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# Madison County Public Health Department

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Health is the most important factor in a person's life, yet Madison County lags behind in caring for the health of its residents. Madison County is the largest county in Illinois without a County Health Department; Madison county's population is three times as large as the any other county without a health department (M.C. Public Health Study 45). It rates higher than the State average for numerous health related problems. Medical care and medical problems have changed considerably in the recent past, but the county still relies on a variety of not-for-profit organizations, and an antiquated Tuberculosis Clinic to care for its residents. The development of a united health education and treatment organization for Madison County is needed. The Madison County Public Health Department is long overdue.

There are two ways a health department can be established, by referendum or resolution. The referendum would require a vote by the public establishing a maximum levy of 0.1 percent for the establishment of community health facilities and services (County Code 5-25003.) A resolution is the alternate method. The county board would abolish the current Tuberculosis Board and create a county health department and appoint a County Board of Health which would preside over the county health department (County Code Section 5-25012.) The employees, assets, records, and liabilities of the Tuberculosis Board would be transferred to the newly created Board of Health, and a tax could be imposed by the County Board up to the maximum authorized rate (County Code Section 5-23002.) A referendum would allow the current Tuberculosis Clinic, established by the Glackin Law in 1915, to remain in existence (IL Ass. of TB.

p. 2) A separate resolution would need to pass to eliminate the antiquated Tuberculosis Clinic. The Illinois Department of Public Health has endorsed the resolution approach to acquiring a county health department (Pitzer p.2.)

On September 9, 1993 the Madison County Board approved sending the proposed Madison County Health Department to the voters of Madison County via a referendum (Section 5-25003). Institution of the referendum entails a petition signed by not less than 10% of the voters at the last general election.

The petition drive is currently in progress, but lack of unity within the Madison County Board has created controversy. Some board members argue that the only reason the Health Department is being put on the ballot is to have it voted down, and therefore; eliminate the issue from future discussion. Those who do not support the petition argue that the County Health Department would have a much better chance of implementation if the board created a health department by resolution. If this were to occur, the funding for the health department would could come from the general revenue fund of the County or from a tax . Another option that does not involve a petition is also being studied. This option would require the Illinois Legislature to amend a current law that allows a county board to initiate a county health department, without a referendum or a resolution, and establish a tax increase to fund it (55 ILCS 5/5-2501.) Madison County is not eligible for this option because the population of the County is 245,000, and 275,000 is the minimum population required by law to establish a health department without a vote (minutes MCB June 93). The law

has been amended once for another county, and Senator Sam Vadalabene has stated that he would support an amendment to lower the required population number to one that would make Madison County eligible for the option (MC Board Meeting Nov. 93). Board members opposed to the petition drive state that a petition drive is extremely difficult to organize, and that it is not representative of the populace because many people are not informed of the drive (MCB June 93).

The board members who support the petition disagree. They state that the people of Madison County should vote on the issue, especially because it will require a tax increase. Those in favor of the petition drive state that the people of Madison County are the best judge of the need for a health department. There is a need for a health department, but many of the voters in Madison County are not aware of this need. Since they have never had their restaurants inspected or their neighborhoods fogged for insects, they are unaware of the services that a county public health department would provide. Many are also unaware of the large and increasing number of residents with medical problems due to the lack of accessible medical care.

A 1990 study indicates that Madison County should address various health concerns which translate into public health problems. The main concerns are as follows:

1. Higher than State average for black and white population less than 100% of poverty.
2. Higher than the State average for black and white population unemployed.

3. Higher than the State average for lack of physical examination in the last two years.

4. Higher than the State average of Medicaid enrollees to Medicaid physicians vendors ratio.

5. Higher than the State average for Medicaid births.

6. Higher than the State average for mothers who smoke during pregnancy.

7. Thirteen infant urine tests positive for cocaine.

1991	Madison	State
MEDICAID DELIVERIES	.2%35	29.2%
CASES OF INADEQUATE PRENATAL CARE	7.6%	8.8%
DRINK DURING PREGNANCY	1.3%	1.9%
SMOKE DURING PREGNANCY	27.2%	16.4%
INFANT URINE W/ COCAINE	13	N/A
TEEN BIRTH RATE	14.2	15.8
NO PRENATAL CARE IN 1ST TRIMESTER	23.5%	22.7%
VACCINE PREVENTIBLE DISEASES	11	N/A

