



ILLINOIS ASSOCIATION OF BOARDS OF HEALTH



June 2008

Fiftieth Edition

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ILLINOIS BOARDS OF HEALTH MEET AT IPHA CONFERENCE

IABH held its spring meeting on Tuesday, April 8th at the Springfield Hilton Hotel from 9:30 a.m. to Noon.

President Jan Attala Allen called the meeting to order and asked for approval of the agenda. On receiving approval, she asked for approval of the Secretary's report and the minutes of the October 9, 2007 meeting.

Copies of the updated by-laws were distributed.

Members present introduced themselves and gave updates on their Boards of Health. Linda Snow, representing the Cass County Board of Health, attended. It was her first meeting. She is a School Nurse in Virginia, IL. She told us that Cass County is an underserved county. There has been an influx of Hispanic people over the last 15 years. The Board is very pleased with their dental clinic.

Another first time member was Julian Rappaport from the Champaign County Board of Health. He noted that his Board is looking for ways to coordinate public health with mental health services.

A group representing HIV/AIDS Services at the Illinois Department of Public Health attended the meeting.

Jan Allen presented the President's Report. Reports of the President-Elect, Margaret Leonard, of Past President, Kay Banta, Treasurer's Report, Kent Scheibel, and Bugle Call Report, Carolyn Chapman, followed.

Secretary Annie Clark, who serves as West Great Lakes Trustee for the National Association of Local Boards of Health (NALBOH), presented the regions report. There was discussion

of once again holding a lottery to choose a person to attend the NALBOH meeting in Madison, Wisconsin, with some expenses paid by IABH. After discussions with the Treasurer, the group decided to reestablish the lottery.

Marcia Custer presented the report of the Nominating Committee. The Committee's Report was accepted by acclamation. Kay Banta's name was added to the Executive Council.

Gina Swehla, Director of Learning Management System at IDPH and graduate student, Pamela Solowsky of the University of Illinois at Chicago, presented a program to demonstrate and explain the Webcast Learning Management System.

The next meeting will be held October 7, 2008 at the McLean County Health Department in Bloomington, Illinois at 10:30 a.m. ♀

NEXT NALBOH MEETING IN MADISON, WI

.....The following program was presented at the IPHA Conference by Debbie Currey, RN, BSN, Manager, Home Health Dept. of McHenry County Health Department

The Role of the Nurse in the Physical & Mental Health Setting



ILLINOIS ASSOCIATION OF BOARDS OF HEALTH

Officers 2007-2008

- President: Dr. Jan Attala Allen, St. Clair County
- President Elect: Margaret Leonard, Macon County
- Past President: Kay Banta, Vermillion County
- Secretary: Annie P. Clark, St. Clair County
- Treasurer: Kent Scheibel, Madison County

Officers 2008-2009

- President: Margaret Leonard, Macon County
- President Elect: Inara McGroarty, Winnebago County
- Past President: Jan Allen, St. Clair County
- Secretary: Annie P. Clark, St. Clair County
- Treasurer: Kent Scheibel, Madison County

Nurses, by nature, are also enduring; they never give up. They will try to educate, to heal, to cheer up. They have no recognition of the notion that failing to learn or keep appointments necessitates discharge. They recognize not only the injury/disability but the pain, the vacant look or despair in a person's face. The clinically experienced nurse has learned the physiology of the illness, the pharmacology of the medication(s) and the emotional impact of both.

The use of professional nurses in McHenry County government began in 1976 with the formation of the McHenry County Department of Health.

President's Message

This is my final report as your President. The two years have zipped by, and several goals have been accomplished, thanks to all of your efforts.

One goal was to increase our communication network in order to build a stronger Illinois Association of Boards of Health membership.

The Bugle Call is our greatest means of communication to date, thanks to the extraordinary efforts and abilities of Carolyn Chapman. We also are branching out to more ways and means of communication. The on-line availability of The Bugle Call on the Illinois Public Health Association website has been a timely, convenient read.

Two graduate students have assisted us to get in touch with each other across distance. Melissa Brown (Northern Illinois University) presented a poster at the April 2008 IPHA Annual Meeting, displaying the Illinois Board of Health Member Database. This Database will be forwarded to the Illinois Department of Public Health as the home for our joint usage. Pamela Solowski (University of Illinois-Chicago) is following up the introduction of the Learning Management System (by Gina Swehla- IDPH) to course offerings and real time communications of Board Members, as presented at the last IABH Annual Meeting.

