

Illini Community Hospital Community Health Needs Assessment 2015

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Executive Summary

Illini Community Hospital has made significant progress on the areas of concern identified in the 2012 Community Health Needs Assessments. The three concerns identified were: (1) improving mental health services, (2) improving access to primary and specialty care, and (3) increasing health education programming to the medically underserved. Plans to complete and open Worthington Square, a geriatric behavioral medicine unit were completed October 1, 2015. The Illini Rural Health Clinic opened its new facility on the campus of the main hospital. Visits to the clinic have increased over the last four years.

Illini's efforts to increase health and wellness education in the local schools in the areas of nutrition, diet, and exercise are in line with needs identified by social service and health care providers and the public via the focus groups held in conjunction with the 2015 Community Health Needs Assessment; addressing obesity, nutrition and exercise were identified as the most salient need in Pike County. This was followed closely by smoking cessation and substance abuse and the need to expand mental health services in the area.

Illini Community Hospital and health and wellness partners in Pike County and the surrounding area are faced with challenging economic conditions. Even as ICH has expanded mental health services, access to primary care, and increased education opportunities other social service and health care providers in the area are facing staff layoffs and declining funding. The Pike County Health Department has reduced their programs to mandated programs only due to budgetary constraints. They have been unable to maintain their educational programs due to losses in funding and decreases in staff. Programs that rely on Medicaid reimbursement and State of Illinois employee insurance programs will likely face cash flow issues due to slow

reimbursement from the state. Illinois has been operating without a state budget since July 1, 2015.

Illini Community Hospital is a major player in addressing community health needs, actively engaged in a number of community-based partnerships seeking to maximize often limited resources to meet local needs. They face a very competitive market and need to aggressively promote their programs in the surrounding area. Local residents are not always aware of programs provided through the hospital. Health education programming is badly needed in the county, but any new programs developed must be low-cost. Residents complain that they have a difficult time participating in formal fitness and weight loss programs due to the cost. Other concerns residents have expressed are the rising cost of medications and co-payments required for receipt of services. These are challenging times for residents of rural counties, but also for the hospitals and health care providers who seek to meet their needs.

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2015 COMMUNITY HEALTH NEEDS ASSESSMENT¹

ILLINI COMMUNITY HOSPITAL

Process

Purpose

Illini Community Hospital (ICH) is one of six facilities that are part of the Blessing Hospital System based in Quincy, Illinois. ICH is a 25-bed, Critical Access Hospital located at 640 West Washington in Pittsfield, Illinois. Illini Community Hospital provides quality and comprehensive medical care and has a commitment to community wellness programming (<http://www.illinihospital.org>). Since the passage of the Affordable Care Act in 2010 Illini Community Hospital is required to conduct a community health needs assessment every three years and file the assessment report as part of their corporate tax filings. Their last assessment was completed in 2011-2012. Data for the current 2015 assessment was collected February through June 2015.

The World Health Organization (WHO) defines health as "a state of complete physical, mental, and social wellbeing and not merely the absence of disease or infirmity" (WHO 1946/1948). This focus goes beyond the absence of disease and is the essence of a community based health needs assessment. According to one source an assessment of health needs is "a systematic method of identifying current health and health care needs of a population and making changes to meet these unmet needs. It involves an epidemiological and qualitative approach to determining priorities which incorporates clinical and cost effectiveness and patients' perspectives" (Wright, Williams, and Wilkinson 1998). This assessment will focus on

¹ Funding for the 2015 Community Health Needs Assessment was provided by the Health and Wellness Foundation of Pike County and Illini Community Hospital.

Illini Community Hospital's commitment to providing comprehensive medical care and to community wellness efforts in Pike County.

Scope of the Assessment

Data for the 2015 ICH community health needs assessment was collected by Cynthia B. Struthers, Ph.D. and three research assistants. Dr. Struthers is the Health and Housing Program Manager with the Illinois Institute for Rural Affairs (IIRA) at Western Illinois University. The mission of the IIRA is "to improve the quality of life for rural residents by partnering with public and private agencies on local development and enhancement efforts" (www.iira.org/about/). The data was collected as part of a broad community health needs assessment initiated in cooperation with the Pike County Health Department IPLAN process and the Health and Wellness Foundation of Pike County planning process. Given the overlap between the Health Department's need to complete an IPLAN² this year and the hospital's three year assessment time table, one data collection period for both efforts was implemented.

A community health needs assessment not only seeks to identify gaps in existing health services, but also considers the perceptions and interests of area residents and community knowledgeable. Both primary and secondary data are included in the assessment.

Methodology

Given the extent of a community health needs assessment multiple methods were used to collect data for the project. Survey questions and protocols were developed in partnership with the Illini Community Hospital, the Pike County Community Health Partnership, the Pike

² Health departments are required to complete an IPLAN every five years. The IPLAN process requires that health department evaluate the programs and priorities they identified in the previous five years and use federal health initiatives to shape their next five year programs and priorities.

County Health Department, and the Health and Wellness Foundation of Pike County. The Health Department and Foundation also assisted in identifying appropriate local groups to participate in focus groups. One focus group was held in the ICH Administrative Conference Room.

Primary data collection methods included telephone surveys with social service agencies and school administrators, as well as a one page self-administered pencil and paper survey of local health care providers. The sample not only included physicians but school nurses, opticians, chiropractors, dentists, and pharmacists. Focus groups were conducted with local seniors, parents of young children, area ministers, and the Pike County Interagency Council. Two modified focus groups were conducted with local elected officials and a business group. Because of the large number of participants, the business group and elected officials were given and asked to complete and return focus group questions and the accompanying demographic survey; however, very few elected officials returned the focus group questions. Collectively there was good representation in the focus groups of a cross-section of county residents, with over a third of focus group participants residing outside of Pittsfield.

All surveys and interview protocols were developed to assess health needs and priorities consistent with state and federal public health guidelines. Surveys and protocols were approved by the Western Illinois University Internal Review Office before any data was collected. Copies of the surveys are included as appendices of this report. The focus group questions were purposely broad and open-ended to assess quality of life and the larger social context.

Community

Demographic and Socioeconomic Characteristics of Pike County

Pike County is located in West Central Illinois and is situated between the Mississippi and Illinois Rivers. Pike County is served by Interstate 72 and U.S. 54 and 36 and Illinois State Highways 96, 100, 104, 106 and 107. It is 95 miles from St. Louis, Missouri; 72 miles from Springfield, Illinois; 49 miles from Quincy, Illinois and 40 minutes from Hannibal, Missouri. Both St. Louis and Springfield have major hospital systems; some residents of Pike County travel to Quincy or Hannibal to access health services provided through larger facilities with expanded services. Pike County is the fifth largest county in Illinois (Pike County Chamber of Commerce 2013) and had a population of 16,430 in 2010 (US Census Bureau 2010). More recent estimates in Pike County illustrate that the population is declining.

Table 1. Pike County Population Projections

Populations by Age	2010 (N=16,430)		2014 (N=16,261)		2019 (N=16,114)	
	Number	Percent	Number	Percent	Number	Percent
0 – 24	4,983	30.3	4,808	29.6	4,636	28.8
25 – 44	3,742	22.8	3,691	22.7	3,645	22.6
45 – 65	4,569	27.8	4,534	27.8	4,277	26.6
65 and older	3,136	19.0	3,228	19.8	3,556	22.1

Source: ©2014 Esri (U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2014 and 2019.)

Though population within age groups remains fairly evenly distributed across 2010, 2014, and 2019 projections it is clear in Table 1 that the population of persons between the ages of 0 to 24 are declining while the percent of the population 65 years old and above is growing.

Table 2 illustrates that the median age in Pike County is projected to rise. The number of family households as a percentage of all households will remain between 67 and 68 percent.

There is likely to be a decline in the number of owner-occupied housing units over time but overall home ownership rates are high and more common than renting in the county. High home ownership rates tend to have a stabilizing effect on an area, whereas an increased number of rentals indicate increased absentee ownership.

Table 2. Pike County Household, Family, and Housing Projections

Summary	Census 2010	2014	2019
Population	16,430	16,261	16,114
Households	6,639	6,604	6,558
Families	4,527	4,472	4,419
Owner Occupied Housing Units	5,108	4,974	4,932
Renter Occupied Housing Units	1,531	1,630	1,626
Median Age	42.5	43.0	43.6

Source: ©2014 Esri (U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2014 and 2019.)

In many ways Pike County demographics are consistent with other rural counties in that the population is aging and declining while homeownership remains high (Housing Assistance Council 2014).

Other demographic characteristics of Pike County that could impact health and wellness are educational attainment, income, and the degree of public assistance usage in the area³.

Table 3 illustrates American Community Survey estimates of the percentage of persons with less than a high school degree, a high school diploma or GED, some college or at least an Associate’s degree and those with a Bachelor’s degree or more.

³ The categories used in Tables 3 and 4 are set up in a manner similar to those in the Behavioral Risk Factor Survey System. This was done to make comparisons between the two data sets easier.

Table 3. Pike County Educational Attainment

Population Age 25+ Years by Educational Attainment	2008 – 2012 ACS Estimates	
	Number	Percent
Total	11,314	100.0
<High School	1,688	14.9
High School Diploma/GED	5,089	45.0
Some College/Assoc. degree	3,073	27.2
Bachelor’s degree and higher	1,464	12.9

Source: ©2014 Esri (U.S. Census Bureau, 2008-2012 American Community Survey)

Table 4 illustrates the median and average household income estimates for Pike County in 2014 and 2019. Forty-four percent of households have incomes of less than \$35,000. This percentage is expected to decrease slightly by 2019.

Table 4. Pike County Household Income Projections

Households by Income	2014 (N=6,604)		2019 (N=6,558)	
	Number	Percent	Number	Percent
<\$15,000	1,026	15.5	961	14.7
\$15,000 - \$34,999	1,837	27.8	1,527	23.3
\$35,000 - \$49,999	1,245	18.9	1,242	18.9
>\$50,000*	2,496	37.9	2,828	43.0
<i>>\$100,000</i>	<i>615</i>	<i>9.4</i>	<i>750</i>	<i>11.4</i>
Median Household Income	\$39,071		\$43,253	
Average Household Income	\$50,062		\$55,610	

Source: ©2014 Esri (U.S. Census Bureau, Census 2010 Summary File 1. Esri forecasts for 2014 and 2019.)

*Using greater than \$50,000 as the highest income category hides the degree to which incomes vary within. The number and percent of households with incomes greater than \$100,000 is shown in italics in the table.

