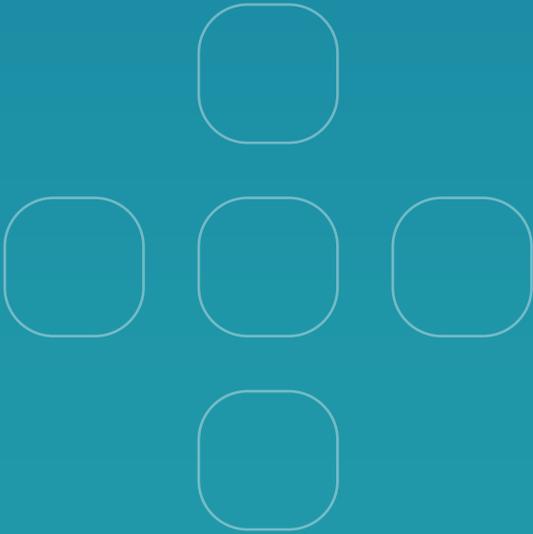


ILLINOIS PRIMARY HEALTH CARE ASSOCIATION

# HEALTH SOURCE™



Summer 2021



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The Illinois Primary Health Care Association is a nonprofit trade association that serves as the voice of and champion for Illinois' community health centers. Our members include health centers from across the state, businesses, non-profits and an array of allied organizations. These members form vital connections, working together to provide cutting-edge care for all our communities.

IPHCA Health Source™ is an e-newsletter dedicated to showcasing Illinois' 53 community health centers and the 1.4 million patients they serve.



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# United by a Bold Mission

We leverage our expertise to educate, empower and advocate for Illinois' community health centers so every person and community across the state can access the cutting-edge, compassionate care they need to thrive.

3,000+

IN IPHCA'S EMAIL NETWORK

500+

ANNUAL CONFERENCE ATTENDEES

100+

ADVOCACY EVENT ATTENDEES

75+

TRAININGS + EVENTS PROVIDED TO MEMBERS EACH YEAR

70+

ORGANIZATIONS ARE IPHCA MEMBERS



# A Sit-Down with IPHCA's New President + CEO, Ollie Idowu

Beth Fox, IPHCA Director of Communications

**Beth:** Welcome, Ollie. It's a pleasure to have you join IPHCA. I understand you worked at IPHCA about 10 years ago. Tell me, what brought you back?

**Ollie:** Thanks, Beth. I'm happy to be back. It feels like I'm coming home. I know that might sound a bit cliché, but it's true. I was at IPHCA between 2010 -2012 as the Director of State Policy + Government Affairs. I like to say it's where I cut my teeth in healthcare. Since the time I was a boy, I always felt called to medicine, so much so that I sat for the M-CAT and got into medical school. Just before committing to school it dawned on me that I wanted to improve healthcare more than I wanted to practice medicine. There had been a number of influencers that led me to that decision, but I knew it in my heart. After my time at IPHCA, I went on to work at a few managed care companies in Illinois and recently led Community Engagement for SHIELD Illinois, the University of Illinois' Saliva-Based COVID-19 PCR test. Coming back here is like coming home. I feel like I have a 360-degree view of the industry, which allows me to be a bridge between the business side of medicine and the patients we serve through our members at IPHCA.

**Beth:** It sounds like you're ready to hit the ground running. Tell me what your short-term goals are for the association.

**Ollie:** I don't love this question because the first thing that needs to happen when someone joins an organization is to listen—without judgment. I know I need to learn about the IPHCA of today, its culture, its employees, and in our case, its members. I remember what IPHCA was like when I left, but that was 10 years ago. Times change and I know that. I can't come in and assume anything. So, I've spent the first few weeks meeting with the staff, listening and creating some ideas of what to do next. Regardless of what that plan turns into, the question I must ask my employees, members and partners is: "Is what we're about to do going to change the outcome for our patients for the better?" If the answer is "yes," then let's move forward.

IS WHAT WE'RE ABOUT  
TO DO GOING TO  
CHANGE THE OUTCOME  
FOR OUR PATIENTS FOR  
THE BETTER?

**Beth:** You've been busy taking meetings and digging into the association. I'm sure you've learned a lot about how the association has helped the members navigate through the pandemic. Knowing what has been learned in the past year, what do you think should stay moving forward?

**Ollie:** I think we need to continue to collaborate and make sure that we're innovating in healthcare. FQHCs have been at the forefront of our communities for decades. People are starting to notice that in a different way than ever before. It was evident with the COVID relief packages that came out of the government in the last 18 months. The government knew that FQHCs were integral when it came to providing healthcare for everyone during the pandemic. Without FQHCs, people who needed healthcare would probably not have received it. From testing to vaccinations and all the care provided in-between, our CHCs have been at the forefront. It is my duty to make sure that we continue to stay at the forefront and not get forgotten.

**Beth:** Are you implying that the value of CHCs has changed in the era of COVID-19?



**Ollie:** Absolutely! In many parts of the state, I think CHCs were, and to some extent still are, unknown, unrecognized or even downplayed. COVID has changed that for the better. Among many other things that have been learned, people now realize that a pandemic cannot be fought in hospitals alone. Other resources need to be utilized and what better resource than the amazing network of primary care providers that FQHCs already have in place?

**Beth:** Around the office, you've used the term "why not" a lot. Explain what that means for our members.

PEOPLE NOW REALIZE  
THAT A PANDEMIC  
CANNOT BE FOUGHT IN  
HOSPITALS ALONE.

**Ollie:** I ask the question **why not** for everything. If you have an idea that could be good for something or someone, I ask, **why not?** Innovation favors the mind that has the audacity to ask that question. My feeling is that we'll never become innovators if we don't try something different or new. So, **why not?** If a member organization has an idea of how to better care for its patients but does not have the resources to do so, I hope they'll call me to discuss. Then we can go through with what we have learned and talk to our partners, vendors and such to ask "why can't we do that"? Then, we'll execute. I want our team to do the same. If they have an idea to make something better for our members –advocacy, education, connecting to other members, or the like –I want them to come to me so we can discuss. Innovation is at the forefront of what I want to do with IPHCA. I am ready to move the needle and want everyone involved, at every level, to join me.

INNOVATION IS AT THE  
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**Beth:** I don't think we could end on any better note. Do you have anything else you want to add?

**Ollie:** My phone line is always open. My door is always open. I want to get to know our members. I want to do site visits and learn more about their needs so that IPHCA can provide better outcomes for the 1.5 million Illinoisans that rely on FQHCs every year.





# IPHCA Welcomes New Team Members



## Ollie Idowu, President + CEO

Ollie joined IPHCA as President + CEO in May 2021 following more than 10 years of continuous leadership as a healthcare business leader and development strategist.

Ollie led growth at a broad range of organizations, from two Fortune 500 managed care companies, to a start-up data-analytics company. He previously served as the Director of State Governmental Affairs at IPHCA. He is excited to be back at IPHCA and hopes to put into practice many of the lessons learned from the last decade of innovation in health care.

The mission and purpose of our members is so vital to improving the health and well-being of communities across our state. Ollie is eager to advocate for Illinois' community health centers so every person and community across the state can access the cutting-edge, compassionate care they need to thrive.

Chicago born, Ollie grew up in Lagos, Nigeria and lives in Geneva, Illinois with his family. He received his bachelor's degree from Eureka College, his master's degree in Public Health from the University of Illinois at Springfield and a Juris Doctor from Western Michigan University's Thomas M. Cooley Law School.

Follow Ollie on twitter [@IdowuOllie](https://twitter.com/IdowuOllie)

## Cassandra Curry, Membership + Training Coordinator

Cassandra joined IPHCA in June 2021 as the Membership and Training Coordinator. Cassandra will assist with coordinating all training, event planning and management of internal and external events. She is also responsible for performing various member service and administrative duties for Illinois Primary Health Care Association.

Previously, Cassandra worked as an Administrative Assistant in the Training Center Department at the Springfield Urban League for 30 years.

Outside of the office, Cassandra enjoys traveling and spending time with her family and friends.



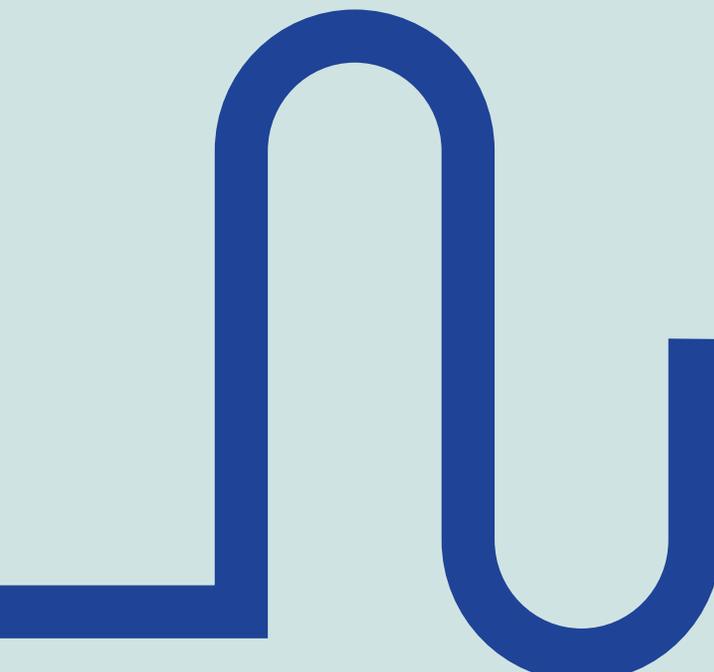
# IPHCA VIRTUAL LEADERSHIP CONFERENCE

# 2021



This innovative event builds highly effective leaders, practitioners and health centers through engaging conversations and practical training sessions.

[\*Register Here!\*](#)



 ILLINOIS PRIMARY  
**HEALTH CARE**  
ASSOCIATION

**OCTOBER 27-29**



# Illinois Poised to Expand Family Planning Services; Improve Maternal Health Disparities

Amber Kirchhoff, Director of State Public Policy + Governmental Affairs, IPHCA

As part of a maternal health omnibus bill ([SB967](#)), sponsored by state Senator Cristina Castro (left) and state Representative LaToya Greenwood (right), both the Senate and House of the **Illinois General Assembly unanimously voted to expand access to reproductive care**. Among its many provisions, the legislation calls for the Illinois Department of Healthcare and Family Services (HFS) to submit a **Medicaid state plan amendment (SPA) which would enable eligibility for family planning services for Illinoisans with income up to 208% of the federal poverty level** through the state's medical assistance program.