The second goal was for IABH was to become familiar with what Boards of Health were accomplishing as well as some of their challenges throughout the State.

This goal was met by measuring performances of nine (9) Boards of Health in Illinois via a grant from the National Association of Local Boards of Health. The Instrument (for Governance) was available via the National Public Health Performance Standards Program. The evaluations of this experience were overwhelmingly positive. I was moved by each BOH's measure of dedication, awareness, ambition and commitment.

I invite you to any and all of our activities in the future. IABH needs to hear every BOH voice. It's been a pleasure to serve you all these past two years, and this has been an interesting, exciting and worthwhile experience. Even though my term is ending, I plan to keep in touch with this fine organization.

Jan Allen

NURSE

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In 1980, our local Mental Health Authority recognized a need for clinical nursing in the behavioral health community. In addition to our Home Care Program, funded by Medicare, Medicaid, Insurance, and self-pay, we created the Sustaining Care Program. This program was designed to do what the name implies, sustain client(s) in their home for as long as safely possible.

At the inception of the program, the clients were resistant to treatment, maintained on IM Haldol, Prolixin injections and fairly isolated in their own homes. The nursing staff administered their psychotropics, assessed mental status, physical status, environment, and self care.

At present there are 55 to 60 clients and although the overall purpose has remained the same, the Sustaining Care Program has evolved into direct services designed to address the behavioral and medical health needs of clients with chronic mental illness and

to maintain and/or improve their quality of life. RN visits focus on illness and symptom management with collaboration of client, psychiatrist, primary care physician and natural supports to enhance recovery.

WHY NURSES?

Injectible psychotropics are administered at two to four week intervals and can be done in the clinic setting. There are other professionals who work in the community with behavioral health clients, such as case managers and social workers. However, our mental health home care nurses have historically met the definition of qualified mental health professional (QMHP), in the Illinois Administrative Code, and have professional nurse qualifications, Bachelor of Science, sometimes Masters Degree, and they minimally have one year inpatient clinical psychiatric experience. They offer experienced skills in comprehensive physical and mental health assessments, teaching and delivery of care.

The Following are Essential to Care

- Each physician at intake and sixty day intervals, receives a plan of care with opportunity to review any/all medication that he/she and other prescribing physicians are writing.
- Each physician also receives a plan of care with a sixty day summary, a descriptive summary by the RN/QMHP of client's status, level of functioning, new and/or resolved concerns, responses to treatment, stressors, etc.

As is federally mandated by the Health Care Finance Administration (HCFA), now CMS, Home Care and Sustaining Care clients are assessed with Outcome and Integrated Assessment Information Set (OASIS). This assessment tool measures acuity and level of functioning.

Progress of Care

By the third visit the RN/QMHP and client have completed the Bio-

NURSE

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psychosocial Assessment and then a subsequent individual treatment plan for the Sustaining Care client. Home care clients have completed a physical assessment, depression screening and a subsequent nursing care plan.

The RN/QMPH identifies potential risks by an ongoing assessment of the client's environment, personal self-care, and available supports. This allows better understanding of need(s) and anticipation of vulnerabilities.

Literature/studies tell us that behavioral health clients have higher mortality/morbidity rates in every category of illness and disease.

RN/QMHP VISIT

The frequency is determined in the treatment plan with input from the client, psychiatrist, PCP, natural supports, and the nurse.

The consistency of the contacts allows for comparative assessment week to week, establishes a relationship and trust, as well as the ability to then solve problems and to follow through.

Health Vulnerabilities

- Cancer, generally associated with lack of recognition, late treatment, risk factors such as smoking.
- Diabetes, generally related to pharmacology or adipose tissue. In 2006, Dr. John Newcomer, Professor of Psychiatry at Washington University School of Medicine, St. Louis found double the rate of the general population which is one of five.
- Hypotension, generally related to pharmacology, at risk for subsequent falls and injuries.
- Obesity, generally related to pharmacology.

Behavioral/Social Vulnerabilities that Intensify Health Vulnerabilities

- Symptom Acuity, less ability to recognize and follow up
- Lack of support system
- Lack of insight/cognitive abilities
- Lack of available education

These issues are extremely difficult for our behavioral client to recognize, to access health care and to treat. Persons who are distracted by voices, or are paranoid and depressed, as well as often being isolated and alone, do not know how to access appropriate health care and do not get treatment. These persons can then become too ill, to immobile, too unsafe to continue their psychiatric treatment and the cycle moves on.