Table 5 illustrates the percent of the population receiving public assistance, Food Stamps/SNAP benefits, and the percent of persons reporting a disability. Public assistance receipt is low at 2.2 percent and just over 13 percent receive SNAP benefits. Thirty-two percent of households report that at least one person in the household has a disability.

Table 5. Pike County Public Assistance Usage

Households by Public Assistance Income in the Past 12 Months	2008 – 2012 ACS Estimates	
	Number	Percent
Total	6,610	100.0
With public assistance income	146	2.2
No public assistance income	6,464	97.8
Households by Food Stamps/SNAP Status		
Total	6,610	100.0
With Food Stamps/SNAP	872	13.2
With No Food Stamps/SNAP	5,738	86.8
Households by Disability Status		
Total	6,610	100.0
With 1+ Persons w/Disability	2,106	31.9
With No Person w/Disability	4,504	68.1

Source: ©2014 Esri (U.S. Census Bureau, 2008-2012 American Community Survey)

Collectively these demographic characteristics indicate that Pike County residents primarily tend to have high school educations and relatively low incomes. There is little formal public assistance usage but a relatively high rate of disability is reported. Lower education attainment rates are partially explained by the age of the population and a history of agricultural employment. Older generations in farming communities were less likely to complete high school and farm work traditionally has not required education beyond high school (Brown and Schafft 2011; Flora, Flora, and Gasteyer 2016). Disability rates also tend to be higher among older rural residents which reflects a function of age as well as the dangers associated with farm and extractive industries (Goins and Krout 2006).

Input

Secondary Data Sources

County Health Rankings

County Health Rankings are calculated annually for most of the 3,000 counties in the United States. They are the product of collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute, providing a "snapshot" of health care within a county (www.rwjf.org/). The 2015 health ranks for Pike County demonstrate that Pike rates fairly well in comparison to other counties in Illinois on health outcomes, length of life, and physical environment (Table 6).

Table 6. Pike County Health Rankings out of 102 Counties in Illinois

Category	Rank (of 102)
Health Outcomes	20
Length of Life	32
Health Factors	72
Health Behaviors	75
Clinical Care	60
Social and Economic Factors	68
Physical Environment	35

Table 7 however illustrates how Pike County residents compare to the state overall. When it comes to health behaviors Pike County adults are slightly more likely to be obese, more likely to not engage in physical activity, and have less access to exercise opportunities. Health rankings also show how the physicians to patient ratios vary between Pike County and the state. Pike County is particularly underserved by mental health providers. Unfortunately Pike County rates much higher than the state in physical environment in the area of drinking water violations.

These health rankings are consistent with the data collected in this community health needs assessment.

Table 7. Pike County and Illinois Health Rankings on Select Categories and Items

Category/Items	Pike County	State of Illinois
Health Behaviors		
Adult Obesity	31%	27%
Physical inactivity	30%	23%
Access to exercise opportunities	60%	89%
Clinical Care		
Primary Care Physicians	2,330:1	1,266:1
Dentists	2,307:1	1,453:1
Mental health providers	1,468:1	604:1
Physical Environment		
Drinking Water Violations	15%	2%

An additional source of secondary data to consider is how Pike County compares to the state on a number of poverty measures, and particularly those related to health, health outcomes, and items such as unemployment that can impact access to health services. Table 8 summarizes data from the Social IMPACT Research Center's 2015 Report. Pike County is on the Center's Watch List in that it exceeds the state on four of eight health factors (www.ilpovertyreport.org/)

Table 8. Pike County Select Well-Being and Socio-Economic Data from the Social IMPACT Research Center - 2015 Report

Index/Items	County Value	State Value	Direction of Change since Previous Year (County)
Well-Being Index			
High School Graduation Rate, 2013-2014	79.3%	86.0%	Up
Teen Births (live births per 1,000 women ages 15-19, 2010)	28.1%	39.4%	Up
Unemployment Rate, Oct. 2014	5.2%	6.2%	Down
Poverty Rate, 2013	17.3%	14.6%	Up
Poverty & Income			
Child Poverty Rate, 2013	27.3%	20.6%	Up
Median Household Incomes	\$39,430	\$56,212	Down
Employment			
Unemployment Rate, Oct. 2014	5.2%	6.2%	Down
Education			
High School Graduation Rate for Low-Income Students, 2013-2014	73.7%	78.5%	Up
Funded Head Start Enrollment, 2012 fiscal year	54	36,244	Down
Percent Meeting or Exceeding Standards on the ISAT, 2013-2014 academic year	46.8%	58.2%	Down

Previous Pike County Health Priorities and BRFSS Data

The Illinois Department of Public Health requires that health departments in the state develop an IPLAN every five years. For example in the 2005-2010 IPLAN the Pike County Health Department identified three priority areas; adolescent health, poverty/access to care, and lifestyle. Within each priority area there were a number of specific problems to address, including sexuality, substance use/abuse, and mental health; increasing resources and knowledge, increased access to care, and improved housing; and sedentary, poor nutrition, and tobacco use (see Bleich 2005-2010).

In addition to the 2005-2010 IPLAN priorities the Illinois Institute for Rural Affairs (IIRA) was contracted by the Pike County Community Health Partnership (PCCHP) to conduct a community health needs assessment in 2008. This assessment was used to support a strategic planning process and was later used to inform the 2010-2015 IPLAN process. Based on the data collected as part of the 2008 Community Health Needs Assessment five needs were identified: (1) coordination of services, (2) transportation, (3) mental health, (4) oral health, and (5) food/housing and preventative health programs. These needs were evaluated and combined into three health priorities based on other statistical information, perceived need, impact on residents, and potential resources available to address them. The 2010-2015 priorities were: (1) access to health care, (2) dental caries, and (3) substance abuse (see Andress and Bleich 2010-2015).

Access to care is affected by a variety of factors; among these are lack of coordination of services and an inadequate number of providers. Access is also affected by poor communication, competition rather than cooperation among providers, limited local resources,

reluctance of providers to live and practice in a rural county, and the distance residents need to travel to secure care. To address access to care in the broadest and most effective way the health department and other community partners sought to implement a rural public transportation system in Pike County.

To address **dental caries** in the county and decrease the proportion of children and adults with untreated dental decay, especially those dependent on Medicaid, the Health Department in partnership with other entities sought to raise startup funding and secure grants for a safety net dental clinic. In the interim the Pike County Health Department and community health and service partners aggressively sought alternative solutions such as a dental sealant grant program, used a mobile dental unit, and other state-based dental support programming to meet unmet oral health needs in the county.

Substance abuse remains a problem for residents of Pike County due in part to unhealthy behaviors that are exacerbated by mental health issues and the lack of an adequate number of mental health providers. The 2010-2015 IPLAN included strategies to reduce smoking and reduce underage substance use and abuse. Intervention programs and community resources to address substance abuse include the “Safe Homes Project,” promotion of the Smoke Free Illinois Act, and the “Break the Habit Program.” As with the other two priority areas, the Pike County Health Department sought to maximize existing resources to address substance abuse in Pike County.

Progress on 2010 - 2015 Priorities

Access to health care has improved via the expansion of public transportation through West Central Mass Transportation District (WCMTD). In Pittsfield WCMTD offers public transportation Monday – Friday from 6:30am to 6:00pm. Transportation services are available to county residents with some out of county service to Quincy, Jacksonville, Springfield, and other destinations. WCMTD is a demand response system. Out of town trips must be scheduled three days in advance while in town trips can be made ahead of time or on the day of need. All trips are subject to availability (www.WCMTD.org 2015). According to WCMTD (Jumper 2015) in the first 6 months of operation beginning January 1, 2011 to June 30, 2011 WCMTD provided 9,579 one-way rides to Pike County residents. In 2011-2012 they provided 20,938 and increased in 2012-2013 to 20,980. Since July 1, 2013 one-way ridership in Pike County has declined first to 19,823 in 2013-2014, and then again in 2014-2015 to 19,815.

Since 2008 Pike County was able to secure startup and grant funding sufficient to open a safety net dental clinic to address problems of dental caries. The Health Department purchased a building in Pittsfield from the Health and Wellness Foundation with a grant from the Illinois Children’s Health Care Foundation (ILCHF). ILCHF funded renovation of the building and the purchase of equipment for the dental clinic. The Dental Clinic opened December 1, 2013 and had a client caseload of 1,562 as of November 30, 2014.

The Illinois Behavior Risk Factor System Survey (IBRFSS) systematically collects county level health and wellness data around the state. It has regularly included questions about drug and alcohol usage. The IBRFSS has since been defunded by the State of Illinois. The last available data for Pike County was collected in 2012. The 2012 Pike County BRFSS data indicate

that smoking remains problematic for some Pike County residents. In response to survey questions about the number of cigarettes smoked in one's life and whether they now smoke there were clear distinctions among categories of respondents. Just over 20 percent of respondents 45-64 years old- indicated they were smokers. Just over 30 percent of women indicated they were smokers. Thirty-three percent of smokers had incomes of \$35,000 to \$50,000. Smoking was also more common among those with educations beyond high school.

The 45 to 64 year age group were also more likely to be at risk of binge drinking, as were those with higher incomes (>\$50,000) and among those with more than a high school education. Women appear to be smoking more than men but men are more likely at risk of binge drinking. Based on the 2012 Pike County data, smoking and binge drinking is a problem for those with more education and higher incomes, who are often assumed to know better..

The Pike County BRFSS did not have enough younger participants to estimate smoking or binge drinking rates for 18 to 24 or 25 to 44 year olds. This makes it difficult to determine the impact of smoking cessation strategies targeting these ages. The Illinois BRFSS data do indicate that residents over the age of 65 and males were more likely than other groups to report that they were "former" smokers.

Given the tie between substance abuse and mental health it is important to consider how Pike County residents assessed their mental health in the BRFSS. Just over 19 percent of 45 to 64 year olds indicated their mental health was not good for 1 -7 days of the past 30. Twenty-three percent of women and 21 percent of those with incomes over \$50,000 reported they had experienced some mental health issue for 1 – 7 days within the last 30 days. Nineteen

percent of those with a high school education and 19 percent of those who report they are widowed also reported 1 -7 days of poor mental health.

Widowed individuals were most likely to report 8 – 30 days of depression or poor mental health as well. Eighteen percent of persons with incomes of less than \$15,000 reported more days of poor mental health, as did 15 percent of women and 15 percent of those 65 years old or older. Though substance abuse and mental health remain concerns in Pike County, the county has made important progress addressing dental caries and providing public transportation.