The option to seek federal approval to expand family planning services via a SPA was established under the Affordable Care Act.<sup>1</sup> **Twenty-six other states already have secured family planning SPAs or waivers** to extend this set of services to individuals who otherwise would not qualify for the full scope of Medicaid benefits due to the income eligibility requirements. Family planning SPAs and waivers **expand access to important health care services and create a pathway into primary care for underserved populations**. They are also **important tools for eliminating racial health disparities**, particularly the egregious inequities experienced by people of color in the areas of maternal health and birth outcomes.

The federal government offers a 90-10 match for state spending on covered services and supplies like contraception and family planning counseling, and the standard 50-50 match on ancillary services such as STI screening, cervical exams, and treatment of related conditions. A **SPA would allow Illinois community health centers to better leverage limited Title X dollars** which cover a broader cross-section of patients than Medicaid. This is especially important to note given that federal Title X funds have been reduced significantly multiple times in recent years.

IPHCA is partnering with Illinois Contraceptive Access Now (ICAN) network and leading reproductive health advocates to inform the development and implementation of the SPA. IPHCA is also coordinating with the National Association of Community Health Centers (NACHC) and other Primary Care Associations to ensure that Illinois' proposal is as robust as possible. Our goal is for Illinois to submit a model family planning SPA which is equity-centered, inclusive, and responsive to the needs of low income patients. Additionally, we recognize the importance of educating providers and patients about this new option for accessing care and facilitating enrollment in coverage; and we are committed to doing our part to support a successful implementation.

The bill has been sent to the Governor for signature. The legislation calls for the SPA to go into effect by next summer (July 2022) pending federal approval.

<sup>1</sup>A SPA is a change to the Medicaid program with no end date whereas a waiver is a time-limited demonstration which includes a rigorous evaluation.





# Illinois Advances Racial Equity during Historic Legislative Session

Amber Kirchoff, Director of State Public Policy + Governmental Affairs, IPHCA



The Illinois General Assembly adjourned at the end of May, concluding an historic state legislative session. For Illinois community health centers and their patients, this legislative session yielded several successes including a much-needed rate increase, an extension of telehealth flexibilities beyond the pandemic, several new Medicaid programs and policies, improved health coverage for immigrants as well as significant momentum toward enacting 340B protections.

In January 2021, the House welcomed a new speaker, Representative Emanuel “Chris” Welch, the chamber’s first African American speaker, who succeeded Michael J. Madigan following a more than 30-year tenure in the role. This session also saw the exit of several longtime lawmakers and the seating of many newly elected state legislators. In

addition to major shake ups in leadership, the body passed several extensive packages of legislation with the potential to meaningfully impact deeply entrenched racial inequities.

In March 2021, Governor Pritzker signed [legislation](#) allocating \$150M in investment to [healthcare transformation projects](#) aimed at improving patient outcomes by funding cross-sector collaborations that center on social determinants of health and racial disparities. Round 1 of funding awarded \$94.3 million to selected proposals including several IPHCA members as lead entities. This unique opportunity promises to spur innovative, equity-focused solutions to support a stronger, more streamlined healthcare system for Illinoisans.



The fiscal year 2022 (FY 2022) budget implementation bill (HB0984) included a \$50 million rate increase for community health centers, the first significant increased investment in reimbursement for the sector in roughly a decade. These new funds will help to expand service capacity, creating additional access and deepening services for underserved patients.

Additionally, the FY 2022 budget provided \$36 million to expand health coverage for Illinoisans ages 55-64 who would otherwise be eligible for Medicaid if not for immigration status. In partnership with the Healthy Illinois Campaign, state Senator Omar Aquino, and state Representative Delia Ramirez, IPHCA member Alivio Medical Center led the fight to broaden access to healthcare for immigrant seniors. This expansion builds on last year's success in establishing the Health Benefits for Immigrant Seniors Program, the passage of which made Illinois a national leader in creating a pathway to coverage for low-income, undocumented immigrants.

As part of the Illinois Legislative Black Caucus' healthcare and human services omnibus (HB158), a funding mechanism will be established to enable care coordination for community health centers partnered with hospitals. Additionally, the legislation adds community health workers, doulas, and maternal and child home visitors to the Medicaid program – a longtime request of healthcare and early childhood advocates as a key strategy for closing maternal and infant racial health disparities. This bill has been signed into law ([Public Act 102-0004](#)).

Through the Medicaid omnibus bill (SB2294), an additional \$10 million was invested in adult and child oral health services. Additionally, the bill extends Medicaid eligibility for up to 12 months post-public health emergency for individuals determined eligible for Medicaid as of or during the COVID pandemic and co-pays will effectively be eliminated for Medicaid and CHIP families. These investments are all major steps forward for low-income families and those impacted by COVID-19.

Additionally, Illinois became the first state in the nation to receive approval for a post-partum expansion Medicaid waiver. The waiver extends Medicaid coverage following birth from 60 days to 12 months and is in effect through December 31, 2025. While this is a major improvement on existing policy, advocates are continuing to push for these benefits to extend to all post-partum individuals regardless of immigration status.

The past 18 months have been unlike any other in Illinois history due to the global pandemic. This period provided an important opportunity to reckon with deep-seated inequities in our healthcare system stemming from an historic lack of investment and decades of structural racism. As a result, a sense of urgency took hold in the statehouse, propelling several momentous initiatives with the potential to transform Illinois' healthcare landscape and the trajectory of our state.

As we reflect on these accomplishments and the work that lies ahead to see them through, IPHCA would like to extend our deepest gratitude to our health center leaders and advocates for continuing to give voice to the important role your organizations play in communities across the state. This level of progress on the policy front would not be possible without you!

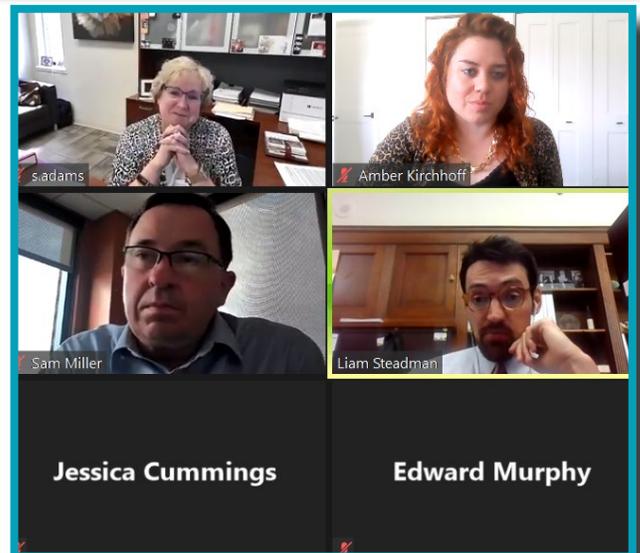




# National Day of Action

## Illinois CHCs Met Virtually with Congressional Offices to Urge Infrastructure Investment

During NACHC’s National Day of Action on June 30, IPHCA members advocated for \$10 billion in much-needed capital investment in community health centers. IPHCA hosted five virtual meetings with members of Congress and their staff. These meetings put members in direct contact with their representatives to share their infrastructure needs and highlight examples of the many benefits of increased investment to patients, staff and the local community. CHCs have not had a major infusion of capital funding since the American Reinvestment and Recovery Act (ARRA) over a decade ago.



Thank you to all who joined and to those who amplified this request on social media.



# Advanced Practice Registered Nurses and Full Practice Authority in Illinois

Marie Lindsey, PhD, APRN, CNP-FPA, Member, Will County Executive Council

Certified nurse practitioners (CNPs) and certified nurse-midwives (CNMs) are just some of the providers who help support the mission of caring for the underserved and reducing health disparities in community health centers. Yet many would be surprised to learn how long these advanced practice registered nurses (APRNs) have been practicing in the United States. In fact, the first standardized nurse-midwife educational program in the U.S. was established in 1931 in New York City, and the first nurse practitioner program was founded in 1965 at the University of Colorado. However, the licensure of APRNs was established much later, as each state and territory enacted its own set of laws determining how the APRN scope of practice differed from that of other types of registered nurses. Indeed, all types of APRNs, which also includes certified registered nurse anesthetists and clinical nurse specialists, were practicing in Illinois for decades prior to being recognized by state law in 1998.

The 1998 revisions to the Illinois Nurse Practice Act (NPA) finally acknowledged the existence of APRNs in the state, clarified their scope of practice in terms of diagnosis and treatment, and delineated their authority to write prescriptions, including for some controlled substances, provided the APRN had a written collaborative agreement (WCA) with a physician. At the time, although Illinois was one of the last states to recognize APRNs in statute, it was not until three more years of regulation writing before registered nurses who met the essential educational requirements were allowed to apply for an APRN license in 2001.

**FOR MORE THAN TWO DECADES,**

**A STRONG MOVEMENT**

**HAS EMERGED FOR APRNS**

For more than two decades, a strong movement has emerged for APRNs; namely, the idea of full practice authority (FPA), one definition of which is articulated

by the American Association of Nurse Practitioners (AANP): “Full practice authority is the authorization of nurse practitioners to evaluate patients, diagnose, order and interpret diagnostic tests and initiate and manage treatments—including prescribe medications—under the exclusive licensure authority of the state board of nursing.”

Inherent in this definition is that APRNs should practice to the fullest scope of their education and clinical experience without the requirement for a WCA. To be clear, no APRN organization promotes the notion that APRNs would not collaborate with physicians or other health professionals who could offer expertise in the care of patients. The premise is simply that APRN practice need not be contingent on contracts with a physician.

Since 1998, the NPA has been revised several times to clarify specific elements of APRN practice. Finally, in 2017, the statute was revised so that upon meeting certain requirements, APRNs could apply for an FPA license as defined by Illinois law. The rulemaking for this law was a two-year process, so in 2019 APRNs were finally able to apply for a license with an APRN-FPA designation.

