

# GRUNDY COUNTY BOARD OF HEALTH

## **PRESIDENT**

John Roth, M.D.

## **VICE PRESIDENT**

Van Hicks, M.D.

## **SECRETARY**

Larry Johnson, D.V.M.

## **MEMBERS**

Joan Harrop, J.D.

Robert Engle, D.D.S.

Joan Sereno

Jim Wright

Robert T. Poole

## **Mission Statement**

The Grundy County Health Department accepts the primary mission of preserving, protecting and promoting the public health of the citizens of Grundy County, Illinois.

## **Board of Health**

Comprised of 8 members of which two must be licensed physicians and one must be a licensed dentist as mandated by law. At a minimum, Board members must ensure for the provision of (4) basic health protection programs, including Food Sanitation, Potable Water Supplies, Private Sewage Disposal and control of Communicable Disease. Members also recommend other health programs as related to a community needs assessment. This plan is referred to as the Illinois Project for Local Assessment of Needs or IPLAN.

## **Statement of Philosophy**

The Grundy County Health Department believes a Statement of Philosophy is essential and should convey an organization's system. It should define the essence of the organization, guide and be visible in all endeavors, serve as an internal unifying force and as an external expression of policy.

The Grundy County Health Department believes it is far preferable to prevent disease, disability and human suffering than to attempt remediation after the fact. The Department believes that education is the single most important tool it has to achieve its goals and that education should be the cornerstone of all programs and services.

Furthermore, the Department believes health should be a right and not a privilege and that government has certain obligations to protect its citizens from diseases and conditions that endanger health and which require action on a collective level.

In carrying out its mission of prevention of disease and disability, promotion of health and protection of the environment, the Department believes all services and benefits should be provided in ways that respect individual dignity, values and rights.

Discrimination in regard to services, or employment, based upon race, color, religion, sexual orientation, gender, national origin, ancestry, marital status, age, military service, or the existence of a mental or physical handicap or disability is prohibited and contrary to everything the Department stands for. Neither should lack of financial resources be a barrier to obtaining needed health services.

The Department believes it has a responsibility to provide a leadership role and cooperate with all other governmental, private and voluntary associations, groups, organizations and individuals in the development of comprehensive community based programs which maximize effectiveness, quality, accessibility, coordination and continuity.

Special programs will address the need to: prevent or minimize the effect of chronic and communicable diseases; provide community and personal health education, incorporate accepted public health practices of epidemiology, inspections and immunization, provide mental health and substance abuse counseling; promote services to help seniors live healthy and independent lives.

## ABOUT OUR HEALT DEPARTMENT

The Grundy County Health Department was established in 1966 by a resolution of the Grundy County Board. For over 43 years, the GCHD has been providing preventive health services for citizens of all ages in Grundy County.

### OUR MISSION

*“To preserve, protect, and promote the public health of citizens of Grundy County.”*

In working toward this mission, services are provided in the following areas:

1. Administration
2. Public Health Nursing/ Health Education
3. Environmental Health
4. Mental Health
5. Senior Programs

Grundy County residents benefit from a wide variety of health services.

DID YOU KNOW.....

Grundy County has provided nursing services since 1921 and established a tuberculosis fund in 1944.

The Grundy County Health Department was established by a vote of the County Board in April, 1966 in order to be eligible to provide Medicare funded home health services. Mary C. Reed was the first administrator. Initial staff included a part time nurse and a part time secretary.

The first eight member Board of Health was established in 1966. Representation on the board was mandated by the 1943 Health Department Law: two physicians, one dentist, one county board representative and four citizens.

Prior to the establishment of the health department, the county nurses provided management of tuberculosis patients, school nurse visits, immunization campaigns, crippled children services and assisted Grundy County residents in receiving medical care.

The health department has had four different homes. The county nurse and original health department offices began in the second floor of the Grundy County courthouse. In January 1970 the health department moved to the vacated wing of Morris Hospital and in March 1984 moved to 111 East Illinois Avenue. In October 1992, the health department moved to its current location in the Grundy County Administration Center.

The environmental health services were originally provided by a sanitarian for both Kendall and Grundy counties from 08/1970 to 1972. By 1974, development of Grundy County necessitated that there be both a Director of Environmental Health as well as a sanitarian.

The mental health program began in 1970 with a psychiatric social worker one half day a week. An entire counseling program was added in 1972 with contractual counselors from Will County Health Department. With assistance from the Department of Mental Health and Developmental Disabilities, a full time program was established in 1974 and substance abuse counseling and

treatment were added in 1976 with funds through the Department on Alcoholism and Substance Abuse. Child and Adolescent counseling was added in 2003.

As insurance companies began to pay for home health care services and private providers began to compete for clients, the health department began to lose clients and sources of reimbursement. Home health services were eliminated at the recommendation of the Board of Health in 1990.

A vote to establish a separate tax and public health fund was defeated by the county board in 1972 and never became a referendum to the voters.

The senior services began with a grant from the Northeastern Illinois Area Agency on Aging in 1980. Services included case management and 60+ counseling. In 1994, the Health Department added Outreach and Information & Assistance programs for residents of Grundy County over 60. In 2004 the Caregiver Support program was added. This includes information & assistance, respite and emergency funds, counseling and education.

