IN JULY, MAYOR RAHM EMANUEL ANNOUNCED PROGRESS AND INVESTMENTS IN THE CITY’S ONGOING EFFORTS TO COMBAT THE OPIOID EPIDEMIC AND IMPROVE HEALTH. BUILDING ON THE SUCCESS OF INVESTMENTS IN OPIOID OVERDOSE REVERSAL, THE CITY IS INVESTING $700,000 IN OPIOID ADDICTION TREATMENT FOR AN ADDITIONAL 1,000 RESIDENTS THIS YEAR, THROUGH PARTNERSHIPS WITH SOUTH AND WEST SIDE COMMUNITY PROVIDERS AND THE COOK COUNTY JAIL.

“The opioid epidemic is destroying families across the United States and Chicago is no exception,” said Mayor Emanuel. “In Chicago we are combatting this epidemic head on, finding new ways to invest in communities, save lives and beat addiction.”

The city’s recent $250,000 investment in naloxone, a life-saving medication that stops an opioid overdose, contributed to 1,544 lifesaving reversals in the past year, especially in North Lawndale and greater Englewood. In addition, Chicago Recovery Alliance, which received the funding, has distributed 4,541 naloxone kits using the City’s investment.

“We’re investing in treatment that works, especially in medications that help residents regain independence and overcome addiction,” said CDPH Commissioner Julie Morita. We must eradicate the stigma of seeking effective treatment so thousands of Chicago residents can live longer, healthier lives.”

Seven community organizations focused primarily on Chicago’s south and west sides will receive $700,000 through the Public Health Institute of Metropolitan Chicago (PHIMC) to expand evidence-based opioid addiction treatment. Organizations include PCC Community Wellness Center, Access Community Health Network, the Women’s Treatment Center, Sinai Health System, Esperanza Health Center, Haymarket Center and Lawndale Christian Health Center. In addition, the grant will fund Cook County Jail through the Cook County Health Foundation with Cermak Health Services. For instance, Access Health will serve residents of West Englewood, Back of the Yards and South Chicago, while Cermak Health will work with residents in the jail system. Funding to additional organizations will expand their capacity to provide medical, clinical and community screening interventions and treatment.

“Our efforts are focused on reaching individuals struggling with substance use disorders in a way that reduces stigma and focuses on life-saving treatment” said
Established in 1982, the Illinois Primary Health Care Association is a nonprofit trade association of community health centers (CHCs) that proudly serves as Illinois’ sole primary care association. IPHCA is governed by an Assembly of Delegates composed of one director from each Organizational member of the Association.

The Illinois Primary Health Care Association strives to “improve the health status of medically underserved populations by fostering the provision of high-quality, comprehensive health care that is accessible, coordinated, community-directed, culturally-sensitive, and linguistically-competent.” Ultimately, IPHCA works to increase access to high-quality, cost-effective primary health care services in urban and rural populations throughout the state, regardless of an individual’s ability to pay.

IPHCA Health Source™ is a monthly publication that provides information on a variety of topics of interest to community health centers and related organizations.
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A Message from Bob Urso, IPHCA Board Chair
As the problem of opioid addiction continues to grow, so is the medication-assisted treatment program that opened at 1029 N. Water St. last year.

The program, a collaboration between Crossing Healthcare and Heritage Behavioral Health Clinic, opened in November 2016, housing both Heritage’s methadone program and a new suboxone/vivitrol program offered by Crossing.

The plan was to move all substance abuse treatments to the new location, but there wasn’t enough room. Soon, though, there will be.

Crossing Healthcare Director, Tanya Andricks, said Crossing and Heritage are splitting the cost of expansion after acquiring the former Swan Fashion site between the current clinic and CSL Plasma. Andricks said she’s hoping construction will be finished by September 1, 2017.

“Once it’s fully up and running, all outpatient substance abuse treatments will happen at the Water Street location,” Andricks said. “Some counselors will be Heritage’s and some will be Crossing’s. They’ll all be side by side, sharing space. We’ll have it all in one location, which will allow us to avoid duplicating services. That’s the best part.”

The expansion will add more waiting areas, group rooms and counseling offices, and the substance abuse program needs every bit of that space. Crossing’s suboxone/vivitrol program, which began last year thanks to a $450,000 grant and will continue with a $150,000 grant coming this fall, will be eligible to expand from 30 to 100 patients in October. And Heritage’s methadone program has already tripled in the last three-and-a-half years, going from 40 patients to 120.

“Dr. (Dana) Ray and I are usually pretty measured with our growth so we can keep control of quality, so I don’t know whether we’ll just immediately jump up to capacity,” Andricks said. “But the goal is to ramp to whatever the need is. And in this community, I don’t think we’ve touched it yet.”