The revised NPA provides a pathway for those who are already licensed APRNs to eventually practice without a WCA. Before seeking an APRN-FPA license, APRNs must have completed: a) 4000 hours of practice in their area of APRN certification in collaboration with a physician, and b) 250 hours of continuing education (CE) or training after the time they first achieved national certification in their APRN specialty. Once these requirements are met, the APRN seeking FPA may submit an application to the Illinois Department of Financial and Professional Regulation (IDFPR) which includes an attestation statement. The completion of the 4000 hours of practice must be attested to by the signature of a collaborating physician; the attestation of those clinical hours and the 250 CE hours also requires the APRN's signature, which needs to be notarized.



In terms of prescriptive authority, APRNs with FPA are licensed to prescribe medications, including controlled substances, Schedules II through V, without physician delegation. However, there is a caveat in the Illinois law which is one way it diverges from the AANP FPA criteria. APRNs with FPA who prescribe benzodiazepines and/or Schedule II narcotic drugs, such as opioids, must designate a physician consultant with the Illinois Prescription Monitoring Program and discuss the condition of the patients for whom such medications are prescribed with the consulting physician on a monthly basis. Furthermore, there is a limitation of prescribing opioids and narcotics in only oral, topical or transdermal form, which is the same for all APRNs with or without FPA. It should be noted that there is no requirement for a written agreement, nor does a regulatory relationship exist between the APRN with FPA and the physician consultant.

Also changed in 2017 were the CE requirements for all APRNs. The number of CE hours increased from 50 to 80

hours every two years. Twenty of those hours must be in pharmacology, of which 10 must be dedicated to opioid prescribing or substance abuse education. Up to 30 of the CE hours may be in professional development activities, such as conference presentations, publications, research, and precepting.

**NURSING SPECIALISTS SUCH AS CNPS  
+ CNMS ARE COMMITTED TO ERASING  
THE HEALTH DISPARITIES THAT  
EXIST IN OUR COMMUNITIES.**

Nursing specialists such as CNPs and CNMs are committed to erasing the health disparities that exist in our communities. Full practice authority enhances these APRNs' ability to meet that challenge. If you would like more information about advanced practice registered nurses, please contact Marie Lindsey, [mlindseyapn@comcast.net](mailto:mlindseyapn@comcast.net).

## NATIONAL HEALTH CENTER WEEK

**VALUES**

**POPULATIONS**

**ENABLING SERVICES**

**SERVICES**

**INNOVATIONS**

**AFFORDABILITY**

**MISSION**

**Community Health Centers:  
The Chemistry for Strong Communities**

Co <small>Community</small>											M <small>Medicaid</small>
Un <small>Unity</small>	CC <small>Culturally Competence</small>					Q <small>LGBTQ</small>	T <small>Transportation</small>	Ed <small>Education</small>			Mc <small>Medicare</small>
Ad <small>Advocacy</small>	Bi <small>Bipartisan</small>	V <small>Veterans</small>	Ag <small>Ag Workers</small>	I <small>Immigrants</small>	C <small>Children</small>	Cm <small>Case Management</small>	Cw <small>Community Health Workers</small>			Ss <small>Sliding Scale Fee</small>	
Cp <small>Compassion</small>	Op <small>Open Door</small>	E <small>Equity</small>	H <small>Homeless</small>	W <small>Women's Health</small>	S <small>School-based</small>	Ph <small>Public Housing</small>	Nu <small>Nutrition</small>			Ch <small>Chronic</small>	
											Hc <small>Health Care</small>
											Su <small>Substance Use</small>
											O <small>Oral Health</small>
											Pu <small>Public Health</small>
											Sb <small>Small Business</small>
											Sd <small>Social Determinants</small>
											Ns <small>NHSN</small>
											Pc <small>Primary Care</small>
											B <small>Behavioral Health</small>
											Pb <small>Patient Board</small>
											Pr <small>Prevention</small>
											Pn <small>Partnership</small>
											Sv <small>Cost Savings</small>
											Th <small>Teaching Health Centers</small>

**AUGUST 8<sup>TH</sup> – AUGUST 14<sup>TH</sup>**  
[www.healthcenterweek.org](http://www.healthcenterweek.org)  
**#NHCW2021**



# SDOH Screening Tools to Improve Patient Care

Raj Savalia, MBA, MPH, IPHCA Consultant

The social determinants of health (SDOH) are conditions in which people are born, live, learn, work and age that affect a wide range of health risks and outcomes. According to the CDC's Healthy People 2030, SDOH can be grouped into five domains: economic stability; education access and quality; healthcare access and quality; neighborhood and built environment; and social and community context. Screening patients to determine their SDOH resource needs is a critical first step in improving health outcomes. Health care providers can use screening tools to collect SDOH data to identify barriers to care and connect patients to the resources they need. There are a multitude of screening tools and resources that health centers may use to collect SDOH data, which will identify a patient's current social needs and their risk factors for developing social needs. Health centers may analyze data collected from screening tools and connect patients with the critical resources they need.

**SCREENING PATIENTS TO  
DETERMINE THEIR SDOH  
RESOURCE NEEDS IS A CRITICAL  
FIRST STEP IN IMPROVING  
HEALTH OUTCOMES**

First, the National Association of Community Health Centers (NACHC) has created the PRAPARE tool. PRAPARE stands for the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences. This tool includes 15 core questions as well as five supplemental questions. The data collected using PRAPARE can be directly uploaded into many EHR systems and used by staff to assess patient's resource needs. Generally, the PRAPARE screening tool can be used by clinical or nonclinical staff at the time of the patient visit. Alternatively, a [paper version](#) can be given to patients and collected by staff. The PRAPARE tool can be accessed [here](#).

Next, the American Academy of Family Physicians (AAFP) offers an SDOH screening tool that helps providers efficiently screen patient's SDOH needs. This screening tool is part of the AAFP's [The EveryONE project](#), which has resources that providers can tailor to their population needs to efficiently screen patients and connect them to community resources. These resources emphasize team-based care and screening that capture patient data while addressing SDOH disparities. The AAFP screening tool provides a starting point to help providers integrate SDOH data collection into their workflows. The AAFP's SDOH screening tool can be downloaded [here](#).

Additionally, Centers for Medicare & Medicaid Services (CMS) Center for Medicare and Medicaid Innovation (CMMI) created a screening tool meant to be used for individual respondents who answer the questions themselves. Clinicians and staff can use this screening tool as part of their workflow. This tool is also highly adaptable and allows users to add supplemental questions into their screening process. The AHC HRSN tool can be accessed [here](#).





Each of these screening tools may have different benefits depending on your patient population. You should consider choosing the best data collection tool that meets your current workflow design and community needs. However, having data and understanding the importance of data collection is only the beginning of improving patient care. Once you have collected SDOH data it is important to consider next steps to make the data actionable. Health center staff may also consider different strategies to analyze data, address patient needs and connect patients with the appropriate resources. The following resources may help your organization improve patient care after collecting SDOH data:

- [Aunt Bertha](#): an online search engine that connects people to government and charitable social service programs, making the process more easily accessible to all.
- [Health Leads](#): enables providers to prescribe basic resources such as food, heat and utilities just as they would medication.
- [HITEQ Resource](#): The Health Information Technology, Evaluation and Quality Center (HITEQ) has provided a resource with case studies that list community resources and case studies.
- [NowPow](#): uses an ePrescribing model (HealthRx) for social services and supports. It has a 'nudge' feature that allows staff to send text or email messages populated with appropriate service information in the patient's preferred language.
- [Patient Action Plan](#): The AAFP developed an action plan to practically address patient needs. Providers can use this to discuss SDOH and document a plan to address a patient's resource needs.

For questions or more information, please contact Raj Savalia at [rsavalia@iphca.org](mailto:rsavalia@iphca.org).

# *NOW LIVE!*

## New Membership Website



[member.iphca.org](http://member.iphca.org)

Email [iphca@iphca.org](mailto:iphca@iphca.org) for login information and other assistance.



# IPHCA Releases 4 New Clinical Educational Resources

## IPHCA Clinical Services Team

Illinois Primary Health Care Association (IPHCA) developed and released four exciting new resources to support health centers care delivery. In May and June 2021, IPHCA released their Medication-Assisted Treatment (MAT) Toolkit, PrEP Implementation Toolkit, Social Determinants of Health Data Collection Toolkit and Community Health Worker (CHW) Virtual Toolbox.

IPHCA's **Medication-Assisted Treatment (MAT) Toolkit** is a digital toolkit designed for organizations implementing MAT in a primary care setting. Viewers will have access to information and resources such as how to implement a MAT program, policies and procedures examples, downloadable templates, assessment tools, documentation guidance and much more. Also featured are four Illinois health centers sharing their best practices focusing on work flows, engaging community partners and patient retention. For more information on this new resource contact Staci Ashmore, Behavioral Health Program Manager, [sashmore@iphca.org](mailto:sashmore@iphca.org).

### MAT Toolkit

IPHCA recently developed a **Pre-Exposure Prophylaxis (PrEP) Implementation Toolkit**. This toolkit is designed for organizations wanting to implement PrEP services into a primary care setting. The toolkit gives the viewer access to information and resources such as how to start implementing PrEP into care delivery, as well as example policies and procedures, assessment tools, patient education and more. Also featured is Erie Family Health Centers sharing best practices including examples of their procedures and workflow. We encourage those looking to begin or expand their PrEP services to use this toolkit for best practices. For more information contact Megan Williams, Public Health Initiatives Manager, [mwilliams@iphca.org](mailto:mwilliams@iphca.org).

### PrEP Toolkit

The **Social Determinants of Health (SDOH) Data Collection Toolkit** is a comprehensive resource that identifies tools that organizations can implement to capture and analyze SDOH data. As individual health care needs evolve, health centers may increasingly rely on SDOH data to capture patient needs, reduce costs, and improve health outcomes. Addressing SDOH is essential for improving health outcomes and reducing longstanding disparities in health care. Therefore, it is important to utilize tools and strategies that assist with SDOH data collection. Viewers of the SDOH toolkit will have access to information and resources such as screening tools, data utilization tools, strategies for training staff, patient and provider tools, webinars, trainings, podcasts and more. Additionally, the toolkit includes promising practices from two of our member health centers on their SDOH data collection practices. We hope this SDOH toolkit will support your health center on its journey to providing the best whole-person care for your patients. For more information contact Raj Savalia, [rsavalia@iphca.org](mailto:rsavalia@iphca.org).