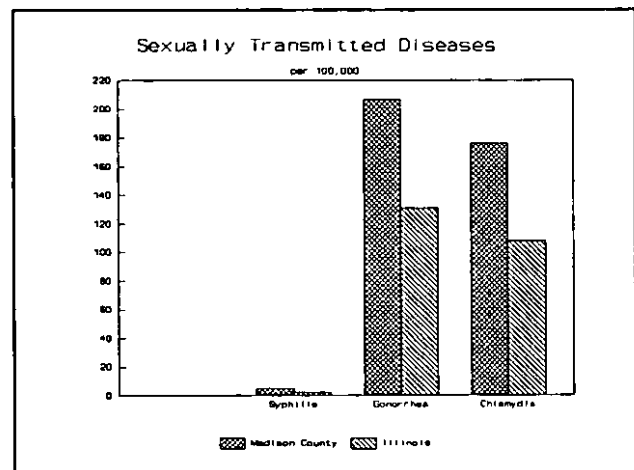
8. Higher than the State average rates for syphilis, gonorrhea (in adolescents and women especially), and chlamydia.

REPORTED INCIDENCE IN MADISON COUNTY (per 100,00) 1991

Madison

State

SYPHILIS 4.8



(2.1)

GONORRHEA	206.6	(130.7)
CHLAMYDIA	176.1	(108.0)
AIDS	7.2	(12.0)

9. Higher than the State average for hospitalization due to alcohol dependence and psychosis.

10. Higher than the State average for cerebrovascular disease mortality and lung cancer mortality.

**1991 DEATHS DUE TO:**

	Madison	State
LUNG CANCER	46.7	(40.3)
CIRRHOSIS OF THE LIVER	12.0	(12.0)
CORONARY HEART DISEASE	130.6	(130.9)
CEREBROVASCULAR DISEASE	31.2	(28.5)

11. Higher than the State average for behavioral risk factors of obesity, sedentary lifestyle, and smoking.

**BEHAVIORAL RISK FACTORS:**

OBESITY	58.3%	57.0%
SEDENTARY LIFE STYLE	79.4%	72.6%
SMOKING	25.4%	24.9%

12. Higher than the State average for hospitalization due to hip fractures.

13. Higher than the State average for suicides.

14. Higher than the State average for motor vehicle death rates.

**Basic Disease Prevention Madison County Lacks:**

1. No food sanitation oversight, such as inspections of restaurants and education regarding food preparation and service.

INFECTIONS BY FOOD BORNE PATHOGENS (rts. per 100,000) 1991

	Madison	State
SALMONELLA	10.8	(26.2)
CAMPYLOBACTER	9.6	(6.0)

2. No private well inspection system for non-municipal water users (Madison County is 16% rural).

3. No communicable disease prevention system (lack of funds and organization for immunization clinics, and no organized response for disease outbreak).

(IPLAN Summary of Data Characteristics 1-2 & 4-11)

**Concerns Escalated by the Flood of 1993:**

The flood of 1993 caused many problems for the region. The media has ceased to cover flood related information, and some people assume that the problems are over. Unfortunately, the damage caused by the 1993 flood is long-term. Stagnant water remains throughout the region, and this water is a prime breeding area for insects (Mosquitos.) The county has no program for pest control. The rat and mouse population is also expected to increase. Many buildings were infiltrated by the flood waters and are now unsafe and need to be condemned and demolished. At one point in the flood, the water supply to Alton, a large city in Madison County, was disconnected due to the flooding of the water plant. There was not a county agency to oversee the distribution of drinking water. The sewer systems of the city were backed-up by the flood, and rural dwellers found their wells and septic systems infiltrated by the river water too. The long-term problems caused by the flood are not being addressed, and without attention they

will multiply (Summary of Data Characteristics 3.) The county needs programs and services to address the long-term effects of the flood, such as:

1. Control of vectors and the diseases they spread;

Mosquitoes - yellow fever, malaria, encephalitis,  
filariasis

Fleas - bubonic plague, murine typhus

Ticks and mites - Rocky mountain spotted fever, tularemia

Lice - epidemic typhus, relapsing fever

House flies - salmonellosis (MC Public Health Study 10)

2. Control of rats and mice and the diseases they spread including: murine typhus, bubonic plague, Weil's disease, salmonellosis, rat-bite fever, and Rickettsial pox (MC Public Health Study 10);

3. Oversight in the condemning and demolishing buildings;

4. Oversight of water supply and sewage disposal;

5. Oversight of solid waste disposal, including transportation of waste, and operation of landfills (Summary of Data Characteristics 3.)

