



# HealthCare Consumer

*Newsletter of the Champaign County Health Care Consumers*

## Consumers Challenge Carle Clinic

### **Task Force Challenges Billing Practices**

In recent months, patients at local clinics in Champaign County called to report problems with finance charges on outstanding medical balances. Although few clinics are free from problems with their billing systems, most people called about the "new improved" billing system at Carle Clinic.

Late last year, calls to the Consumer Health Hotline raised concerns about a variety of billing problems. Some of these were associated with finance charges, while others were due to long-standing problems with the billing policies and procedures at Carle. On January 1, 1997, Carle Clinic instituted a billing policy that charges patients 18% annual interest (1.5% monthly) on outstanding bills. In March, due to the growing concern of consumers, CCHCC began to investigate.

Health Care Consumers held meetings with members of the community who have been affected by these problems, or who are concerned about the potential impact of finance



*At Task Force meetings, consumers discover systemic problems in Carle's billing and collection practices.*

charges on future medical care. This group, now called the CCHCC Medical Billing Task Force, met regularly to uncover the extent of the billing problems at Carle and to work at resolving these problems. The meetings not only revealed systemic billing problems at Carle Clinic, but also an

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## Board of Health Appointed: \$50,000 Available

### **County residents urged to tell board what services are needed**

Friends of Public Health coalition members were pleased to be on hand June 5, when the Illinois Department of Public Health presented the Champaign County Board of Health with a \$50,000 grant to start up the new Champaign County Health Department. Mark Schmidt, Assistant Director of IDPH, congratulated the new Board of Health for "helping to bring Champaign County up to basic standards of health which most of the rest of Illinois residents already have." Mr. Schmidt also stated that, "with the new addition

of Champaign County, now 99% of Illinois residents will be covered by public health. The Champaign County Department of Health will help continue the circle of protection provided by public health."

Coalition members clapped loudly when the check exchanged hands. "Champaign County is one step closer to establishing public health services for all county residents" said coalition member Jenny Putman.

"At the time of our last update, we warned that delays in appointing the Board of Health and passing the Resolution could result in missed deadlines for necessary funding. We

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**Summer, 1997**

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# Health Care Consumer

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# Volunteer Profile: Steve Lyons

Steve was introduced to CCHCC at the Citizen Action Convention in November '96. During a seminar on health care, Steve heard a CCHCC staff member discuss the Consumer Hotline. He contacted CCHCC shortly after the convention to volunteer as a Hotline Advocate.

The decision to become a Hotline Advocate stemmed from a variety of interests and experience. Steve has a master's degree in Political Science from the University of Illinois. He has worked in several political campaigns for progressive political candidates. Steve will shortly begin graduate work in Social Work at the U of I and plans to have a career in Health Care Social Work. Health Care Social Workers collaborate with other health care professionals in providing patient care and mobilizing family and community networks on the patient's behalf. Through the Hotline, Steve believes that he has acquired useful skills for his future career as a social worker. He believes that being a good listener is the key to successful advocacy.

Many consumers who call feel powerless and overwhelmed by the



problems they are experiencing with the health care system. An advocate needs to listen carefully to identify the needs of the consumer and the desired course of action.

Steve's experience with the hotline has confirmed his belief that many health care needs are not being met. He firmly believes that "everyone has a right to basic health care", but in our current system, "...a lot of people fall through the cracks." He helps consumers challenge authority and "become aggressive advocates for their own interests and needs".

In addition to his graduate studies, Steve is beginning research to design a database of physicians who practice in Champaign County. This database will be an update to the *Doctor's Directory: A Consumer Guide to Health Care Providers in Champaign County*. That directory, a guide to local physicians, was last updated in 1987. If anyone is interested in helping establish the database, please call Steve at 352-6533.