Opioid use nationwide has skyrocketed in the 21st century. The number of overdose deaths involving opioids, including prescription opioids and heroin, has quadrupled since 1999, according to the Centers for Disease Control and Prevention.

“Nationally, it’s been associated with a lot of people dying,” Heritage Chief Operating Officer, Tim Macken said. “But because it’s getting more attention, there’s more of a focus on how to treat it.”

Medication-assisted treatment had a stigma attached for years. But, in response to the opioid epidemic, COR12 — an evidence-based program with a 12-step philosophy developed by the Hazelden Betty Ford Foundation — was created to integrate traditional drug treatment therapy with medication-assisted treatment. It’s what is used at the Crossing-Heritage facility.

“Medication-assisted treatment has become, thankfully, about the medication assisting treatment,” Macken said. “It’s not about the medication. It’s something that helps people actively engage, stay in treatment and develop the skills it takes to stay clean and sober. It’s a good development that comes on the heels of a really bad problem.”

Last month, at a Heritage Seeds of Hope meeting, two patients of the methadone program talked about just how effective the program can be.

Mary Hill came to Decatur from Chicago six years ago and was addicted to heroin. She didn’t have much hope that she could beat it on her own.

“I knew I needed help,” Hill said. “I used to pray to God to send me to jail. I thought it was the only way I could stop using.”

Hill was walking downtown and saw a group of people standing outside Heritage, 151 N. Main St., and asked what the building was. When she found out, she ended up entering the inpatient program. “I did inpatient for a while, but once I got out, I relapsed … four times,” Hill said. “I wasn’t listening to what they were saying.”

Continued on page 8.
Twenty Six Students Learn About Community Health Centers Through IPHCA Program

By Ashley Colwell, Manager of Workforce Development, IPHCA

For the third year in a row, IPHCA hosted its annual “Understanding and Serving America’s Underserved: Introduction to Community Health Centers” program. This year, 26 health professions students came together to participate in the full day session for primary care, oral health and behavioral health students.

Students in this year’s program, which was held at Near North Health Service Corporation’s North Kostner Health Center, included 10 dental, four medical, two Psy D., two nurse practitioner and seven physician assistant. The program sessions focused on who is underserved and why, what are Federally Qualified Health Centers (FQHCs), clinical experiences working in FQHC settings, special populations served at FQHCs, career opportunities, and scholarship and loan repayment programs available.

IPHCA utilizes FQHC and public health leaders to serve as program faculty. This year, IPHCA’s lineup of experienced experts included: Dr. Tim Long, director of performance improvement, HIT & Research, Near North Health Service Corporation; Dr. Lisa Kearney, clinical director, oral health services, Erie Family Health Center, Inc.; Dr. Elizabeth Salisbury-Afshar, medical director of behavioral health, Chicago Department of Public Health; and Kelly Ducheny, senior director, behavioral health services, Howard Brown Health.

IPHCA staff provided information on FQHC careers and scholarship and loan repayment programs.

The students rated the program very highly. Some of their comments included:

“I found all of the presenters very engaging and inspiring. They also had impressive breadth of knowledge and showed a strong commitment to their work. I’m so happy to know that there are leaders like these in Chicago’s community health centers.”

“Very eye-opening experience to say the least. Came here to just learn more about the program, but I think I’m leaving a better person.”

“I think each lecture brought a new and interesting perspective. I loved how passionate all of the speakers were regarding their job, patients and our interest in pursuing careers in the field.”

For more information about IPHCA’s program, contact Ashley Colwell at acolwell@iphca.org.

Visit www.iphca.org for more information & registration.
Karen Reitan, executive director of the Public Health Institute of Metropolitan Chicago. “It’s about being on the ground supporting the organizations that know the impacted populations.”

The treatment funding will go toward treatment using evidence-based medications such as buprenorphine and methadone—as well as to support services that make treatment more effective, for example counseling, navigation of the health system and transportation to get patients to appointments.

The Chicago Department of Public Health (CDPH), in addition to overseeing the treatment investment, is hosting trainings and has created a learning collaborative to help health centers learn best practices in providing effective opioid use disorder treatment.

This work follows recommendations made in October 2016 by the Chicago and Cook County Task Force on Heroin, which Mayor Emanuel took a lead role in convening. Under the Mayor’s leadership, the City has undertaken numerous efforts to fight opioid addiction. In 2014, the City sued five big drug companies for deceptive marketing of prescription opioids and for misleading experts and patients about the risks of OxyContin and other narcotics, helping to fuel the opioid epidemic.

