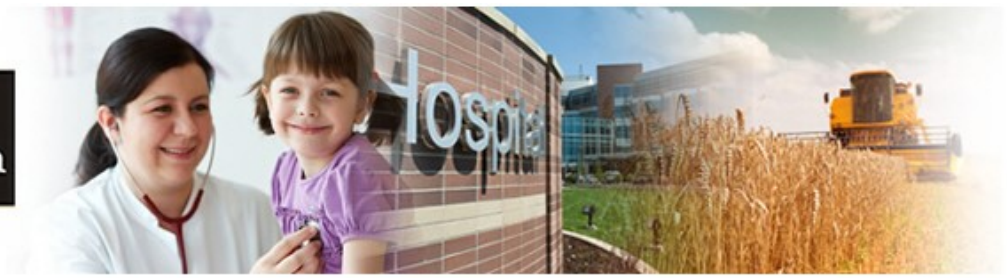


Spring 2021

IL RURAL HEALTH ASSOCIATION NEWSLETTER

217-280-0206
Staff@ilruralhealth.org
www.ilruralhealth.org

Webinar: *HIPAA is CHANGING*

May 13th at Noon

A review of the proposed modifications to the HIPAA Privacy Rule and the new Information Blocking Rules

Presented by
Sarah Badahman
CEO/Founder of
HIPAAtrek

REGISTER NOW

Cost for Webinar: (Contact staff@ilruralhealth.org to check membership status)

- IL Rural Health Association (IRHA) & IL Public Health Association members - Free
- Staff of IRHA Organizational members - Free
- Non-Members – $55.00 *Includes 12-month IRHA membership*

Illinois Rural Health Association
32nd Annual Educational Conference
August 11-12, 2021

I-Hotel, Champaign

Over 20 Workshops to Choose From

Register now

Exhibit space selling out fast!
More details on page 8.

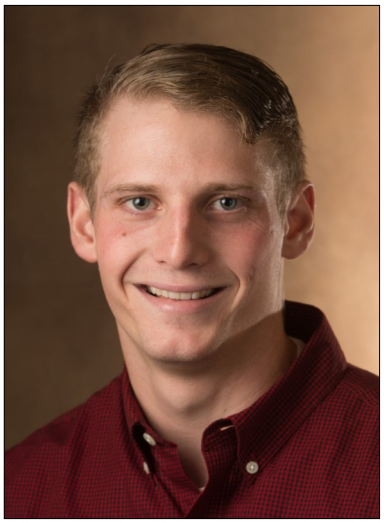
IRHA Awards 2021 Rural Workforce Development Scholarships

With the shortage of dentists and behavioral health specialists in rural settings, the Illinois Rural Health Association is proud to announce the recipients of the 2021 IRHA Workforce Development Scholarships**:**

DENTAL SCHOLARSHIP WINNERS

John Hanlon
Polo, Ogle County
SIU School of Dental Medicine
After graduation, John plans to work as an associate dentist, either in Polo or a small neighboring town.

Clayton Janecke
Scales Mount, JoDaviess County
SIU School of Dental Medicine
After graduation, Clayton plans to join a practice in Northwest Illinois and become one of just a few dentists in the area.



James Burris
Pinckneyville, Perry County
SIU School of Dental Medicine
James would like to provide dental care to in rural Southern Illinois and focus on preventive care

Mackenzie Clawson
Seaton, Mercer County
SIU School of Dental Medicine
Mackenzie would like to work with a dentist to serve as a mentor so she can establish her own rural practice.

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@ILCareConnect


Facebook.com/ILCareConnect
Facebook.com/ILCareConnectSpanish


@ilcareconnect


youtube.com. Search "Illinois HIV Care Connect"


pinterest.com/ILCareConnect

Illinois HIV Care Connect will be continually posting on social media to communicate the benefits of Illinois HIV Care Connect to people living with HIV in Illinois.

Illinois HIV Care Connect is a statewide network providing medical case management, health care and support services to persons living with HIV. Eight regional offices coordinate the services provided through the program, which is funded by the Illinois Department of Public Health and federal grants and supported by the Illinois Public Health Association.

Visitors to the website can find valuable information about Illinois HIV Care Connect, as well as information about the Illinois ADAP Medication Assistance Program (ADAP-MAP) and Premium Assistance Program (PAP).

Illinois HIV Care Connect

hivcareconnect.com

Funding for this publication was made possible by the Illinois Department of Public Health.