The Health Educator position was eliminated in 2008 due to depleting health education grants. Health education has since been taken over by the Nursing department and in conjunction with other county and city departments.

Services available through the Health Department increase as needs arise in the county. The Mental Health division has added numerous evening groups and classes. Since 9-11 a strong focus for health departments have been Emergency Preparedness. We are currently implementing a volunteer corps to train and help in the case of a bioterrorism emergency.

The original budget for the health department was \$31,720. The budget for FY2009 is \$1,628,410.

The current Board of Health consists of the following people:

Two physicians	Van Hicks, MD	Morris	Appointed in 1972
	John Roth, Jr, MD	Morris	Appointed in 1988
One dentist	Dr. Robert Engle, D.D.S.	Morris	Appointed in 2008
County Rep.	Tom Poole	Morris	Appointed in 2006
Four citizens	Joan Harrop, JD	Morris	Appointed in 2002
	Larry Johnson, DVM	Morris	Appointed in 1982
	Joan Sereno	Morris	Appointed in 2004
	Jim Wright	Morris	Appointed in 2002 as County Rep. re-appointed in 2006

Currently there are 26 full time and 10 part time/contractual employees who work at the health department. Penny Johnson, WIC, has been here the longest – over 25 yrs.

# GCHD STAFF & ADVISORY COMMITTEES

Kathy Smith, MPA., PHR. Administrator

## **Administration**

Dian Brown, Office Manager  
Bookkeeper  
Environmental Health Secretary/Technician  
Nursing Secretary  
Senior Program Secretary  
Mental Health Secretary (2)

## **Nursing Division**

Kay Lynn Shoemaker, R.N., B.S.N., Director of Nursing  
Public Health Nurse, C.D. Coordinator  
Public Health Nurse, IM Coordinator  
Nutritionist  
Public Health Nurse (2)  
Public Health Nurse WIC/FCM  
WIC Clerk/Vision and Hearing Technician  
Public Health Nurse ( Immunizations)  
Teen/Parent Services Case Manager  
Health Educator (resigned)

## **Senior Programs Division**

Chris Donley, Director of Senior Programs  
Senior Programs Case Manager (3)

## **Mental Health Division**

Susan Hudson, M.A., L.C.P.C., Mental Health Director  
Child & Adolescent Therapist (resigned)  
Mental Health Therapist (2)  
60+ Counselor, A.N.E. Program Supervisor (resigned)  
Elder Abuse Case Manager  
Mental Health Psychiatric Nurse  
Intake Case/Management Assistant  
Substance Abuse Counselor (2)

## **Environmental Health Division**

James Leonard, B.S., L.E.H.P., Director of Environmental Health  
Food Sanitation Program Coordinator  
Portable Water & Private Sewage Disposal Program Coordinator  
Environmental Health Technician

## **CONTRACTUAL STAFF**

James Smedegard M.D., Psychiatrist, Mental Health  
Margaret Schmidt, Translator

## **INTERNS FROM THE FOLLOWING UNIVERSITIES**

Lewis University

## **TB BOARD**

Darlene Giordano  
John Roth Jr., M.D.  
Jill Odom, R.N.

## **ENVIRONMENTAL HEALTH ADVISORY COMMITTEE**

Dale Starks	Steve Higgins
Jon Murphy	Bill Wills
Dave Zeiter	Joe Winchell

This Advisory Committee was changed  
over to a User Group in January 2008

## **FOOD ADVISORY COMMITTEE**

Angela Robinson	Bob Brenner
Zan Higgins	Pat Neff
Tom Wawczak	Madeline Willet

This Advisory Committee was changed  
over to a User Group in January 2008

## **MENTAL HEALTH ADVISORY BOARD**

Paul Buckley	Carol Donahue
Nan Taller	Lois Lundy
Lori Warner-Brown	Michele Briones

Ruth Harp

# FINANCIAL REPORT

The following Financial Report covers the period of December 1, 2007 to November 30, 2008.

<b>◆ REVENUES</b>	
Medicare & Medicaid	16,421.00
Mental Health (Private pay & Insurance)	6,432.00
Grants*	746,407.00
Contractual Services	159,622.00
Miscellaneous Income	58,229.00
Environmental Health	104,681.00
<b>TOTAL REVENUES</b>	<b>1,091,792.00</b>
<b>◆ EXPENDITURES</b>	
Salaries	1,058,176.00
IPLAN/CARF/Contractual Services	44,308.00
Office Supplies	15,824.00
Equipment/Furniture	3,452.00
Commodities: Medical Supplies	29,490.00
Travel/Training/Continuing Education	24,036.00
Printing/Postage/Advertising	4,475.00
Telephone/Utilities	1,909.00
Labor Relations	735.00
Health Insurance	307,960.00
Grants**	105,360.00
<b>TOTALEXPENDITURES</b>	<b>1,595,725.00</b>
Revenues over/(under) expenditures	1,091,792.00
Cost to the General Fund (32%)	503,933.00