BRFSS data/Current Health Indicators

There is good news to report from the 2012 Pike County BRFSS data⁴. The picture of health and quality of life overall is positive. Fifty-seven percent of BRFSS respondents rated their general health as excellent/very good and close to 41 percent report good/fair health. Sixty-four percent report that they had no days when their physical health was not good, though 22 percent report 1 – 7 days when their physical health was not good.

Pike County residents appear to be getting basic screenings for some cancers. Thirty-four percent of those over the age of 50 have had a blood stool test for colorectal cancer and 61.4 percent report having a colon/sigmoidoscopy. Over 68 percent indicate they have gotten some exercise in the past 30 days. Over 93 percent of 2012 respondents report having health care coverage and 93 percent indicate they have a “usual person” as a health care provider. Ten percent of respondents indicate they did not visit a doctor in the past 12 months due to the cost.

⁴ 2012 is the last year BRFSS data is available for Pike County.

There is also positive news about women's health. Close to 98 percent of women 40 and older report they have had a mammogram. Almost 60 percent report having had a mammogram in the last year. Ninety-six percent report having had a clinical breast exam and 98 percent reported having had a pap smear. Given concerns raised in the last community health needs assessment about the degree of underinsured, uninsured, and gaps in women's access to health care, these findings suggest that Pike County women do have access to some important health screening.

Table 9 summarizes the 2012 BRFSS self-reports of chronic diseases. Data for Illinois from the 2012 BRFSS and national data are included as points of comparison. Cells highlighted in gray illustrate that Pike County residents report a higher percentage of a chronic disease than the state and national rate. In addition, Pike County residents report more depression than the national rate but less than the state as a whole. The opposite is true of skin cancer; the national rate is higher than that of Pike County, but Pike County's rate is higher than that of the state. Rates of other types of cancer are similar for Pike County and the rest of the state. Trouble seeing a health provider is reported less often in Pike County than the rest of the state and nationally.

Table 9. Incidence of Chronic Diseases in Pike County 2012, Illinois 2012, and Federal Health Statistics as Available

Chronic Disease	Pike County* (N)	Illinois 2012** (N)	National
Arthritis	32.4 (12,666)	25.4 (9,791,545)	22.7 ^a
Diabetes	14.9 (12,718)	9.4 (9,806,299)	9.3 ^b
Depressive disorder	11.6 (12,718)	15.0 (9,779,481)	6.7 ^c
Skin Cancer	7.2 (12,713)	4.1 (9,803,391)	19.7 ^d
Other types cancer	6.9 (12,718)	6.2 (9,807,888)	8.5 ^e
Trouble seeing	6.7 (12,718)	14.1 (9,803,584)	8.4 ^f
COPD	6.4 (12,718)	6.0 (9,801,063)	2.9 ^g
Kidney Disease	3.4 (12,264)	2.7 (9,803,197)	1.7 ^h

*Source: 2012 Pike County Round 5 Illinois County BRFSS. **Source: 2012 Illinois BRFSS.

^a 2010-2012 data. Source: http://www.cdc.gov/arthritis/data_statistics/index.html

^b 2014 data. Source: <http://www.cdc.gov/diabetes/data/statistics/2014statisticsreport.html>

^c 2007-2010 data. Source: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6051a7.htm>

^d 2011 data. Source: <http://nccd.cdc.gov/USCS/toptencancers.aspx>

^e 2013-2014 data. Source: <http://www.cdc.gov/nchs/hus.htm>

^f 2012 data. Source: <http://www.cdc.gov/nchs/hus/contents2012htm#049>

^g 2012 data. Source: <http://www.cdc.gov/nchs/fastats/copd.htm>

^h 2012 data. Source: <http://www.cdc.gov/nchs/fastats/kidney-disease.htm>

In addition to the chronic diseases listed above 2012 BRFSS data show that 6.2 percent of residents have been diagnosed with coronary heart disease, 4.6 percent have experienced a heart attack, and 5.8 have suffered a stroke. These conditions inform how questions and interviews were constructed for the 2015 Community Health Needs Assessment and will be discussed in more depth in the assessment section of the report.

Primary Data

Health Care Providers

Sixty-seven health care providers were mailed surveys, which included physicians who have participated in specialty clinics at the hospital but whose regular practices are outside of Pike County, (The Health Care Provider survey is include as Appendix A). Fifteen health practitioners returned surveys resulting in a response rate of 22 percent. The respondents include family nurse practitioners, health administrators, registered nurses, Physician Assistants, Chiropractors and Physicians, who provide health care directly to the residents of Pike County. Most of the respondents currently practice within group practices, while a few work in private settings and schools. Most of these professionals have held their present position in Pike County for many years; some have worked 10 or more years in the same position. Eighty-two percent reported that they work in Pike County for five days in a week.

Question 5 of the Health Provider Survey asked respondents to select three of eleven items they considered the most important health issues in Pike County. The list included: (1) Oral Health; (2) Malignant Carcinomas; (3) Nutrition, Physical Activity, and Obesity; (4) Substance Abuse/Tobacco; (5) Heart Disease and Stroke; (6) Environmental Quality; (7) Access to Health Services; (8) Reproductive and Sexual Health; (9) Mental Health; (10) Maternal/ Infant/ Child Health; and (11) Injury and Violence.⁵ Of the eleven health issues listed in the survey the most important health issues in Pike County are:

- Nutrition, Physical Activity and Obesity;
- Substance Abuse/Tobacco Use;

⁵ These eleven health issues are consistent with the Healthy 2020 federal health issues/emphases of the Centers for Disease Control.

- Mental Health.

Topping the list of resources that would help health care providers better meet the health needs of residents of Pike County include more providers who accept Medicaid and adequate reimbursement for services provided. Other needs identified by health providers are affordable counseling and more information for maintaining good health made available to the public.

Health practitioners mentioned a number of health and social service programs needed by residents of Pike County. Mental health services were mentioned by many, followed by programs related to smoking cessation and substance abuse. The populations health care providers see as underserved are those with low incomes, followed by the elderly. Factors preventing residents from seeking local health and social services are mainly financial issues, followed by fear and lack of motivation.

Social Service Providers

Thirty-eight social service agencies and 16 school administrators were included in a telephone survey; thirty-nine of the 54 completed telephone interviews resulted in a response rate of 72 percent, (The interview schedule is included as Appendix B). Data from the social service agencies indicate that they need resources that would better help them meet the needs of residents of the county. Although the addition of public transportation had increased residents' access to health care and services, more transportation was needed and what was available remained too expensive for many residents. Social service providers reported that residents' health care needs include:

- Educational and counseling services about truancy, alcohol, child abuse and drugs;
- More community outreach and advertisement of available services;

- Dental care for adults with Medicaid.

The state's economy was impacting their ability to deliver services at their facilities, due to decreases in funding, shortages and limitations on services while the need for services increased. Some reported cut backs in their budgets and staff while faced with delays in payment from the state. Twenty-eight percent indicated that there was no effect on their ability to deliver services.

Respondents made a number of suggestions regarding needed health and social service programs for Pike County residents. The most mentioned needs were:

- Education and counseling services regarding diet, nutrition and exercise, family life, job preparation, educational aid and youth education;
- Mental health;
- Dental Care.

Other suggestions included support groups, programming for social emotional issues/psychiatry, a "public aid" office, substance abuse programs and more doctors.

Underserved populations include persons with low incomes followed by the disabled, the middle class and the elderly. Social service providers identified a number of factors that prevent residents from getting the needed health and social services; about 56 percent said transportation remains a major factor, 41 percent mentioned finances, and 31 percent reported a lack of knowledge/information. Twenty-two percent reported that the long distance required to see a specialist was an important factor.

When the participants were asked for additional comments regarding health and wellness in Pike County, most of the respondents reinforced that there was limited public

transportation in the county and the cost was prohibitive to some residents. Others complained that the Dental Clinic no longer accepts new Medicaid and Medicare patients.

Focus Groups

Demographics. Resident perceptions of health care and service needs were collected via focus groups with targeted populations and through existing social groups, (The Focus Group Questions are found in Appendix C and the demographic questions asked of all focus group participants are included in Appendix D). Two focus groups were held with senior citizens, one with local ministers, and one with parents/guardians of young children and another with the Interagency Council. Roughly half of all focus group participants were part of these groups. A local business/philanthropy group and elected officials comprised the remaining focus group participants. The business and elected officials did not participate in a traditional focus group because both groups were too large. The Community Health Needs Assessment was presented at a monthly gathering of the business group, providing members an opportunity to complete the focus group questions during the meeting. Because the high number of elected officials made scheduling a focus group difficult, they were sent a letter explaining the health needs assessment and asked to complete the focus group questions. Overall, 69 Pike County residents were included in the focus groups.

Characteristics of focus group participants are: Fifty-seven percent of respondents were female and 43 percent were male, (Age distribution of participants is shown in Table 10). Twenty-one percent of respondents were under the age of 39 and 21 percent were 80 years old or older. There was a good cross section of ages among residents; the oldest focus group participant was 92 years old and the youngest was 22.