IRHA Awards 2021 Rural Workforce Development Scholarships

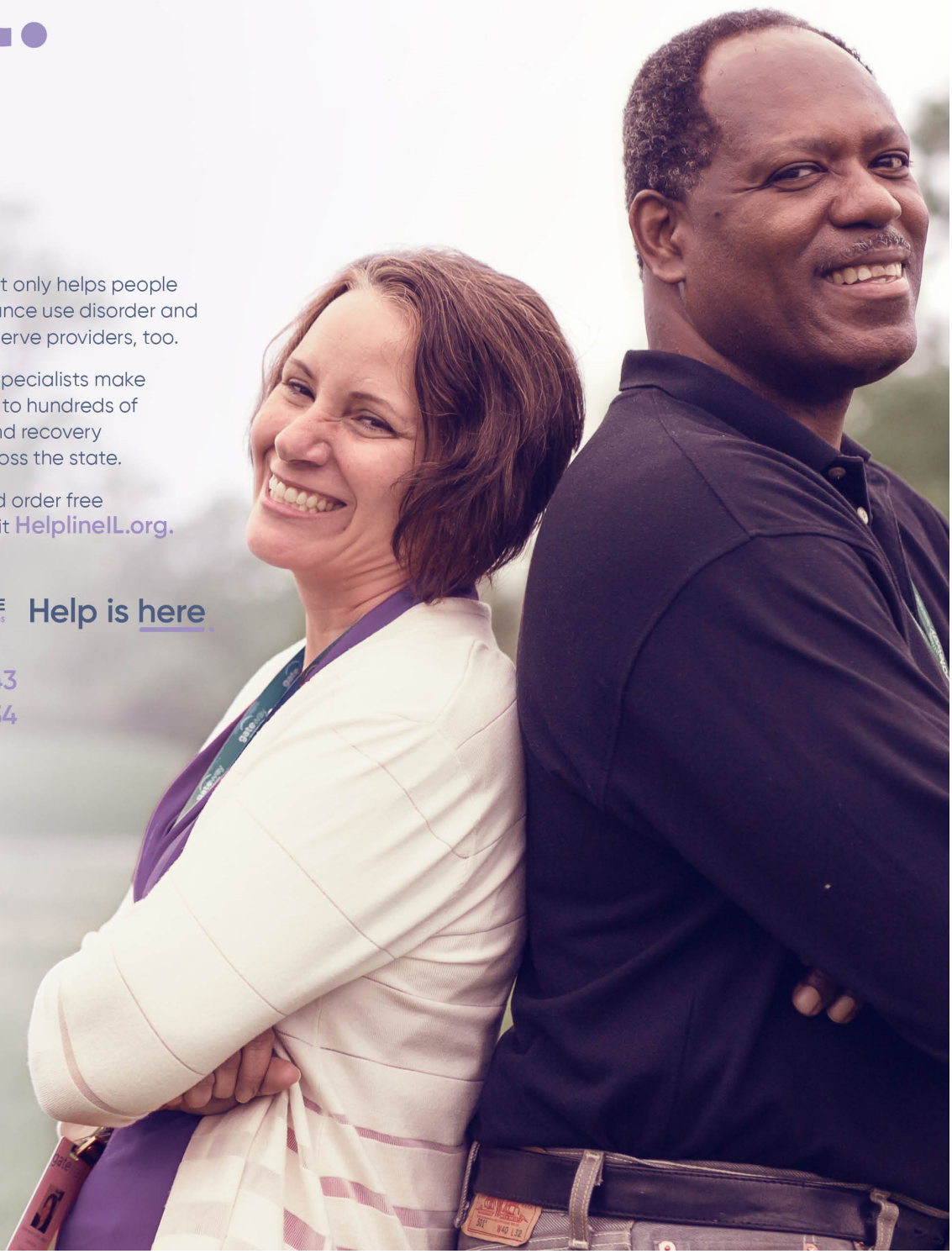
BEHAVIORAL HEALTH SCHOLARSHIP WINNERS:

James Sparks
DuQuoin, Perry County
Masters in Social Work
SIU Carbondale
After graduating and gaining some experience, James hopes to develop "Freedom Homes" for people with felony and addiction. backgrounds.

Kylie Russel
Ogden, Champaign County
Masters in Counseling and Higher Education
Eastern IL University
After graduation, Kylie plans to work as a rural school counselor.