### SDOH Toolkit

Lastly, IPHCA launched a **Community Health Worker Virtual Toolbox**. This toolbox includes samples such as job descriptions, potential utilization examples, policies and other CHW support documents. IPHCA would like to thank the Illinois Public Health Association for their help collecting CHW resources. For more information contact Megan Williams, [mwilliams@iphca.org](mailto:mwilliams@iphca.org). [Watch IPHCA's Short Overview](#)

### CHW Toolbox



Have you taken advantage of the IPHCA GSK Physician Buying Group (PBG)? The GSK PBG provides IPHCA members with GSK's lowest vaccine discount possible in today's market. Don't miss out on these significant savings, sign up today!

**Contact Katie Doolin, IPHCA Associate Director of Training and Member Services at [kdoolin@iphca.org](mailto:kdoolin@iphca.org) to learn more.**

**Participation in IPHCA GSK PBG is completely voluntary.**



# September is National Preparedness Month

Madison Boente, Pandemic Health Navigator Regional Lead Coordinator

Living in the midst of a State of Emergency for the past year and a half has led to a phenomenon known as psychic numbing for many.<sup>2</sup> When experiencing psychic numbing, we can become indifferent to tragedies and their consequences.<sup>2</sup> In turn, this can also impact our perception of future threats and the need to properly plan and prepare could be diminished. One way to help mitigate the danger of psychic numbing is by observing National Preparedness Month.

Each year in September, the United States recognizes National Preparedness Month.<sup>3</sup> The Federal Emergency Management Agency (FEMA) sponsors the Ready Campaign, which is “designed to educate and empower the American people to prepare for, respond to and mitigate emergencies, including natural and man-made disasters”.<sup>3</sup> This outreach campaign that encourages proactive disaster planning is critical now more than ever.

The year 2020 highlights the need for proactive planning and not for the obvious reason. Aside from facing the COVID-19 pandemic, 2020 set a new annual record of 22 weather and climate related disaster events each costing the U.S. in excess of one billion dollars.<sup>4</sup> Among those disasters were tropical cyclones, severe storms, droughts, and wildfires.<sup>4</sup> The year 2020 is being called “a historic year of extremes” and justifiably so.<sup>4</sup> History also shows an increasing trend in the number and cost of disasters due to factors such as population growth and development, as well as climate change.<sup>4</sup> By planning and preparing for potential disasters, we can reduce the disruptive and dangerous impacts.

Individuals, families, organizations, and communities are all encouraged to take part in National Preparedness Month.<sup>3</sup>

Ready Campaign.<sup>3</sup> On the individual level, the campaign encourages four key things:

1. Stay informed about the different types of emergencies that could occur and their appropriate responses;
2. Make a family emergency plan;
3. Build an emergency supply kit; and
4. Get involved in your community by taking action to prepare for emergencies.<sup>3</sup>

Several organizations including the American Red Cross, the United States Environmental Protection Agency, and the National Weather Service are proud supporters of National Preparedness Month. Each organization shares relevant information and resources to help inform and empower Americans to participate in the campaign. On the community level, the Ready Campaign shares local emergency management information to connect individuals to the greater community. Local officials have the most relevant information to target disaster planning and response efforts specific to their communities.

The Ready Campaign features a variety of helpful resources to encourage Americans to engage in National Preparedness Month. Free publications, social media toolkits, PSAs and videos, preparedness calendars and more can be found on their website. Visit [ready.gov/september](https://www.ready.gov/september) for more details.<sup>3</sup> There is no better time to be involved in National Preparedness Month this September. Don't want to wait? Check out the [2021 Preparedness Calendar](#) to get involved now.<sup>1</sup>

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Public involvement at every level is the central goal of the

<sup>1</sup> 2021 Preparedness Calendar. 2021 Preparedness Calendar | Ready.gov. (2021, June 2). <https://www.ready.gov/calendar>.

<sup>2</sup> Doheny, K. (2020, December 23). As COVID Numbers Rise, So Does 'Psychic Numbing'. WebMD. <https://www.webmd.com/lung/news/20201223/as-covid-numbers-rise-so-does-psychic-numbing>.

<sup>3</sup> National Preparedness Month. National Preparedness Month | Ready.gov. (2021, June 17). <https://www.ready.gov/september>.

<sup>4</sup> Smith, A. B. (2021, January 8). 2020 U.S. billion-dollar weather and climate disasters in historical context: NOAA Climate.gov. 2020 U.S. billion-dollar weather and climate disasters in historical context | NOAA Climate.gov. <https://www.climate.gov/news-features/blogs/beyond-data/2020-us-billion-dollar-weather-and-climate-disasters-historical>.



# Pandemic Health Navigator Program: Collaboration, Partnership and Resources

Jennifer Tatro, Morreale Strategic Communications

Since launching in April, the Pandemic Health Navigator Program (PHNP) has brought together local health centers and community-based organizations throughout the state to provide support to residents in regions 2 through 9. The program is led by the Illinois Public Health Association in partnership with the Illinois Primary Health Care Association, and is an important part of the State's response to COVID-19. It is funded by the Illinois Department of Public Health.

At [helpguidethrive.org](http://helpguidethrive.org), residents can connect with hundreds of trained Community Health Workers (CHWs) and community groups around the state who are coming together to provide COVID-19 resources and answers. These CHWs are local to each region and can provide many free resources, from assistance with vaccine appointments to support with food, utility services, housing and more. The program brings together local health centers and community-based organizations to coordinate resources for communities hardest hit by the pandemic.

In the months since the official launch, the CHWs have continued to provide outreach to residents and inform them of the program and resources available throughout Illinois. To date, more than 450 CHWs have been trained from 65 community-based organizations and 17 Federally Qualified Health Centers.

In June, a state-wide advertising campaign launched to inform residents of the program, with out-of-home billboards posted in the different regions and public service announcements running on TV and radio. Facebook ads have also been pushed out to residents to raise awareness of the program and its services. CHWs have been given a digital toolkit for posting on social channels, and marketing collateral to share with residents through canvassing activities or at community events.

As we continue the program rollout, we must be mindful of the challenges that lie ahead. More than ever, we must inform residents about vaccine facts, but we also must win over hearts and minds with uplifting local stories and narratives around the benefits vaccinations have on them and their loved ones. When we lead with empathy and understanding, we can make stronger connections with those we serve and make better progress toward our education and vaccination goals.



The PHN Program is being promoted on billboards, TV, radio and Facebook advertising in Illinois Regions 2 through 9.



# TRAINING CALENDAR

## JULY

### TRAUMA-INFORMED CARE FOR FQHC LICENSED HEALTH CARE PROVIDERS

Tuesday, July 20, 2021  
11:00 a.m. - 12:00 p.m.  
Location: Webinar  
[Register](#)

### 21ST CENTURY CURES ACT: HIPAA COMPLIANCE AND THE INFORMATION BLOCKING RULE

Wednesday, July 21, 2021  
12:00-1:00 p.m.  
Location: Webinar  
[Register](#)

## AUGUST

### TEXT MESSAGING STRATEGIES FOR COVID-19 VACCINE DISTRIBUTION AND CLINICAL OUTREACH FOR ILLINOIS

Tuesday, August 10, 2021  
1:00-2:00 p.m.  
Location: Webinar  
[Register](#)

## SEPTEMBER

### CHC CLINICAL LEADERS TRAINING INSTITUTE - ADVANCED COURSE

SEPTEMBER 10-11, 2021  
8:00 a.m. - 4:30 p.m.  
Location: IPHCA Institute for Learning  
[Register](#)

## OCTOBER

### IPHCA ANNUAL LEADERSHIP CONFERENCE

OCTOBER 27-29, 2021  
Location: Virtual  
[Register](#)



# Juneteenth

Many CHCs around Illinois held events to celebrate Juneteenth. Take a look on the social media pages of our members for more inspiring stories.

**erie** Erie Family Health Centers  
June 19 at 8:00 AM · 🌐

Today we honor Juneteenth, a day regarded as the oldest celebration of Black liberation in the United States. While slavery was officially abolished when President Abraham Lincoln issued the Emancipation Proclamation in 1863, it took two and a half additional years for word to reach the remote territory of Texas. On June 19, 1865, Union soldiers reached Galveston, Texas, to proclaim the news that the Civil War had ended, and that all enslaved people were now free. Even so, since the Emancipation Proclamation only applied to the Confederacy, it took the 13th Amendment, passed in December 1865, to officially end slavery nationwide.

Juneteenth is a day to celebrate equal rights, and a day to reflect on the unfinished work to end racial injustice. And it is a reminder to always stay true to one of Erie's core values, Dignity.

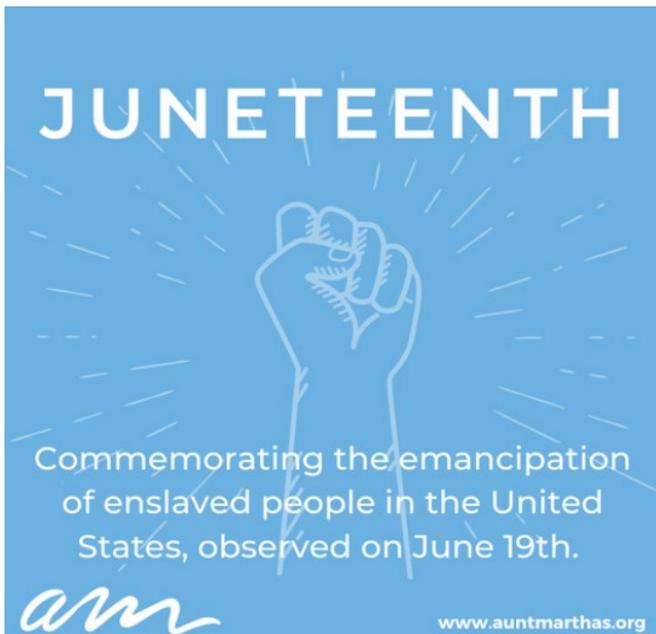
Erie health centers are open on Saturday, as well as on other holidays, so that we can meet our mission to provide equitable healthcare by being more accessible to more people.