Table 10. Age of Focus Group Participants

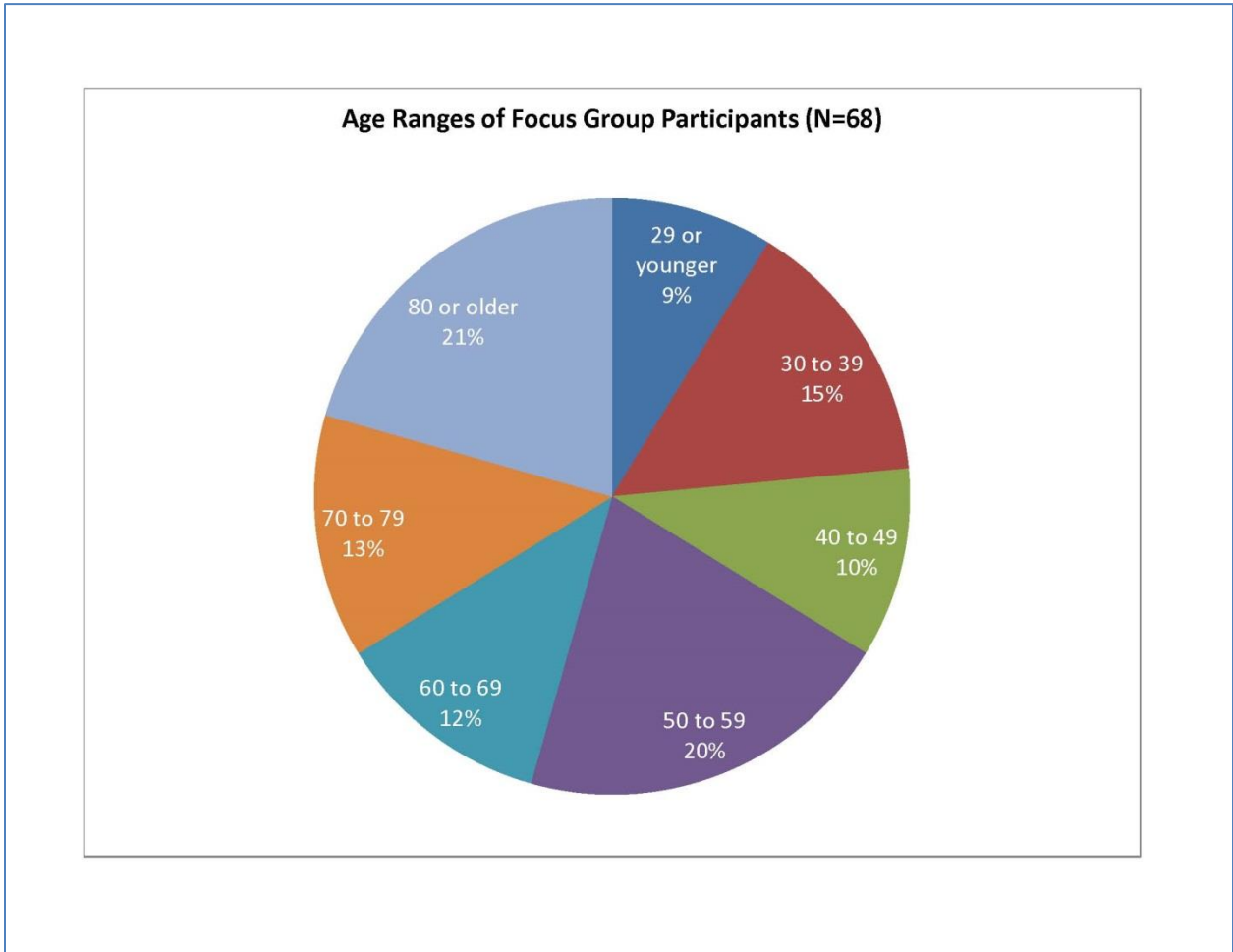


Table 11 illustrates the breakdown of participants by marital status. As is the case in many rural counties, marriage rates are relatively high compared to national rates. Seventy-two percent of participants are married, 13 percent are widowed, 7 percent reported they were single, and 8 percent are divorced. Table 12 illustrates the percent of persons who indicated that they lived alone. Living alone can indicate an individual at risk of social isolation.

Table 11. Marital Status of Focus Group Participants

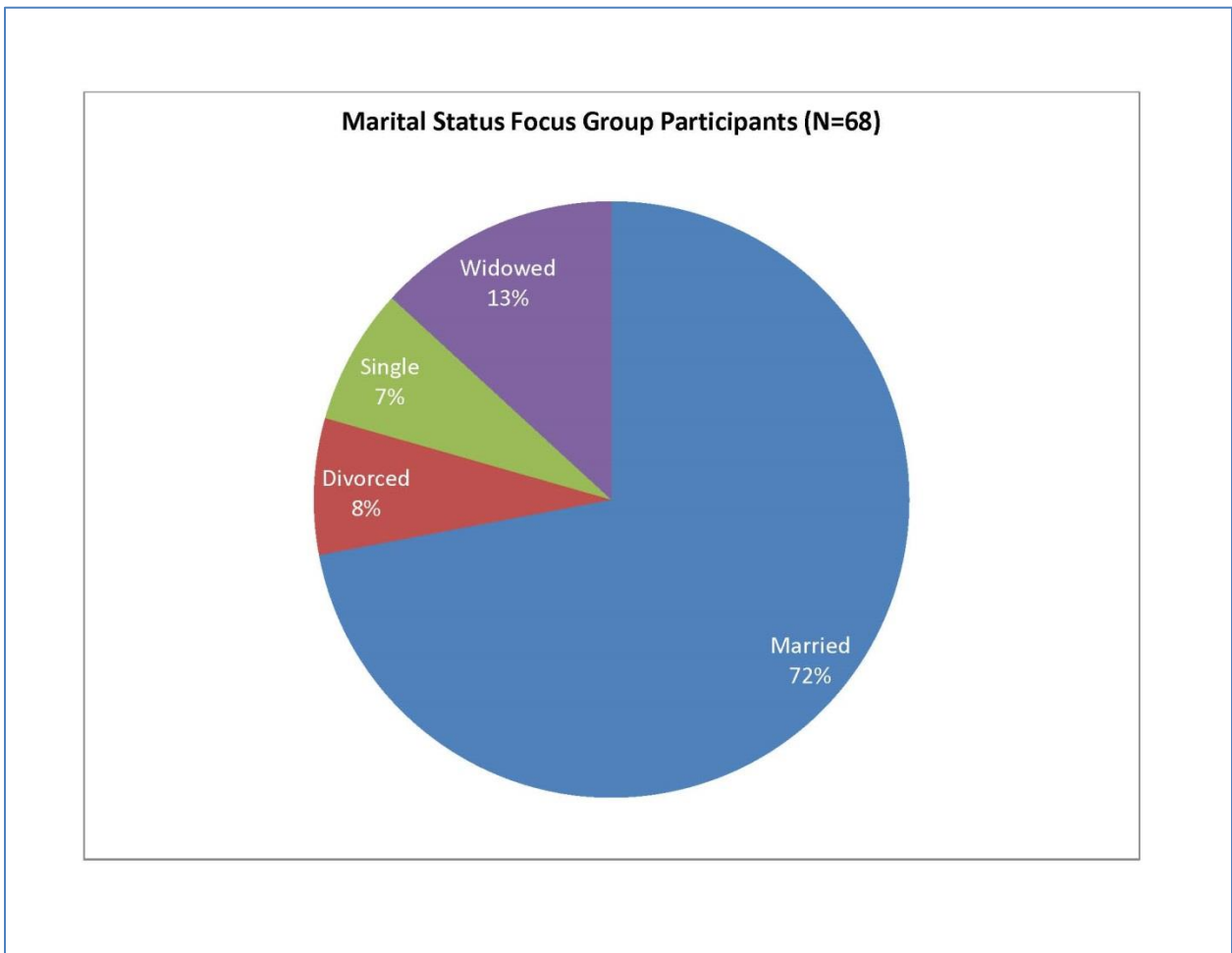
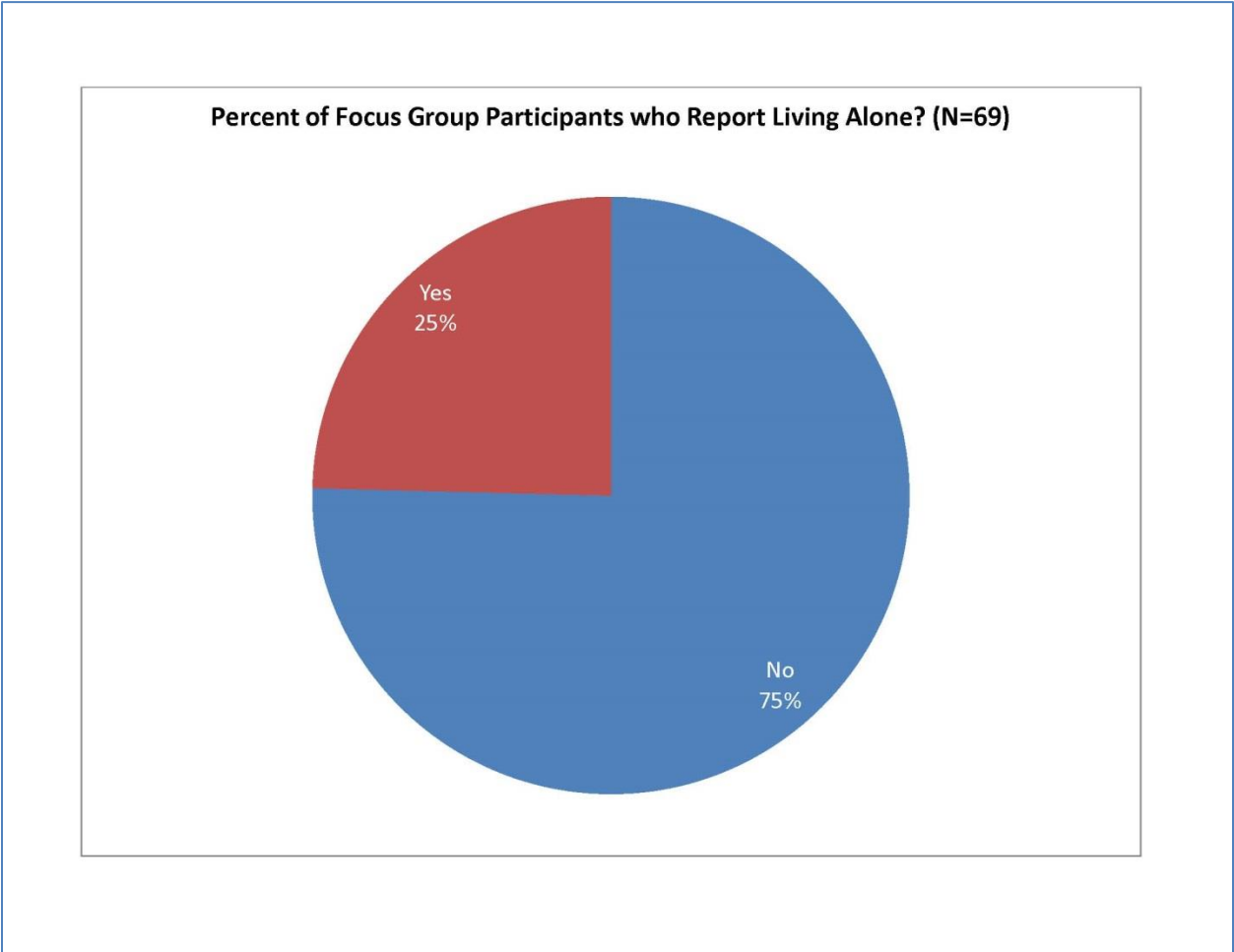
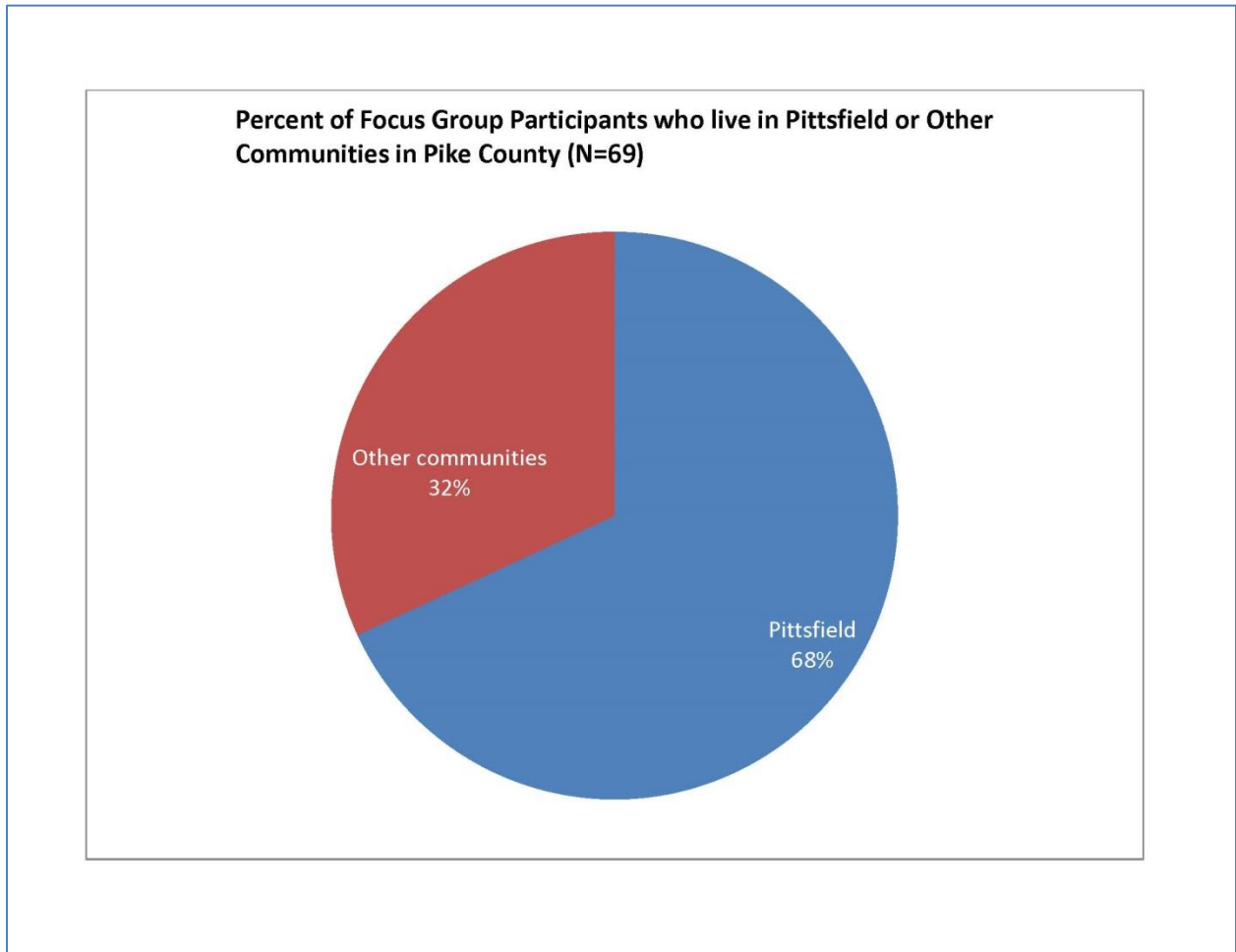