*Members of the newly reformulated Senior Citizens' Task Force share a table at CCHCC's Annual Awards Dinner.*



## Prescription Drug Alert: Dilantin - 50 pills @ 100 mg

Carle RX Express Pharmacy	383-3250	\$15.15		Osco Drug Pharmacy	352-4272	\$16.69*
Christie Clinic Pharmacy	366-1278	\$12.60		Revco Pharmacy	586-4914	\$14.12
Covenant Outpatient Pharm.	337-4545	\$13.80		St. Joseph Apothecary	469-2232	\$16.47
Doctors Building Pharmacy	356-1819	\$20.00		Schnucks (Champaign)	351-8497	\$12.50*
Jerry's IGA Pharmacy (D)	367-4390	\$13.43*		Schnucks (Urbana)	337-6551	\$12.50*
Kmart Super Centers	356-2839	\$13.89		Target Stores	355-3345	\$12.69
Medicine Shoppe (D)	353-7070	\$11.86*		Walgreen's Drug Stores	356-0521	\$14.59
Meijers Pharmacy	353-4000	\$11.07		Wal-Mart Discount Cities	352-1490	\$14.62

\*=100/Plus Discount; (D)=Free Delivery; Prices effective 5/20/97 **NOTE:** Pharmacists recommend that you buy Dilantin (aka Diphenylan or Phelantin) in quantities of 100 for a better price. It is important to develop a relationship with your pharmacist. It may be dangerous to mix pharmacies. Always make sure your doctors know all the drugs you're taking.

# Expiration Dates of Medication

by Linda Menner, R.Ph., Osco Drug

All medications should be assumed to have an expiration date- a date after which the medication is considered "old" and should be discarded. The length of time a drug will be "good" will vary greatly, depending upon the medication.

Some drugs are stable for a very long time if stored properly, while others are stable for a relatively shortly period of time, no matter how stored.

When considering non-prescription, or over-the counter drugs, the expiration date will appear on the package or container, though it may take some searching to find it. In the case of prescription medications, however, the medication has usually been transferred from the larger, original manufacturer's bottle to a smaller prescription vial, and has only the prescription label. The "expiration date" on the prescription label is the date when the PRESCRIPTION expires, not the medication in the bottle. Some pharmacies will display a message such as "Do not use after (date)," but this isn't really the expiration date of that particular medicine; usually it is just the standard 1-year recommendation.

In the case of a tube of cream or ointment, the expiration date can

normally be found imprinted on the crimped end-though it can be hard to read, and the opposite side will usually have the lot number. In the case of eye or ear drops, or medications dispensed in the manufacturer's container, the expiration date may be visible on the container.

The expiration date is based upon proper storage. **Most** medicines in tablet or capsule form are intended to be stored at "controlled room temperature" (usually considered to be between 59° and 86° F, but it can vary), and away from humidity.

Some medications must be kept refrigerated; some are intended to be refrigerated until opened, but then may be kept at room temperature for a limited period of time; still others are stored at room temperature and need to be mixed prior to use, and then must be kept refrigerated and/or have a shorter expiration after being mixed.

Here are some basic, generally accepted guidelines:

Every 6 months, sort through your medications, both prescription and non-prescription. Discard any medications which are past their expiration date. If you're not sure, check with your pharmacist. If it's a prescription drug that you're no longer taking- get rid of it unless you can reasonably expect that you might

need it in the future. If it's more than a year since you got it filled, get rid of it anyway; if you do need it in the future, get a new prescription so you'll have fresh medicine you can count on.

Some medications shouldn't even be kept for a year after opening. One example is eye drops. They are made with preservatives to help kill bacteria & other organisms which enter the bottle when you open it, but the preservatives can be overwhelmed over time. I recommend not keeping an opened bottle of eye drops for more than 6 months; less for some types. It is not worth risking your eyesight to save a few dollars.

You also need to think about where you store your medicine. Don't keep medicines in the medicine cabinet; the bathroom is too warm & humid. Kitchen cabinets near the stove or ceiling, or too close to sink or refrigerator which put heat and/or humidity into the air are also dangerous. Insulin is preferably stored in the refrigerator. If desired, one can keep a bottle of insulin at controlled room temperature for *up to 1 month*. If a bottle of insulin lasts you more than a month, don't leave it out. Insulin and inhalers need to be protected against both heat and freezing. Don't leave them in the car!