Rachel Taylor
West Frankfort, Franklin County
Masters in Social Work—SIU Carbondale
After graduation, Rachel plans to utilize her certifications and licenses to encompass and maximize the needs of Southern Illinois community members.

Reach out.



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Our trained Helpline Specialists make personalized referrals to hundreds of licensed treatment and recovery support providers across the state.

To locate services and order free Helpline materials, visit HelplineIL.org.

ILLINOIS HELPLINE
for Opioids & Other Substances

Help is here.

Call 833-234-6343
Text HELP to 833234

Can We Close the Gap? – The Illinois Dental Hygienists' Association is Seeking Coalition Partners

Laura M. Scully CDA, RDH, PHDH, MS Adjunct Faculty Malcolm X College – City Colleges of Chicago IDHA Access to Care / Public Health Committee Chairman

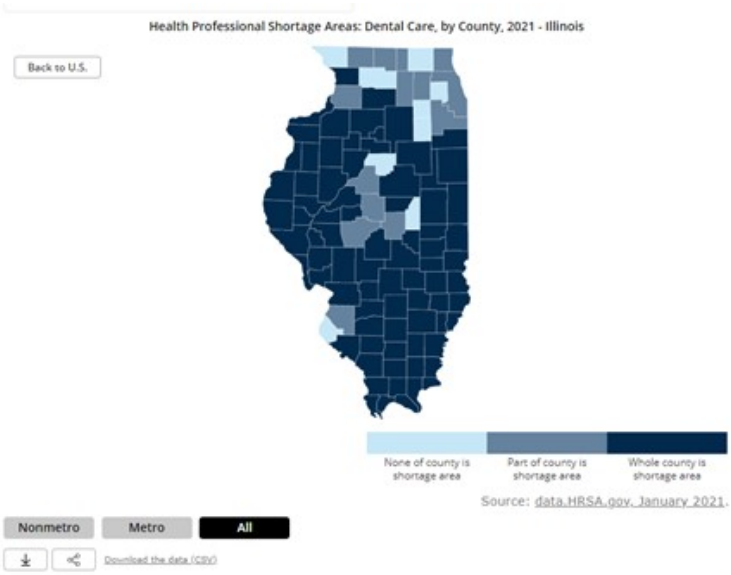
This submission by the Illinois Dental Hygienists' Association (IDHA) serves to provide a status update on HB3068 and HB3087. These two House Bills proposed an inclusion of prisons and mobile dental vans respectively to the current settings where a Public Health Dental Hygienist (PHDH) may see the patient first and provide preventative services. Keep in mind, a collaborative agreement is established with a licensed Illinois dentist prior to any action by the PHDH. If the collaborative agreement is **not** signed, the PHDH **cannot** see the patient first.

The collaborative agreement seems to be a piece of the puzzle that gets lost in conversations regarding PHDHs. In addition, there is a misunderstanding regarding the patient population a PHDH can see. These licensed clinicians, who completed 42 hours of additional advanced coursework, are limited to seeing uninsured, 200% poverty and Medicaid eligible patients in these settings: FQHCs, federal, state, local health departments, school-based programs and WIC/SNAP facilities.

When the status update of the bills was discussed with the public health setting stakeholders, the reaction was shocked and disbelief. The prisons! – the bill didn't go forward for prisons? And the dental vans too? Why?! It could be because even though the patient population is restrictive and the settings are limited and a collaborative agreement must be signed by a dentist – these two bills would somehow lead to independent practice. Not sure how that could happen?

What happens now? Any alternative suggestions? Status quo? The prison population has a great number of incarcerated minority individuals. Is this an equity issue?

For how many years have 75 of the 102 counties in Illinois been designated dental shortage areas? See map below. https://www.ruralhealthinfo.org/charts/9?state=IL



Are we still waiting for Medicaid to raise the reimbursement rate? In the meantime, people still suffer with poor oral health which we all know is linked to systemic health. Imagine the impact of preventative interventions by PHDHs via mobile vans in the lower two-thirds of the state. Residents with limited transportation options could welcome a mobile dental van to their community, again, bridging the gap of access to care.

Would these two bills change that? Maybe – maybe not. Can a PHDH screen a patient and advise the collaborating dentist of an infection in a tooth that could lead to sepsis? Yes. Can a

(Continued on following page.)

