



ILLINOIS PRIMARY HEALTH CARE ASSOCIATION

# HEALTH SOURCE™

Summer 2022



CHP Harvard  
Grand Opening  
pg. 21





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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 nearly 1.5 million patients they serve.



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# From the President's Desk

It is hard to believe that summer break is winding down and kids are gearing back up for the school year. New school years bring great excitement and opportunity. So too does it bring a bit more chaos after the end of a lovely relaxing summer. It seems like just yesterday we were heralding in the warm weather, pool parties and BBQs.

Just as a school year brings opportunities to learn new things, navigate new challenges and celebrate well-earned successes, I see a natural connection to our health centers. As I write this today it is National

Community Health Center Week. The past years have brought so much change in the way we all do business and yet we have so much to celebrate. We celebrate with ribbon-cuttings at new facilities, award presentations to six members of Congress on behalf of NACHC and their commitment to

community health centers. We celebrate many members' 40th and 50th anniversaries, as well as retirements of some dedicated CEOs. What an extraordinary summer it has been, and how great it is to know that life is moving on again post pandemic.

In less than two months we will have more opportunities to celebrate as we come together for our first in-person conference in two years. We did our best during the pandemic to keep our relationships going with each other, but it is not the same as being together, learning, collaborating and breaking bread. Please join us in Chicago at McCormick Place for this year's conference from October 5 – 7. We promise to bring you a plethora of learning opportunities with amazing speakers and so much more.

See you in Chicago!

Best regards,  
Ollie





# IPHCA News

## New Team Members

### Jennifer Howard Grants Compliance Manager



Jennifer originally began working for IPHCA in September 2006, as the Accounting Specialist. During her tenure, she received high accolades for her work. In June 2019, Jennifer moved offices and became the exclusive accounting manager for CQuest America, Inc. With great pleasure, IPHCA welcomed Jennifer back to the accounting department in May 2022, where she will be the Grants Compliance Manager. Jennifer will work primarily on the CMS Navigator and COVID Equity grants, while performing accounts payable, payroll and purchasing duties. Jennifer is thrilled to be working again with all of the amazing and talented employees/members at IPHCA.

Outside of the office, Jennifer enjoys spending time with her husband, four grandchildren and her dog. She also enjoys reading, relaxing, roller skating and baking.

### Joe Tosetti Senior Director of System Operations



Joe Tosetti joined IPHCA as Senior Director of System Operations in June 2022. He will be overseeing all IT needs throughout the association and will lead the transition of Early Intervention from Cquest to IPHCA. He has more than 20 years of IT experience that includes server and workstation imaging and configuration, virtualization, infrastructure maintenance for local and wide area networks, and on-site troubleshooting of network and hardware equipment. In his free time, Joe enjoys spending time with family and being outdoors.

IPHCA

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2022

ANNIVERSARY

*Early Bird  
Ends August 31*

# 2022 ANNUAL LEADERSHIP CONFERENCE

October 5-7

Chicago's McCormick Place

[REGISTER TODAY](#)



# IPHCA Garner Support for 340B During Hill Visit

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

In June, the IPHCA Governmental Affairs Team headed to Washington, D.C. to meet with members of Illinois' congressional delegation. The goal of the trip was to discuss the growing list of pharmaceutical manufacturers restricting the 340B prescription drug discount program and the impact of these limitations on community health centers and their patients.

During the trip, staff connected with seven offices. As a result of these conversations with members of Congress and their staffs, four members signed on to the most recent "Dear Colleague" letter asking HHS to take enforcement action against manufacturers who fail to honor the 340B discount. Additionally, staff was able to get one new co-sponsor on the PROTECT 340B Act (HR4390), which establishes federal protections against discriminatory contracting practices as well as a clearinghouse for Medicaid claims.



**Above Image (Left):** Amber Kirchoff, IPHCA Director of State Public Policy + Governmental Affairs and Cyrus Winnett, IPHCA Senior Vice President of Public Policy + Governmental Affairs with Representative Robin Kelly

**Bottom Image (Left):** Amber and Cyrus with Representative Rodney Davis

**Above Image (Right):** Amber and Cyrus at the United States Capitol in Washington, DC.





# IPHCA, Illinois Health Centers Honor Congressional Supporters

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

Each year, the National Association of Community Health Centers (NACHC) honors members of Congress who have demonstrated a commitment to the Community Health Center movement and taken actions to support health centers. Illinois is fortunate to be home to multiple awardees. IPHCA is pleased to partner with our member health centers to present the 2022 awards in-person to our members of Congress in their home districts. Congratulations to the winners and thank you to our members for hosting special occasions.