In 2016, Mayor Emanuel reached a major agreement with Pfizer to ensure strict standards in its marketing and promotion of opioids. In addition, the Chicago Police Department is conducting a pilot program that diverts low-level drug offenders to treatment in lieu of an arrest and criminal record. The City is also developing a community education effort privately funded at $350,000 by Pfizer, CVS and Walgreens.

Recently, the City of Chicago Department of Business Affairs and Consumer Protection and the CDPH announced the launch of a new Regulated Business License for Pharmaceutical Representatives to support the City’s efforts to stop deceptive marketing and curb addiction to opioids and other prescription drugs. Beginning July 1, any person who markets or promotes pharmaceuticals in Chicago is required to obtain a license, complete mandatory ethics training, receive continuing education and be subject to potential disclosure of their interactions with health care professionals, including gifts.

**Reference**


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**CHC Clinical Leaders Training Institute**

September 15 - 16, 2017
500 S. Ninth St.
Springfield, Illinois

IPHCA will host the CHC Clinical Leaders Training Institute – a two-day training for community health center (CHC) clinicians to learn about different aspects of CHC operations, expectations of them as clinical leaders, and how they fit into the CHC’s overall governance structure.

**Participants will learn about CHC specific activities and gain knowledge regarding:**

- Management principles, styles and skills
- Program development and evaluation
- Conflict resolution
- Risk Management and FTCA coverage

This training is approved for 12 credits from the American Academy of Family Physicians, 14.75 dental credits and 12 behavioral health credits from the Illinois Department of Public Health.

Visit www.iphca.org for more information & registration
Thank you IlliniCare Health for their continued sponsorship of IPHCA Events

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**Health Center News**

**GRAND OPENING FOR WILL COUNTY COMMUNITY HEALTH CENTER EXPANSION**

By Will County Community Health Center Staff

In August, the Will County Health Department’s Community Health Center held a special Grand Opening to mark the recent addition of Psychiatry and Family Medicine services to the Northern Branch Office in Bolingbrook, Illinois.

Attendees included the Bolingbrook Fire Department, Walgreen’s, Holt-Sunny Ride Adoption Service, and a special ribbon cutting by Will County Executive, Larry Walsh.

All attendees learned about a variety of Will County’s services. The Environmental Health Division had a display explaining their services; and the Family Health Services’ Teen Pregnancy Prevention Program had flyers and information available.

In addition to the new Psychiatry and Family Medicine service, two new professionals have joined the Will County Health Department’s Northern Branch Office staff. Dr. Edward Navakas has 20 years in practice and specializes in adult psychiatric conditions and medication management.

Advanced Practice Nurse Christine Foster has been in practice for over 10 years, and she covers a full scope of Family Medicine, specializing in Women’s Health.

For more information, visit www.willcountyhealth.org.

Reference

But methadone changed everything for Hill.

“The methadone subsides the symptoms of being sick,” Hill said. “That’s good and dandy, but in order for me to have a better life and change my life, I had to start listening and paying attention. That’s what I did.”

Five years later, Hill is still in the program and has remained off heroin. “If it hadn’t been for this program, I don’t know where I’d be,” Hill said. “Well, I do know where I’d be. I’d still be out there. But life is pretty good now.”

Laura Vinci is also from Chicago. She spent a lot of time in and out of prison before moving to Decatur, where she was again arrested. Her parole officer introduced her to Heritage’s methadone program.

“Being an addict and being in the street, I didn’t know what my potential was,” Vinci said. “I knew what it was to hustle, I knew what it was to get high, and I knew what it was not to have anywhere to live.”

“I can truly say that the methadone program let me find out who I am and find out my true potential.”

Vinci has been in the methadone program for eight years and is now two credits away from her associate’s degree. She was also able to re-establish relationships with two of her children.

“I lost all my children,” Vinci said. “They’ve been gone since they were four years old. But I’ve been able to get a bond back with two of my children who I wasn’t able to see for over 18 years. I don’t know what I would have done without this program. I didn’t know this life could actually be true for me.

“I’m so grateful for this program. I feel like if I could do this, there are a lot more me’s out there. There’s a lot more people who probation and parole can help, and who Heritage can help.”

For more information about Crossing’s suboxone/vivitol program, visit www.crossinghealthcare.org.

Reference
Heartland Alliance Health and community partners gathered in the Englewood neighborhood to kick-off renovations and construction of a new health center. The future health center, located at 5501 S. Halsted St. (corner of Garfield Boulevard), will provide primary medical, substance use treatment, mental health/psychiatry, insurance assistance, medical case management, specialty referral care, and chronic disease management including HIV/AIDS care. The 7,900 square foot building will have 10 exam rooms, a triage room and a pharmacy. Additionally, the building will have showers and laundry to support people who are homeless or unstably housed. Heartland Alliance Health also provides insurance assistance and counseling.