Can We Close the Gap? – The Illinois Dental Hygienists' Association is Seeking Coalition Partners

(Continued)

PHDH identify Ludwig Angina? Yes. Can PHDH provide oral cancer screenings – sharing intraoral images? Yes. These are only a few of the benefits of a PHDH. Initial screening, sharing records, similar to private practice. However, in this case, the dentist can be off site treating other people in need. An efficient collaboration with equity of care. What a fantastic utilization of this valuable dental team member!

These bills have an uncertain future unless multiple stakeholders voice their support to legislators and members of their own professional society to increase access to care. This is about helping people. We are here to assist the underserved. To create a diverse collection of interested stakeholders, we are seeking coalition partners. Please contact IDHA at mail@idha.net if you are interested in integrating a Public Health Dental Hygienist (PHDH) in your appropriate setting or are interested in additional information. We appreciate your time and interest in increasing access to care.

IRHA 32rd Annual Educational Conference Provides Great Educational and Networking Opportunities

Gain great exposure and network with Illinois' top rural health **leaders and colleagues from across the state at the** 32nd Annual Illinois Rural Health **Association Annual Educational Conference Aug. 11th -12th at the I-Hotel in Champaign.**

The Conference features over 20 educational sessions over a 2 -day period, 35 exhibitors and evening social events. A block of rooms is being reserved under the discount code IRHA2021 for $119.00 at the I-Hotel in Champaign 217-819-5000 through July 10th.

Below is a General Schedule, more detailed information will follow closer to the Conference. Contact IRHA Executive Director Margaret Vaughn staff@ilruralhealth.org or 217-280-0206 for more information.

Keynote Speaker
Brock Slabach

National Rural Health Association

WEDNESDAY, AUGUST 11th

11:00 a.m. - Attendee check-in, box lunch and vendor visits

12:30 p.m. - Annual Meeting & Keynote Speaker

2:15 p.m. - Concurrent A Sessions A

3:15 p.m. - Concurrent B Sessions

4:15 p.m. - Concurrent C Sessions

5:30 p.m. - Evening Socials and Dinner Buffet

THURSDAY, AUGUST 12th

8:00 a.m. - Breakfast and Exhibit Time

9:00 a.m. - General Session Keynote

10:00 a.m. - Prize Drawing and Exhibit Tear Down

10:15 a.m. - D Sessions

11:15 a.m. - E Sessions

Noon - Health Care Awards Banquet

1:30 p.m. - Closing General Session

Illinois Rural Health Association

9211 Waterfall Glen Blvd.

Darien, IL 60561

www.ilruralhealth.org **217-280-0206** · **Fax (630) 357-3059** staff@ilruralhealth.org

IRHA 32nd ANNUAL EDUCATIONAL CONFERENCE Aug.11-12, 2021

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Address: _____

Phone: _____ **Email:** _____

Title_____**Check enclosed:** ☐

Credit Card #: _____ **Expiration Date:** _____ **Code**_____

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____ **Silver Sponsor: $3,000 - Meal Sponsor** includes signage and announcement at meal, booth, 3 conference registrations/3 annual memberships, full page program ad, and website and newsletter recognition.

____ **Bronze Sponsor $1,500 - Break Sponsor** includes exhibit space- 3 conference registrations/3 annual memberships, signage at breaks, ½ page program ad, and website/newsletter recognition.

____ **For Profit -Exhibitor: $800** - Includes exhibit space and up to 2 registrations, 2 annual memberships, program/website/newsletter recognition.

____ **Non-For Profit Exhibitor - $600** - Includes exhibit space, 1 registration, 1 annual membership and program/website/newsletter recognition.

_____ **Full Page Program Ad** - $500 (includes one registration/membership)

_____ **1/2 Page Program ad - $250**

_____ **Individual Registration-Member: $195**

_____ **Non-Member: $250 (includes12 month membership)** _____ **Student: $50**

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OPYS
PHYSICIAN SERVICES

Getting an ELI²TE Clinical Experience

Angela O'Bryant, MSN, RN

Clinical Associate/Director of Academic Programs at the University of Illinois College of Medicine Peoria

Unique to the Peoria campus of the University of Illinois College of Medicine, students participate in the Early Longitudinal Immersion Interprofessional Team Experience, or ELI²TE. Now into its fourth year, this year-long, longitudinal program imbeds students into an ambulatory clinic where they experience patient-centered care first-hand. ELI²TE allows students to not only see basic sciences applied to the clinical setting, but also to experience the nuances of a medical practice and witness physician and patient interactions through diagnosis and treatment.