## CONGRATULATIONS HONOREES



### NACHC Distinguished Community Health Center Champion Award

Rep. Danny K. Davis, presented at Near North Health



### NACHC Distinguished Community Health Center Advocate Award

Sen. Tammy Duckworth, presented at Friend Health  
Sen. Dick Durbin, presentation TBD  
Rep. Bobby Rush, presentation TBD  
Rep. Jan Schakowsky, presented at Heartland Health Centers  
Rep. Lauren Underwood, presented at Greater Family Health





# Update on Colorectal Cancer Screening Efforts and Initiatives

Naila Al Hasni, Senior Manager of Clinical Quality Improvement, IPHCA

Due to the ongoing barriers and challenges faced during the COVID-19 pandemic, colorectal cancer (CRC) remains a high priority as it is the second leading cause of cancer death in the United States (men and women combined).<sup>1</sup> The National Colorectal Cancer Round Table (NCCRT) reports an estimated 18,800 missed or delayed diagnoses of colorectal cancer from March through early June of 2020, as well as 1.7 million missed colonoscopies. Additionally, there was a 63% decline in health center visits at the peak of the pandemic in 2020.<sup>1</sup> Uniform Data System (UDS) numbers show between 2019 and 2020, colorectal cancer screening measures among Illinois health centers decreased from 45.58% to 37.9%.<sup>2</sup> However, with ongoing initiatives and efforts, much recovery has been made since.

One of the efforts, led by the American College of Surgeons and American Cancer Society, known as 'Return-to-Screening,' targeted closing the screening gaps caused by the pandemic. The 'Return-to-Screening' initiative implemented a multipronged approach between June and November 2021. This included implementing strategies such as increasing public awareness of screenings through patient education and social media campaigns; sending provider reminders to order screenings for patients overdue and increasing patients' knowledge; increasing access to screening and providing financial support. Health centers around the country implemented similar efforts that aimed to increase screenings in specific populations.<sup>3</sup>

IPHCA also made colorectal cancer screening a priority the past few years. In response to the pandemic, IPHCA partnered with the American Cancer Society (ACS) in 2021 to host a virtual three-part bootcamp series. The webinars were led by NCCRT and ACS experts as well as health center leaders to help reignite colorectal cancer screening and improve CRC screening rates in a clinical practice. Specifically, the series focused on the impact of the pandemic on screening rates as well as guidelines for returning to screening; evidence-based interventions and QI strategies for increasing screening; and current health center challenges and best practices to overcome barriers. Following this series, in early 2022, IPHCA worked with

ACS to initiate the Colorectal Cancer Learning Labs. Currently, six health centers are participating in quarterly sessions that are led by ACS experts. Each Learning Lab explores topics around goal setting, evidence-informed interventions, quality improvement strategies, PDSA ideas, policy and procedure adjustments, and sustaining positive gains. Peer-to-peer engagement will drive the Learning Labs and provide strategies to enhance current CRC screening activities. IPHCA hopes to continue these sessions after this year's pilot to provide the opportunity for additional health centers to participate in the future.

## Resources for CRC Screening:

- **NCCRT Resources:** The NCCRT offers a plethora of resources for the health care team including infographics, webinars, trainings, and patient handouts. These resources can be downloaded and accessed [here](#).
- **American Cancer Society Resources:** American Cancer Society has multiple resources including videos, patient handouts, infographics and downloadable pdfs. These resources are available [here](#).
- **CDC Resources:** The CDC offers resources in a variety of different forms including printouts, videos, social media posts, and more. These can be reached [here](#).

For questions or more information around colorectal cancer screening resources, please reach out to [Naila Al Hasni](#).

<sup>1</sup>NCCRT. Reigniting colorectal cancer screening as communities face and respond to the COVID-19 pandemic. June 30, 2020. Accessed July 2022. <https://nccrt.org/resource/a-playbook-for-reigniting-colorectal-cancer-screening-as-communities-respond-to-the-covid-19-pandemic/>

<sup>2</sup>2020 Illinois Health Center Data. (2020). Health Services and Resources Administration. Retrieved from <https://bphc.hrsa.gov/uds/datacenter.aspx?state=IL>

<sup>3</sup>National Cancer Institute. Working to close the cancer screening gap caused by COVID. May 17, 2022. Accessed July 2022. Retrieved from <https://www.cancer.gov/news-events/cancer-currents-blog/2022/covid-increasing-cancer-screening>



# Expanding Medication-Assisted Recovery in Illinois

Staci Ashmore, Behavioral Health Program Manager, IPHCA

For the past several years IPHCA received funding from the Illinois Department of Human Services Substance Use Prevention and Recovery (IDHS/ SUPR) to help increase the number of providers at Federally Qualified Health Centers (FQHC) with their DATA 2000 waiver providing opioid use disorder (OUD) treatment via Buprenorphine.

We'd like to reflect on the many projects and resources shared with health centers to support OUD treatment. IPHCA's most recent and exciting project, [Destigmatizing Addiction Treatment Communication Campaign](#), featured infographics and resources reminding providers that language matters when discussing addiction and treatment options. In June 2022, all health centers received printed materials to encourage the continuing conversation among providers and their patients. IPHCA also hosted several [podcast episodes](#) spotlighting health centers and their work regarding Medication-Assisted Recovery (MAR).