◆ \*Funding for grants were from the following sources:

- ◆ Environmental Health – Federal, State and Local Programs (Illinois Department of Public Health)
- ◆ Community Nursing – Federal, State and Local Programs (Illinois Department of Public Health, Office of Women’s Health & Illinois Department of Human Services)
- ◆ Mental Health – State and Local Programs (Illinois Department of Human Services, Department of Alcohol & Substance Abuse.
- ◆ Community Service – Federal and State Programs (Illinois Department of Healthcare & Family Services [HFS] & Department of Commerce & Economic Opportunity [DCEO])
- ◆ Senior Services – Federal and State Programs (Illinois Department on Aging, Northeastern Illinois Area Agency on Aging)

◆ \*\*Grant Expenditures were from the following sources:

- ◆ Tobacco-Free
- ◆ Caregivers
- ◆ West Nile Virus
- ◆ Bioterrorism
- ◆ FCM-FFP
- ◆ Women’s Health Fair
- ◆ Teen Parent Services
- ◆ City Readiness Initiative (C.R.I.)
- ◆ Pandemic Flu
- ◆ Dental Grant
- ◆ One Time Funds (Elder Abuse, Women’s Health Assessment, Capacity, SHAP)

## **IPLAN (Illinois Project for Local Assessment of Needs) 2006-2011**

The Grundy County Health Department IPLAN was developed in 2006 through a unique blend of employers and other stakeholders. The Steering Committee was established through collaboration between the Education Service Network, Morris Hospital and the U of I Extension. The desire of the Steering Committee is to have a broad base of community perspectives and establish focus groups that represent the various divisions within the Grundy County Health Department. The data utilized through the process was collected from various health agencies.

After the Steering Committee met and was familiar with the data and work of each focus group, a list of top health priorities was created. This included:

1. Heart Disease and Obesity
2. Mental Illness and Substance Abuse
3. Lung and Breast Cancer
4. Interventions for the Geriatric Population

Each of the priority problems had to address the following in great detail:

- ◆ Description of the problem
- ◆ Risk factors and contributing factors influencing the issue
- ◆ Outcome and impact objectives
- ◆ Proven intervention strategies
- ◆ Resources available
- ◆ Barriers
- ◆ Estimate of funding needs and anticipated sources of funding

The Grundy County Health Department will begin work on the 2012 IPLAN during the upcoming year.

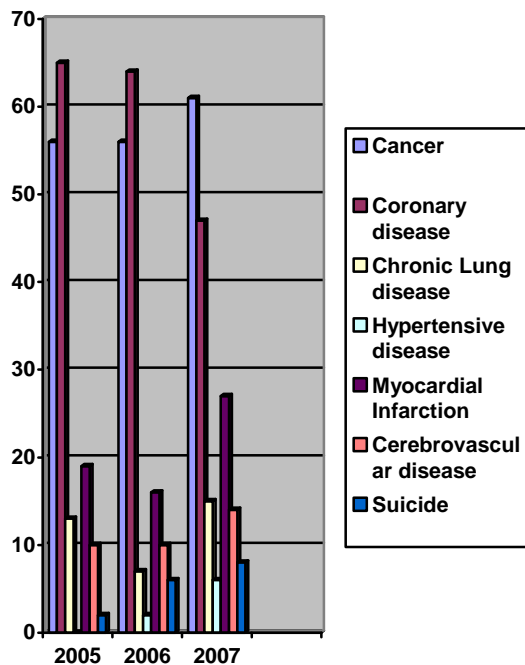
# PUBLIC HEALTH STATISTICS

The following tables reflect only those births and deaths of Grundy County residents that occurred in Grundy County.

## LEADING CAUSES OF DEATH

	2006	2007	2008
Cancer – Total All Sites	56	61	61
Digestive Tract	11	10	7
Lung	22	13	17
Skin	2	2	0
Breast	2	6	4
Pancreatic	1	3	4
All other sites	18	27	27
Coronary & Vessel Disease	64	47	43
Myocardial Infarction	16	27	37
Cerebrovascular Accident	10	14	7
Hypertensive Disease	2	6	1
Chronic Lung Disease	7	15	11
Suicide	6	8	2
Motor Vehicle Accidents	-	9	10
Other Accidents	-	8	0
All Other Causes	67	97	104
<b>Total</b>	<b>248</b>	<b>304</b>	<b>335</b>

Leading Causes of Death



## COMMUNICABLE DISEASES REPORTED

	2006	2007	2008
AIDS	1	0	>5
Animal Bites	126	112 thru 11/07	0
Bacterial Meningitis	1	0	0
Blastomycosis	-	2	1
Campylobacteria	-	2	0
Chickenpox	13	7	22
Chlamydia	31	32	33
E. Coli.	0	1	0
Giardia	4	3	1
Gonorrhea	3	3	2
Haemophilus Influenzae	1	2	0
Hepatitis A	0	0	0
Hepatitis B	2	0	1
Hepatitis C	23	38	28
Mononucleosis	-	-	0
HIV	2	2	1
Lyme Disease	2	3	5
Measles	0	0	0
Mumps	1	0	0
Pertussis (Actual Cases)	1	0	0
Rabies	0	2	3
Rocky Mountain Spot	0	0	0
Salmonella	4	5	4
Shigella	2	0	1
Strep A-Invasive	1	5	3
Strep Pneumoniae	-	3	0
Syphilis	0	0	1
Viral Meningitis	8	5	0
<b>Total Reported/Investigated</b>	<b>226</b>	<b>145</b>	<b>106</b>