Although COVID-19 derailed this clinical experience in the spring of 2020, this year's first-year medical students started ELI²TE last month. As they began medical school virtually, this class will quickly learn first-hand how a pandemic has affected the medical world. The students are learning telemedicine, contact tracing, vaccine development and hesitancy all while learning about pharmacology and disease.

ELI²TE places students within 60 minutes of the Peoria campus utilizing many rural healthcare partner sites. ELI²TE sites include UnityPoint Clinics in Chillicothe, Morton, Washington, and Pekin, OSF Medical Groups in Galesburg, Clinton, Kewanee, Tremont, and Bloomington/Normal, and Graham Medical Group in Canton and Farmington in addition to many Peoria-based partners and locations.

Medical students enjoy getting out of the classroom and into the clinical environment early. Seeing real-life cases reinforces what is introduced and studied in the classroom. The classroom carry-over of social determinants of health is further emphasized through ELI²TE when students witness first-hand how those might affect patients. Encountering a patient who is unable to fill a prescription because they cannot afford it or the patient who misses an appointment because they have no transportation provides students greater understanding of patient hardships. This leads students to an increased sense of responsibility to engage with community partners to understand available resources for patients.

A former ELI²TE student reflected, "I thoroughly enjoyed my time with my preceptor. He is an exceptional physician, teacher and mentor. I learned a tremendous amount during my time at the clinic and the autonomy he gave me allowed me to gain confidence in my skills." Another student wrote, "I came into medical school very open to exploring many specialties. However, I think that my experience at ELI²TE has helped me realize some of my goals and preferences. I have always desired to develop longitudinal relationships with patients. I am also passionate about understanding and supporting patients' psychosocial needs. Both of these aspects of medicine are abundant in primary care." Adding to the student's perspectives about primary care is an added bonus of the ELI²TE program – especially in rural Illinois.

For more information on how you can serve as an ELI²TE preceptor, contact Angela O'Bryant – aobryant@uic.edu.

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Why becoming a Patient Centered Medical Home Makes Sense in 2021

Theresa Griffin-Rossi
Program Development Advisor
The Compliance Team

In the RHC community, many have been hit hard by the pandemic and struggled to survive. Patients have been reluctant to schedule routine visits for fear of being exposed to the virus and access to care has been even more limited in some rural areas due to recent closures. The questions often asked during these auspicious times is, "How can clinics continue to offer quality care to their communities while attaining financial resilience and overcome the economic stressors of the past year?"

One opportunity that may be overlooked is to become a Patient Centered Medical Home. Clinics that have been through the process recently shared their stories and the benefits have transformed the provider/patient experience as well as increased the financial stability for the RHC.

The next question that may come to mind is, "What are the benefits and why should PCMH recognition be considered as part of our financial blueprint for 2021?

A group of clinics in Missouri had the tenacity to stay committed to achieving their PCMH designation last year during the height of the pandemic. Kristen Ogden, Director of Clinic Quality and Accreditation tells us that the financial rewards have exceeded expectations and their success continues to be a win, win, win for patients, providers, and payors. Another group of clinics in Louisiana overcame the challenges of getting providers onboard to adopt the PCMH model but say that the benefits are now bearing fruit and they are seeing positive outcomes as Louisiana Medicaid has an incentive program for clinics in process or achieving PCMH recognition.

Understanding the "why" before you begin the PCMH journey helps you engage providers, staff (and patients!) in the process leading to higher levels of satisfaction for everyone involved. The results expressed by clinics that have become a patient centered medical home speaks volumes to the many advantages of their pursuit for recognition.

If you are still not convinced, let me leave you with some final recommendations to consider.

1. Your clinic is most likely already engaged in many of the PCMH processes to some degree, so why not take advantage of the financial benefits that may be available with the PCMH designation.

2. Improving patient and provider satisfaction generates better outcomes, which in turn bring greater rewards when payors take notice.

3. Providing a sense of security for your patients allows them to feel comfortable seeking the medical attention they need from their trusted provider. Patients willing to schedule routine office visits with their primary care provider, instead of waiting until the last minute, are less likely to frequent the ED and that drives revenue to your clinic. It also demonstrates to payors that you are committed to lowering costs by eliminating the need for more expensive point of care.