#juneteenth #freedom #juneteenthcelebration #blacklivesmatter #blm



**Aunt Martha's**  
June 19 at 7:00 AM · 🌐

Juneteenth commemorates the emancipation of enslaved people in the United States, observed on June 19th. #MyAuntM #Juneteenth #June19



**Esperanza Health Centers**  
June 18 at 9:06 AM · 🌐

🇺🇸 #Juneteenth is finally a federal holiday! After President Lincoln signed the Emancipation Proclamation, it took two and a half years for news of freedom to reach slaves in south Texas. While June 19th celebrates the end of slavery, it's also a day to reflect on racial justice, the progress made, and the work that still needs to be done. How will you celebrate freedom? ❤️🇺🇸

🇺🇸 ¡Al fin #Juneteenth es oficialmente reconocido como un día feriado! Después de que el presidente Lincoln firmara la Proclamación de Emancipación, tardó dos años y medio para que los esclavos en el sur de Tejas se enteraran de su nueva libertad. Mientras el 19 de junio es un día de celebración, también es un día para reflexionar sobre la justicia racial, el progreso logrado, y sobre el trabajo que queda por delante. ¿Como celebrará Ud. la libertad? ❤️🇺🇸

<https://www.usatoday.com/.../juneteenth-bill.../7717031002/>

See Translation



USATODAY.COM

Biden signs Juneteenth into a holiday, officially giving federal employees the day off Friday

**Inner-City Muslim Action Network (IMAN)**  
June 22 at 10:57 AM · 🌐

We thank everybody who was able to join us last Friday for our Juneteenth celebration & Fresh Market preview.

It was beautiful being able to show the progress we've been making, as well as how we are helping break the barriers to health by providing fresh food for all of Englewood.





# Pride Month

Throughout the month of June, CHCs around the state celebrated the LGBTQ+ community through Pride events. Learn more on the social media pages of our members for inspiring stories.

**Howard Brown Health**  
June 22 at 6:00 PM · 🌐

Our Lakeview, Rogers Park, and Hyde Park clinics are covered in Pride!  
#CoveredInPride #LGBTQhealth #PPE #ButMakItFashion #COVIDlooks

**Heartland Health Centers**  
June 30 at 6:14 AM · 🌐

HAPPENING TODAY! Join Heartland Health Centers for our last Facebook live for our June Pride Month Series: Queer & Culture- a discussion about experience, identity and intersectionality within Ethiopian and South Asian Communities

Featuring Colin from @desirainbowparents and Robel from @houseofguramayle

Today, Wednesday, June 30th at 5 pm!!!  
#pridemonth #chicago #ethiopian #southasian #queer #free #lgbtq

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Join Heartland Health Centers for a conversation on

**QUEER & CULTURE**

A discussion of experience, identity and intersectionality within queer Ethiopian and South Asian Communities

**Featuring:**

<b>Sreela Namboodiri, MD, ABOIM (she/hers)</b> <i>Integrative Medicine Provider Heartland Health Centers</i>	<b>Robel Hailu (he/his)</b> <i>Co-founder, House of Guramayle</i>	<b>Colin Mascarenhas (he/his)</b> <i>Community Outreach Desi Rainbow Parents</i>
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**Wednesday, June 30th at 5 pm**  
on HHC's facebook page

**Access Community Health Network**  
June 30 at 4:42 PM · 🌐

The team at ACCESS Des Plaines Valley Health Center is proud to offer inclusive health care to our communities and celebrate love! #Pride



# Patient Flow Case Study



## Tanana Chiefs Conference



### Patient Flow Case Study

Facing health, safety, and security concerns in exam rooms with no communication system for clinical or security staff, Tanana Chiefs Conference (TCC) evaluated and implemented the SyncTimes RTLS, Workflow Communication, and Analytics Solution in their Chief Andrew Isaac Health Center (81 exam rooms) and Upper Tanana Health Center (8 exam rooms, 4 trauma rooms).

### Results

Through the TCC-SyncTimes partnership, the following was accomplished within 8 months

**28%**

decrease in patient alone time in the exam room

**24%**

increase in productivity (visits/provider hour)

**14%**

2.9-minute (14%) increase in average patient time with support staff & provider

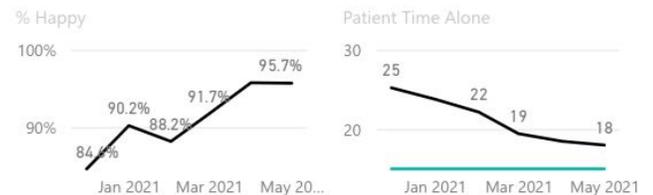
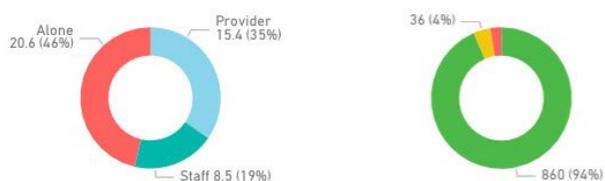
**13%**

increase in top-box patient satisfaction measured at the point-of-care

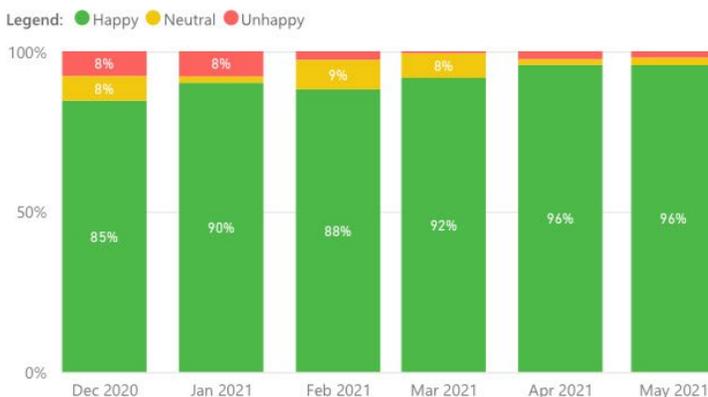
**Drastically reduced response times to code & duress events**

“Since starting SyncTimes our employee and patient satisfaction have increased significantly. We have been able to improve on communication, safety, alone times, and flow of patient care. Not only do our patients now have a way to request for help but our staff do as well. They can discreetly get security to come to the room without alerting the patient. The best improvement to safety is the code button, allowing staff to get a lot of help quickly during a code. I would have to say the best part of this purchase for our company is the support SyncTimes offers us. I strongly recommend this product to all health centers.”

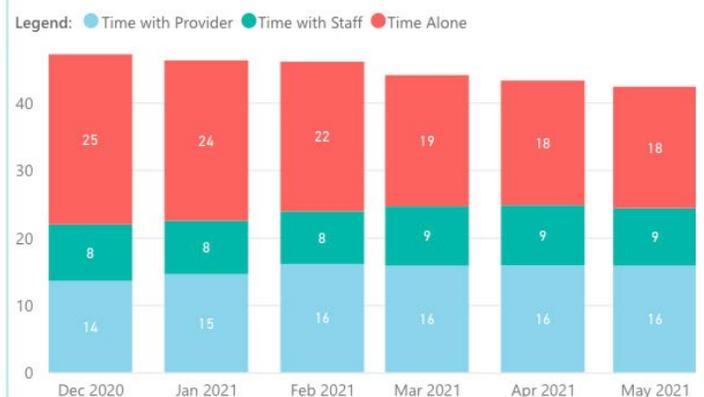
**Trinity Marrapodi, RN, Primary Care Nurse Manager**



### Surveys



### Patient Experience in Exam Room



SyncTimes analytics demonstrating TCC's reduction in alone time and correlated increase in top-box patient satisfaction.

## TCC Background

TCC's Chief Andrew Isaac Health Center (CAIHC) serves Alaskan Native people from 30 villages across a 235,000 square-mile region of Alaska. The clinic had operated in a wing of the local hospital until the construction of the new facility, which opened in 2012. As the health center quickly reached capacity, leadership identified new challenges in providing an excellent experience to both patients and staff.

### Lacking Communication System

In evaluating its workflows, TCC discovered that staff had no simple way to communicate effectively from the exam room. Critically, staff could not alert the code blue response team in the event of a health emergency without leaving the patient in distress to seek help. Requesting assistance in a room, even for routine medical tasks, was a time-consuming task.

### Wasted Effort Searching

Staff experienced wasted time and motion searching for other team members in the health center. Staff could frequently be found wandering hallways, searching for team members and equipment (EKG machines, vitals carts, etc.)

### Long Wait Times

Without a communication system, patients were sometimes left alone in the exam room for over 30 minutes. While TCC's EHR provided basic door-to-door cycle times, quality and operations teams lacked adequate data to drive performance improvements.

## Evaluating Solutions

TCC evaluated over a dozen solutions to address these deficiencies.

Initially, care teams used flags to indicate patient needs and room statuses. This helped to identify the room status but failed to notify staff in team rooms.

The teams tested the use of wireless doorbells to communicate emergencies from the room, but they were unable to

identify the room triggering the alert. This required staff in team rooms to always monitor the doorbells.

TCC also evaluated voice-based systems but were concerned at the impact of interruptions and privacy complications in a high-touch primary care environment.

As TCC planned construction on its Upper Tanana Health Center in Tok, leadership looked for a solution that would effectively solve each of these challenges.

## SyncTimes Background

The SyncTimes system helps health centers reduce chaos and streamline patient flow. The system incorporates real-time locating, a custom visual workflow system, and an operational analytics platform. This results in reduced patient wait time, increased patient and staff satisfaction, and additional capacity, within existing facilities and teams.

TCC recognized SyncTimes could address these workflow challenges, in making it easier to communicate, locate staff, and measure and improve patient wait times.

"I save so much time because I can easily locate my co-workers and equipment from my laptop. I used to spend a lot of time looking for providers and vitals carts, which negatively impacted the patient's wait time. I love how I can get alerts on my desktop or phone when my provider needs something."

**Kim Showalter,**  
CMA, CMA Team Lead, Workflow Governance Team Lead

## The Partnership

### Customizing Initial Workflows & Go-Live

TCC and SyncTimes assembled an implementation team, which worked to align the SyncTimes system with TCC's specific clinical workflows. This work enabled the care teams to experience a smooth transition to the SyncTimes system.

## Workflow Governance Team

At go-live, the implementation team was inundated with requests to transition additional workflows to the SyncTimes system. TCC established a workflow governance team, including SyncTimes representatives and cross-functional TCC staff. This team evaluates workflows to migrate to SyncTimes, plans these transitions, and ensures staff are trained prior to migration.