“We are thrilled to start renovations – turning a vacant building into a vibrant health center and working with the community to improve the corner, the neighborhood, and the lives of residents,” said Ed Stellon, executive director, Heartland Alliance Health. “Heartland Alliance believes everyone has a right to healthcare. Health is the most important thing people have, and lack of health can impact everything else – like the ability to get and keep a job. We are proud to be unlocking the potential within this resilient community.”

“This is our third full-service health center in Chicago. When the clinic opens in early 2018, we’ll be delivering health care for some of the city’s most vulnerable people,” said Evan Lyon, chief integrated health officer, Heartland Alliance Health. “In our work, we understand the importance of addressing homelessness, poverty, trauma, mental illness and substance use while providing holistic, comprehensive care for all health conditions.”

The project responds to the scarcity of health care in an area where homelessness and poverty are on the rise. As a result of being unable to access, afford, or maintain healthcare, residents of Englewood and the surrounding communities have a lower life expectancy, greater incidence of diabetes and heart disease, fewer cancer screenings, and higher infant mortality rates. Lack of health care leaves people vulnerable to lost wages, unemployment, chronic illnesses, and homelessness. Because people experiencing homelessness often have multiple and chronic health needs, they tend to use costly emergency room services, and may require assertive outreach and engagement to access health care, maintain contact, and adhere to treatment regimens.

Heartland Alliance Health is Chicago’s only Federally Qualified Health Center for people experiencing homelessness providing comprehensive health care. For more than 30 years, Heartland Alliance Health has provided quality care for all, regardless of citizenship or health insurance status. Heartland Alliance Health proudly serves those who lack housing and are most at risk in our communities.

For more information, visit www.heartlandalliance.org.
The Illinois Primary Health Care Association (IPHCA) will be hosting its 2017 Annual Leadership Conference at Grand Geneva Resort & Spa, October 18 - 20, 2017.

Wednesday through Friday, attendees of the annual conference can participate in sessions on a variety of topics including:

- Understanding the Impact of Provider Contracting on Scope of Project and FTCA
- Accessing Dental Care: PrimeCare’s Journey to Providing Oral Health Services
- Managed Care
- How to Improve the Care Your Health Center Offers to Transgender Patients
- Best Practices for FQHC Recruitment
- Meaningful Use...Where is it Leading?
- Cracking the Code: How to Succeed With Quadruple Aim
- Financial Strategies to Reduce Grant Dependency Part I
- 340B – Exposing the Truth. How to Stay Compliant While Maximizing the Benefits
- Planning is Fundamental
- Increasing Access to Dental Care through Partnerships and Integration
- What’s Going On? Ensuring Internal Communications Are Consistent, Timely and Effective
- Financial Strategies to Reduce Grant Dependency Part II
- Accessing the Quality Landscape among FQHCs in Illinois
- An Inside Look into HRSA Governance Program Requirements
- Onboarding Program Development - Preparing New Graduate Advanced Practice Providers for Practice
- Achieving Whole Person Care through Expanded Care Teams
- Successes and Future Opportunities for Community Health Center Engaged Research
- Top 5 Issues Putting Healthcare Providers into Financial Crisis
- Become an Employer of Choice, One Employee at a Time!
- Maximizing Patient Access to Care Through Empanelment
- Thriving as a Learning Healthcare System in Primary Care
- Treating Opioid Use Disorder in CHC Settings

Visit www.iphca.org for more information & registration.

IPHCA has negotiated a group room rate that will be available until September 25, 2017, or until the contracted room block is at capacity. Call (800) 558-3417 to make reservations.

Room Block Code – IPHCA Annual Conference
Improving Diabetes Management through Patient Engagement Strategies
By Naila Quraishi, MPH, Grants Program Coordinator, IPHCA

Patient engagement is a concept that is increasingly being implemented to actively involve patients with chronic conditions to self-manage and adhere to care. The Agency for Healthcare Research and Quality (AHRQ) describes patient engagement as patients being involved in their care by making competent goals, well-informed decisions and taking actions to support these decisions to improve their health. Patient engagement is a broader term that includes patient activation, interventions to increase patient activation, and the behavior change that occurs as a result. Studies have shown evidence that patient activation not only leads to healthier behaviors and better health experiences for patients, but also improved health outcomes. Diabetes is one example of a chronic condition that requires patients to self-manage and adhere to treatment. This article examines the patient engagement strategies that can be utilized to support the behavior changes and lifestyle modifications necessary for patients with diabetes.