4. The time it takes preparing to become a patient centered medical home is well worth the investment as a vital health care provider to your patients and the long-term financial benefits for your clinic. As a PCMH, you build rapport with the community you serve and become known as the "provider of choice." *(Continued on following page.)*

Why becoming a Patient Centered Medical Home Makes Sense in 2021

(Continued)

The Compliance Team is committed to help you achieve success in 2021 and our staff is ready to work with you to implement the PCMH model. When asked what she would share with other clinics considering PCMH, Kristen said she would tell them, "Don't be overwhelmed! Take the first step and talk to TCT about the process to determine what you are already doing and what it would take to be recognized as a PCMH." It is worth the phone call to discover what may be the best financial decision you make this year.

For more information, contact us at 215-654-9110 or email info@thecomplianceteam.org and request to speak to a PCMH Accreditation Advisor today.

You can also contact me directly at tgriffinrossi@thecomplianceteam.org.

BUILDING A HEALTHIER RURAL ILLINOIS

Understanding and Addressing the Challenges of COVID-19

THE CHALLENGE:

Rural Illinois is in need of sustained, sweeping change to improve the social, economic and environmental factors that determine health outcomes. Illinois' rural communities suffer from **The Five D's**:

- **DISADVANTAGE:** Rural communities started the pandemic at a disadvantage in health and economic outcomes and available resources compared to metropolitan regions.
- **DESERTS:** Rural communities are deserts of essential services, from data to health care to grocery stores and more.
- **DISCONNECTION:** Existing rural services are fragmented and siloed. Additionally, the digital divide in rural communities creates barriers not only to high speed broadband but also to digital literacy.
- **DISPARITY:** Similar health, economic and social disparities exist in both rural and underserved urban areas.
- **DEVELOPMENT:** Sustained social and economic development is needed in rural areas.

THE RECOMMENDATIONS:

- Improve Digital Literacy and Expand Telehealth Access
- Increase Mental Health Services
- Create Statewide Taskforces to Study and Act on Rural Health Improvement
- Construct Regional Offices of Health to Coordinate Services, Reduce Redundancies and Maximize Impact
- Ensure Collaborations of Health, Education, and Social Services to Create Systems of Care
- Invest in Rural Leadership Retention and Development
- Prioritize and Sustain Rural Development Rooted in Regional Connection and Local Assets
- Commit to Equity

The Rural Health Summit partner organizations will be releasing a series of policy recommendations through January 2022. View the schedule, read the recommendations and register for topic-specific webinars at http://www.siumed.edu/popscipolicy/rural-health-summit.html.

TAKE ACTION:

We invite policymakers and corporate and community leaders from across the state to come together to work for a healthier Illinois. Success will involve creation of public-private partnerships, measures to effectively show progress and innovation to bring lasting health improvement.

ABOUT THIS REPORT:

Southern Illinois University (SIU) School of Medicine Department of Population Science and Policy, SIU Paul Simon Public Policy Institute, SIU Medicine Center for Rural Health and Social Service Development and University of Illinois at Chicago School of Public Health convened rural stakeholders for 11 discussion forums to better understand and address the COVID-19 pandemic in rural Illinois. Using the 2019 report on the most pressing issues facing rural Illinois as a foundation, 80 leaders from 55 organizations in diverse fields such as public health, health care, academia, industry and government met virtually to discuss how the pandemic is creating new challenges and fostering new innovation. Forums focused on rural **economic development, health workforce, children's growth and development, nutrition and fitness, mental health, opioids, public health systems, caring for an aging population** and **healthy housing.**

Gibson Gets It! Vision through Pandemic

Robert Schmitt, FACHE, FHFMA
Chief Executive Officer
Gibson Area Hospital and Health Services

The Covid-19 pandemic challenged the healthcare industry in an unprecedented way. Gibson Area Hospital and Health Services (GAHHS) met that challenge head-on with strategic, exhaustive planning and coordinating. GAHHS in Gibson City, Illinois, is one of the largest Critical Access Hospitals in Illinois and among the top 10% of the Nation's Critical Access Hospitals. That doesn't happen without visionary leadership from the top down and dedicated staff that support the mission and vision of our organization; to be THE model of excellence in community-based healthcare.