Public health nurses have the wealth of resources available at the Health Department. In McHenry County our Environmental Department can effectively deal with hoarders and substandard living conditions. Our Health Promotion Division contributes with individual and/or group education about everything from programs to stop smoking, walk for fitness, cardiovascular and diabetes education, and most recently our breast and cervical cancer program. Information on staying well comes from our Communicable Disease Division, HIV/AIDS and sexually transmitted disease program, as well as hand washing. We frequently use the support of nutritionists in fitness, hyperlipidemia, weight loss and diabetes.

All these advantages encouraged the McHenry County Mental Health Authority to fund a nursing component at the Health Department.

Other advantages are these:

- Public health nurses know the territory geographically. In McHenry County they get around with ease. They have a keen awareness of housing, higher crime

areas, and where adjunct services are accessible.

- Public health nurses have a rich knowledge of entitlements and resources in the community.
-

Clients Report Satisfaction

There is less need for hospitalization. Use of medication is more consistent. They have help getting access to resources such as entitlements, substance treatment, recovery, workshop and day programs.

Their problems are less acute, and they find it easier to solve problems when a relapse occurs because they have support.

Measurable Data, the Program's Growth and Success, are Significant

- Re-hospitalization rates have improved from 27 to 30 percent in the early 1990s to 14 to 18 percent in 2007. Our goal is no more than 10 percent.
- The referral follow up rate increased 51 percent.
- Stabilization or improvement in functioning improved 51 percent.

Due to this success the local Mental Health Authority has added funding for two additional public health RN/QMPH positions to expand services in other community settings.

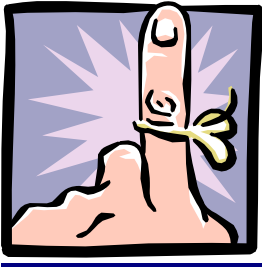
Mental Health Court

The new court has existed for a year. The public health RN/QMHP is a member of the Mental Health Court team. The court reports directly through the team process to the presiding judge and the State's Attorney's office.



"What fits your busy schedule better, exercising one hour a day or being dead 24 hours a day?"

DATES TO REMEMBER



July 22-24, 2008

NALBOH's 16th Annual Conference in Madison, Wisconsin

October 7, 2008

IABH Fall Meeting.....The Illinois Association of Boards of Health will meet at the McLean County Health Department in Bloomington at 10:30 a.m.



ST. CLAIR COUNTY HEALTH DEPARTMENT TEEN PARENT SERVICES

The Teen Parent Service program at St. Clair County Health Department helps pregnant and parenting teens complete their high school education while encouraging preventive healthcare and healthy lifestyles for themselves and their children. Case managers have monthly contacts with each teen and can help pay for school expenses such as: transportation, book and graduation fees.

The Teen Parent Services Program has been very busy for the 2007/8 school year. The caseload has fluctuated between 90 and 100 teens, with 33 teens expected to graduate from high school this spring.

Attendance at monthly workshops has increased dramatically with usually 40 teens in attendance including 10 fathers in the Father Support group. One of the most popular guest speakers is a representative from our local Violence Prevention Center, who speaks to the teens about dating violence, self-esteem issues, and child care safety issues. The school year will end with a special graduation celebration in June.

GED classes, taught by the Regional Office of Education, were initiated this year on-site by the Health Department clinic. Enrollment has grown to 8 teenagers, including a brother of one regular member. The teens are more likely to regularly attend classes in a familiar



environment, and it is hoped their success in the course will carry over into later life.

Shaping the Future of Public Health

Connecting Mental and Physical Well-Being

The Illinois Public Health Association (IPHA) and the Association of Community Mental Health Authorities of Illinois (ACMHAI) presented a joint conference at the Springfield Hilton Hotel from April 8-10. The conference became the 67th Annual Meeting of IPHA and the 19th Annual Meeting of ACMHAI. The two conference goals were:

- Build relationships on local and state-wide levels that strengthen the competency of the Illinois public health, human service, and behavioral health workforce to address issues and key health objectives.
- Advance continuing education and fellowship needs of IPHA and ACMHAI membership by providing a forum where relevant and timely ideas can be presented and discussed in pursuit of public health and behavioral health knowledge skills and performance enhancement.

SPECIAL EVENTS

Public Health Nurse Summit

This summit meeting, sponsored by the IPHA Nursing Section, was held on Tuesday, April 8th from 10:00 a.m. to 3:30 p.m.