Table 12. Percent of Focus Group Participants who Report Living Alone



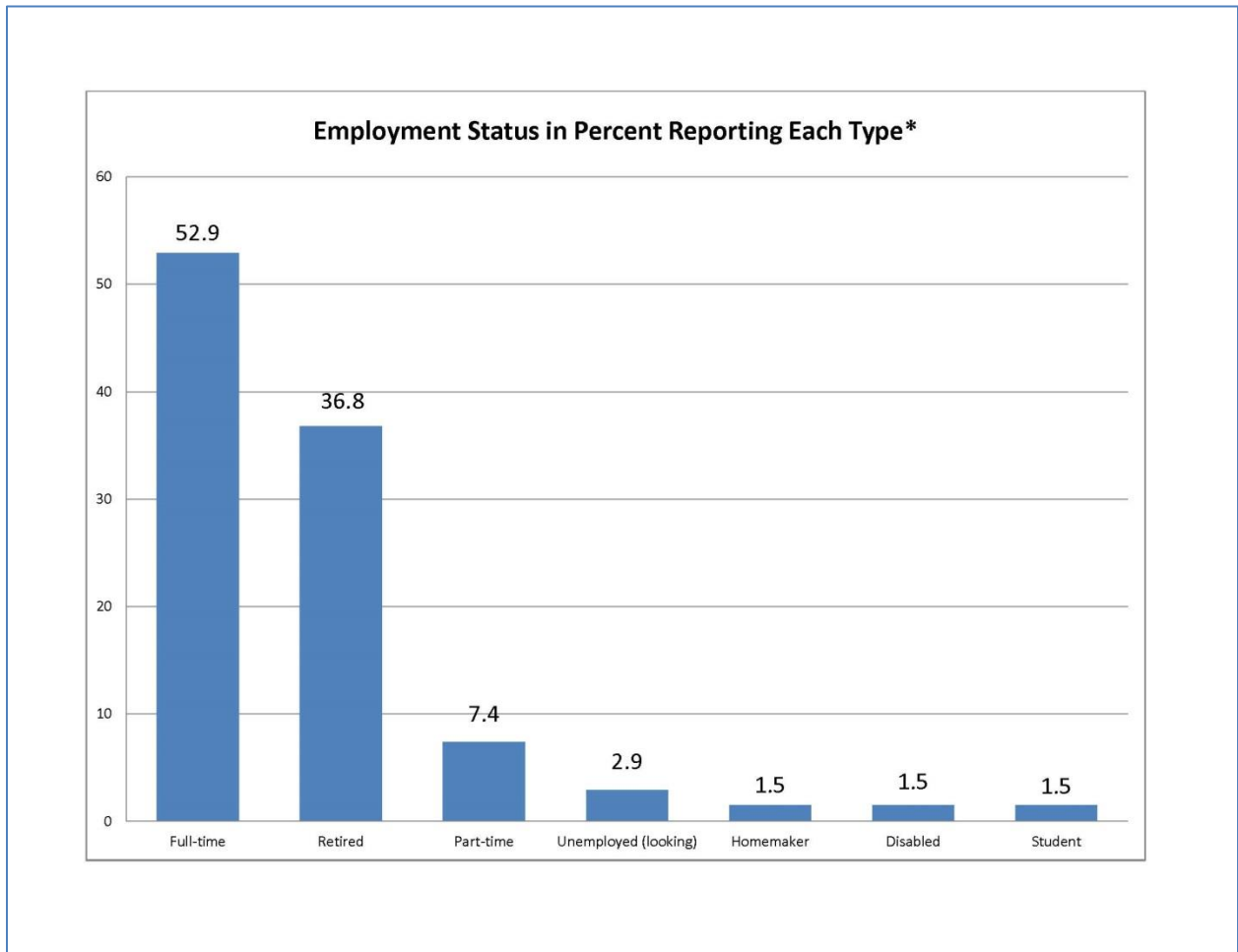
The strategy adopted to select focus groups for the study did increase representation of persons who live outside of Pittsfield. Table 13 shows that 68 percent of respondents reported living in Pittsfield while 32 percent lived elsewhere in the county. Altogether there was representation from Pleasant Hill, Barry, Griggsville, Perry, Martinsburg, Nebo and Rockport.

Table 13. Percent of Focus Group Participants who live in Pittsfield or Other Communities



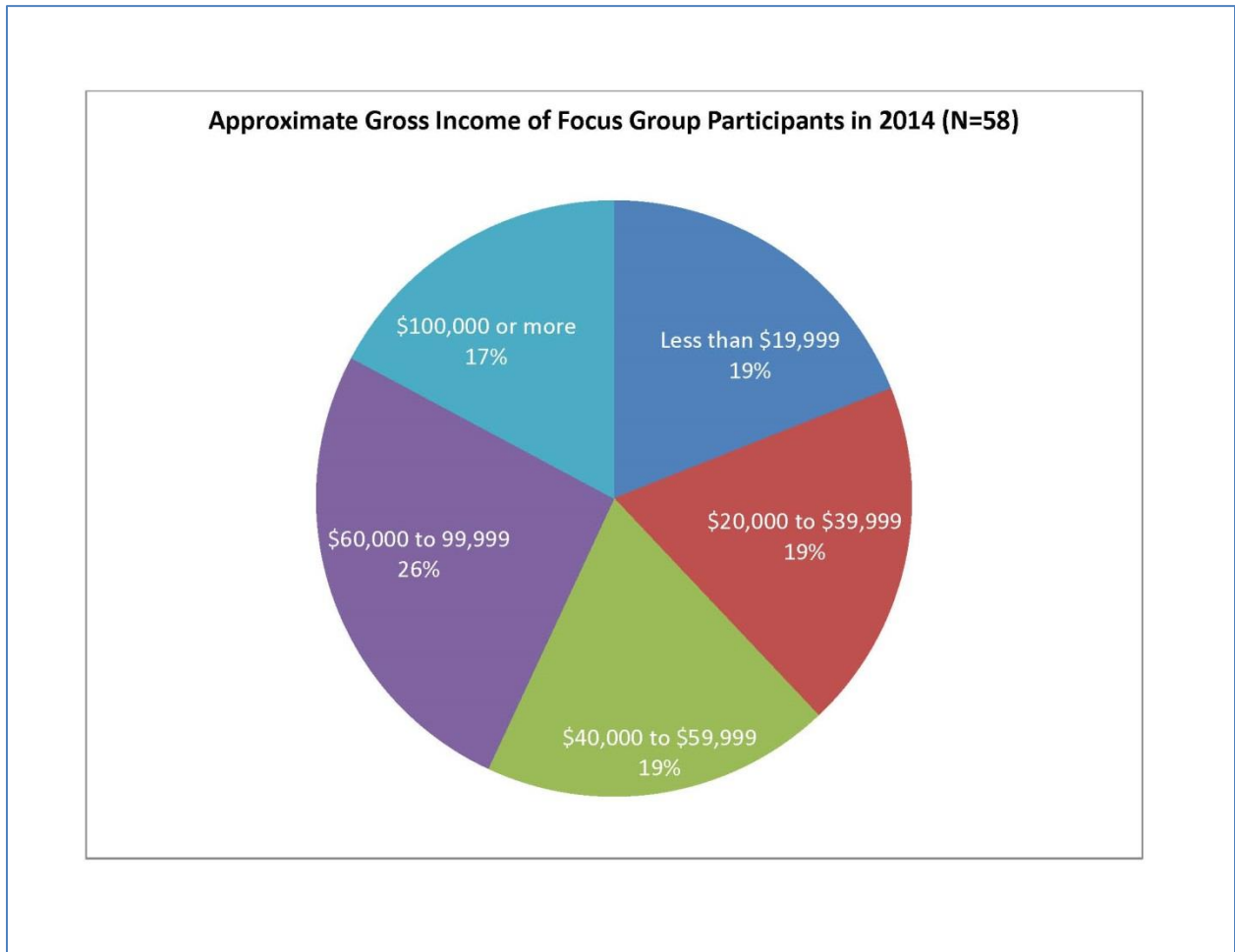
Other demographic characteristics of participants collected include employment (Table 14), gross household income (Table 15), and type of health insurance (Table 16). Fifty-three percent of participants work full time, followed by 37 percent who report they are retired.