At the onset of the Covid-19 pandemic, an Incident Command Team consisting of 19 members of our management leadership team from all areas of the organization, including; Clinical Leadership, Administration, Employee Health & Infection Control, HR, Patient Safety, Laboratory, Legal, Supply Chain, Facilities, Education, Pharmacy, & Public Information & Access, was immediately organized to identify and execute the daily needs of our organization. Providing a safe work and care environment was the only goal. Mitigating fear by educating with fact was critical. Keeping our frontline patient care heroes safely protected and our communities healthy was paramount in our call to action. The Incident Command Team constantly communicated (s) to ensure that our mission was (is) being met by analyzing the progression of the pandemic and the changing needs of our patients, staff and the communities we serve. GAHHS follows all health agency guidelines and regulations at all times, with Incident Command often implementing more stringent guidelines to ensure total protection.

Recognizing Personal Protective Equipment (PPE) challenges and shortages became a focus of constant concern. Being creative and thinking outside the box, our Incident Command Team met every challenge, including the shortage of non-sterile, disposable isolation gowns. When we could no longer regularly purchase gowns from suppliers, we learned to make our own! Manufacturing over 13,000 gowns to-date right here at GAHHS. Remaining visionary was the only way to keep the organization successful and our patients and staff safe.

GAHHS was one of the only facilities in the state to offer a free community drive-thru testing site providing rapid results within 24 hours. From June-September 2020, we hosted a free test site twice weekly. This became wildly popular with lines stretching 2 miles outside of town. The numbers were astounding: 6,796 tests performed at no cost, patients came from 130 zip codes and 10 surrounding states!

When vaccines became available, GAHHS partnered with the Ford County Public Health Department to provide vaccines here at the organization as quickly as we could receive them with nearly 4500 vaccines being given to-date. GAHHS is among nine other Critical Access Hospitals given the unique opportunity to be one of only twelve pilot vaccination sites in the State of Illinois, enabling established patients of GAHHS to receive a vaccine!

Healthcare heroes emerged from all areas of our organization. We are proud to demonstrate genuine care, in the safest possible manner, while combatting the continued challenges that Covid-19 presents.

COVID-19 and Consolidation of the Livestock Industry: Alleviating the Mental Health Struggles of Farmers in Rural Illinois

Madhuvanti Mukherjee

UIUC Student

The pursuit of economic efficiency in agriculture has created an imbalance in power favoring agribusiness over independent farmers. The result is the transformation of rural America from a setting of many small, productive family farms and economically diverse, viable rural communities into a state of relatively few large factory farms and dying communities. With 53% of its farmland bound by megacorporations, Illinois is no exception.

The resulting centralization of livestock markets by dominant corporations has significantly limited non-contractual producers' economic freedom. As the structure of the livestock industry consolidates both vertically and horizontally, efficiency gains are more likely to merely increase the profits of concentrated corporations than be passed onto rural farmers or consumers.

The-Food-and-Agriculture-Organization of the UN notes: "Critical parts of food systems are becoming more capital-intensive, [sic] concentrating in fewer-hands."

The encroachment of industrialized agriculture operations on rural communities has significantly widened pre-existing economic and social gaps. Numerous studies have shown lower quality of life, greater poverty and crime, and lack of community outreach in regions dominated by consolidated farming corporations.

Unsurprisingly, rural farmers often report experiencing feelings of "uselessness" and limited personal decision-making power. As the communities they used to support and rely on increasingly show a lack of social capital, providers' emotional-wellbeing is compromised.

These sentiments may trigger a unique number of mental-health stressors.

21ST ANNUAL

SIH/SIU HEALTH POLICY INSTITUTE

Building equitable communities in the wake of COVID-19

A Virtual Event | June 8, 2021

Conference program guide and registration information: www.siumed.edu/cpd
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The COVID-19 Pandemic and Its Impact on Health Policy: A Renewed Focus on Healthy and Equitable Communities

SPEAKERS INCLUDE:

- The Honorable Eric D. Hargan, former Deputy Secretary, U.S. Department of Health and Human Services
- Alan Morgan, MPA, Chief Executive Officer - National Rural Health Association
- Pat Schou, MS, Executive Director - Illinois Critical Access Hospital Network
- Amanda Walsh, JD, Director - Illinois Children's Mental Health Partnership
- Heather Alderman, JD, President - Illinois Children's Healthcare Foundation
- Sharon Bush, MPA, Executive Director - Grand Victoria Foundation
- Colleen Healy Boufides, JD, Deputy Director, Mid-States Region - The Network for Public Health Law

Jointly Provided by Southern Illinois Healthcare and Southern Illinois University

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Report: COVID-19 Widens Disparities in Rural Illinois

Illinois Rural Health Summit Organizers Recommend Rural Health Improvements

SPRINGFIELD, IL – A new report released by Southern Illinois University (SIU) Medicine Department of Population Science and Policy, SIU Paul Simon Public Policy Institute, The University of Illinois Chicago School of Public Health and the SIU Medicine Center for Rural Health and Social Service Development found that the pandemic has negatively impacted preexisting health disparities in rural Illinois. Rural communities often share similar disparities to the poorest metropolitan communities. Read the **FULL REPORT** and **ONE PAGE SUMMARY**.