The goal of the summit was: *Illinois Public Health Nurses Connected: Powerful Voice, Professional Growth, Personal Satisfaction*. The summit provided opportunities to raise awareness about the public health nursing profession among colleagues and the public and to teach nurses how to use their collective voice for healthier communities.



Trilogy Network of Care

This web-based program took place during the Section breakfast meeting 7:30 a.m. to 8:30 a.m. Thursday, April 10th

The program was a pilot project for the state of California and was named “the model for the nation” by the President’s New Freedom Commission. The purpose of the network of care is to provide a one-stop web portal for consumers, caregivers, providers, and mental/public health staff, offering information on diseases and conditions, legislation, links to support and advocacy organizations, as well as public and private insurance companies.

Jail Diversion Initiatives

This was a session on Jail Diversion, programs that divert individuals with serious mental illness away from jail and provide linkages to community-based treatment and services. The session took place at 8:30 a.m. on Thursday, April 10th.

Tuesday, April 8

Formal conference began at 2:00 p.m. with an Anti Stigma Campaign Session provided by Nanette Larson, Division of Mental Health; Colette Lueck, Children’s Mental Health partnership; Peter Tracy, Champaign County Anti Stigma Alliance; and Jerry Murphy, Kane County Mental Health Council.

Nanette Larson effectively described the difficulties caused by the pervasive stigma in society that affects our facing problems of mental illness.

Colette Lueck further pressed the need to overcome such stigmatic ideas and urge early treatment for children.

Jerry Murphy of Kane County, who is also President of ACMHAI, described how his county used the “Say it out loud” campaign to help overcome the stigma of mental illness.

Concurrent Sessions

The sessions, from 3:30 p.m. to 4:30 p.m. included Perinatal Mood Disorders, Suicide Prevention, Community Partnerships to address Physical and Behavioral Health, and data from a health survey for Physical and Mental Health Planning in Illinois.

Wednesday, April 9

A continental breakfast was available from 8:00a.m. to 9 a.m.

Opening Plenary Session

Bob Keller, MBA, of Bloomington, IPHA President, opened the Conference and introduced IPHA Executive Director Jim Nelson, who welcomed the group and introduced Cheryl Ramirez, Executive Director of ACMHAI, who welcomed the group for her organization and introduced Jerry Murphy, the president of ACMHAI.

Jerry Murphy introduced Lorrie Rickman-Jones, PhD, Director, Division of Mental Health, Illinois Department of Human Services.



Dr. Rickman-Jones called attention to the numerous problems caused by inequities, especially poverty. She observed that it is better to prevent mental illness than to treat it, just as is true of physical illness. She noted that 8 million U.S. residents annually suffer from depression and increased risk of hypertension. Her concern will always be quality of life matters. The annual cost of untreated mental illness is \$70 million. Only one-third of all sufferers receive any treatment. Moreover, these people are not treated equally by insurance companies.

She pointed out that studies continue to show the connection between mental disorders and physical illness. We need to work to prevent suicide and increase treatment options. She also mentioned the “Say it out loud” effort.

She concluded by inviting everyone to join mental health and physical health efforts to treat the whole person and congratulated the Conference on this landmark occasion.

IPHA President **Bob Keller**, told the group that it has been his ambition for a number of years to integrate mental

health and physical health. He is member of both organizations.

Keller introduced Dr. Damon Arnold, Director of the Illinois Department of Public Health, who served missions in both Iraq and Afghanistan.

Dr. Arnold insisted, “We have got to stop stigmatizing mental illness.”

Noting that public health people are the most talented, committed people he has ever known, Dr. Arnold made these points:

- Mental disorders go to the justice system
- Families with teenagers are most vulnerable in their need for insurance
- We need to solve these problems for those who need help
- Occupational health concerns are those we really need to address
- We can’t afford to lose the talents of retired people. Our country treats seniors abominably.
- Mental illness is something we need to address NOW.

Jerry Murphy introduced **Dr. Joseph Parks** of the Missouri Department of Mental Health who gave an overview of the problem.

Dr. Parks’ Presentation

Illustrating his points with facts and figures, Dr. Parks observed that persons with mental illness lose about 25 years of their normal lifespan. He mentioned an Ohio study that shows what kills people is chronic illnesses—more than accidents or suicide.