Additionally, IPHCA collaborated with several Illinois FQHCs to develop a recorded [learning series](#) highlighting how providers can become [DATA waived](#), begin prescribing Buprenorphine, develop work flows in their clinics, and more. For providers already familiar with MAR, IPHCA hosted several webinars featuring subject matter experts from across the country, who presented on a variety of topics, including [MAR for Alcohol Use Disorder \(AUD\)](#), [Providing MAR to Pregnant and Post-Partum Mothers](#), [Screening and Intervention Best Practices for Neonatal Opioid Withdrawal](#), and [Tackling the Opioid Crisis through Mobile Response Teams and Hospital Partnerships](#). Free self-paced courses through the [American Society of Addiction Medicine \(ASAM\)](#) are also available for medical providers and behavioral health staff interested in learning more about addiction medicine and destigmatizing addiction treatment.

IPHCA continues to work with IDHS SUPR to provide up-to-date resources on addiction treatment, recovery, and harm reduction.

If your health center would like more information on the resources mentioned or individualized technical assistance, please reach out to [Staci Ashmore](#).





# Illinois Pandemic Health Navigator Program and the Future of Community Health

Raj Savalia, Practice Transformation Coordinator, IPHCA

When COVID-19 ignited a public health emergency in January 2020, a plan was quickly put together by Illinois officials. Part of that plan was the Pandemic Health Navigator Program (PHNP).

PHNP brought together community health centers, community-based organizations, public health partners, and community health workers to connect individuals impacted by COVID-19 to the resources they needed. IPHCA and the Illinois Public Health Association (IPHA) trained more than 650 people as Pandemic Health Navigators (PHNs), also known as Community Health Workers (CHW), during the COVID-19 pandemic. PHNs served communities in 92 counties.<sup>1</sup>



*IPHCA, IPHA and CBOs held a press conference on June 30, 2022, at the Illinois State Capitol which showcased the successes of the PHN program and laid out what it will look like the future.*

## Addressing Community Resource Needs

Community health workers worked together with Care Benefit Organizations (CBOs) and health centers to address basic human needs. They provided COVID-19 education and outreach to communities and impacted populations. To this end, the PHN program networked with local, regional, and state partners to ease care resource coordination for COVID-impacted individuals. PHNs also worked with

local health departments and providers to ensure that all communities received assistance while reducing disparities in health outcomes.

Dr. Tracey Smith, IPHA's community health director, said this about the PHN program, "I highly encourage all to not forget what we have learned during the Covid response- bringing community based partners that connect in communities with those who often struggle with access is vital! This work is not about silos but about the final outcomes for all. It is important for us to accept that all of our years of training didn't make us a part of every community- often what is needed to connect isn't taught in a book or in a meeting- it is through connection, presence, and listening."

Thanks to hard work from CHWs and partnering organizations, PHNP outreach efforts connected people in isolation or quarantine with critical resources. These resources included meals, vaccine education, mobility support, immigration matters, medicine, income and unemployment assistance, mental health support, support for unsafe living conditions, and many other resources. Each of these "resource requests" and community referrals were completed through the PHN program, while leveraging technology such as Salesforce to make the resource coordination process seamless. To date more than 137,000 individuals were assisted, while most requests and referrals were completed within 48 hours.<sup>2</sup>

However, some worried that vital community health work would end without additional funding as the PHN grant program ended in June 2022. As the PHN program wound down, IDPH provided additional funding to help CHWs stay in their roles throughout Illinois counties.<sup>2</sup> The infusion of funding will keep people on the ground who can help communities receive the resources they need. In coming months, IPHCA will continue working with IPHA to train new CHWs and PHN workers through new equity and vaccine



education programs. The goal is to increase public education about COVID-19 vaccinations and provide equitable care linkage to people with chronic illnesses.

Paula Campbell, IPHCA’s Director of Health Equity and EP Response, spoke about how the PHNP laid the foundation for future equitable community health services. “The PHN program helped us define best practices in community collaboration at the local, regional, and state levels. These collaborations have laid the groundwork for more equitable services in our communities. As we transition from a pandemic to endemic with COVID-19 it’s important we continue to utilize best practices and work to ensure equitable healthcare is available for all. As part of that work, we will continue to educate on the mitigation standards to reduce the spread and hospitalization rates related to COVID-19. Key mitigation standards include knowing when to test, when to self-isolate, when to mask, when to seek healthcare services/treatment and to get and maintain vaccination.”

The emergency response infrastructure that evolved from the PHNP will improve patient care for years to come. Health centers and CBOs banded together in a first in the nation type of network and provided resources to vulnerable populations during the pandemic. Moreover, this PHN program created an expanded workforce of CHWs and built a thriving network of community partners that addressed the pandemic with a well-coordinated response. PHNP laid the foundation for emerging emergency response programs to combat the COVID-19 pandemic and future public health emergencies with a unified response.