"The SyncTimes team has given us all the tools and resources needed to manage the workflows and icons to our organization's needs. They have been there every step of the way offering solid guidance and data so that we can visualize and act on our progress. We can now call for an emergency from any patient care room and the patients can easily summon support staff while alone in the room. It is very efficient and easy to use. Our patient safety and wait times have improved exceptionally and we are very pleased with the system."

**Kim Showalter,**  
CMA, CMA Team Lead, Workflow Governance Team Lead

## Patient Experience Team

TCC's patient experience team quickly identified the opportunity to improve patient satisfaction through decreasing wait times. Patient experience staff use surveys provided by SyncTimes in the exam room to be notified immediately when a service recovery is needed. The system also notifies them immediately when a patient's wait exceeds 15 minutes. The patient experience team then works with the care team to round with the patient.

"The goal is to be proactive instead of reactive when it comes to customer service. Rounding using SyncTimes notifications is a win-win because we are connecting with and supporting patients, family members, and staff as a whole."

**Leilani Sauer,**  
MA, CPXP, Customer Experience Manager



# Comings & Goings



Promise Healthcare recently welcomed **Jennifer Henry** as the new Executive Director. She has spent many years at health centers throughout the Midwest.

PCC Community Wellness Center recently said good-bye to **President and CEO, Robert Urso**. After 20 years of dedication to PCC, his contributions to that community and CHCs across Illinois, will not be soon forgotten.



**Dr. Paul Luning**, Chief Medical Officer, will serve as the Interim CEO of PCC Community Wellness Center.

Primary Health Care Provider **Richard Yenkong, MSN APN FNP-BC**, has joined the staff of the Eastern Branch Office of the Will County Community Health Center in Monee. Yenkong's varied background will contribute to his ability to successfully serve community members of Eastern Will County.



Bloomington-based Chestnut Health Systems recently welcomed three new staff members.

**Shijin Ye, DNP, PMHNP**, is a board-certified nurse practitioner. She has worked with children, adolescents, and adults with mood disorders, anxiety disorders, psychiatric disorders, autism and conduct disorder. She will work with adult patients at Chestnut.



**Annie Robbins, DNP, PMHNP-BC, BSN-RN**, is a boardcertified psychiatric nurse practitioner. Her 10+ years of mental health and pediatric experience includes working with children, adolescents and adults with mood disorders, anxiety disorders and psychiatric disorders. She will work with youth and adolescent patients at Chestnut.

**Molly Robey, Ph.D.**, joined Chestnut in the newly created role of Director of Employee Experience and will serve as the agency's Officer of Diversity, Equity and Inclusion. Robey oversees new employee orientation and employee engagement efforts with overall goals of employee satisfaction and retention. She will also oversee development of a diversity, equity and inclusion program for the benefit of Chestnut's staff, patients and clients.





# Overcoming Vaccine Hesitancy

Lori Laughlin, Chestnut Health Systems 7.1.2021

Bloomington-based Chestnut Health Systems has taken a number of steps in recent weeks to encourage its employees and others in the community to be vaccinated against the coronavirus.

Chestnut serves as a closed point of dispensing for both the McLean County and Madison County Health Departments. In that role, it offered vaccines to its patients, clients, staff members and staff members' families.

The agency's senior leadership members all got the vaccine. Photos of leaders being vaccinated were circulated to all staff via email.

A survey to investigate reasons why people are hesitant to be vaccinated garnered a huge response rate. More than half of Chestnut's 700 employees responded. The results will provide insights for messaging going forward.

One of the agency's primary care physicians made a virtual presentation to local business leaders on the latest COVID-19 developments and answered questions about best ways for business owners and leaders to proceed if their workers or customers are hesitant to be vaccinated.

Chestnut posted to its Intranet site video of an employee talking about his family's experience with the virus. The employee received the vaccination. His wife chose not to. She contracted COVID-19 and was hospitalized and critically ill for several days. He relayed their story and encouraged those watching to take the disease seriously and not to have a false sense of security given the lifting of restrictions. We are happy to report that the employee's wife is now out of the hospital and is at home recovering.



# Staff Using Their Voice as Health Ambassadors

Ann Lundy, R.N., B.S.N., M.B.A., ACCESS Chief Operating Officer 7.2.2021

For nearly 30 years, Access Community Health Network (ACCESS) has been on the frontlines of community-based health care, providing integrated care within and beyond the walls of our 35 federally-qualified health centers (FQHCs) across Chicagoland. This past year, the COVID-19 pandemic has brought tremendous loss and tragedy to not only the communities ACCESS proudly serves, but also to our dedicated staff. Many of our staff are embedded members of our communities and serve as our greatest health ambassadors.

Throughout the pandemic, our staff members have not only been on the frontlines of this pandemic but have had their fair share of personal struggles. One of our health center managers, Dayhomy Soto, recently shared at a COVID-19 staff townhall her own experience with COVID-19 and why she chose to get the vaccine. After contracting COVID-19, she spent several days in the hospital and struggled with lingering symptoms for months. Dayhomy said, "When the

vaccine came out, I was so happy. I wanted to be the first one to get it because I didn't want to go through COVID again or see my family go through what I went through."

Dayhomy now shares her story every chance she can to improve vaccination rates in her community. To Dayhomy, the vaccine is "a sign of hope that we can move on and continue to live life."

In addition to her duties at two ACCESS health centers, Dayhomy has also taken on additional responsibilities of managing a dedicated COVID-19 testing site and vaccination site on the south side of Chicago. ACCESS is currently vaccinating patients and community members at dedicated vaccination sites across Chicago and integrated within our health centers.



# CONGRATULATIONS!

The following members received HFS Transformation grants.





# Patient Appreciation Stories

Michelle Sanders, Heartland Health Services 7.2.2021

Heartland Health Services would like to reflect on a few stories from our Community Engagement Team. The team strives to assist patients and consumers daily through assistance, education and Health Coverage Enrollment. With COVID-19 as a barrier, the mission is always to "provide high-quality healthcare services accessible to all." We want to share with you comments and stories from members of the engagement team.

**Gwen, a patient, called about signing up for Medicare.** I scheduled to meet with her at our Carver site. She needed to submit a Medicare Savings Program application. She had already completed the paper application previously at our meeting. I explained we could apply online, and she didn't have to make a trip to the Department of Human Services office. She was extremely grateful because she had been there a week before and waited for a couple of hours just to hear that she needed to come back with her paystubs. She stated that she was glad to do everything she needed from our Heartland Health Services Carver location. I gave her a copy of the submitted application and my business card if she had any additional questions. Three weeks later, she called about not receiving her Medicare card. I printed out a replacement card and mailed it to her. Once again, she was delighted with the smooth transition. - *Andrea Minier, Community Health Worker – CAC*

We are providing this type of service to all of our patients and consumers. We have the heart to serve in our community. People face many challenges daily; we feel our job as Community Health Workers should be to bring peace of mind when trying to provide health coverage assistance.

**Here is another story from Makinze, who is a Community Engagement Coordinator.** The Community Engagement Team at Heartland Health Services has reached out to COVID-19 positive families since April 2021. We have assisted over 40 families now with Social Determinants of Health. We have given away more than 50 food boxes to these families. These families face hard times, and when we pull up in our cars to drop off the food, they are forever grateful. The impact that we are making in these families is more than words can express. We do more than drop off a box of food; we connect these families to resources in the

community that they may not have known were available to them. Our Community Health Workers work for people in our communities is making a significant impact in their lives. The families are forever grateful, and we have seen an increase in the families now trusting us to reach out to Community Engagement to help with their future needs. - *Makinze Roman, Community Engagement Coordinator*

The Pandemic Navigator program is another new program for Heartland Health Services. The role of the Pandemic Navigator goes far beyond providing resources, they educate, connect and listen to the needs of those affected by COVID-19. The Pandemic Navigators also go out in the community and provide materials to businesses and organizations about COVID-19 vaccinations and locations. They assist with getting persons uninsured coverage or a medical home. The education to stay safe and provide awareness is a continual challenge with flu season approaching and the uncertainty of the pandemic.

Last, we have words from our seasoned Certified Application Counselor. Arden Muller, CAC:

## Reflection of a CAC

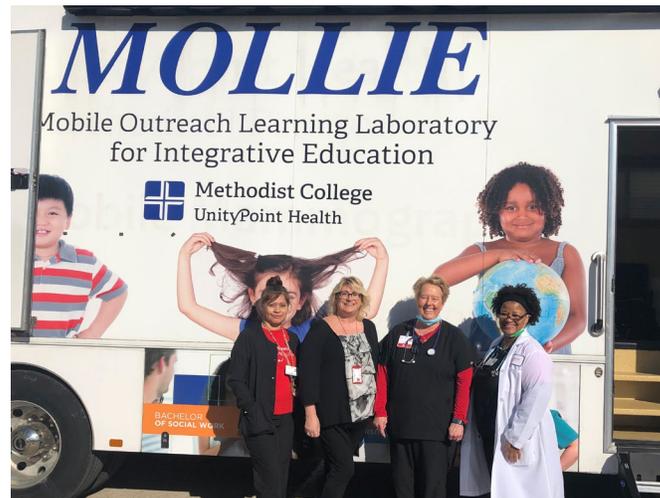
Sometimes you need to sit back and listen to what the other person has to tell you. One of the most incredible things about my job is the opportunity to learn from other people's experiences. Listen to the stories that people tell you, and you can learn.

I once met with a young person who had entered the United States by walking from Mexico to Louisiana. Her sister was dying, and the mother wanted to see her daughter one last time. She applied for a visa and was approved but then told it would take six months. The mother knew her daughter would die before she could see her. She went home and told her other daughter to pack her bags, and they were walking. These two women walked across Texas to get to their dying family member. I was astonished and asked if this wasn't dangerous, and she replied yes, but camping out at night under the Texas sky had awed her. She had never seen so many bright stars, and to her, it was a beautiful experience.



From this story, I learned the power of a parent's love for their child. I learned just how resilient and unconquerable the human spirit could be. I learned that in this modern age, we can still be awed by nature. After 10 minutes of conversation, I learned so much. I learned from listening to people—my work as a Certified Application Counselor always seems to leave me daily with a take-away of how others "impact me" as I hope to "impact" them.