While providing education and recommendations around diabetes self-care is important, it is ultimately the patient’s decision to make the necessary changes to sustain a healthier lifestyle. Engaging the patient and having them take an active part in their care can help ensure that they make well-informed decisions to improve their diabetes management. A systematic review of patient engagement strategies suggests that utilizing a patient-centered approach in engaging patients can lead to improved outcomes due to a greater trust in the provider and a higher likelihood of adhering to treatment. Utilizing a patient-centered approach also implies that the patient has the ability to participate in outlining their treatment goals and plans. The National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) explains that it is not only important to engage patients in their care, but to mutually agree upon treatment that fits the patient’s needs and preferences.

In this regard, the NIDDK recommends the following three evidence-based patient engagement strategies that are patient-centered to actively involve and support the patient in managing their diabetes:

- Shared-Decision Making
- Motivational Interviewing
- Goal Setting

Shared-Decision Making
Shared-decision making is a process in which patients and health care professionals make health decisions together. These decisions incorporate the patient’s needs and preferences in addition to evidence-based methods. An important aspect of shared-decision making is that the patient must be well-informed of the treatment options and clinical evidence around managing diabetes. This will guide them in making decisions they can adhere to and will ultimately help control their diabetes.

Motivational Interviewing
Motivational interviewing is another strategy to a patient-centered approach and is a method of empowering the patient to make the healthy decisions. This communication method is used with diabetic patients to encourage self-management behavior for controlling their diabetes. This is done through asking open-ended questions, affirming the patient’s responses, reflecting on their views and summarizing the discussion. Doing this can also help the health care professional assess the patient’s ability and willingness to adhere to the treatment plan.

Goal Setting
The final patient engagement strategy described by NIDDK to help improve diabetes self-management is goal setting. The American Diabetes Association also strongly recommends goal setting as a strategy to supporting self-care in diabetic patients. Providers and other health care staff delivering diabetes education can help patients with goal setting by helping to set realistic and achievable behavioral goals. Such self-care behaviors described by NIDDK include eating healthy, being physically active, adhering to medication and monitoring health. It is also important to discuss any barriers and challenges to these goals and how they can be overcome. Doing this enables the patient to make their own goals with support from the health care professional, rather than having to comply with a set of instructions from their clinician.

It is important that patients with diabetes are able to manage their own care and can make the well-informed decisions to maintain and control their diabetes. Utilizing these strategies can not only engage diabetic patients in managing their own care, but also empower them to lead a healthier lifestyle.

Continued on page 13.
Illinois Community Health Centers Career Fair

November 14, 2017
5:00 - 8:00 p.m.
UIC Forum, 725 W. Roosevelt Road, Chicago, IL

Reserve your booth for the Illinois Community Health Centers Career Fair hosted by the Illinois Primary Health Care Association (IPHCA). This opportunity is a great way to meet and recruit potential Physicians, Dentists, Nurse Practitioners, Physician Assistants and Behavioral Health Professionals. This career fair is only open to Community Health Centers.

Tuesday, November 14, 2017
4:00 – 5:00 p.m. – Exhibitor Set-Up & Registration
5:00 – 8:00 p.m. – Career Fair
8:00 – 8:30 p.m. – Exhibit Tear-Down

Exhibit Space Rental Fees:
$200 – One Exhibitor Booth

Exhibitor Fee Includes:
• 6’ x 6’ booth
• Access for two attendees
• Company contact information and logo description in program guide
• List of career fair attendees

Items Not Included in Exhibitor Fee:
• Electrical service or A/V
• Set-up and tear-down of exhibit
• Freight charges
• Telecommunication/Internet charges

Career Fair Location:
UIC Forum, Main Hall C
725 W. Roosevelt Road
Chicago, IL 60608

Parking for Career Fair
Ample parking located two blocks west of the UIC Forum at 1135 S. Morgan St., Lot 5.

Hotel Information:
Chicago Marriott at Medical District/UIC
625 S. Ashland Ave. at Harrison St., Chicago, IL 60607

IPHCA has negotiated a discounted rate of $249.00 plus applicable taxes at the Chicago Marriott at Medical District/UIC.

Note: Hotel will shuttle guests to and from the UIC Forum.

Visit www.iphca.org for more information and registration.
More information on these patient engagement strategies can be found at www.niddk.nih.gov/health-information/health-communication-programs/ndep/health-care-professionals/practice-transformation/practice-changes/engaging-patients/Pages/default.aspx.