For more information about emerging COVID-19 emergency response programs please visit [helpguidethrive.org](http://helpguidethrive.org)

**References**

1. Helpguidethrive. (2022, June 27). “Home”. [www.helpguidethrive.org](http://www.helpguidethrive.org)
2. Lorimor, Barton. (2022, June 30). “Illinois Community Health Worker Program Receives New Funding from Illinois Department of Public Health.” <https://www.ipha.com/news/press-releases>



**IPHCA Health Talks**

In spring 2022 IPHCA launched a podcast called “Health Talks.” The podcast provides listeners with unique perspectives on healthcare, public health, advocacy, and promising practices to improve patient care and community health. Recently, IPHCA interviewed health center and CBO staff involved with the PHN program. On each podcast the rich discussion led to stories and best practices from the PHN program and emergency preparedness, while shedding light on our heroes of the pandemic: community health workers. Listen to the episodes on IPHCA’s “Health Talks” podcast starting in August 2022.

[Click here](#) to tune in and subscribe for free on Apple, Spotify, iHeartradio, or wherever you get your podcasts.

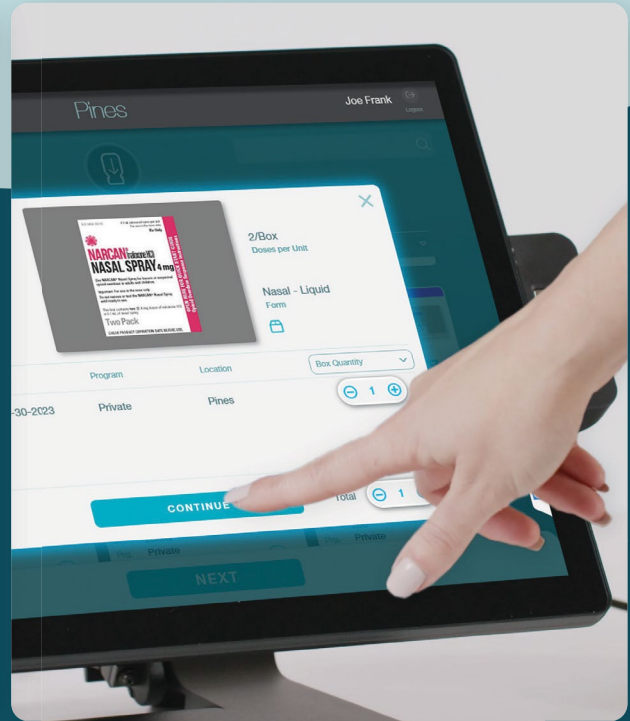




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# Burn Surge Preparedness – Think You Don't Need it in Illinois? Think Again

Madison Boente, Pandemic Health Navigator Regional Lead Coordinator, IPHCA

According to the National Fire Protection Association (NFPA), the United States suffered 3,500 fire-related deaths and reported 15,200 fire-related injuries in 2020.<sup>2</sup> Although the number of reported fires overall is trending slowly downward, the rate of fire-related deaths has not followed a similar trend.<sup>2</sup> Instead, fire-related deaths have increased over the last ten years, ranging from 2,855 in 2012 to 3,704 in 2019.<sup>2</sup> The rate of fire-related deaths varies by state, with several key factors such as climate playing a role in the variation.<sup>1</sup> States like California or Colorado may quickly come to mind due to the ever-present threat of wildfires. However, **Illinois has consistently ranked in the top ten** when it comes to fire-related deaths.<sup>1</sup> The average number of fire-related deaths per year in Illinois has hovered around 125 since 2010.<sup>1</sup>

Of the total fire-related deaths in 2020, 90 resulted from catastrophic multiple-death fires.<sup>3</sup> The NFPA defines catastrophic multiple-death fires as “home fires that kill five or more people or fires in non-home structures or non-structural properties (vehicle and wildfire-urban interface fires are included) that kill three or more people”.<sup>3</sup> Sixteen catastrophic multiple-death fires occurred across the country in 2020.<sup>3</sup> Effective response strategies play an important role in mitigating deaths and injuries caused by fire events.<sup>4</sup> In particular, a catastrophic fire event requires a significant response and can quickly overwhelm the local healthcare system. Therefore, understanding the capacity of local healthcare systems is crucial to effectively mount a response to events that could lead to a surge in burn patients.