## BIRTH DATA

	2006	2007	2008
Mothers Under Age 20	43	69	41
Mothers Over Age 35	53	67	62
Mothers average age	26.2	25.7	27.6
No prenatal care	9	5	5
<b>Total Number Of Births</b>	<b>682</b>	<b>744</b>	<b>706</b>

## ◆ IMMUNIZATION PROGRAM

GCHD participates in the federal "Vaccines for Children" program. Adult immunizations are also available. Appointments are made by calling the Nursing Secretary at 815-941-3419.

Total Clinics Held	83
Children Immunized	1,115
Total Children Immunizations Given	2,200
Total Adult Immunizations Given	339

### ◆ TUBERCULOSIS

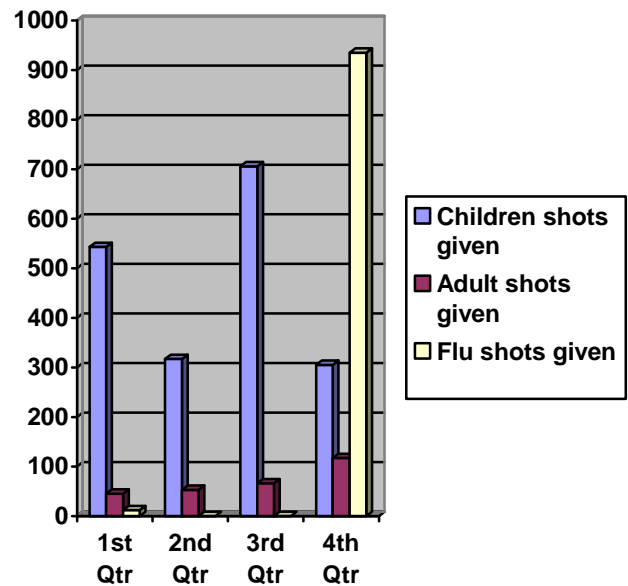
Clinics Held	43
TB Skin Tests Given	736

### ◆ FLU CLINICS

Each fall, clinics are held throughout the County to administer flu and pneumonia injections.

Clinics Held	9
Flu Shots Given	861
Visits to Administer Vaccine to the Homebound	0

### Immunizations 2007



## ◆ MATERNAL CHILD HEALTH

GCHD offers an integrated program of services for pregnant women, mothers and children.

### ◆ FAMILY CASE MANAGEMENT (FCM)

FCM ensures pregnant women and infants receive medical care and other services.

### ◆ WIC (WOMEN, INFANT & CHILDREN)

WIC is a supplemental food program. GCHD public health nurses, WIC Clerk, and a nutritionist provide education to help mothers make right choices in food selections for their families.

WIC Clinics Held	135
Education Classes Held	42
WIC Certifications Completed	1062
Case Load as of 12/31/08	586

### ◆ HEALTHWORKS

Public Health nurses medically case manage foster children under the age of six.

Children Case Managed in 2008	20
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### ◆ APORS (ADVERSE PREGNANCY OUTCOME REPORTING SYSTEM)

GCHD public health nurses case manage infants who meet the APORS criteria. Nurses work with families to ensure proper referrals are made.

Home Visits Made	19
Contacts	36

### ◆ TEEN PARENT SERVICES

This is a program for pregnant or new teen moms. The goal of this program is to keep teens in school and avoid subsequent pregnancies.

Teens Case Managed in 2007	10
Case Load as of 12/31/07	10

### ◆ VISION AND HEARING SCREENING

Certified vision and hearing technicians screen children from preschool and schools in the county that contract with the Health Department.

Hearing Screening	514
Vision Screening	789

## ◆ KID CARE

Kid Care is a state funded health care program for income eligible families.

Applications Processed	113
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## ENVIRONMENTAL HEALTH

Environmental health is the branch of public health that is concerned with the aspects of the natural and man-made environment that affect human health.

The economic hardship experienced by our nation in the years leading up to and including 2008 has impacted the construction industry and businesses of Grundy County. This is evident by the number of permits for well and septic installations as well as permits issued to food establishments. The Division has observed a decrease in the number of food permits issued as a number of both new and well established businesses closed their doors.

The Division continued its surveillance of the West Nile Virus (WNV) through the collection and testing of mosquitoes and the collection and submission of dead bird samples to laboratories. While no WNV positive mosquitoes were collected in 2008, one dead bird was found to be positive. As West Nile Virus has become endemic to the state of Illinois, this Division is committed to educating the public on source reduction of mosquito breeding and personal protection against transmission of the WNV. Additionally, this Division partnered with the Grundy County Land Use Department in their annual tire collection through the Illinois Environmental Protection Agency (IEPA). Approximately two-hundred (200) tons, more than ten thousand (10,000) tires, were collected and discarded which will eliminate many mosquito breeding sites.