# The Impact of Welfare Reform on Medicaid and SSI Eligibility

The legislation is titled The Personal Responsibility and Work Reconciliation Act of 1996. Signed into law on August 22, 1996, it promised to "end welfare as we know it."

"The welfare reform bill was supposed to be an anti-poverty initiative that would end poverty and decrease the welfare rolls, by moving people from welfare to paid employment" said Claudia Lennhoff, a CCHCC staff member. "However, it's hardly just a welfare bill. Most of its budget reductions come in non-welfare programs for the poor, and many affect working families as well as sick and disabled individuals. Many of these changes are just cuts."

At this point, it is hard to know all the ways Champaign County will be affected. However, CCHCC is concerned about the cuts in cash assistance and SSI eligibility, and the impact these changes will have on Medicaid eligibility. Many welfare and SSI recipients may end up losing Medicaid because of cuts or changes in benefits.

## CASH ASSISTANCE AND MEDICAID

One of the most significant aspects of the new welfare legislation is that it ends the 61 year-old cash assistance program called Aid to Families with Dependent Children

(AFDC), and replaces it with a block grant program to the states called Temporary Assistance to Needy Families (TANF). Under TANF, the block grant is a fixed and frozen sum of money allocated to each state for the next five years.

The Illinois State Plan for TANF became effective July 1, 1997. Much of the immediate local impact of welfare reform will result from problems in the process of the implementation of the state plan. CCHCC is particularly concerned that individuals and families who are welfare and SSI recipients may become wrongfully disqualified from receiving Medicaid benefits. As states throughout the country implement their TANF plans, there have already been documented cases of Public Aid departments using unverified and incorrect employment data to cancel benefits for families.

Beyond the wrongful loss of cash assistance, families and

individuals are also losing Medicaid eligibility on this basis.

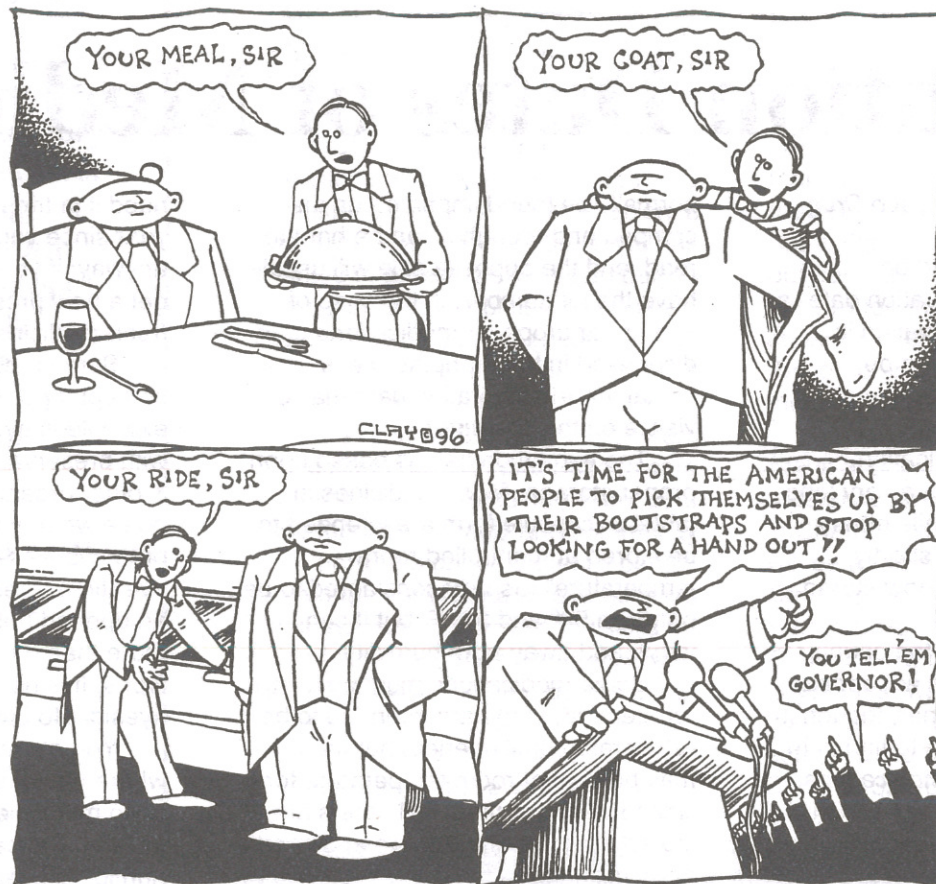
Many recipients are not familiar with the grievance procedures for correcting such errors. In some cases, under the IL TANF Plan, families and individuals may become ineligible for cash assistance, but still be eligible for Medicaid. However, if they are disenrolled from Medicaid at the same time that their cash assistance ends, they may not know that they may still qualify for Medicaid.