Preparing for a burn surge event that could exceed local capacity is a current focus of the Assistant Secretary for Preparedness and Response's (ASPR) Technical Resources, Assistance Center, and Information Exchange (TRACIE).<sup>5</sup> The Hospital Preparedness Program (HPP) through ASPR TRACIE requires Healthcare Coalitions to develop plans to address potential burn surges in their communities.<sup>5</sup>

Before creating the plan, coalitions should work with local emergency management personnel to conduct a risk assessment of localized vulnerabilities and a resource analysis to identify gaps.<sup>5</sup> ASPR TRACIE provides a template for creating the burn surge annex in addition to a guide for tabletop exercises.<sup>5</sup> Healthcare Coalitions can utilize these resources to enhance awareness and improve stakeholders' capacity to respond effectively to burn events. For more information on related education and training, visit ASPR TRACIE Burn Topic Collection: Education and Training.<sup>5</sup>

## References

- <sup>1</sup> Ahrens, M. (2021, December). US fire death rates by state - NFPA. National Fire Protection Association. Retrieved from <https://www.nfpa.org/-/media/Files/News-and-Research/Fire-statistics-and-reports/US-Fire-Problem/osFireDeathsByStateTables.pdf>
- <sup>2</sup> Ahrens, M., & Evarts, B. (2021, September). Fire loss in the United States during 2020 - NFPA. National Fire Protection Association. Retrieved from <https://www.nfpa.org/-/media/Files/News-and-Research/Fire-statistics-and-reports/US-Fire-Problem/osFireLoss.pdf>
- <sup>3</sup> Badger, S. G. (2021, November). Catastrophic Multiple-Death Fires and Explosions in the United States in 2020 - NFPA. National Fire Protection Association. Retrieved from <https://www.nfpa.org/-/media/Files/News%20and%20Research/Fire%20statistics%20and%20reports/US%20Fire%20Problem/oscatastrophic.pdf>
- <sup>4</sup> Puett, L. (2019). Management of burn mass casualty incidents. EPA. Retrieved from [https://hero.epa.gov/hero/index.cfm/reference/details/reference\\_id/7038982](https://hero.epa.gov/hero/index.cfm/reference/details/reference_id/7038982)
- <sup>5</sup> Topic Collection: Burns. ASPR TRACIE. (2022, April 20). Retrieved from <https://asprtracie.hhs.gov/technical-resources/28/burns/0>
- <sup>6</sup> U.S. fire statistics. U.S. Fire Administration. (2022, March 25). Retrieved from <https://www.usfa.fema.gov/data/statistics/#trends>



# TRAINING CALENDAR

## AUGUST

**ROADM.A.P. FOR SUCCESS:  
EVIDENCE BASED ACTIVITIES  
TO IMPROVE BLOOD PRESSURE  
MEASUREMENT & PARTNERING**

August 31  
1:00 - 2:00 p.m.  
Location: Webinar  
[Register](#)

## SEPTEMBER

**COMPLIATRIC DEMO: A SINGLE  
INTEGRATED PLATFORM  
DEVELOPED FOR COMMUNITY  
HEALTH CENTERS**

September 7  
12:00 - 1:00 p.m.  
Location: Webinar  
[Register](#)

**CLINICAL LEADERS TRAINING  
INSTITUTE**

September 9-10  
8:30 a.m. - 5:00 p.m.  
Location: IPHCA, Springfield, IL  
[Register](#)

**DISCOVERY 101 – THE BASICS OF  
RESPONDING TO SUBPOENAS FOR  
ORAL & WRITTEN TESTIMONY**

September 12  
12:00 - 1:00 p.m.  
Location: Webinar  
[Register](#)

**ILLINOIS ASSISTERS SUMMIT OE -10-  
SPRINGFIELD LOCATION**

September 20  
9:00 a.m. - 4:00 p.m.  
Location: Memorial Learning Center  
[Register](#)

**DEI PROGRESS REPORT KICK-OFF**

September 21  
10:00 a.m. - 11:00 a.m.  
Location: Webinar  
[Register](#)

**EFFECTIVE PRECEPTORSHIP:  
SUCCESS THROUGH HPET CORE  
COMPETENCIES**

September 22  
1:00 - 2:30 p.m.  
Location: Webinar  
[Register](#)

**ILLINOIS ASSISTERS SUMMIT OE -10-  
CHICAGO LOCATION**

September 27  
9:00 a.m. - 4:00 p.m.  
Location: Malcom X College  
[Register](#)

## OCTOBER

**2022 IPHCA ANNUAL LEADERSHIP  
CONFERENCE**

October 5-7, 2022  
8:00 a.m.  
Location: McCormick Place Chicago, IL  
[Register](#)

**REMOTE PATIENT MONITORING  
LEARNING LAB - PART 1**

October 12  
12:00 - 1:30 p.m.  
Location: Webinar  
[Register](#)

**HYPERTENSION GUIDELINES FOR  
MATERNAL HEALTH**

October 13  
12:00 - 1:00 p.m.  
Location: Webinar  
[Register](#)





# Crusader Community Health Celebrates 50 Years

Katie Zimmerman, Crusader Community Health

For 50 years Crusader Community Health has been faithful to their mission to provide high quality health care to all people. In an effort to increase access to care, they strive to break down barriers and are a champion for the needs of the medically underserved in Winnebago and Boone Counties. Crusader remains committed to delivering high quality primary medical, dental and behavioral health care to individuals, regardless of their ability to pay. In 2021, Crusader saw 58,834 patients, which is more than ever before.