He noted that people with mental illness had much higher mortality than those with general physical health illnesses. We can not succeed in reducing the usual problems of the general population unless we focus more attention to people with mental illness.

It is worth noting that people with schizophrenia and bipolar disease have higher rates of obesity and smoking. We know there is a general epidemic of obesity and diabetes.

Dr. Parks made the point that a person with mental illness has the same risk of having a heart attack as a person who has already had a heart attack.

Access to health care is an issue for all people with limited income. Those with severe mental illness have fewer routine preventive services and worse diabetes care. There are patient issues, provider factors, and system factors, such as funding.

Many mentally ill with serious health problems were not getting treatment especially those with schizophrenia.

Public health workers who want to control the problems need to work with mental health workers. The most promising improvement is the integration of mental health issues into primary care services. We need to do preventive monitoring.

It helps to share information to coordinate care. There are benefits in collocation. A proven practice is nurse health care management.

Even small changes in risk factors lead to impressive gains.

Following Dr. Parks’ presentation, Jerry Murphy introduced Pete Earley, a journalist of the *Washington Post*. Earley is a friend of Mike Wallace of “60 Minutes.” His book *Crazy: A Father’s Search Through America’s Mental Health Madness*, presents a stark picture of conditions facing mentally ill persons.

Pete Earley’s Presentation

Earley started by saying, “I am absolutely delighted to be here!”

Earley’s son suffered from schizophrenia and bipolar disease along with depression. In Virginia, where they lived, the law prevented any forceful treatment. That situation led to a woman being transported back and forth between a mental hospital and jail numerous times.

Earley explained that 70 percent of persons with mental illness can be helped by medication. When Earley learned that his son would be sent to jail rather than to a hospital, he began to do research on problems throughout the nation.

In Miami he learned that of 1,700 homeless people more than 500 were mentally ill and had not been helped. They had been in jail multiple times.

He discovered that mental hospitals were like Nazi concentration camps. After President Kennedy’s death, the community mental health centers started by his administration were put on the back burner. Mentally ill persons were put out of state hospitals in the 1970s into nursing homes. It’s been more than four generations since that happened.

Earley stated that what was needed was to focus on the need for treatment rather than the “danger” the mentally ill might cause or suffer. But acute hospital beds for mental patients disappeared in 1978. He said, “We have turned mental illness from a public health issue to the criminal justice system.

A new development is the existence of mental health courts, where people with mental illness can be treated to programs more suitable, but without the availability of more community services, what has been accomplished?

Ill persons need to come to grips with their illness and learn to deal with it. Housing and jobs are important.

He praised a program called Passageway in Miami.

Earley believes that being part of a community and being accepted is part of good mental health. He believes that the cost of mental treatment would pay for itself.

He pointed out that the quality of care you receive in Illinois depends on where you live.

Book Sale and Signing

From 12:30 p.m. to 1:00 p.m. attendees had an opportunity to buy Earley’s book, *Crazy*, with his signature.

Wednesday, Luncheon 1:00 p.m. to 2:15 p.m.

The featured speaker at the luncheon was Vincent J. Felitti, MD. Dr. Felitti has been a Co-Principal Investigator of the Adverse Childhood Experiences (ACE) Study for 15 years. ACE is an ongoing collaboration between Kaiser Permanente’s Department of Preventive Medicine and the Centers for Disease Control and Prevention (CDC).

Dr. Felitti presented pictures and graphs to illustrate the findings of the ACE Study.

The Study determined that an unexpectedly high number of participants had experienced significant abuse or household dysfunction during their childhood.

The pictures showed graphic evidence of the consequences of physical and sexual abuse of many patients, especially women.

A graduate of Johns Hopkins Medical School, and a physician in the Department of Preventive Medicine, Kaiser Permanente Medical Group, Dr. Felitti founded the Department of Preventive Medicine for Kaiser Permanente in San Diego, 28 years ago, and served as Chief of Preventive Medicine until March 2001.

One telling the situation illustrated by pictures was how a huge excessive weight gain was used to prevent sexual abuse by a young girl.

There was a break from 2:15 p.m. to 2:30 p.m..

Supersessions began at 2:30 PM

I: It only Takes One Person to Create Change.

Jackson County Mental Health Action Team: Working to Educate Southern Illinois.

II: Beyond Survival: How to Help the Traumatized Child, and the Adults We Become, Not Just to Survive But Thrive.

Group Visit to the Capitol 2:30 p.m. to 4:30 p.m.