## SUPPLEMENTAL SECURITY INCOME

The new welfare legislation narrows the eligibility criteria for disabled children.

Over the next six years, 300,000 children are likely to lose their SSI eligibility as a result.

This is expected to have a severe impact on children with mental and emotional disorders. SSI redeterminations are already being conducted, and Champaign County parents of children who are receiving SSI benefits have been sent letters with forms to complete and return as soon as possible, so that their children's cases can be corroborated. Legislation changes also involve cuts in SSI to people who have drug addiction and alcoholism as a



basis for receiving SSI. Frequently, these are individuals who, along with problems of addiction, have other diagnoses which led to their disability status. As redeterminations of eligibility are being conducted, county residents are already receiving notice of cancellations. The

Chicago-based SSI Coalition states that many of the persons for whom the Department of Public Aid terminates Medicaid are still eligible to receive Medicaid under other eligibility rules. However, these persons are not often advised of this eligibility, nor are they advised about their rights to file appeals or reapply for benefits.

Anyone who is concerned about, or affected by these changes is encouraged to call the Champaign County Health Care Consumers. Hotline advocates can provide assistance to individuals on a one-on-one basis.



**CCHCC thanks all of the volunteers who helped to make our victories possible this past year:**

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**CCHCC needs volunteers!** Here's a list of opportunities. If you're interested, please contact Bill or Sanjay at 352-6533.

**Research:** investigate local concerns regarding hospital practices.

**Graphic Design/Art:** logos, invitations, & mailings

**Phoning:** community outreach & education

**Publicity:** promote the Health Action Network & Hotline

**Advocacy:** assist county residents one-on-one through the Hotline.

**Special Events:** help organize the annual Bingo, Phone-A-Thon, and Dinner.



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## Join the Health Action Network!

The Health Action Network (HAN) is a group of people interested in addressing health care issues through simple coordinated action.



When you join the HAN, you will receive action alerts as issues arise in our community. Alerts detail a problem and call for a simple action you can take to make a difference. These actions range from making a phone call to attending meetings. The principle behind the H.A.N. is the idea that **even a simple phone call can make an impact when we organize our neighbors to do the same.**

To join the H.A.N., or for more information on the HAN, contact Sanjay or Bill at:

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44 E. Main St. Ste.#208  
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Phone: (217) 352-6533  
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# Friends of Public Health

*from page 1*

organized Public Health supporters to contact their County Board members and urge them to quickly move forward," said Janice Wilson, a coalition member. Friends of Public Health members had diligently attended every County Board meeting and Policy Committee meeting to urge the County Board and Chairman Barker to proceed with the appointments to the Board of Health. Finally, after three months without progress, the Friends of Public Health Coalition held a press conference on April 2 to address these concerns. Jan Anderson, a spokesperson from the League of Women Voters and Friends of Public Health stated that "the County Board's slow progress could not be explained by either a lack of qualified applicants for the Board of Health or a lack of information regarding the process and the need to move quickly."

Finally, five months after the public health referendum, the County Board appointed the new Board of Health and passed the Resolution to Establish the Champaign County Health Department at their April 15 meeting. The Resolution was required in order for the Illinois Department of Public Health to qualify for the \$50,000 start-up grant. The new Board of Health members are Judy Cresap from White Heath (within Champaign County); Glenn Fisher, M.D., of Mahomet; Michael Gernant, M.D. of Champaign (Chair); Joan Miller of Champaign (Secretary); W. Stephen Moser - County Board Member; Michael Muscatella, D.P.M., of Champaign; Janet Scharlau of St. Joseph (Treasurer); and Doug Wright, D.D.S., of Rantoul.