The vision of their founders began long before their first facility opened in 1972, at one small location, with a few volunteers. As Rockford grew, so did the need for their services. Crusader expanded in their current footprint, and then opened a second location in 1997. In 2003, Crusader collaborated with the Boone County Health Department to open a Belvidere location in 2004. They continued to see opportunities to care for our community, so in 2011, they opened a fourth location in the northern suburb of Loves Park.

Our opportunities to serve expanded when Crusader opened their first school-based health center at Auburn High School in 2014. Currently they operate at Auburn High School and have school-based health centers at both the South Beloit Junior High and High Schools. These centers primarily serve children but are open to their families and community members as well.



As Rockfords community's need increased, they rose to meet it. After receiving a multi-million-dollar federal grant, Crusader built a new clinic to serve patients in the central part of Rockford. The ribbon was cut on the facility in 2017, as they continued to provide services out of our original West State Street facility, it became clear that they were outgrowing the space. In 2021, we opened a brand-new state-of-the-art facility. In addition to medical, dental and behavioral services, West State Street Clinic is home to a Walgreens Pharmacy and Rockford Family Eye Care. In 2022, Crusader has eight locations, and CrusaderNOW! provides walk-in services at three of those sites.

Crusader continues to strive to meet people where they are, break down barriers and improve access to high quality health care. They do this every day keeping in mind the dignity for their patients. Crusaders Community Health represents excellence in primary care.

Crusaders founders, leadership team, staff and community have contributed to get them to where they are today. They will continue to stay focused on that vision and live their mission each day as they grow and serve in the future.





# SIHF Healthcare's Outreach and Enrollment Efforts

Terri Hatter, SIHF Healthcare

SIHF Healthcare's Navigator and Outreach and Enrollment teams are always excited to assist their patients, clients, and community at large. They utilize different avenues to reach out to uninsured and underinsured patients offering them assistance with enrollment options.

Prior to COVID-19, working within their health centers gave them a direct connection to self-pay patients and ensured they were able to connect with them either before or after their appointments. Working remotely, transitioned to telephonic assistance post-appointment and have found that to be successful too. By reaching out to them via telephone, they are able to devote a significant amount of time without many interruptions, which makes for more concentrated efforts to get them enrolled.

In addition to their telephonic outreach, SIHF also worked alongside our COVID-19 Testing and Vaccine Clinic staff that set up walk-in clinics at libraries, community centers, schools and other public facing venues. This proved to be an opportunity to reach a different population that may not have been patients of SIHF Healthcare, yet needed to be educated on or apply for health insurance.

Also adding to their outreach were there traditional table vending opportunities hosted by community service agencies. These traditional settings gave them the chance to reach a mass of people at one time alerting them to enrollment services, as well as allowing them to collaborate with other agencies for greater referral exposure.

SIHF is are continuing to build upon their outreach and enrollment efforts as communities move toward hosting more open events. Interfacing with the public will be imperative to restore and regain complete levels of service.

SIHF Senior Management and Leadership staff present and speak with state, local and other community influencers to promote and report the success of efforts, as well as the need to strengthen older and explore newer collaborations for a post pandemic environment.

With the utmost importance and sincerity, they believe and service all with our theme in mind, "Your health. Our mission."



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# Crossing Healthcare Celebrates 50 Years of Providing Care to the Decatur Community

Julie Brilley, Crossing Healthcare

Fifty years ago, three organizations joined forces to define and seek solutions for an issue facing the Decatur Community: access to quality healthcare for low income residents. In an effort to better understand the problem, Torrence Park Citizens Committee, the Decatur Macon County Opportunities Corporation, and the South Central Illinois Health Planning Council conducted a survey in the Torrence Park area to determine what kind of health care was being provided to low income residents of Decatur. As a result of the significant deficiencies described by those surveyed, representatives from each group began studying the problem and looking for solutions. After much study, the group set a goal of opening a health center. This goal was realized when the Community Health Improvement Center (now Crossing Healthcare) opened in July 1972.

On Sunday, July 17, in honor of Crossing Healthcare’s 50th anniversary, a community celebration was held at the Scovill Zoo and Children’s Museum of Illinois.

Nearly 1,000 visitors were gifted with free admission to enjoy the zoo and children’s museum. As part of the celebration, Crossing Healthcare provided fun giveaways and education on the importance of catching children up on vaccinations and physicals, as well as the importance of COVID vaccinations and boosters.

Crossing Healthcare is planning additional community celebrations in the upcoming months.





# Community Health Partnership of Illinois - Honoring Our Past, Building Our Future

Diego Lobo, Community Health Partnership of Illinois

Community Health Partnership of Illinois (CHP) currently operates six rural Illinois health centers and one mobile medical/dental unit. CHP health centers serves central and northern Illinois in the following six counties: Aurora, Champaign, Harvard, Kankakee, Mendota, and Princeville. Under the leadership of CHP's CEO, Eleace Sawyers, and their Board of Directors, the organization has been going through an evolution process, expanding its services to the whole community, increasing the number of much needed providers with the appropriate clinical specialties and modernizing every aspect of its buildings by way of a new look, new branding, new services and new sites, as they continue to build on what was created more than 50 years ago.