#### **CURRENT HEALTH PROGRAMS IN MADISON COUNTY**

Madison County lacks county-wide planning, coordination, and promotion of programs and services. There are many non-profit organizations operating in Madison County. They are doing a good job, but they are only able to provide service for limited areas, and without the coordination of other organizations. A County Health Department would reach more people efficiently.

The only health service operated by the county is the



Tuberculosis Clinic/Sanitarium in Edwardsville (MC Public Health Study 25.) In 1992 only 3 people in Madison County had a current case of TB. The Clinic served only 2,955 clients in 1992; 56 of the clients were non-residents. A disproportionate number of clients came from the area near the clinic; 1,263 clients were from the Edwardsville, Glen Carbon, Collinsville, Maryville area, compared to only 305 clients from the Alton, East Alton, Godfrey area. Fiscal Year 1992 expenses for the Tuberculosis Clinic were \$245,734 (TB Annual Report.) These monies could be used to help finance a county Health Department (MC Public Health Study 25.)

A new strain of TB which is resistant to penicillin has surfaced on the East Coast. This poses a liability problem for Madison County because the Tuberculosis Clinic is legally obligated to treat any non-resident requesting tuberculosis related treatment. If a County Health Department existed the law would not require the care of non-residents (Berkel.)

The following table lists the health services provided by public and private organizations in Madison County. As stated earlier, these organizations do a good job, but they lack county-wide planning, coordination, and promotion of services and programs.

**PUBLIC HEALTH SERVICES PROVIDED BY PUBLIC AND PRIVATE  
ORGANIZATIONS IN MADISON COUNTY**

Maternal Health Family Services and Visiting Nurse Association (FSVNA)	Prenatal care program: Family Planning
Children's Home and Aid Society of Illinois	Pregnancy Counseling

Coordinated Youth Services (CYS)	Women, Infants, Child Nutrition Program
St. Joseph's Home Health Services	High-risk infant home visits
St. Elizabeth's Medical Center	High-risk infant home visits
Pregnancy Aid Center - PACVAN	Maternal Education and Referral Program
Madison County Urban League	Family Planning
<u>Child Health</u> Illinois Department of Children and Family Services	Child Abuse and neglect investigation, and day care regulation
Alton Memorial Hospital	Selected health education classes
Lutheran Child and Family Services of Illinois	Family Counseling
Catholic Charities of Alton/Wood River CYS	Counseling programs for abused children; Vision/Hearing screening program for pre-schools and private schools; school health workshops; W.I.C nutritional program
FSVNA	Well Child Clinic; Family Planning
Madison County Urban League	Family Planning
S.I.U. Speech, Language, and Hearing Center	Speech, language, and hearing evaluations and therapy
Family Counseling Center	Child counseling
<u>Chronic Disease</u> United Cerebral Palsy of Southwestern Illinois	Counseling and therapy for people with cerebral palsy
Epilepsy Association of Southwestern Illinois	Educational and referral services for epilepsy
Hospice of Madison County	Community Education Programs
Alton Memorial Hospital	Selected Educational Classes
American Heart Association	Educational and screening for cardiovascular disease
A.D. Alzheimer's Disease and Related Disorders, Inc.	Educational program on Alzheimer's Disease