"Unfortunately, none of the 15 Friends of Public Health allies who applied for the Board of Health were selected or interviewed for the Board," said coalition member and Board of Health applicant, Jan Thom. Board member terms are for either one, two, or three years, so there is still a chance that a Public Health ally might be selected to serve on the Board of

Health, whether they are beginning a new term or filling a vacancy that might occur. In fact, County Board Chairman Barker told Jan Thom that he would keep her application "on file" when she had expressed disappointment at not being called for an interview.

At their first meeting in late April, the new Board members did not appear to be familiar with the types of services provided by public health, nor the situation in Champaign County. All new Board members were surprised when they learned, apparently for the first time, that restaurants in Champaign County are not inspected. During this meeting, Board members appointed officers and set their meeting schedule for May and June.

In May, Gale Fella of the C-U Public Health Department (C-UPHD), and Mr. George Rudis of the Illinois Department of Public Health (IDPH) were present to make recommendations to the new board on how to proceed with the needs assessment, or I-PLAN. Mr. Rudis recommended that, in the interest of time and money, the Board of Health vote to contract with C-U PHD to conduct the needs assessment. With the June 30 I-PLAN deadline quickly approaching and \$103,000 at stake, the Board of Health followed this recommendation and made the request to the C-U PHD Board, who agreed to provide this service.

As of early June, it appears that the I-PLAN will be completed in plenty of time to meet the June 30 deadline. According to George Rudis of IDPH, this will allow Champaign County to receive the funds already allocated, and the Board of Health can use this money to start providing public health services to county residents by early fall.

These funds will be added to the \$50,000 just received by the Board of Health from the State. The next step is to begin the process of delivering public health services. The Champaign County Health Department (that's the official name) is required to provide four basic types of services, which include Food, Water, Sewage, and Communicable Diseases services, within three years. Additionally, as part of the needs

*Continued on page 12*

## Illinois Department of Professional Regulation

A report issued in May by the Illinois Auditor General's office raised serious concerns about the Department of Professional Regulations (DPR), finding serious problems in more than a third of the 3,661 complaints filed in 1995-1996 against physicians.

- According to the final report:
- \* 17% of the complaints were closed without investigation
  - \* 13% received investigations deemed inadequate —largely because relevant medical records were not examined.
  - \* 4% ended in questionable disciplinary action.
  - \* 135 cases of medical malpractice settlements amounting to \$38 million were referred to the agency, but none of the physicians were disciplined, and 76 cases were closed without investigation.

In summary, of all the complaints submitted to the DPR, over one-third were mishandled or ignored. These numbers show that even in instances where the legal system had severely punished negligent doctors, the DPR made little or no effort to prevent future injury.

The report stated that DPR has no "guidelines on how an investigation should be conducted or what evidence should be included in case files." Nancy Cowles, of the Coalition for Consumer Rights, called the report a wake-up call for legislators and consumers of health care. She said, "[consumers] should not trust that the state is looking out for them with doctors. They need to rely on referrals from friends and family and to put pressure on the state to clean this department up."

The audit urged the DPR to adopt guidelines for conducting investigations and a training policy for investigators.



# Carle

from page 1

unwillingness on their part to address clients' concerns.

CCHCC informed Carle Clinic about the problems in March. When the Task Force contacted the Clinic to discuss the systemic billing problems, they were directed to Marsha Creek, Manager of Patient Accounts. She expressed Carle's desire to cooperate, and work to solve any problems its patients might be having. She also insisted that the Clinic's new billing system and finance charges are meant to encourage patients to "prioritize their medical bills," and not to make money for the Clinic. Carle reassured the Task Force and patients that the problems were limited to a "few random cases," and that the rest of the system is working adequately.

Even after members of the Task Force spoke with Carle to reiterate the billing problems (and offered to help revise the policies several times), Carle would not change its policies for those "few random cases." The Clinic continues to deny the systemic nature of the problems, referring to clients as irresponsible in paying their medical bills, and therefore the cause of such billing practices. The patients who have come to CCHCC, however, have a documented history of making regular and consistent payments on their medical bills.