As part of these changes, all CHP health centers are being renovated with efforts to adopt better operational efficiencies that will encourage and improve customer retention and patient experience.

CHP Harvard Health Center, one of two newly acquired buildings in the last year, is fully renovated with additional patient rooms, a patient isolation room, a cooking demonstration kitchen for diabetic patient education, a community room, a new lobby, 340B pharmacy, new administrative wing, a pediatrician, signage and more.

CHP Aurora Health Center is completely renovated with additional patient rooms, a conference room, two new providers and completely outfitted with four new exam tables inclusive of their newest pediatric exam table supported by Fox River Valley Foundation Grants. Additional renovations include new signage throughout. Their fully staffed health center is located in Princeville.

Also, with funding made possible by Illinois COVID-19 funding and Governor J. B. Pritzker's support, they are proud to offer one of two new mobile medical/dental/behavioral

health care units to our service offerings. They mobile unit will expand the reach into underserved rural communities; to the uninsured, underserved, to farms and plants where farmers work and live, and to the many others needing convenient affordable primary health care. Their staff are very excited to be able to serve more people, especially children and seniors who are often in most need of mobile services.

CHP is also in the process of purchasing two passenger vans that will provide much needed access to vulnerable patients. These services will provide patients needing transportation to and from medical appointment, a service that will reduce transportation barriers to much needed primary preventative healthcare and address one of many social determinants of health our population is faced with.

CHP also has a new corporate address located at 205 W. Randolph Street, Suite 1340, Chicago Illinois. Recently our CEO was awarded the NACHC 2022 Outstanding Migrant Health Public Service Award and the 2022 Social Impact Woman to Watch.

CHP is grateful for the full support of their partners like IPHCA and others who made all of this possible. They invite you to see their new mobile clinic, pictures of the new renovations and the new signage on the next page.



**CHP**  
Community Health  
Partnership of Illinois  
HEALTH CENTERS



Mobile Clinic



Dental Suite



Medical Suite



Princeville New Signage



Harvard Grand Opening



Harvard Community Room



# Virtual Interview Success: Can you Zoom to Success in Physician Recruiting?

## Case Study from Adaptive Medical Partners

### The role of virtual interviews in the physician recruitment process

Virtual technology has zoomed into ubiquity over the past two years, infiltrating all aspects of life and work, including the physician recruiting industry. Now that social distancing and pandemic-related restrictions are (for the most part) in the rearview mirror, should virtual interviews still be a part of the standard physician recruiting process?

It depends.

“We do think that there is a place for the virtual interview in physician recruiting, if utilized and executed strategically,” said Tim Ketterman, VP of Operations for Adaptive Medical Partners. “Remote interviews can be helpful sometimes, depending upon the location and recruiting needs of the employer, and could help to streamline the interview process especially for employers located in areas that are more frequently sought out by physician candidates.”

Dan Jones, Senior Director of Recruiting, agrees, based upon his ongoing experience with physician candidates and employers. In general, Jones has noticed a decline in the focus on the candidate experience overall, perhaps because healthcare leaders are so busy juggling so many other demanding challenges lately. However, is convenience ultimately worth sacrificing results? While employers may be in contact with more candidates via virtual technology, they have fewer meaningful, productive onsite interviews.

“We’ve seen a 40% increase in our conversion rate of Candidate Presentations to Client Submission for Interview Consideration, but a 20% decrease in the conversion of those client submissions turning into actual onsite interviews,” said Jones, adding that the indication from candidate feedback is that this is due to lackluster virtual interviews.

### Make Memories, Not Phone Calls

“The interview should be a comprehensive, memorable ‘experience’ for the physician and his or her family,” Jones added. “When recruiting a physician, employers must do everything they can to differentiate themselves from other organizations and communities.”

A one- or two-hour transactional virtual interview is not sufficient to convey all that an employer and a community have to offer, nor does it enable ample opportunities for the physician to form a connection with potential colleagues.

“In a remote interview, many employers are neglecting to leverage one of the best recruiting assets: their people,” said Jones. “Bringing a doctor on-site for an interview allows the candidate to experience the team’s engagement and rapport first-hand,” and for the staff members to also engage with the physician candidate, Jones explained. “These experiences cannot be shared via a Zoom call, at least not in a meaningful way. They must be a lived experience – bringing someone onsite for a day to allow them to get a feel for what life is really like as part of your team and your organization.”