Legislative and Policy Forum: 4:30 p.m. to 6:00 p.m.

Legislative Reception 6:00 p.m. to 8:00 p.m.

Attendees greeted their legislators from around the state and enjoyed refreshments from a variety of Springfield restaurants. Attendance prizes were distributed with music and dancing to follow.

Thursday, April 10

IPHA Section members enjoyed a breakfast with their meetings from 7:30 a.m. to 8:30 a.m.

The annual IPHA business meeting occupied the time from 8:30 a.m. to 10:00 a.m., when IPHA business was covered and a number of resolutions were discussed and adopted.

Best Practice Workshops were presented from 10:15 a.m. to 11:45 a.m..

The workshops included using Youth Survey data to set abuse prevention priorities; Jo Daviess County alcohol and other substance abuse task force; use of ethical frameworks in public health and human resource allocation decision-making; mind and body medicine comes of age; the role of emotional avoidance in management of physical and emotional pain; and public health department mental health programs.

Children's Mental Health Issues addressed the needs of children.

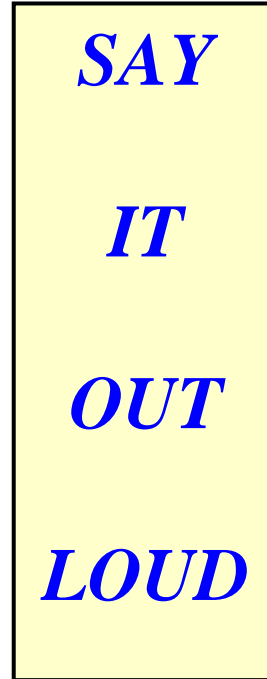
The final best practice workshop dealt with services for the elderly.

Awards Luncheon

During the final luncheon awards recognized those who provided outstanding services to the field of public health.

Excellence in Public Health Policy was noted by awards to three persons: Senator John Cullerton; Senator Christine

Radogno; and William Baldyga, DrPH. Cass County Health Department received the Award of Merit.



Talk with someone who seems stressed or down. Let them know you care.

Ask for help from someone you trust if you think you or your child might need it.

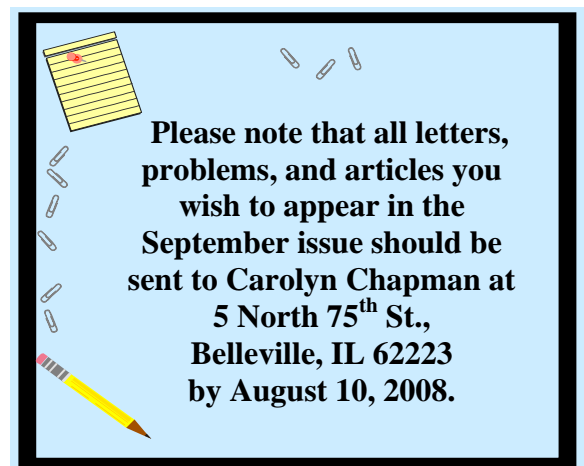
Speak with your child's doctor and teachers about how to encourage your child's social and emotional development.

Encourage policy leaders to make children's and adults mental health a top priority.

Find out how you can promote good mental health by visiting www.mentalhealthillinois.org.

(Sponsored by:

*the Illinois Department of Human Services
Division of Mental Health and the
Illinois Children's Mental Health Partnership)*





HUMOR FROM THE INTERNET

ITALIAN TOMATO GARDEN

An old Italian man who lived alone in the country needed to dig his tomato garden. The ground was hard, and he wanted some help. His only son, Vincent, was in prison. The old man wrote a letter to Vincent to describe his predicament.

Dear Vincent,

I'm feeling sad because it looks like I won't be able to plant my tomato garden this year. I'm getting too old to dig the garden plot. If you were here, my troubles would be over. I know you'd be happy to dig the plot for me.

In a few days he received a reply.

Dear Dad,

Don't dig up that garden. That's where I buried the bodies.

At 4:00 a.m. the next morning, FBI agents and local police arrived. They dug up the entire area. No bodies. They apologized and left.

Another letter soon arrived from Vincent.

Dear Dad,

Go ahead and plant the tomatoes. That's the best I could do under the circumstances.

ST. CLAIR COUNTY HEALTH DEPT.
19 PUBLIC SQUARE SUITE 150
BELLEVILLE, IL 62220

RETURN SERVICE REQUEST