Problems identified by patients in the Medical Billing Task Force include: 1) Miscalculation of interest & complicated statements; 2) Delays in crediting accounts; 3) Penalties for responsible guarantors & refusal to make appointments; 4) Arbitrary inconsistencies in resolution of errors; 5) Lack of adequate financial counseling and coercing clients to pay in full; and 6) Excessive interest rates.

## **Miscalculation of Interest Charges and Complicated/Confusing Billing Statements:**

Since billing statements from Carle and other clinics are often unclear and confusing, many patients had trouble understanding their bills so they could check them for errors.

For example, one Carle patient explained that she had worked on her bill several times to figure out which

balance the Clinic used to calculate the finance charges. She suspected an error in the amount of interest charged, and soon became so frustrated that she called patient accounts to ask for their help. Carle employees found that the amount of interest charged to the patient was incorrect, but they were not able to explain how the interest charges were figured, nor what went wrong.

Todd Larsen, a researcher with Network Projects who investigates medical fraud & abuse, wasn't surprised. "The most recent study on this issue published by the General Accounting Office found overcharges on 99% of the medical bills they audited," says Larsen.

As a safeguard, all patients should go over their bills item by item to make sure they are billed only for services actually received. Carle sends out 20,000 bills a week, so an overcharge of merely 50 cents per bill adds up to \$40,000 a month in false charges. This billing process may gouge hundreds of thousands of dollars out of consumers' pockets every year.

## **Delays in Crediting Accounts Paid:**

Many patients found their accounts weren't credited on the date payments were made. For example, Rick Gibbons found that Carle delayed crediting his account for 7 days, despite claims by administrators that the longest lapse between receiving payment and making a credit is 2 days. This occurred even though he made his payments on time, in person, at the billing office, and retained his receipts. Mr. Gibbons' bank statement even shows the check cleared his bank 4 days before the credit appeared on his Clinic account.

Carle is accruing interest not only on the patient's "outstanding" account, but also on the money already received in payment from the patient. "They do it not only with personal payments but with insurance as well," said Mr. Gibbons. Some insurance payments can be delayed credit for up to 11 days. "This means they are gaining interest for every day that payments are delayed." He also expressed concern for others, saying if it's happening to him, "it's happening to everyone, because the same system is crediting all the accounts."

## **Penalties for Responsible Guarantors and a Refusal to Make Appointments:**

Patients who are unable to pay for services in full often set up payment plans. However, even responsible patients who set and diligently follow their plans are being penalized. Until the new system was implemented in January, any client on a payment plan with Carle wasn't charged interest on outstanding accounts. Recently, several patients reported their accounts were charged interest despite their agreements. Consumers believe the previous agreements should still be honored.

Carle Clinic also refused to give appointments for services to some clients due to their account balances. Patients said that, despite their payment plans, they could not get further treatment or examinations at Carle. Clients are still encountering these problems, and say the Clinic has made no attempt to resolve them.

## **Lack of Adequate Financial Counseling and Coercing Clients to Pay in Full:**

Other patients informed us that Carle's financial counseling department inadequately explained the billing procedures and policies. Many of these clients had set up payment plans, and were making their payments at the regularly scheduled time, with the understanding that they would pay the appropriate amount to their accounts each month until the balance was completely paid off.

However, clients report that despite their arrangements, they had received harassing phone calls from Carle employees, attempting to coerce them into paying off their accounts with a credit card. Netta Gillespie, a Hotline Advocate who spoke with many Carle patients, also reported the Clinic went as far as suggesting that people re-mortgage their homes in order to pay off their medical bills.

## **Inconsistencies in Resolving Billing Errors:**

Patients experienced inconsistencies when they tried to resolve billing errors with Carle. Patients at the Task Force meetings recounted stories of uncooperative

*Continued on next page*



# Advocate's Advice: The Illinois Health Care Surrogate Act *What you need to know.*

by Nick Wright.

While the right of competent patients to end their own life-sustaining medical treatment has long been recognized, a new Illinois law clarifies the rights of those unable to make medical decisions, by allowing surrogate decision makers to act on behalf of the seriously ill.