Table 14. Employment Status of Focus Group Participants



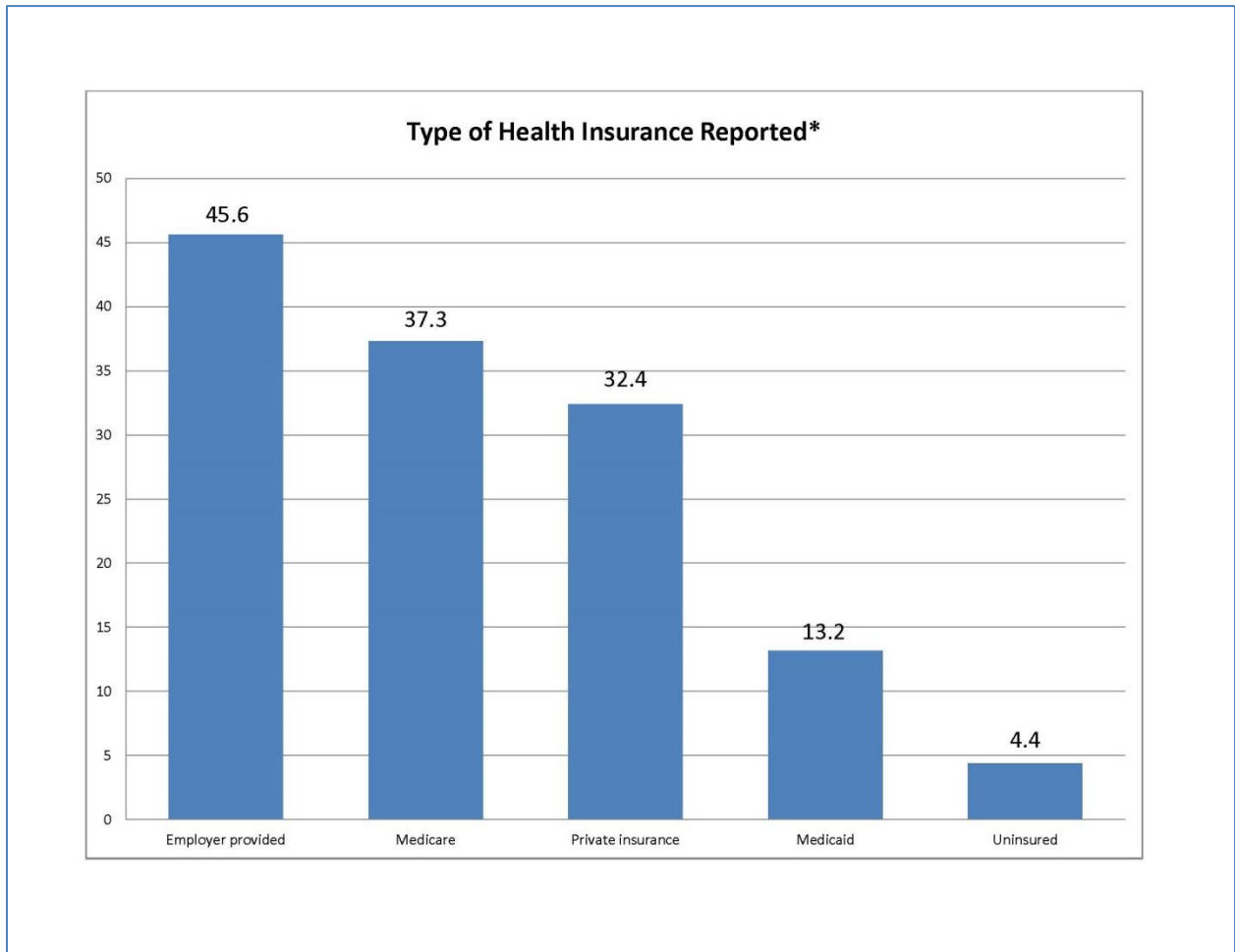
*The percentages listed in Table 14 do not add up to 100 percent because people could choose more than one employment type. Further analysis found that three of the retired respondents either worked part-time or were going to school.

Table 15. Percent of Focus Group Participants by Income



Gross household incomes varied fairly evenly across income ranges. The groups targeted for focus groups reflect those in both low to high income groups. Employment and income, as well as age determine access to health insurance. Table 16 shows 46 percent have employer-provided health insurance, 37 percent Medicare, 32 percent private insurance, 13 percent have Medicaid, and 4 percent are uninsured.

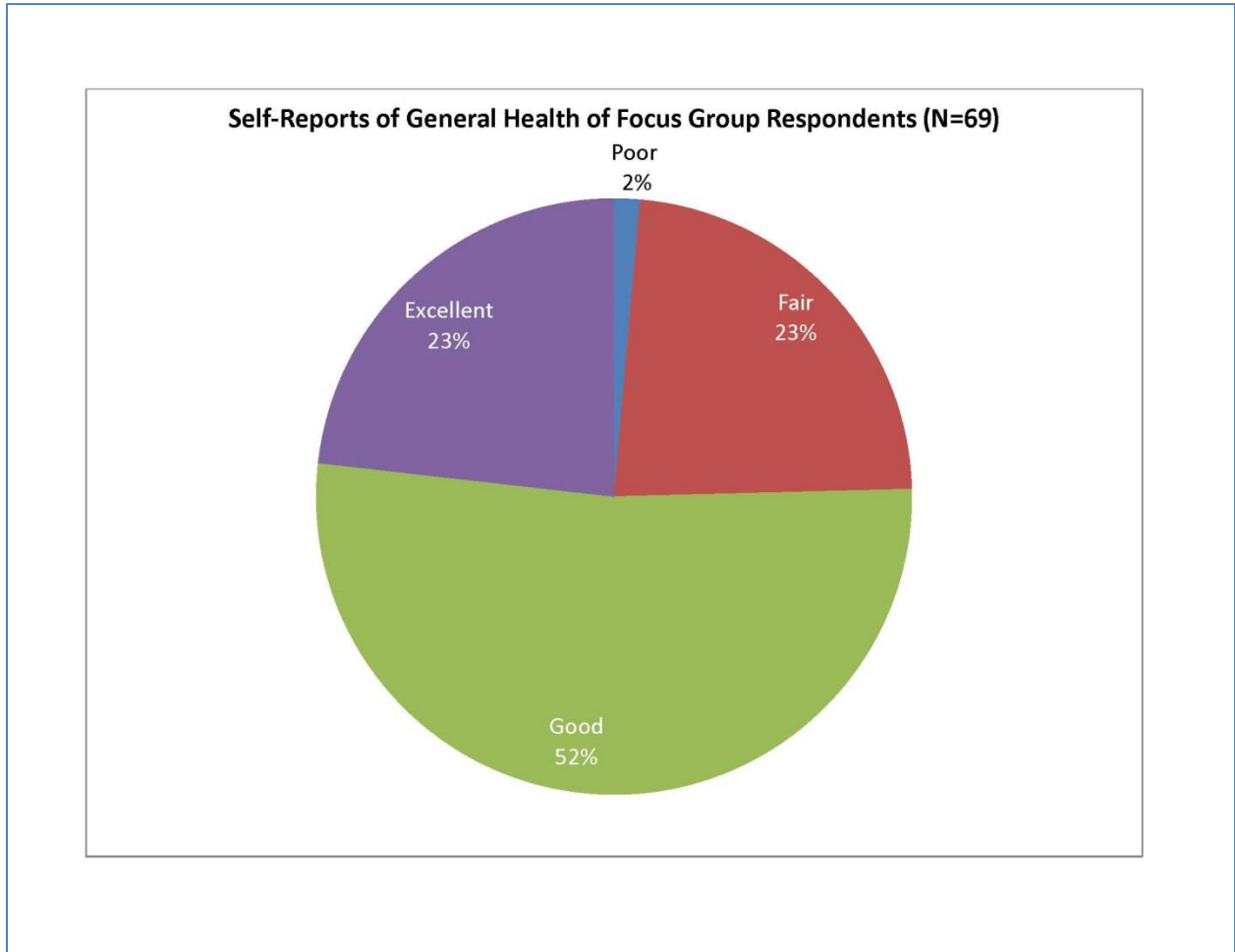
Table 16. Health Insurance Reported by Focus Group Participants



*Percentages in Table 16 do not add up to 100 percent because respondents could report having more than one type of insurance. Further analysis found that almost 32 percent of focus group participants had more than one type of insurance. The most common combination was private insurance and Medicare followed by persons with Medicaid and Medicare. A few respondents had employer provided insurance and Medicare.

Overall, focus group participants' self-reports of their general health are positive. Table 17 shows over half of all respondents report their health is good. Equal numbers report their health is either excellent or fair with only 2 percent reporting they are in poor health.