In March, this Division partnered with the Grundy County Land Use Department in offering the first annual Grundy Radon Action Day (GRAD). According to the EPA, Grundy County is located within a high potential zone for radon. This Division looks forward to a productive relationship with the Grundy County Land Use Department as we continue to spread awareness and educate the public about radon and its health effects.

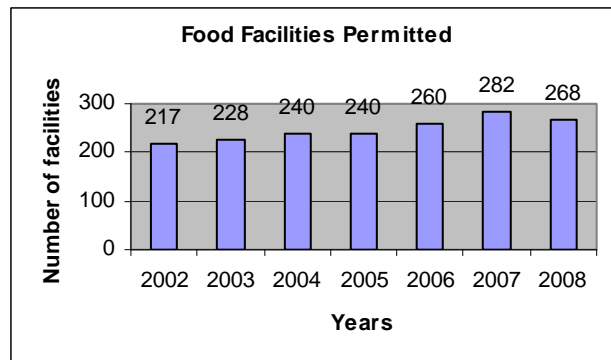
Grundy County is in the process of updating their stormwater ordinance to provide regulations in the best management practices to handle surface run-off water from impacting communities and the systems that support them. This Division is acting in an advisory capacity to aid in the development of this ordinance. Through this ordinance, the residents of the county can expect to observe higher quality in the surface waters of the county.

The Environmental Health Division is committed to protecting the health of the residents and visitors of Grundy County. We continue to pursue excellence while offering and expanding our programs to achieve this goal. We value the ideas and suggestions that we receive as a resource in developing our programs. This Division employs two user groups, food sanitation and well and septic, to act as a conduit of information between this Division and the community. Our doors are always open and we welcome the public to visit us.

### ◆ FOOD PROTECTION PROGRAM

Includes the review of plans, permitting, inspection, and education of schools, restaurants, retail food stores, temporary food establishments, and mobile food vendors.

Food Handling Permits	268
Routine Food Inspections	623
Food Re-inspections	38
Temporary Food Event Permits	243
Food Construction Plan Reviews	20
Educational in-services & presentations	2
Food related complaints investigated	31



## ◆ POTABLE WATER SUPPLY PROGRAM

Includes the review of plans, permitting, and inspection of all newly constructed and repaired private water wells. Also includes the inspection and sampling of Non-Community Public Water Supplies.

Water Well Permits Issued	36
Water Wells Installed	53
Water Well Modifications	5
Water Well Inspections	76
Water Wells Sealed	14
Water Well Sealing Inspections	14
Water Supply Related Complaints Received	30
Water Supply Related Complaint Investigations	30
Sanitary Survey	12

## ◆ PRIVATE SEWAGE DISPOSAL PROGRAM

Includes the review of plans, permitting, and inspection of all newly constructed and repaired private sewage disposal systems.

Septic Permits Issued	40
Septic Systems Installed	45
Septic Inspections Performed	74
Septage Pumper Vehicle inspection	1
Septage disposal site inspection	1
Subdivision Plat Reviews	1
Sewage related complaints received	32
Sewage related complaint investigations	32

## ◆ WEST NILE VIRUS SURVEILLANCE PROGRAM

Includes collecting and testing of mosquitoes, collecting dead birds, and education and reduction of mosquito breeding grounds and personal protection.

Birds tested for WNV	8
Positive Birds for WNV	1
Mosquito pools tested for WNV	53
Positive pools for WNV	0

## ◆ TANNING FACILITIES INSPECTION PROGRAM

Includes the inspection of all state-licensed tanning facilities within Grundy County.

Tanning Facilities Under Inspection	15
Tanning Facilities Inspected	15

## ◆ BODY ART PROGRAM

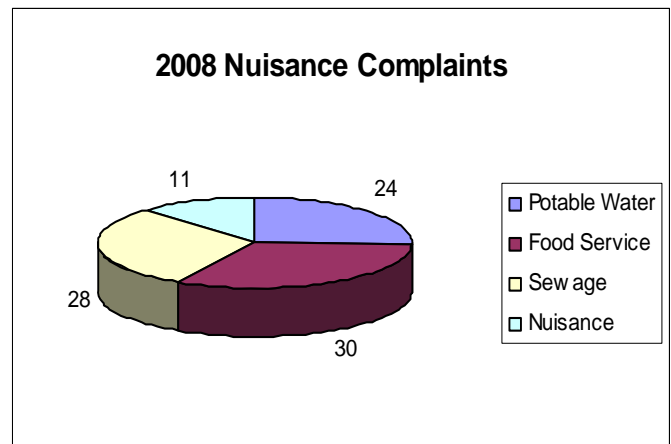
Includes the review of plans, and permitting of all body art facilities. Also includes the licensure and education of all body art technicians within Grundy County

Body Art Facilities under inspection	1
Body Art Facilities Inspected	1

## ◆ NUISANCE COMPLAINT INVESTIGATION

Includes investigation and resolution of all public health related complaints regarding potable water, sewage disposal, food sanitation, and mosquito breeding.