However, consumers should be aware of a number of potential problems with the new law, which creates a prioritized list from which a surrogate will be chosen. The list begins with the patient's guardian, goes through family relations and friends, and ends with the patient's guardian of the estate (i.e. the bank). This is a rigid order, and may not be acceptable to everyone. For example, the patient's spouse is the first surrogate regardless of whether the patient and spouse are separated. In fact, any divorce needs to be absolute to avoid having an ex-spouse as a decision maker. Domestic partners are seventh on the list, under adult grandchildren of the patient, and only just before the bank.

At the decision making stage, the law requires the surrogate to make life sustaining treatment decisions that conform as closely as possible to those the patient would have made. If this cannot be determined, the surrogate must act in the patient's best interests. In practice, the surrogate has a lot of discretion, and cannot be held liable for failure to follow set guidelines.

Most surrogate decision makers will act responsibly and in the interests of those patients who haven't made their wishes known. Yet its imperfections should encourage us to make our own health care decisions clear in the form of a living will or a power of attorney for health care, so that, at the end of our lives, we really do have our own voice.

## Carle Clinic billing problems

*from previous page*

employees and unsolved problems with the billing office. Many clients mentioned that the reoccurring response from Carle employees to questions about finance charges was that the new computer system "cannot adjust" to changes and that "there is nothing we can do about it." They have yet to get their problems resolved.

On the other hand, some patients who repeatedly contacted Carle and forced the clinic to recognize their billing problems were told that the Clinic would simply delete the finance charges from their bills. These patients also informed the Medical Billing Task Force that Carle would delete their finance charges on each occasion when they called in to report it, but that new statements continued to show interest charged on their account. Carle Clinic would eliminate interest charges for *some* patients who repeatedly contacted the Clinic about the situation.

However, the practice of expunging interest does not hold true for all patients at Carle, since many others were told that the charges could not be deleted.

### Excessive Interest Rates:

Carle Clinic's 18% interest rate is rather high compared to other clinics, such as Southern Illinois University, which charges only 12%, or even the Mayo Clinic, which charges no interest at all. Unfortunately, many consumers are forced to go to Carle because they have little choice about where they can get the medical treatment they need, Carle can continue to keep its interest rate high without fear of losing patients or facing complaints.

The Medical Billing Task Force produced a number of suggestions for the problems with Carle. Some suggestions are:

- \* to improve the statements, making them easier to read and figure the interest
- \* to include a note that statements often have errors, and to check thoroughly
- \* to credit accounts the day payments are received, like credit card companies
- \* to guarantee finance charges will be waived for patients who pay bills on time
- \* to guarantee that finance charges will be waived for patients with payment plans beginning before Jan. 1, 1997
- \* and to have better financial counseling available for patients who may need assistance in paying their medical bills.

The Task Force is in the process of arranging a meeting with Carle to discuss how the Clinic plans to address these problems, and to present possible solutions.

CCHCC encourages everyone to go over their medical bills closely to check for errors. As consumers, we have the right to fair billing practices and to know where our money is going and why. Don't let health care providers get away with crooked policies. Call your provider and ask questions about your bills, or write letters-to-the-editor about experiences you have had with unfair medical billing. And contact CCHCC for help at 352-6533 if you have any problems or questions, or to get involved with the Medical Billing Task Force.

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## **Board of Health**

*from page 9*

assessment process, the Board of Health is required to select three additional services which they will provide once the basics are in place. The Board of Health selected services to address the problems of cardiovascular disease, infant/maternal mortality, and unintentional injuries in Champaign County. Services addressing these needs are required to be in place within the next five years.

The work of the coalition is far from over. Now that the Board of Health is formed and they have received start up funds, they will have to decide what services to start providing first. It is more important than ever that County residents start letting the Board of Health know what their public health needs are. The Friends of Public Health Coalition has worked very hard for almost two years now to make public health a reality for Champaign County. County residents can make their public health needs known to the new Board of Health by calling the County Board offices at 384-3772, or calling Claudia at CCHCC at 352-6533.