Arthritis Foundation - Central Illinois Chapter	Public information and educational programs regarding arthritis
<u>Communicable Diseases</u> FSVNA	Health screening for Vietnamese, Laotian, and Cambodian refugees; screening, treatment, and education for sexually transmitted diseases
Pregnancy Aid Center - PACVAN	Educational and screening services for sexually transmitted diseases
Madison County Urban League	Screening and tests for sexually transmitted diseases
<u>Food Sanitation</u> Illinois Department of Public Health	Food sanitation inspections on a complaint basis
<u>Solid Waste</u> Madison County Environmental Control Department	Sampling and testing of well-water
Illinois Environmental Protection Agency	Investigations and permits for landfills
<u>Nuisance Control</u> (Various communities)	Inspection services and mosquito insecticide spraying
<u>Private Sewage</u> Madison County Environmental Control	Inspection of private sewers

(MC Public Health Study)

#### ESTABLISHING A COUNTY HEALTH DEPARTMENT

In addition to obtaining a petition with signatures equaling no less than 10% of the voters at the previous general election, and passing the referendum with the required property tax, by the majority of the voters. Madison County must also develop a program that must entail, but is not limited to, the following four points:

- a. private sewage disposal,
- b. private water supplies,
- c. food sanitation,

d. communicable diseases,  
and elect or appoint a Madison County Board of Health to develop health department programs and a budget (Monday.)

#### **FUNDING**

Funding for the county health department could be provided without a tax increase by using monies available, such as: a public health levy, a basic health services grant, the tuberculosis tax, and other grant programs. The funding would probably be a combination of these resources.

Once the a Health Department is established, it can apply for grant monies from the Illinois Department of Public Health (IDPH). IDPH makes funds available to local Health Departments pursuant to a grant program entitled the "Basic Health Services Grant." These funds may be generally appropriated by the Health Department for a multitude of purposes.

As such, the County could be entitled to a developmental grant during each of the first three years of the Health Department's existence, providing a minimum of \$27,500.00 annually. After the third year, the County Health Department could qualify for full funding from the grant program if certified by the IDPH (MC Public Health Study 24-25.)

The amount of the full funding grants would be based on IDPH's distribution formula and the amount of appropriations designated for the program by the State of Illinois. Six years ago, (fiscal year 1987), this would have produced a grant of \$355,000.00 for the Madison County Health Department (MC Public Heath Study 25.)

In addition to the IDPH's Basic Health Grant, the State also

provides grant money to fund specialized services. Although this grant money must be specifically allocated for particular uses, it may also be used to contribute toward administrative expenses. Such expenses might include salaries, rent and utilities, as well as other support services.

The State's grants are derived from both State and Federal funds. The Federal funds are composed of the "Preventative Health and Health Services Block Grant" and the "Maternal and Child Health Services Block Grant." These are awarded to local agencies subject to the agency being certified under the funding acts. Some private not-for-profit agencies in the County currently receive such specialty grants (Pitzer 5.)

Many State and Federal grants specifically provide funds for public health related activities. The following is a list of some of the grants that agencies in Madison County received in the fiscal year 1987:

**Coordinated Youth Service**

State: \$ 51,960.

Federal: \$ 295,000.

**Family Services and Visiting Nurses Association**

Federal: \$ 294,110.

**Madison County Urban League**

Federal: \$ 89,253.

**Mental Health Services of Southern Madison County**

State: \$ 7,500.

**St. Elizabeth Medical Center**

Federal: \$ 4,510.

**St. Joseph's Home Health Services**

Federal: \$ 2,555.

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**TOTAL PUBLIC HEALTH GRANTS, FY'87** \$ 744,893

**HEALTH DEPARTMENTS IN OTHER ILLINOIS COUNTIES**

If you can't beat them, join them! The present plan, or lack of plan, for dealing with the health care problems of Madison County residents is inadequate. Numerous Illinois counties have developed public health departments. The following is a description of county health departments in counties much like Madison. It describes the funding and services provided by these departments and the similarities with Madison County.

**KANE COUNTY**

Kane County is located in the Chicago metropolitan area. It is similar to Madison County in that there are several large cities and a rural area. The Kane County Health Department was created in 1985. The County Board also serves as the County Health Board. It has a population of 317,471 and an annual Health Department Budget of approximately \$2.6 million. The FY 1993 budget is \$2,649,774. Of that amount, \$918,000 comes from the property tax, \$878,953 from State grants, \$764,471 from collection of fees, and \$88,350 from interest/cash on hand. It operates two facilities, one of which is the former T.B. Clinic building. They also contract with several not-for-profit organizations to deliver health services.