These are just a few stories from our story bank of how Community Engagement teams play a role in our community, and community health centers in general. The days of just enrolling a person in health coverage have now grown to a whole person approach. Funding positions for Community Health Centers will be needed, as well as for supporting programs that provide health education and prevention to our communities. We could not do this without the Community Engagement Team.





# Beyond the Walls

Diane M Hughes, MBA, SIU Center for Family Medicine - Quincy 6.29.2021

Beyond the Walls...more than a health clinic...more than a family medicine residency program. SIU is a community partner discovering ways to provide essential care in unique settings that meets our patients' needs. Not only are we providing care within our walls, we are providing care beyond the walls. We have been seeking out community partners who will invite our providers into their environment to care for patients in the most comfortable setting for the patient. These opportunities have been demonstrated by our wellness clinic located on-site at Transitions of Western Illinois (local mental health center), clinic on-site at Chaddock, and SIU Dental Clinic located at the Adams County Health Department.



Switching gears...how about our partners in education? Have you ever thought about our children living in the community that aren't making it to school on a regular basis? We have. We care about the families and the future of those children. SIU partnered with public schools to work alongside families who are struggling, to help alleviate barriers that face their children's education, and ultimately improve attendance in schools. A few years ago, SIU piloted what is now known as the "hotspotter program". We receive referrals from the public schools system for children who are not attending school on a regular basis. We reach out to those families to learn more and help them with barriers to their education, including treatment for head lice, a safe means of transportation to school, access to clean clothing and more. The needs are endless and we do our best to connect families to available services.

We are also building relationships and caring for patients in other unique settings, sometimes the old fashioned way. Not only do our family medicine providers see patients in the hospital, we also see patients who are homebound in their homes. Our providers make visits to nursing homes and provide patient care to the residents who reside there.

On multiple occasions, our staff has partnered with a Girl Scout group to make upwards of 200 homemade Christmas and Valentine's Day cards to deliver to nursing home residents; so they know we appreciate all they have done for our communities and that we are thinking of them.

What about our families and patients who are struggling with addiction? Not only do we provide a Medication Assistance Treatment (MAT) clinic on-site, SIU providers work alongside professionals at Family Guidance Center and Preferred Family Health to help patients achieve and sustain recovery through MAT and other supportive services.



At the end of the day, what matters the most to our providers is being there for the patient in their preferred setting. You see, at SIU, we understand that accessing care in our clinic isn't the right environment for everyone. That's why we appreciate the importance of partnering with the other professionals in our community to bring healthcare to settings that are right for our patients. We feel blessed to have the opportunity to serve the patients and the community in and outside of our walls. The overall health of our community motivates us. Learn more at <https://www.siumed.edu/fcm/quincy>.



# Public Service Announcement



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

Public Health Service

Centers for Disease Control  
and Prevention (CDC)  
Atlanta GA 30329-4027

## Help Kids' Safe Return to School - Get Caught Up on Recommended Vaccines

COVID-19 disrupted both in-person learning and routine well-child visits for many children over the last year. As a result, too many children have fallen behind on receiving recommended vaccines<sup>1</sup>. We all want our kids to be back in school safely, and that means getting caught up on vaccines that were missed over the last year. CDC's public sector vaccine ordering data show a 14% drop in 2020-2021 compared to 2019, and measles vaccine is down by more than 20%. Kids need to get caught up now so that they are protected as they go back to in-person learning. Catch-up vaccination will require efforts from healthcare systems, health care providers, schools, state and local governments, and families.

Healthcare systems and healthcare providers should:

- Identify families whose children have missed doses and contact them to schedule appointments
- Prompt clinicians when these children are seen to deliver vaccines that are due or overdue
- Let families know what precautions are in place for safe delivery of in-person services

Healthcare provider organizations should:

- Encourage members to identify and follow up with families whose children have missed doses to get appointments scheduled

Schools and state and local governments agencies should:

- Send reminders to families about school immunization requirements
- Follow-up with families of children who are not in compliance with requirements to encourage compliance
- Use the state's immunization information system's reminder-recall capacity to notify families whose children have fallen behind on vaccines

We all should:

- Communicate directly to families the importance of well-child visits and getting caught up on any recommended vaccines that were missed

Help us protect children by doing what you can to get kids caught up on recommended vaccines.

Sincerely,

Nancy Messonnier, MD  
Senior Official, CDC COVID-19 Vaccine Task Force  
Director, National Center for Immunization and Respiratory Diseases

<sup>1</sup> Centers for Disease Control and Prevention. General Best Practice Guidelines for Immunization: Vaccination Programs. [ACIP Vaccination Programs Guidelines for Immunization | Recommendations | CDC](#). Accessed March 21, 2021.



# Six Generations of Family Medicine

Sarah Kinkade, SIU Center for Family Medicine - Springfield 6.29.2021

Growing up in Chicago, Cynthia Thomas, MD, didn't always dream of being a doctor, but she wanted a career where she could help others and excelled at math and science in middle school. In high school, she heard about the shortage of doctors in underserved areas of her community, and decided that medicine was where she wanted to be. While life's twists and turns moved her out of her Chicago community and to Springfield with her husband, her passion for community and family medicine moved with her.

After graduating from SIU School of Medicine in 1991 and completing her residency in 1994, Dr. Thomas worked at a community health center in Decatur for a few years. In 1997, she joined SIU's Department of Family and Community Medicine as a faculty member and practicing physician, a role she still has today. She serves 730 patients in the Springfield area.



Photography by Sara Way | 12/2020

"Community medicine is really important to me – serving the community and being part of the community," she says. "You have an opportunity to care for not only an entire person, but the entire family. You learn what genetic conditions cross generations and can help patients learn how their family history has an impact on their health."

Family and Community Medicine is a field of primary care that allows doctors to treat the entire family. At SIU School of Medicine, our founders saw a need for more primary care doctors in central and southern Illinois more than 50 years ago.

"One of the foundational principles of the SIU School of Medicine was a social accountability to the people of central and southern Illinois," said Jerry Kruse, MD, MPSH, dean and provost of SIU School of Medicine. "Early on, our region saw a severe shortage of primary care physicians, and thus, we have always had an emphasis on family medicine programs. While we strive to address all the health needs of this area, the continued development of primary care programs and the training of primary care physicians remains a core tenet of our operations and vision."

Every day, physicians like Dr. Thomas are meeting the needs of a broad range of families. However, it's somewhat remarkable when a doctor has been the medical care provider for six generations within a single family.

Thomas has done just that. From helping to birth babies to helping the elderly thrive in their golden years, she's been a reassuring presence for the Holloway family.

Zevernett Holloway, who goes by Zee, is a retired nurse, and knows the importance of the doctor-patient relationship. She started seeing Dr. Thomas at SIU Center for Family Medicine-Springfield many years ago.



Zevernett 'Zee' Holloway

"I was the first one in the family to see her," Holloway says. "At one point, I needed a new doctor and was connected with Dr. Thomas. I was immediately impressed with her attentiveness, and convinced my mother to switch to see her too."



Dr. Thomas treated Holloway’s mother, Sabreen Abdullah, for many years before she passed earlier this year. As part of residency training in Family Medicine, residents are required to do two “home visits” each year.

“Sabreen was a favorite of the residents; she was so appreciative of our care and loved encouraging the residents to learn while they did home visits to the nursing home,” Dr. Thomas says.

“Mom always told the residents, ‘When you get to be my age, your modesty is gone. So have a look at everything.’ She was very comfortable working with residents,” says Holloway.

Her grandmother also saw Dr. Thomas for a short period prior to her death. It was a natural fit for Dr. Thomas to take care of more and more of Holloway’s family.

“Dr. Thomas does not leave anything uncovered,” Holloway said. “The most pleasant thing about her is her nature. She treats you like you are her family. Whatever you might want to talk about, she’s going to ask you questions to find out what’s the best outcome for your health. She was also very respectful as my kids got older. She keeps their confidentiality, and she takes the time to address every one of your concerns.”

Holloway has a history of hypertension, or high blood pressure, and regularly discusses this with Thomas.



Zee (holding photo of Zee’s mother), grandson Tyrin, granddaughter Zaleigh, daughter Arteria and great-grandchildren Zaniah, Zareaa and JaRon Jr.

“For a long time, I didn’t want to take anything for it,” she says. Her reluctance eventually led to an ER visit and a subsequent appointment with Thomas. “She would not even let me drive home that day because my pressure was so high.” Holloway now takes a new medication regularly. “Dr. Thomas followed my every movement very closely during that time.” Thomas also provided care for Holloway’s three children, Charles, Tameria (Wheatley) and Arteria (Galbreath). As they became adults, the daughters began bringing their children – and eventually grandchildren – to see Dr. Thomas, as well.

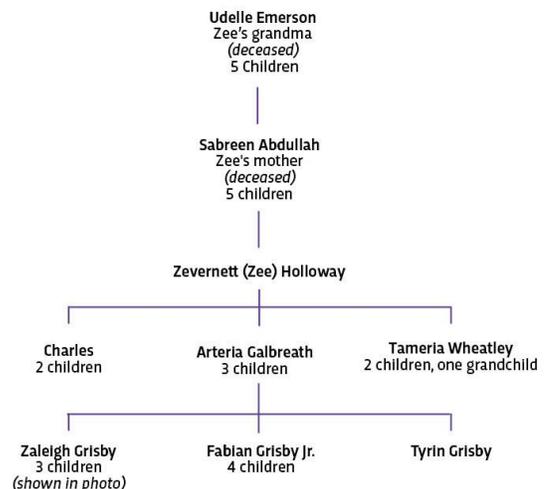
Galbreath’s children Fabian Grisby Jr., Zaleigh Grisby (and her three children), and Tyrin Grisby also came to SIU Center for Family Medicine for part of their health care.

As an alumni of the SIU School of Medicine, Dr. Thomas describes how some lessons learned in medical school resonate today.

“At SIU, the introduction to clinical medicine takes place very early in training,” she said. “One thing I love about our programs is the simulated patient experience. It has made medical students and residents comfortable talking to patients and instills the importance of good patient-physician interaction and relationships. I still use some of the tools I was taught years ago in my practice today.”

Retired Nurse Holloway values the spectrum of family care Dr. Thomas has provided through the years, and continues to refer her newest grandbabies to her.