Nuisance Complaints Received	15
Nuisance Complaint Inspections Performed	15



## SENIOR PROGRAMS DIVISION

The Senior Programs Division is a comprehensive community-based program designed to assist Grundy County residents aged 60+ and/or their caregivers with obtaining resources, care, and benefits. Services are based on an “aging in place” philosophy which promotes living healthy independent lives.

### ◆INFORMATION & ASSISTANCE

This is a service for older individuals that may provide the individual with current information on opportunities and services available to the individual within their communities; assess the problems and capacities of the individual; link the individual to the opportunities and services that are available; and establish adequate follow-up procedures based on the older individual’s needs. The GCHD Senior Programs Division can help you apply for Medicare, Medicaid, Circuit Breaker, Energy Assistance, pharmaceutical assistance, and provide information on a wide range of topics. Our services are also available in Coal City one day a week and at Saratoga Tower and Elliot Manor one morning each week. We also have the capacity to provide in-home visits in order to assure service delivery for homebound, handicapped or frail persons.

### ◆COMPREHENSIVE CASE MANAGEMENT SERVICES

Comprehensive case management involves home visits with frail or vulnerable older persons in Grundy County to assess supportive needs and discuss available benefits and service options. The Case Manager assumes an active role, assisting the older person in securing needed services, working with family members and service providers to coordinate holistic care, and monitoring the coordinated care system. Case management clients are characterized by a potential need for services from several providers, complex problems which make it difficult for the older person to remain at home, and the need for professional support.

The purpose of case management is to make the service system work more effectively for older individuals and to assure that vulnerable older persons receive assistance appropriate to their needs. The case management process includes intake/screening to identify potential clients; comprehensive assessment to identify service needs, existing supports, problems, and the older individual’s capacity (and the support system’s capacity) to provide care/support; care planning to address the service and support needs identified during the assessment; service arrangement to identify and coordinate delivery of the services specified in the care plan; monitoring to periodically appraise changes in the older person’s capacity/circumstances and in the service/support package; and reassessment to comprehensively assess the older person’s needs on a regular basis.

### ◆CAREGIVER SUPPORT PROGRAM

The GCHD Senior Programs Division is a resource center that can serve as the point of entry to a broad range of services for those caring for a person age 60 and over and for grandparents raising grandchildren.

A case manager assesses the caregiver to determine what services and programs the caregiver may be eligible for. Limited funds are available to caregivers in the form of respite, legal, and other funds to fill gaps in service. Education and counseling are also available to caregivers based on their individual needs. Powerful Tools for Caregivers, a six-part educational program designed to help caregivers focus on self-care, is also offered at various times of the year. The GCHD also offers an Alzheimer Support Group that meets two times each month.

## ◆ SOURCES OF FUNDING

The Grundy County Health Department Senior Programs Division is funded through grants received for Title IIIB and Title IIIE of the Older Americans Act from the Northeastern Illinois Area Agency on Aging, contracts with the Illinois Department on Aging, and the Grundy County General Revenue Fund.

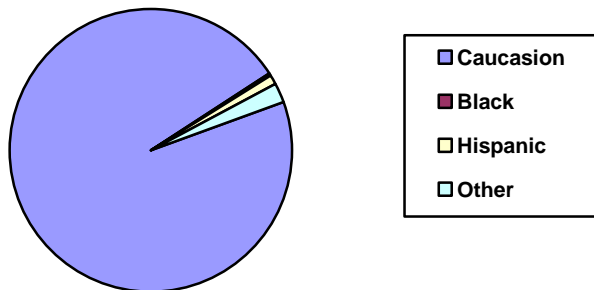
### SENIOR PROGRAMS CLIENT PROFILE

Age	Total	%
60 to 75	518	35%
Over 75	967	65%

### SENIOR PROGRAMS CLIENTS BY GENDER

Age	Total	%
Male	481	33%
Female	971	67%

## C CLIENT RACE BY PERCENTILE



### SENIOR PROGRAMS CLIENTS BY RACE

Race	Total
Caucasian	1432
Black	3
Hispanic	16
Other	33

### COMMUNITY BASED SERVICES

Service	Clients
Clients receiving comprehensive case management services	562
Community Care Program, Home Delivered Meals and Comprehensive Care assessments	264
Clients who received Information & Assistance	1273
Clients assisted with pharmaceutical assistance applications	556
Choices for Care Assessments	371
Caregivers who received assistance*	39

\* financial, information and assistance, counseling

# MENTAL HEALTH & SUBSTANCE ABUSE DIVISION

The Mission of the Grundy County Mental Health Division is to improve the mental and emotional well-being of county citizens diagnosed with serious mental illness and substance abuse disorders. Service goals are to maintain a stable life on an outpatient basis, improve daily functioning, and enhance individual satisfaction in order to contribute socially and economically to the community. Funding is provided by the Illinois Department of Human Services, Department of Mental Health, Department of Alcohol and Substance Abuse, Illinois Area Agency on Aging, and client fees based on a sliding scale. Services are offered to unfunded, indigent individuals without regard to age, gender, social supports, cultural orientation, psychological characteristics, sexual orientation, physical situation, spiritual beliefs, criminal record, co-existing disabilities or marital status.