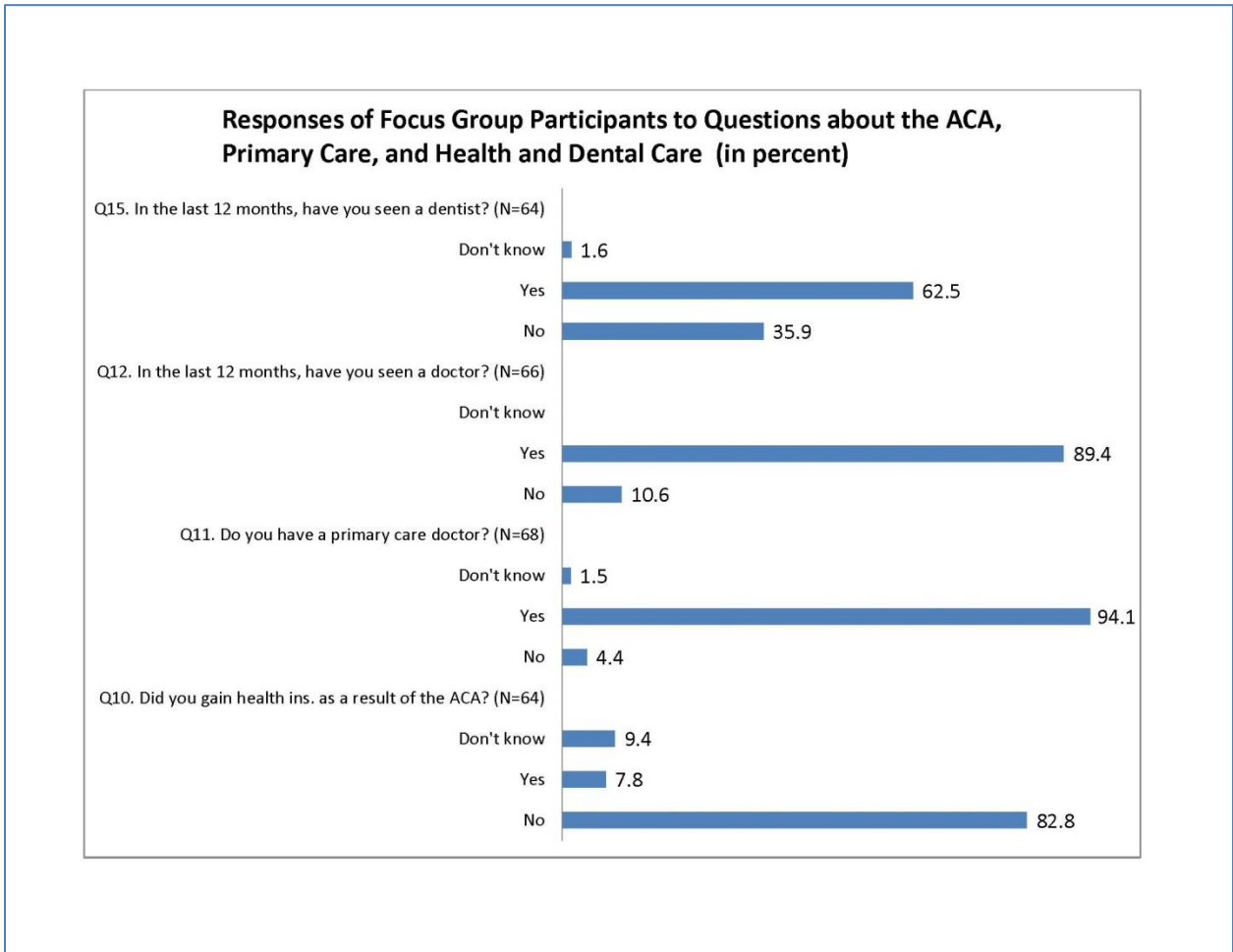
Table 17. General Health Reported by Focus Group Participants



Questions 10 -16. All focus group participants answered seven questions about health insurance, primary care and dental care, their use of medications, chronic conditions and use of public transportation. These questions were developed to look at the impacts of the changing health care environment as a result of the Affordable Care Act (ACA) and health care and wellness efforts in the community since the 2008 assessment. Table 18 summarizes responses to questions about the impact of the ACA, whether respondents had a primary care doctor, and whether they had seen their doctor or a dentist in the last 12 months. Responses indicate that passage of the ACA did allow 8 percent of participants to gain health insurance, 9 percent

however did not know whether they gained access to health insurance through ACA. Ninety-four percent of respondents indicate that they have a primary care doctor. This finding is surprising given the shortage of primary care providers nationally and the lack of physicians who practice in rural areas, although it is consistent with the 2012 BRFSS data indicating that Pike County residents have a regular doctor. Another positive finding is that 89 percent of respondents report they have seen a doctor in the last twelve months; however, when persons were asked whether they had seen a dentist in the last 12 months the response was less positive. Thirty-six percent report they did not see a dentist in the last year and two percent report they do not know if they have been to the dentist in the last year.

Table 18. Responses of Focus Group Participants to Questions about ACA, Primary Care, and Health and Dental Care (in percent)

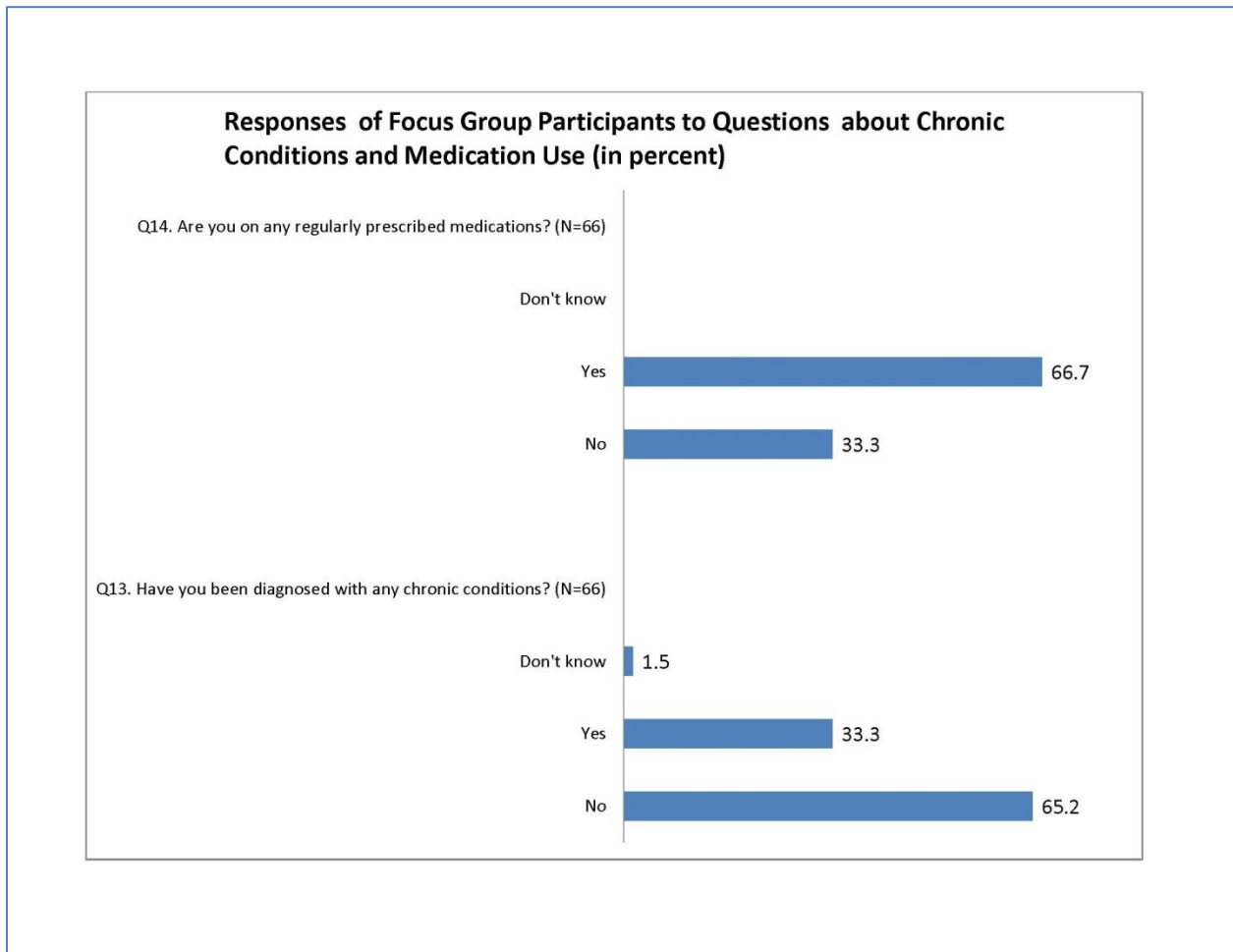


The only variable that impacts participants' response to these questions was whether they reside in Pittsfield; while residents of Pittsfield were more likely to report that they had gained access to health insurance with the passage of the ACA, participants residing elsewhere were more likely to report they had not seen a dentist in the last 12 months.

Table 19 summarizes questions regarding chronic conditions and medication use. Sixty-seven percent of all focus group participants indicate that they are regularly prescribed medications, which represents a full two-thirds of that group. Thirty-three percent of

participants report they have been diagnosed with a chronic condition. Variables that impact how residents answered these two questions are gender, age, marital status, and whether they live alone. Women were more likely than men to be on regularly prescribed medications, as were persons over the age of 60. Prescribed medication use increased with age; 70 year old individuals reported more use than those who are age 60, and 80 year old individuals use more than those who are age 70. Persons who were divorced or single were more likely to indicate they were using medications than those who lived alone. Marital status was the only variable that shaped how residents answered the question regarding chronic conditions. Sixty percent of divorced individuals reported a chronic condition, compared to 34 percent of all respondents; however, 40 percent of married -respondents reported they suffered from a chronic condition.

Table 19. Responses of Focus Group Participants to Questions about Chronic Conditions and Medication Use (in percent)



When asked if they had used public transportation provided by the West Central Mass Transit District (WCMTD) in the last 12 months, only 12 percent indicated that they had. Though this sample of Pike County residents did not show a high rate of public transportation use, data from WCMTD illustrates a different trend. Table 20 shows annual one-way trips on WCMTD vehicles.

Table 20. WCMTD One-Way Ridership in Pike County

2010-2011*	2011-2012	2012-2013	2013-2014	2014-2015
9,579	20,938	20,980	19,823	19,815

*Service began in Pike County on January 1, 2011. This number reflects just the first six months of service in Pike County (January 1 – June 30, 2011).

Though overall use of WCMTD was low among focus group participants almost 36 percent of those 80 years old and older reported they had used it and 33 percent of those 70 to 79 had used it. Similarly persons who were widowed indicated they had used public transportation in the last 12 months.