References

Improving Diabetes Management through Patient Engagement Strategies, continued from page 11.
Syphilis Increasing at an Alarming Rate

By Lesli Choat, MT, STD Counseling & Testing Coordinator, Illinois Department of Public Health - STD Section

The Illinois Department of Public Health (IDPH) Sexually Transmitted Disease (STD) Section has created an educational/informational series of releases to address the rise in early syphilis in Illinois. This is one of several projects the STD Section is formulating to address the alarming increase in all reportable STDs both nationally and in our state. The Centers for Disease Control and Prevention’s (CDC’s) most recent data find that reported rates of primary and secondary syphilis, the most infectious stages of the disease, are the highest they have been in more than 20 years. Who is affected? Gay, bisexual and other men who have sex with men (MSM) continue to face both the highest and the highest-rising rates of syphilis. For the first time in many years, women have begun to see increases as well, which has led to a nationwide surge in congenital syphilis cases. CDC has also reported an increase in reports of ocular syphilis, which can occur at any stage.

Untreated syphilis can be very dangerous, leading to visual impairment, hearing loss, stroke and other neurologic problems in adults. In pregnant women, it can cause stillbirths and significant health consequences among newborns. The CDC in 2017 dedicated April’s STD Awareness Month as “Syphilis Strikes Back” regarding the resurgence of syphilis in the Unites States.

Illinois Morbidity over the Past Five Years (2012-2016)

- Chlamydia – 7% rate increase
- Gonorrhea – 17% rate increase
- Early Syphilis – 60% rate increase

It is imperative that we screen for syphilis and treat not only those infected but also their sex partners to stop this dramatic rise in syphilis cases in Illinois.

In April of 2017, CDC released the CDC Call to Action: Let’s Work Together to Stem the Tide of Rising Syphilis in the United States.

To Reduce Syphilis

- Talk – Complete a sexual history for your patients
- Test
- Treat
- Report all cases of syphilis and congenital syphilis to the local health department right away.

Education for all health care providers is key to reducing new syphilis infections. The syphilis series consists of three parts and is available on the STD page of the IDPH website. Each part can be printed and/or posted as a syphilis fact sheet.

- Part One covers syphilis staging and treatment and includes information about alternate treatment options during the current bicillin shortage.
- Part Two covers general syphilis information, data, screening recommendations, and reporting.
- Part Three covers complex syphilis lab results, interpretation, and corresponding action.

The IDPH STD Section appreciates the commitment of all health care professionals to improve and promote the health of people living in Illinois.

With your help, we believe that through education and outreach, Illinois can reduce the new cases of STDs. For any questions or assistance, contact the STD Section at (217) 782-2747.

References


Oral Health & Children with Special Health Care Needs

By Gabija Revis, Intern, IPHCA and DMD/MPH candidate, University of Illinois Chicago

An Unmet Need
According to the Maternal and Child Health Bureau, nearly 20% of children in the United States have special health care needs. They define Children with Special Health Care Needs (CSHCN) as those who “have or are at an increased risk for a chronic physical, developmental, behavioral, or emotional condition and who also require health and related services of a type or amount beyond that required by children generally.”

Federally Qualified Health Centers have long been a key component of the care team for CSHCN. Yet regular dental care is consistently listed as an unmet health need for this population. All health care providers, not just dentists, should be monitoring oral health as a component of systemic health; just as every health care provider should be recognizing and addressing the unique barriers faced by CSHCN.

The Healthcare Professional’s Role
Primary care providers can act as a rarely utilized point of entry into the oral health care system.

1. Educate the families of children with special health care needs. As the day-to-day caregivers of these children, parents need to be trained to prevent oral diseases and recognize when dental needs warrant further evaluation.

2. Look inside the oral cavity. Every comprehensive exam for CSHCN should include an inspection of the oral cavity. Utilize the Smiles For Life curriculum (www.smilesforlifeoralhealth.org) to train your health care team to recognize the oral health needs of your patients.

3. Refer CSHCN to oral health providers when appropriate. Every child and adult with special health care needs should have a regular dental home. “Warm handoffs” should be used whenever possible to ensure patient referrals are completed and full integration of primary care and dental services is achieved.

Looking Ahead
Even 30 years ago, many children with special health care needs died before reaching adulthood. Today, more than 90% of these children are surviving into adulthood. The Kaiser Family Foundation found CSHCN are the fastest growing subgroup of the pediatric population and nearly 3/4 of these children live in low- or middle-income families, below 400% of the federal poverty level. Many of these children rely on Medicaid and other forms of public insurance to help cover the costs of specialized services and therapies. Current proposed changes to Medicaid and the Affordable Care Act would make it especially difficult for CSHCN to receive care and succeed in their communities. Advocating on behalf of CSHCN is an important part of the health care provider’s role. It is more important now than ever before to unite as a health care community to support these children as they grow stronger and healthier every day.

References


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59% more revenue collected*

Learn more at athenahealth.com/community

* For top decile FQHC clients. Average performance across FQHC clients:
15 visits per day, 50% patient pay yield, 6% YOY collections growth.
was recently asked why I was still on the Board of Directors for Crusader Community Health. My initial response was because I like and respect the people I work with. I soon realized that was not the only reason. I have been an active board member for 12 years, I think for me, the most important reason is learning the various aspects of the health care.