The report recommends overarching action to achieve health equity: improving digital literacy and expanding telehealth, expanding mental health services, creating state taskforces to study and act on rural health improvement, constructing regional offices of health to coordinate services, collaboration of social services and health systems, investing in rural leadership and retention, transformative placemaking and committing to equity.

According to rural experts and stakeholders, rural residents experience the "5 D's." Rural communities start at a **DISADVANTAGE** due to experiencing food, healthcare, social service and data **DESERTS**, as well as organizational and technological **DISCONNECTION.** Rural regions experience similar **DISPARITIES** to low-income urban areas but experience even fewer **DEVELOPMENT** opportunities than urban counterparts.

"It is undeniable that the pandemic has worsened many of the environmental and social factors that impact rural health," said Dr. Sameer Vohra, Chair, SIU Medicine Department of Population Science and Policy. "This report is an important introduction to a series of recommendations to come throughout the year."

The report draws on qualitative discussions from rural health stakeholders, community leaders, legislators, physicians and experts from 55 different organizations throughout Illinois. Participants discussed solutions for nine topics impacting rural health: children's growth and development, an aging population, the health workforce, housing, the economy, public health systems, nutrition and fitness, mental health and opioids.

"SIU School of Medicine continues to lead in diverse efforts to improve the health and health care of central and southern Illinois," said Dr. Jerry Kruse, Dean and Provost, SIU School of Medicine. "This work of the Illinois Rural Health Summit partners outlines key recommendations to improve the health of rural and underserved communities across our State."

"It has been a privilege to partner in this statewide initiative as a representative of the University of Illinois Chicago School of Public Health," said Devangna Kapadia, assistant director of the Policy, Practice and Prevention Research Center at the UIC School of Public Health. "We know that the health of our communities crosses borders. Whether focusing on urban, suburban or rural, efforts to address health equity can only be impactful if it truly touches everyone."

The Rural Health Summit organizers will continue to explore how COVID-19 has impacted rural communities throughout the year through monthly policy briefs and webinars. **Register for the webinars HERE**.

"We invite policymakers, corporate and community leaders from across the state to come together to work for a healthier Illinois," said Dr. Linda Renee Baker, University Professor, Paul Simon Public Policy Institute. "Success will involve creation of public-private partnerships, measures to effectively show progress and innovation to bring lasting health improvement."

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PROJECT TYPES

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Incentives through this option can cover up to 100% of the survey cost for tune-up projects that have a simple payback period of up to one year. Measures that may qualify for RCx Lite incentives include:

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- Adjustment of HVAC set points
- Redeployment of inoperable HVAC dampers and controls

A typical facility in the Ameren Illinois service territory can expect to achieve an energy savings of up to 30% as a result of RCx Lite.

Survey Incentive: 100% of survey cost ($15,000 cap)
Implementation Incentive: $0.02/kWh or $0.10/therm saved

LARGE FACILITIES

Large facilities — including industrial, healthcare and commercial buildings — can optimize their existing lighting, HVAC, and energy management systems through this Offering.

Survey Incentive: 90% of survey cost
Implementation Incentive: $0.02/kWh or $0.10/therm saved

INDUSTRIAL REFRIGERATION

This Offering provides cash incentives to assist food processing facilities and refrigerated warehouses in optimizing the operation of their industrial refrigeration systems.

Survey Incentive: 90% of survey cost
Implementation Incentive: $0.02/kWh saved

REAL RESULTS

A hospital in southern Illinois used a Large Facilities Retro Commissioning survey to identify ways to optimize their existing lighting and HVAC needs. With the help of nearly **$160,000** in cash incentives from the Ameren Illinois Energy Efficiency Program, the healthcare facility was able to complete the recommended projects and save more than **$145,000** in energy costs each year![^] Want more Real Results?
Visit: *AmerenIllinoisSavings.com/RealResults*

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FOR MORE INFORMATION

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[^] *Estimated savings based on average cost per kWh/therm and depends on age and condition of current equipment.*

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