Programs of the Kane County Health Department:

Epidemiology and Reportable Disease Program

Immunization Program  
Tuberculosis Prevention and Treatment Program  
Influenza Program  
Sexually Transmitted Disease Control  
AIDS Program  
Prenatal Program  
Adverse Pregnancy Outcome Reporting System  
Family Planning Program  
Well Child Program  
Vision and Hearing Screening Program  
Lead Poisoning Prevention Program  
Hypertension and Cholesterol Screening Programs  
Medical Care Clinic  
Food Sanitation Program  
Nuisance Control Program  
Potable Water Supplies (well permits/inspections)  
Private Sewage Disposal Program  
(Kane County Health Dept. Report 1-8)

**LaSALLE COUNTY**

LaSalle County is located about 80 miles southwest of Chicago. It is considerably smaller than Madison County with a population of 106,913. Much of the county is rural. The LaSalle County Health Department was created in 1986 by a referendum. At the time of the referendum the people also voted to abolish the Tuberculosis Care and Treatment Board and Tax. The T.B. resources, including the building were transferred to the County Board; who in turn leased the building to the new Health Department Board. The County Health

Department is totally separate from the County Board, and the County Board is only responsible for approval of the Health Department budget. The FY 1993 budget for the LaSalle County Health Department is \$1,636,226. The property tax provides \$550,000, \$426,974 comes from State grants, \$104,151 from contracts with the County/State, \$40,101 from fees, and \$15,000 from interest.

Programs of the LaSalle County Health Department:

AIDS Program

Communicable Disease Program

Immunizable Diseases Program

Sexually Transmitted Disease Program

Tuberculosis Control

Family Health Programs

Healthy Moms/Healthy Kids

Teen Pregnancy Prevention

Perinatal Hepatitis B

Genetics Diseases

Perinatal mortality and morbidity reduction

Childhood injury reduction

Sudden Infant Death Syndrome

High risk infant/maternal follow up

Lead Poisoning prevention

Information and referral

Community outreach

Cardiovascular Disease Prevention

Health Promotion/Disease Prevention



Accident Mortality Prevention Education & Safety Promotion  
Senior Citizens Programs and Outreach  
Respiratory Disease Prevention  
Suicide Data gathering and Analysis  
Case Management Coordination  
Community Outreach

(La Salle County Annual Health Report 1-8)

**ST. CLAIR COUNTY**

Madison County's neighbor to the south, St. Clair County, created a County Health Department in 1985. The FY 1992 budget for St. Clair County was \$1,544,198; of that \$369,074 came from local taxes, \$876,274 came from State grants, \$265,732 from fees, \$11,638 from interest, and \$21,478 from miscellaneous sources. The County board of Health is separate from the County Board.

Services Provided by the St. Clair County Health Department:

Maternal and Child Health  
Women, Infants, and Children (WIC)  
Healthy Kids Program  
Prenatal Care Program  
Healthy Start  
Public Nurse Home Visits  
Vision & Hearing Screening  
Community Referral  
Communicable Disease Control  
Immunizations  
AIDS  
Tuberculosis Control

Sexually Transmitted Disease  
International Travel  
Food Sanitation  
Private Water Supply  
Private Sewage Disposal  
Nuisance/Solid Waste Control  
Environmental Protection/Recycling  
General Environmental Health & Sanitation  
Community Health & Wellness Education  
Chronic Disease

(St. Clair Co. 1992 Health Dept. Report [pamphlet])

#### **Suggested Services for a Madison County Health Department**

The Illinois Department of public is very much in favor of the establishment of a public health department in Madison County. For more than four years the Illinois Department of Public Health has corresponded with county government regarding a health department. Public health states that some services are more important than others and should form the basis of a health department. The following is a list of the services that the Public Health Department recommends for immediate implementation:

1. Food sanitation oversight -- the restaurants in Madison County are not inspected. A major food-borne illness outbreak is waiting to happen. Consumers also have no quality assurance when dining out;
2. Private well water inspection -- sixteen percent of Madison County is rural and dependent on well water, yet there is no program for sealing abandoned wells, chlorinating well water, or

educating well users;

