nile virus testing and the control of larval *Culex* mosquitoes through the application mosquito control insecticides. These activities are funded by an IDPH grant to the Champaign County Public Health Department.

Radon test kit distribution and community education to promote radon awareness and mitigation. These activities are funded by a grant from IEMA to the District.

Inspection, investigation, and enforcement activity of tanning facilities. These activities are funded by an IDPH grant to the District.

Lead risk assessments for lead hazards when there is a child with an elevated blood level, which is funded by an IDPH childhood lead poisoning prevention grant to the District. Lead risk assessments referred from a community Get the Lead Out (GLO) program, which is a lead-based paint remediation project that is funded by an IDPH grant.