My journey started in 2005, I was given the opportunity to serve on the Board of Directors for Crusader. At that time, Crusader was faced with financial challenges. Since then, I have watched Crusader recover from those challenges and become financially stable. Over the years, Crusader has grown from three to six community health centers, including a school-based health center.

During the last 12 years, the Crusader Board has addressed technological issues, expansion, patient access and security concerns. In addition to delivering quality health care, Crusader is very active in the community and tries to improve the overall quality of life for its patients. I have also had the opportunity to serve on all our committees, Crusader’s Medical Board and the Crusader Community Health Foundation Board. These positions have given me the tools to enhance my work on the Board of Directors.

After serving on the Board for only three years, I started attending the IPHCA Leadership Conference. The information I obtained at this conference inspired me to become a more engaging Board member. The Conference consists of two days of lectures, workshops, round-table discussions, guest speakers, networking and vendor interaction.

One of the benefits of the Leadership Conference was attending the Community Board Member Section. This meeting gives board members from across the state the opportunity to network, share ideas and discuss solutions to some of the challenges facing all board members, and also a unified voice to address issues that affects all of us.

Improved training for Board members was one of topics discussed at the last Community Board Member Section. As a result, IPHCA created several new approaches to increase Board member education. First, the number of online training webinars has increased and became more user-friendly. The online training webinars addresses a variety of topics useful to new board members, from the role and responsibility of board members, to finance and governing issues and also how to become an effective advocate.

Another suggestion offered by the Board Member Section has resulted in IPHCA hosting a webinar series and onsite Boot Camp in Springfield. The boot camp experience will provide new and seasoned Board members with some additional tools to improve CHC board performance.

One of the functions of IPHCA is to be a watchdog for governmental regulations relating to health care. One of the ways this is accomplished is through direct communication or advocating with our elected officials at both the state and federal level.

In the spring of 2014, I attended my first Advocacy Event hosted by the IPCHA. We were briefed on state-wide issues that affect Illinois’ community health centers and presented those concerns to our legislators. Attending this event gave me some insight into the interworking of our government and how advocating for our cause can effect change. Since that first advocacy event, I have attended three sessions in Springfield and two in Washington, D.C. I find the experiences I gain as I advocate for our patients' needs with our elected officials are invaluable, and I look forward to doing more.

Looking back over the last 12 years, I am amazed how much I have accomplished on the Board of Directors for Crusader Community Health, both personally and professionally. I am fortunate that we have the support of the Illinois Primary Health Care Association, an organization that is driven to providing its members with all the tools necessary to become and stay an effective board member. I am proud to be part of a health care delivery system that ensures that affordable, quality health care is available for everyone. These are the reasons I am still a member of the Crusader’s Board of Directors.

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September is National Preparedness Month, and this year’s theme is Disasters Don’t Plan Ahead. You Can. The month, which includes a series of events dedicated to emergency preparedness and becoming prepared, typically ends with America’s Prepare-A-Thon. Scheduled for September 30, America’s Prepare-A-Thon showcases some of the unique strategies and events conducted throughout National Preparedness Month.

National Preparedness Month includes a different theme each week. This year, themes include:

- **Week 1 (September 1-9):** Make a Plan for Yourself, Family and Friends
- **Week 2 (September 10-16):** Plan to Help Your Neighbor and Community
- **Week 3 (September 17-23):** Practice and Build Out Your Plans
- **Week 4 (September 24-30):** Get Involved! Be a Part of Something Larger

Everyone should have an individual and family preparedness plan. Therefore, the first week is devoted to personal preparedness activities. However, this theme can easily be adopted by organizations. During week one, establish a site specific emergency plan. Plans should include how to communicate with patients and staff, policies for responding to geographic specific disasters, evacuating, seeking shelter and other opportunities for preparing to respond to a disaster. Also, keep on hand items that will help in case of emergency (i.e., back up radios, spare batteries and flashlights). Ensure the plan addresses policies for maintaining and testing all vital equipment.

During the second week, focus on planning that seeks to help your community. As health care organizations, this may be second nature as many patients may also be neighbors. By ensuring you are ready for a disaster and making decisions to remain open after emergency situations, you are helping your community receive the care they need. Since disasters don’t always strike during clinic hours, individuals seeking care in an emergency should be able to receive the care they have come to rely on.

Week three builds upon the first two. The plan established in week one is a living document. It is not designed to sit on the shelf. Therefore, after establishing policies and procedures around hazards that are specific to your area, organizations must ensure that all staff members are familiar with the policies and procedures. Annually test and update the plan accordingly. Testing will familiarize staff with their expectations during a disaster. Testing also identifies any areas that were not previously included in the plan. After testing concludes, a meeting should be held to identify strengths, challenges, and areas for improvement.