## ***WE ENVISION:***

A FUTURE when everyone with a mental illness will recover,

A FUTURE when mental illnesses can be prevented or cured,

A FUTURE when mental illnesses are detected early,

A FUTURE when everyone with a mental illness at any stage of life has access to effective treatment and supports – essentials for living, working, learning, and participating fully in the community.

*Vision Statement, President's New Freedom Commission on Mental Health – July, 2003*

## ◆ **CHILDREN & ADOLESCENT MENTAL HEALTH PROGRAM**

- ❖ Targeted: Children ages 7 through 17 who are high risk for psychiatric hospitalization or placement outside the community due to serious psychiatric or emotional problems.
- ❖ Disorders treated in this program include: depression, self-injury, anxiety, post-traumatic stress, oppositional defiance, conduct, eating, bipolar, abuse issues, parent/child conflicts, children of parents with addictions, court-ordered counseling, outreach to schools: Coal City, Gardner, Braceville, Minooka, South Wilmington, Premier Academy, Saratoga, Grundy Alternative School.

## ◆ **ADULT MENTAL HEALTH PROGRAM**

- ❖ Targeted: Adults ages 18-60 at high risk for psychiatric hospitalization.
- ❖ Disorders treated include: mood disorders (depression, bipolar), anxiety disorders (panic attacks, obsessive compulsive behavior, post-traumatic stress), thought disorders (schizophrenia, schizoaffective, psychosis).

## ◆ **60+ PROGRAM**

- ❖ Targeted: Seniors ages 60 and over at no cost to the client in the home or at the office, depending on the needs of the client, addressing many adjustment issues such as aging, anxiety, depression, illness, unresolved loss and grief, substance abuse and other emotional problems.

## ◆ **ELDER ABUSE**

- ❖ Targeted: As the designated Elder Abuse Investigation Provider Agency, cases are investigated regarding complaints of abuse (physical, emotional, sexual, confinement), deprivation and passive neglect, and financial exploitation. Calls regarding suspected elder abuse are confidential and investigated by a caseworker.

### **ELDER ABUSE COUNSELING**

Allegations investigated	29
Allegations substantiated	12

### **SUBSTANCE ABUSE PROGRAM**

Adolescents/Adults	66
Jail Outreach Inmates seen	23

◆ **SUBSTANCE ABUSE PROGRAM**

❖ Targeted: Adolescents and adults in such areas as chemical dependency, effects of illicit drugs and alcohol, gambling, family dynamics, relapse prevention techniques, developing a recovery lifestyle, identifying self-defeating mechanisms, codependency, HIV/AIDS prevention, community outreach.

◆ **MENTAL HEALTH CLIENT PROFILE**

**MENTAL HEALTH ASSESSMENTS/THERAPY**

Age	Clients
0-4	0
7-17 Children/Adolescents	20
17-59 Adults	158
60+ Seniors	27
Medication Management	19

**MENTAL HEALTH SERVICE PROVIDED BY GENDER**

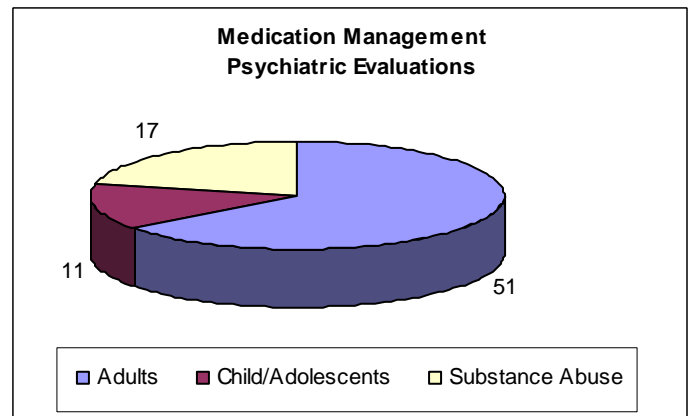
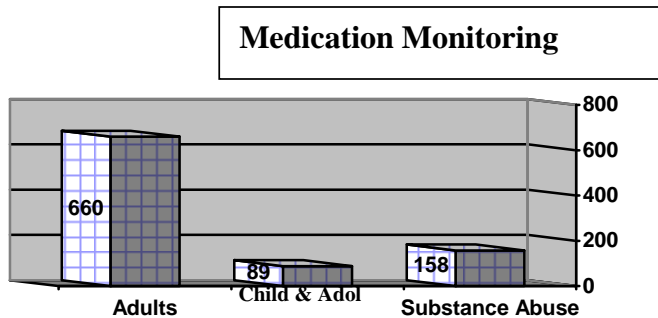
Male	80
Female	162
Total	242

◆ **DRUG COURT**

❖ Targeted: Early intensive intervention as an alternative to prison. There were six clients in 2008.