3. Communicable disease control -- Madison County's childhood immunization services are dated; disease cases and contacts are not responded to in an efficient manner; there is not a program for response to a communicable disease outbreak;

4. Demolition of hazardous buildings -- there are numerous vacant buildings in Madison County that are hazardous and should be demolished. The flood has destroyed or damaged many homes or businesses, but the county lacks an agency to determine the safety of the affected buildings, and to order demolition of the unrepairable buildings;

5. Vector control -- the County has no agency to deal with the problems of rodents and insects. The flood is predicted to cause an increased mosquito population for the next three years;

6. Health education -- health education in Madison County rests with private agencies. The County has no oversight or control in this process. As a result health problems which can be lessened by education in early detection and drug and alcohol prevention are occurring in Madison County;

7. Child health care -- a specific agenda needs to be set for the medical care of the children in Madison County. The immunization procedure needs vast improvements, as well as prenatal care;

8. Sexually transmitted disease control -- the county needs a county-wide coordinated force to deal with our higher than average rate of sexually transmitted diseases;

10. Prenatal care -- The statistics show that Madison County is in need of better prenatal care. Prenatal care and education proves to

be cost efficient in the long-run.

### **Pros and Cons**

In 1987 a study was completed on the feasibility of a county public health department. The study was financed by the Illinois Department of Public Health. The study listed the pros and cons of a public health department . They remain the same today.

### **Pros**

1. The field of public health takes in many concerns. Included are measures that protect people from disease and encourage good health. These measures are numerous. The provision of comprehensive Public Health Services could be provided to all residents in Madison County to encourage decent health. Presently some services are not being provided and others are not offered, or available to all residents.
2. A county-wide plan could be developed and put in place to react in case of an emergency or an outbreak of an epidemic. A public health department would develop and implement this plan.
3. A local health department would be able to collect and analyze data on public health concerns for the purpose of identifying possible outbreaks of disease and taking immediate action towards preventing the spread of the disease.
4. There is no county-wide body which performs restaurant inspections. A county health department could generate funds to pay for an inspection program to insure the against the spread of food-borne diseases.
5. Funding is available to pay for a public health department. Through the potential transfer of the Tuberculosis Clinic tax,

available grants from the state, and possible local fees, the department could generate funds to pay for the set-up and administration of the public health department without costing county taxpayers any additional funds.\*

\*Based on the Illinois Department of Public Health's estimate of the costs of running a department.

6. Present county programs have to address some public health areas. The Environmental Control Department provides inspection programs for sewage, water, and solid waste. These services would be continued without effecting the present personnel of the department. Funding generated from the public health department could be used to pay for these services.

7. A public health board or advisory committee would exist to provide direction and advice for public health concerns in Madison County. This board or committee could include qualified people in the health field.

8. Madison County is the largest county in the State of Illinois which does not have a public health department. Of the other counties that do not have a health department, Madison County's population is more than three times as large as those counties. The inclusion of Madison County as a county health department county would allow the State to complete a major network of public health departments that includes all major population areas in the State. This would allow them to be able to provide and receive information on potential hazards for these high population areas. This network would allow them to get out information and instructions quickly in case of a state-wide emergency. These

instructions could then be carried out quickly by local health departments.

#### **Cons**

1. Annual grants are dependent on appropriation measures by the State. The amount of grant funds available to the county could be cut or terminated at some point in the future if the State fails to continue to support the program at its present level.
2. A health department could administer specialty grants provided by the State. This could potentially cut off existing private not-for-profit agencies which are currently receiving some of these grants. Some organizations rely heavily on grant funding to pay for personnel and operating costs.
3. Because the health department has to be certified to receive grant funds from the State, it is subject to following regulations and potential mandates by the State in order to retain these funds.
4. Some public health services are already being provided in the county. If a county public health department were to duplicate some of these services, then the need for a county health department would diminish.

(MC Public Health Study 44-47 & Summary of Data Characteristics 2-3)

Madison County needs a County Health Department. The status quo for dealing with the health care needs of the residents is shamefully inadequate. Unfortunately, the petition drive ends in less than a week, and failure is almost certain. Possibly the issue will remain in the forefront, and it maybe it will be initiated by other means.

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