Organizations are always looking for expertise that will help the community. Partner with local organizations, attend local meetings, and volunteer outside of work. These are just a few opportunities to get more involved. After a disaster, the whole community will be impacted. Network ahead of time, become familiar with those who are willing to help afterward, and understand how the community may rely on you after a disaster.

Make a plan, help your community, practice and build out a plan to get involved in all vital aspects of emergency preparedness. Emergencies do not impact one person, or one organization. As a member of a community, there is an expectation to prepare for anything and be able to respond accordingly.

For more information on National Preparedness Month, contact Mark Clough at mclough@iphca.org.

**Reference**
Emergency Preparedness

Through its Clinician Recruitment and Workforce Development Service, IPHCA provides complimentary recruitment & retention assistance to its member community health centers (CHCs) in Illinois and bordering states.

The IPHCA team is currently working to recruit for the following positions:

- Certified Nurse Midwives
- Dental Hygienists
- Dentists
- Family Practitioners
- Internists
- Licensed Clinical Professional Counselors
- Licensed Clinical Social Workers
- Medical Directors
- Medicine/Pediatric Physicians (Med/Peds)
- Nurse Practitioners
- OB/GYN
- Pediatricians
- Physician Assistants
- Psychiatrists/Child-Adolescent Psychiatry
- Psychologists

Clinicians interested in pursuing a career in a CHC should submit a CV to Ashley Colwell, manager of workforce development, at acolwell@iphca.org or fax to (217) 541-7310. IPHCA will send job descriptions and updates directly to you as new positions become available. For more information about IPHCA’s Clinician Recruitment and Workforce Development, visit www.iphca.org or call (217) 541-7309.

Please note: These positions are in addition to those appearing below.

**Administrative Jobs**

**Administrative Services Manager**
*TCA Health, Inc.*
To apply, send resume and cover letter to gboykin@tcahealth.org.

**Finance Jobs**

**Director of Finance**
*Family Christian Health Center*
To apply, send resume and cover letter to rmartin@familychc.org.

**Staff Accountant**
*Promise Healthcare*
To apply, send resume and cover letter to info@promisehealth.org.

**Purchasing Manager**
*Alivio Medical Center*
To apply, send resume and cover letter to hr@aliviomedicalcenter.org.

**Human Resources Jobs**

**Human Resources Manager**
*Promise Healthcare*
To apply, send resume and cover letter to info@promisehealth.org.

**IT/EHR Jobs**

**Data Analyst**
*Near North Health Service Corporation*
To apply, send resume and cover letter to nearnorthhr@nm.org.

**Management Jobs**

**Marketing Coordinator**
*Near North Health Service Corporation*
To apply, send resume and cover letter to nearnorthhr@nm.org.

**Nursing Jobs**

**OB/GYN Registered Nurse**
*Family Christian Health Center*
To apply, send resume and cover letter to rmartin@familychc.org.

**Registered Nurse**
*Southern Illinois Healthcare Foundation*
To apply, send resume and cover letter to apply2work@sihf.org.

**Other Clinical Jobs**

**Medical Assistant (Spanish Speaking Required)**
*Community Nurse Health Center*
To apply, send resume and cover letter to pfoust@communitynurse.org.

**Dental Assistant**
*Beloved Community Family Wellness Center*
To apply, send resume and cover letter to kowens@bcfwc.org.

To view the full list of positions available at community health centers, visit [www.iphca.org/Services/WorkforceDevelopment/JobSeekers.aspx](http://www.iphca.org/Services/WorkforceDevelopment/JobSeekers.aspx)
Upcoming Events

**CHC Clinical Leaders Training Institute**
 September 15 & 16, 2017  
 7:30 a.m. - 4:30 p.m. (Central)  
 IPHCA Institute for Learning  
 500 S. Ninth St., Springfield, IL

**A Day of LGBTQ Cultural Competence: Best Practices & Skill Building**  
 September 27, 2017  
 8:30 a.m. - 4:30 p.m. (Central)  
 IPHCA Institute for Learning  
 500 S. Ninth St., Springfield, IL

**IPHCA Annual Leadership Conference**  
 October 18 – 20, 2017  

**Illinois Community Health Centers Career Fair**  
 November 14, 2017  
 UIC Forum, 725 W. Roosevelt Road, Chicago, IL

**Uniform Data Systems Training**  
 December 5, 2017  
 8:30 a.m. - 4:30 p.m. (Central)  
 IPHCA Institute for Learning  
 500 S. Ninth St., Springfield, IL

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