“Dr. Thomas is just the top,” she said. “She always cares about what I am going through.”





# Will County Community Health Center Partners with Americans for Better Hearing Foundation

Will County Health Department & Community Health Center 5.11.2021

JOLIET, IL – The Will County Health Department and Community Health Center (WCCHC), along with the Americans for Better Hearing Foundation (ABHF), are pleased to announce a cooperative effort in opening the ABHF Hearing Health Clinic in the WCCHC at 1106 Neal Avenue in Joliet.

The ABHF Hearing Health Clinic at WCCHC will provide hearing testing and diagnostics, hearing aids, hearing aid repairs, and batteries. Patients will receive evaluation and treatment by a licensed audiologist. A physician or nurse practitioner's order is required to receive services.

Patients with eligible Medicaid coverage may be eligible to receive hearing testing, hearing aids, batteries, and repairs at no cost. Patients who have Medicare may be able to receive hearing testing at no cost, and hearing aids and other services at a reduced rate. There is a sliding fee scale for those who meet income eligibility. Most private insurances are accepted.

ABHF is a 501c3 non-profit charity, with a mission of providing hearing health care and hearing aids for low income and the underserved with Medicaid, Medicare, and insurance coverage. A sliding fee scale is available for the uninsured. The Will County Community Health Center is a Federally Qualified Health Center (FQHC) that provides a variety of health services for Will County residents. Services provided include Behavioral Health for all ages, Dental Services for adults and children, Eye Care, Family Planning Services, HIV and STI Testing and Treatment, Insurance Assistance, and more.

For more information on the Hearing Health Clinic, please call the Americans for Better Hearing Foundation at 630-908-5159. Hearing Health Clinic services are available by appointment by calling the Will County Community Health Center at 815-727-8670.

For more on Will County Community Health Center programs, please go to <https://willcountyhealth.org/chc/>.



The Will County Community Health Center's new partnership with the Americans for Better Hearing Foundation will provide new access to hearing health care and hearing aids for Will County residents.

Originally published on <https://willcountyhealth.org/>



# DEI Initiatives Take Center Stage at Heartland Health Centers in June

Gordon Mayer, Heartland Health Centers 7.16.21

As an FQHC, our mission is to care for people in communities that are too often marginalized. Our mission demands that we be intentional about hearing and better understanding the voices of our patients and their communities.

Each year, Heartland Health Centers marks holidays that are important to the communities we serve with conversation and an announcement of actions that will unfold over the coming months.

This year, Heartland Health Centers focused especially on Pride month and Juneteenth as holidays to celebrate, with a number of activities and events for staff, patients and the community facilitated by the staff Diversity, Equity and Inclusion committee and LGBTQ Committee.

“Our DEI committee educated staff about Juneteenth and provided an opportunity to celebrate and fellowship with one another via lunch and learn events on Juneteenth,” says Human Resources Specialist Kyla McDaniel, who serves on the committee. “We saw great success, including a great staff turnout as well as a multitude of comments expressing gratitude and appreciation for the respect we showed to this momentous occasion.”

The committee is also working with Heartland Health Centers’ leadership to plan a number of staff-wide events that will focus on DEI. The first in this series, a microaggressions training for the entire staff, was delivered June 30. Upcoming trainings will focus on LGBTQIA 101 and Cultural Humility.

Also in June, Community Health & Education Manager Amanda Montgomery coordinated a series of Queer Health chats on Facebook Live with medical providers and other partners:

- June 9: Navigating Coming Out
- June 15: What You Need to Know About Gender Confirmation
- June 25: Kink: How to Have Fun & Stay Safe
- June 30: Cultural & Queer: Experience, Identity & Intersectionality Within Queer Ethiopian & South Asian Communities

Providers from Howard Brown Health, Lurie Children’s Hospital of Chicago, and community leaders from the LGBTQIA community co-presented with Montgomery and Heartland Health Centers providers. The health chats are available to view on Heartland Health Center’s YouTube channel.

HEARTLAND HEALTH CENTERS  
HEALTHCARE FROM THE HEART

**Juneteenth Celebration**

**JUNE TEENTH**

Hosted by HHC’s Committee for Diversity, Equity and Inclusion

Join Heartland Health Centers for a conversation on

**KINK:**  
How to have fun and stay safe

- What is kink?
- What is the difference between kink, BDSM & fetish?
- What role do consent and nurturance play in kink?
- How can medical providers create safe spaces for patients participating in kink play
- What are resources for people new to the community?

Join Heartland Health Centers for a conversation on

**WHAT YOU NEED TO KNOW ABOUT GENDER CONFIRMATION**

- What are important first steps of gender confirmation?
- How can family/friends support someone who is going through gender confirmation?
- What are important resources for folks who beginning their gender confirmation journey
  - Where can people get hormones safely?
  - What are common medical barriers faced by the trans/gender-nonconforming community?

Featuring:

di Cranstoun, MD (she/they) Avon Medical Centre Stratford, New Zealand

Anuj Shah, MD, MPH (he/his) Integrative Medicine Provider Heartland Health Centers

Tuesday, June 15th at 10 am on HHC’s facebook page



# Array Case Study: Whiteside County Health Department and Community Health Clinic

## The Challenge

### High Demand for Care, Limited Providers

Established in 2006, the Whiteside County Community Health Clinic (WCCHC) in Rock Falls, Illinois, was created to answer a long-standing need for medical, dental and behavioral healthcare among county residents. In 2018 alone, the clinic provided services to over 13,000 patients during more than 50,000 visits. As a federally qualified health center (FQHC), the clinic provides services to patients on a sliding fee scale, ensuring residents can access care regardless of their ability to pay.

By 2018, WCCHC's behavioral healthcare team had grown to 11 therapists and one part-time psychiatrist, who served an ever-growing number of patients in need of specialized mental healthcare and medication management. Despite this high demand, the clinic's psychiatrist stopped seeing patients, creating a pressing need to find a replacement. In-house staff were not equipped to handle complex patient needs, so the clinic was forced to refer patients elsewhere, losing thousands of dollars in patient billings to external providers.

WCCHC needed a clinician to fill a unique set of needs: someone young and energetic who could handle complex cases, engage easily with patients and staff, onboard quickly, and have the flexibility to adjust their hours as needed over time. After local recruitment efforts proved challenging, the clinic looked for an experienced telepsychiatry partner to help fill this tall order.

## The Solution

### Quality Clinicians, Quality Support

WCCHC ultimately chose Regroup, a leading provider of integrated telepsychiatry services. Regroup's broad clinician network gave WCCHC access to a large pool of highly specialized quality clinicians. In addition, the ability to provide comprehensive support services, including deployment, IT, reimbursement and regulatory insight, made Regroup an ideal partner.

Regroup identified a psychiatrist who met all of WCCHC's criteria, helping the clinic launch its telepsych program in just two months. Once on board, the teleclinician quickly embedded herself in operations, working closely with the on-site care team to adapt to workflows and develop care plans for patients. She was an instant hit with patients and staff alike and has become a seamless part of clinic operations.

To maximize telepsych utilization, WCCHC focused on ways to reduce the patient no-show rate and improve access to care. Clinic staff identified potential barriers to patients in need and sought to address them in a variety of ways using funding from federal grants. If transportation is preventing patients from getting to appointments, the clinic offers them gas cards to pay for fuel. If affordability is preventing patients from taking needed medications, the clinic offers them pharmacy gift cards. To accommodate patient requests for same-day and soonest-available appointments, the clinic maintains a waitlist and contacts patients as time slots become available.

WCCHC uses RegroupConnect to ensure the best possible video quality for patient sessions, and has also used the platform to collect feedback through patient surveys to make sure it's meeting patient needs. In addition to IT support, Regroup helps oversee all related program needs, including clinician management, compliance support and reimbursement.



**The Results**  
**Fostering Better Outcomes**

Since implementing its telepsychiatry program with Regroup, WCCHC has been able to meet the behavioral healthcare needs of its community more efficiently and effectively. Key benefits include:

**Operational efficiencies:** Regroup is there to provide WCCHC with top-to-bottom program support, from technical questions to regulatory updates. Its ability to handle every aspect of clinician management eliminates the burden of recruitment, retention and administration for the organization.

**Scalable services:** The partnership with Regroup enables WCCHC to contract for only as much service as it needs, aligning telepsychiatrist hours with patient volume and providing the option to increase hours as needed over time. Within months of the program launch, the telepsychiatrist’s hours increased from 12 to 16 hours weekly due to high demand.

**Clinical quality:** With instant on-screen access to an experienced, caring clinician, WCCHC can now provide patients with convenient, quality behavioral healthcare. Regroup has helped facilitate seamless collaboration between the telepsychiatrist and the on-site care team, resulting in holistic, patient-centered care. Regroup also provides ongoing program support, monitoring any issues, clinician productivity and patient experiences for continuous improvement.



# IPHCA Clinical Leaders Training Institute

**Date:** September 10 and 11, 2021

**Location:** In-Person Training Held @ IPHCA’s Institute for Learning,  
 500 S. 9th Street, Springfield

**REGISTER NOW** 



## IPHCA ORGANIZATIONAL MEMBERS

Access Community Health Network  
 AHS Family Health Center  
 Alivio Medical Center  
 American Indian Health Service of Chicago  
 Aunt Martha's Health & Wellness  
 Beloved Community Family Wellness Center  
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 Macoupin County Public Health Department  
 Mile Square Health Center  
 Near North Health  
 PCC Community Wellness Center  
 Pillars Community Health  
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 Shawnee Health Service  
 SIHF Healthcare  
 SIU Center for Family Medicine  
 TCA Health, Inc.  
 VNA Health Care  
 Whiteside County Community Health Clinic  
 Will County Community Health Center

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Centerstone  
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 Wabash County Health Center

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 Relias  
 Scribe-X and Med-X  
 SyncTimes  
 The Medicus Firm  
 TruMed Systems

## IPHCA NETWORK MEMBER

AllianceChicago

## WHO WE ARE

IPHCA is a nonprofit trade association that serves as the voice of and champion for Illinois' community health centers. Guided by our mission to educate, empower and advocate for our member health centers, we work to expand community primary care options across Illinois. By advocating on behalf of health centers, IPHCA also advocates for access to cutting-edge, compassionate care for every patient.

IPHCA