◆ **MEDICATION MANAGEMENT PROGRAM**

❖ Clients are provided with psychiatric evaluations, medication monitoring and administration.



◆ **CASE MANAGEMENT PROGRAM**

❖ Assistance is provided for clients with medical, medication, legal advocacy, financial (disability, SSI, PA), occupational, educational and housing needs.

**REQUESTS FOR SERVICE**

Program	Clients
Child & Adolescents	74
Adult Mental Health	203
Substance Abuse	119
60+	9
Total	405

## **PUBLIC HEALTH EMERGENCY PLANNING & PREPAREDNESS**

The Grundy County Health Department receives partial funding from the Illinois Department of Public Health for public health emergency planning activities. All planning and preparedness activities are conducted by the Administrator, Division Directors and other Health Department staff in addition to the duties in their job descriptions.

Since September 11, 2001, Emergency Response Planning has grown from a focus on Bioterrorism to an All Hazards Emergency Plan. Response to pandemic influenza, terrorist agents, nuclear disasters as well as weather related incidents are addressed in the plan. All would present emergency situations that would require a public health response.

A large portion of our planning efforts this past year have been devoted to how to dispense medications to the 43,000 plus residents of Grundy County within a 48 hour period. A response such as this would be required in the event of a significant act of bioterrorism where people could become gravely ill if they did not receive preventive medications within a short amount of time. Another focus of our planning has been how to reduce the spread of disease during a pandemic influenza and how to plan for and respond to the health, safety and economic issues that a pandemic would create.

The Administrator or representative of the Health Department regularly attends the County's Homeland Security Committee meetings. This committee is made up of representatives from county police, fire, rescue, Hospital, and Red Cross as well as elected County officials.

All Health Department employees have a role in our Point of Dispensing (PODS) and we are completing the required NIMS training. Our Board of Health members have accepted roles in our PODS and we are happy to have their support and participation.

We participated in the "Ill-Wind 08" table top exercise in the summer as well as the IAPHA sponsored table top exercise in Utica in October. We conducted our own "pill drill" to test our ability to dispense drugs in a mock POD and meet the State average. We were able to successfully meet the State requirement. In addition to our own exercises, the Administrator participates in the Incident Command for the three nuclear drills conducted in the County's EOC.

We successfully completed the 2008 deliverables for the Bioterrorism and CRI grants as well as the Technical Assistance Review (TAR) / Strategic National Stockpile (SNS) audit.

We are happy to have hired a Volunteer Coordinator. Our focus for 2009 is the development and training of a volunteer corp.

## What is Public Health?

Our definition of Public Health continually undergoes scrutiny and reconfiguration as we learn more about Public Health and as society grows and changes to understand what Public Health is and how it relates to and supports other functions of a community. A common thread seen throughout history can be found in the necessity of the community to contribute to their own health. In 1920, Charles A. Winslow, who helped develop the Public Health System as we know it today, defined Public Health as “the science and art of preventing disease, prolonging life and promoting health and efficiency through organized community effort”. Almost seven decades later, the Institute of Medicine recognizes Public Health to be “fulfilling society’s interest in assuring conditions in which people can be healthy”.

“Public health is what we, as a society, do collectively to assure the conditions in which people can be healthy.” (IOM 1988, p. 19) It is a system of partnerships and our goal is to integrate this system.

Elements of the Public Health System include:

- Governmental Public Health Infrastructure
- Communities
- Medical Care System
- Business Community
- Academia
- Media

Some core functions of Public Health include:

- The assessment of a community’s health and its resources by monitoring the health status of a population and investigating and diagnosing health problems.
- The assurance that access to health care, promotion, and prevention services are available by enforcing laws and regulations; linking people to needed services; assuring a competent workforce; evaluating effectiveness, accessibility and quality of personal and population based services, and researching for new insights and innovative solutions to health problems.
- Policy development to promote health and solve health problems by informing, educating, and empowering people; by mobilizing communities and partnerships; by improving community health

Questions arise regarding the relationship of Public Health to Medicine. Is Medicine part of Public Health? Or is Public Health a part of Medicine? Public Health takes a population perspective. Conversely, Medicine takes an individual perspective. Public Health considers the health of the population to be paramount while Medicine views the health of the individual patient as paramount.

The United States spent about 16% of its Gross Domestic Product (GDP) on health care which translates to over \$5,600 per person in 2003. This is more than double of other countries such as Japan, Great Britain, and Canada. Of this money, only 2%-5% is spent on public health and preventive services. 95% - 98% is spent on the medical care system.

Medicine has made great advancements in the past century and life expectancy in the United States has increased 30 years since 1900. Even with the advancements in Medicine, 25 of those years are contributed to Public Health measures.

Great Achievements of Public Health include:

- Vaccination
- Control of Infectious Diseases
- Decline in Deaths from Coronary Heart Disease and Stroke
- Safer and Healthier Foods
- Healthier Mothers and Babies
- Family Planning
- Fluoridation of Drinking Water
- Recognition of Tobacco use as a Health Hazard

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Sources:

Institute Of Medicine  
Bernard J. Turnock, [Public Health: What it is and How it Works](#)