This is especially true for employers in rural areas that would require a physician to relocate to a smaller community. “Recruitment that requires relocation to a rural area automatically makes you a runner-up about 90% of the time, to employers in larger cities,” said Jones. “Many candidates haven’t lived in rural areas, so they don’t truly understand the numerous benefits of living and practicing in a smaller community. Fear of the unknown is a real phenomenon – most candidates naturally gravitate toward the familiar – when making a big life decision, most will go with what they know.” Therefore, if there’s only a virtual interview upon which to base the decision, relocating to a rural area is an easy “no” for candidates, without the emotional and



and experiential impact of an onsite interview. Utilizing remote interviews also gives employers a false sense of security in their recruiting process, with seemingly greater candidate activity. However, conducting a higher volume of virtual interviews doesn't lead to increased success in filling more physician openings, Ketterman has found.

"Are clients getting a chance to talk to more candidates by utilizing remote interviews? Probably so, but that's only because the bar is set lower – i.e. the qualifications are fewer – for a virtual interview than for an onsite visit," Ketterman explained. While clients may feel as if they are gaining the opportunity to evaluate more candidates by utilizing virtual interviews, that's likely not the reality. "I'd say that when interviewing remotely, employers are actually talking to more applicants, rather than interviewing more candidates who are truly qualified and realistically interested and invested in the opportunity."

#### **No Pain, No Gain?**

"Sure, it's more convenient to jump on a call or a Zoom meeting than to set up travel, accommodations, and an itinerary for an onsite interview," Jones added, and candidates know it too. As a prospective employer, what message do you want to convey to the physician you want and need to join your organization? "Employers must roll out the red carpet to make the candidate and his or her family feel wanted in the community and the organization," Jones continued.

Investing in the time and expense to bring a candidate onsite for an interview shows more engagement and interest from the employer. "An onsite interview is more than just a 'check-the-box' meeting or a quick vetting call. Onsite interviews demonstrate the employer's interest and investment in the candidate, which is attractive and helps form a mutual emotional connection."

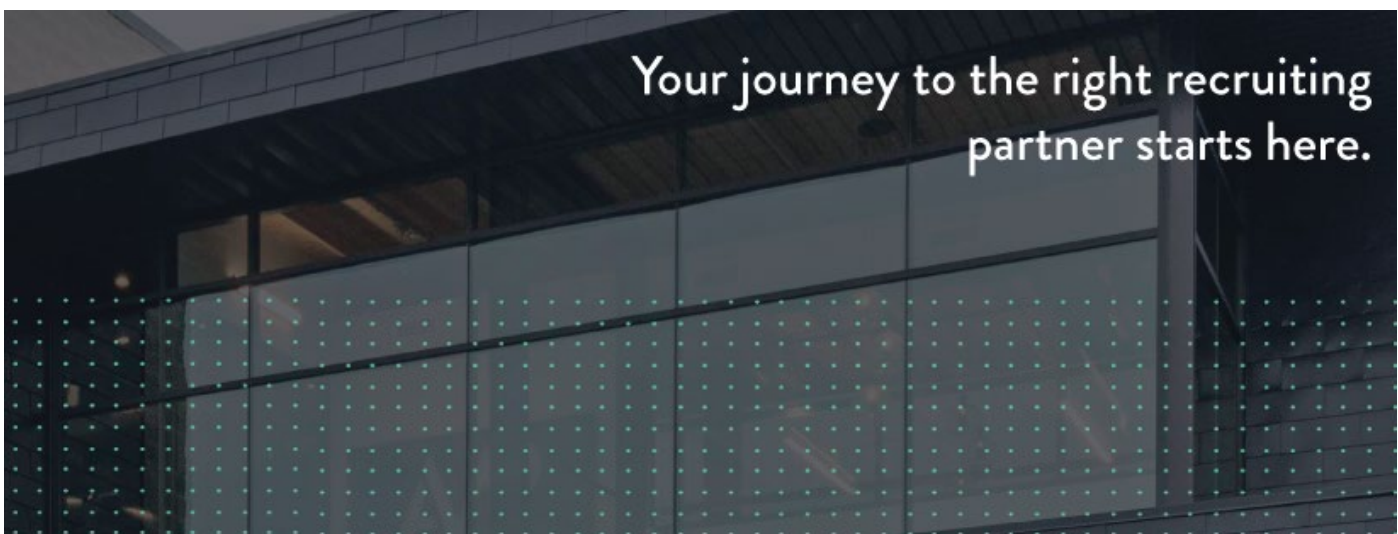
Jones recognizes that putting your organization and your staff out there for an onsite meeting doesn't come without some risk. "In addition to offering convenience, virtual interviews offer protection from some of the financial, and quite frankly, the emotional risk too. Recruiting requires full engagement, and it can be disappointing to expend the energy and time, only to be ultimately turned down by a candidate," he said.

#### **Conclusion:**

While virtual technology can be a helpful resource for physician recruiting in some cases, most healthcare employers cannot successfully rely on remote interviews for the best recruiting results. Depending too heavily on virtual interviews can be the fastest way for a healthcare employer to zoom out of consideration among physician candidates, and right into a physician staffing crisis.



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## 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.

To learn about membership options for health centers, businesses and organizations, visit [iphca.org](http://iphca.org).

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