Interview questions. A copy of the focus group questions are included as Appendix C. The demographic questions are included in Appendix D. The focus group questions are written to be interpreted broadly by participants to uncover how health and quality of life issues spontaneously come out. The questionnaire consisted of six questions; question one asked about the advantages of living in Pike County and question two about the disadvantages of living in the county. Respondents were asked if they or a member of their family had experienced a change in health in the last two years and whether they had experienced a change in their health insurance coverage over the same period. In addition they were asked if there were health or environmental concerns in the county that worry them and finally, if there were lifestyle changes they would like to make.

Focus group participants largely agreed about the advantages of living in Pike County. Responses clustered around five themes; the first is that residents love the rural life style and that they live in small towns that have a relaxed and slower pace. The second thing is that they are close to family and that they have family in the area. Thirdly, people know each other and they are friendly, and willing to help one another. Safety is another important issue. And finally the county is a good place to raise children. Not only does the environment and social relationships in the area make it a good place to raise children, but the belief is that the schools

are good, there are plenty of local amenities including good health care, and there is also beauty, space and land.

Disadvantages include a lack of shopping, entertainment, and general culture, and the long distance to acquire needed services, no access to specialists, and long travel distance required in emergency illness situations. Residents spoke of limited community opportunities, limited educational opportunities, a lack of good paying jobs, and an absence of good homes to rent or buy. Advantages include the importance of social relationships and physical environment, while disadvantages focus on the lack of economic opportunity and the absence of key healthcare services.

Some participants in the smaller focus groups were more critical of Pike County than others, complaining that "everybody knows your business" and if you make mistakes it was "all over the newspaper" making it impossible to redeem yourself. According to these groups, Pike County offers no second chances, causing individuals and families to become stigmatized. Other stated disadvantages indicated that education was not a high priority-despite the belief that Pike County had good schools, education was simply not valued by some residents.

About half of the focus group respondents reported no significant change in health in the last two years, but among those who had local services were not available. A few residents indicated that their needs were met with existing services and a few mentioned that they felt local services were available for routine tests and non-emergency care. Residents report they can get chemotherapy locally but not radiation. A broken hip required a trip to Quincy because there are no surgeons in the area. One person reported traveling to Peoria every two weeks for follow-up care because local care was not available.

In response to questions about health insurance access most reported already having an insurance plan, although some participants responded that their health care plans were becoming more expensive. Others reported their insurance and access to care had improved in the last two years. The Affordable Care Act is reported to have had mixed success for some focus group members. Comments indicated that the "market place was inconvenient" to use and plans for families were still too expensive; however, one person reported they were able to offer their employees' health insurance due to the passage of ACA. The ACA also helped some low income adults without children to access Medicaid, but the cost of prescription medicine is a concern for many residents and some complain of rising co-payments as well.

The most common answer to the question about environmental and health concerns was "none." Concerns were expressed about the Hickory Ridge Landfill and water contamination from the landfill. One person was concerned how new EPA rules would impact water in the county; water contamination from the landfill and farm runoff is a shared concern among residents. Other concerns specific to health conditions were cancer and especially brain tumors and autoimmunity disorders. Childhood allergies were attributed to Pike County's location between two rivers. Other concerns clustered around the lack of decent housing and access to health care for residents with low-incomes and senior citizens. An additional concern referenced the length of time involved in demolishing derelict buildings.

There were not many comments from participants regarding desired lifestyle changes beyond losing weight and increased physical activity. Suggestions for making this possible ranged from constructing a YMCA to lowering the cost of golfing and local gym memberships to include more people. One person indicated "the average person in Pike County cannot afford to

go to the gym,” and another suggested that John Wood Community College (JWCC) should offer more activity-based classes. Two people indicated that would like to see more community educational offerings and personal interest classes.

Additional comments at the end of the focus group questions mentioned the stellar job the hospital, health department and Health and Wellness Foundation were doing to expand access to health care in the county. Respondents were appreciative of and aware that Pike County had a better health care and social service network than other rural counties; residents were aware that these efforts take work and the county cannot afford to ignore these needs.

Prioritization

Mostly Positive, Mostly Good

Pike County is similar to many rural places in Illinois with a declining and aging population. A declining population spread over a significant distance makes the provision of services difficult (Housing Assistance Council 2014). An aging population means more services and particular health specialties are needed. Still, participants in the 2015 Community Health Needs Assessment mostly report they have health insurance, a primary care or "regular" provider, and visit their doctor when necessary.

Many advantages of living in Pike County were reported and no one interviewed could imagine living elsewhere. Many had lived in Pike County throughout their lives and a few had lived elsewhere and moved back for either family or the surrounding environment. Residents report that Pike County offers scenic beauty, opportunities for many outside activities, and a wholesome environment for raising children. A few residents indicated that natural amenities

like Pittsfield Lake were underutilized, which indicates the potential to increase park and recreational programs.

Residents uniformly agree that the presence of family, knowing one's neighbors and believing that there is always someone willing to help speaks to positive social relationships within the county. Some focus group respondents did report problems of stigma, nepotism, and social class; this impacted how lower income individuals and families in the county were treated, which limited the opportunity for some families to improve their lives.

Though Pike County is said to lack shopping, entertainment and restaurants, it does have gas stations, grocery stores, fast food restaurants, and a scaled down Walmart. Residents feel they can get most everything in Pittsfield and residents of Pleasant Hill believed they had ready access to everything they needed, although everything costs more.

Nearly everyone including health care providers, residents, and social service providers were aware of the Pike County Dental Clinic and the availability of public transportation. Most reported that access to dental and medical care had improved; passage of the ACA did expand eligibility for Medicaid and local health care providers have noticed a positive impact. The ACA did allow some residents to purchase health insurance for their families but the cost for the care needed was prohibitively expensive, causing some not to renew and they dropped insurance after a year. Some residents were still concerned about the cost of their medications-and as the BRFSS data show, almost two-thirds of respondents are on at least one prescribed medication.

Pike County has an active and community-minded health and wellness collaboration between the Health Department, hospital, and Wellness Foundation. The PCCHP and the

boards of the organizations mentioned are working together to provide on the ground health programming that is broadly targeted toward the entire community. Some local residents, such as the Pleasant Hill Senior Center, have the initiative to regularly provide potlucks and social programs for seniors in the community.

Pike County residents largely agree that there is pervasive community mindedness and they speak positively of the local school system; there are, however, social divisions based on class. There is persistent poverty and concerns about persons with low incomes that include finding ways to increase awareness among these families and individuals of goods and services available. How to provide appropriate and adequate vital services to those with tight budgets, and motivating those residents to change were also concerns mentioned.

An important point of agreement regarding health and wellness among respondents is that Pike County residents need to be more physically active and make better dietary decisions. The most consistent lifestyle change mentioned in all interviews was “moving more and losing weight,” although this goal is easier to say than to achieve. The perception that the "average" Pike County resident cannot afford local gym fees opens the opportunity for free and open access to exercise and recreation programs. Free and open access is also needed for weight loss and diet and nutrition programming, since formal programs like Weight Watchers™ are deemed too expensive for residents.

Pike County has a lot of positive qualities and though the population is declining, as is the population in most rural counties. Much of this is a function of declining birth rates and the lack of migration to rural places. The residents included in the current assessment are here to stay, however, because Pike County is their home and their family and friends are here.

Positive social relationships are an asset in Pike County but they cannot overcome the economic realities that residents must endure.

Identified Needs and Concerns

The 2012 Pike County BRFSS data reflects that in Pike County 12 percent of residents report a depressive disorder, 15 percent have diabetes, and 32 percent suffer from arthritis. Six percent report they have coronary heart disease, almost 6 percent report having suffered a stroke, and nearly 5 percent have experienced a heart attack. Health care providers identify nutrition, physical inactivity, and obesity as the most important issues they see in the county, followed by substance abuse/tobacco use, and mental health.

Focus group participants mentioned cancer and brain tumors among health concerns, as well as autoimmunity diseases and allergies. Concerns that could impact long-term health are ground water contamination, poor housing, and inadequate access to medical care for low income children. Some respondents report that either they or their spouse needed cancer treatment which required care outside of Pike County, and particularly radiation. Notably, the fear of cancer appears to be higher than the incidence rates in the county suggest; this is not to say cancer concerns are unwarranted although increased cancer awareness and education could be needed.

Resources Needed by Health and Social Service Providers

Table 21 includes all of the resources health and social service providers indicated they need to better serve Pike County residents. The list includes funding, expansion of Medicaid and the number of providers who accept Medicaid, mental health service, resources for the homeless and particularly homeless youth. The list becomes specific with inclusion of items

such as detergent, diapers and children's toys. Periodic community drives to collect these items could be very helpful to social service agencies in meeting the needs of their clientele.

Table 21. What Resources Would Help Social Service and Health Providers Meet the Needs of Residents

Social Service Providers

Q3. What resources would help you better meet the social service needs of residents of Pike County?

Outreach needs to be better. Create awareness about the transportation system provided. More visits by the agent being sent from University of Illinois extension. Advertisement to the homeless and uneducated.

Outreach needs to be better Advertisement of transportation services and other services to the homeless and uneducated. Frequent visits by the agent from the University of Illinois extension

Dental providers who accept Medicaid for adults. Low cost housing that meets the minimum safety and shelter standards.

Grants and funding. More correspondence with the DHS office which has been moved. Frequent updates from the DHS office.

Funding.

Funding. Vehicles. New computer software and hardware.

None for now.

More time Expansion

Truancy program, planned education program, planned education program, partnership with appropriate agencies, continued dental clinic.

Counseling service, social support, Nursing care.

Health and safety, drug awareness, and guidance (for example: after school programs)

An outside counselor to discuss topics such as drugs, alcohol, bullying and sexual abuse. There are counselors on staff, but the feeling is that someone from outside brought in for specific talks will be more effective.

Poverty resources for students. For example, some students do not have running water in their homes so they cannot wash their clothes, shower etc.

Food donations.

Not sure

Money Continued working relationship with other agencies Collaboration (New ways)

Donations

Transportation

Transportation Finance

Funding

Funding

More grants More transportation

Education Money

Finances

Social Services Funding and financial assistance Transportation Rehabilitation provider

Funds Diapers Detergent Transportation

Funding for new programs

Temporary housing/sheltering Transportation

Money

Funding Help with the homeless Housing

Funding Community donation of office supplies and children toys

Awareness

Health Care Providers

Q6. What resources would help you better meet the health needs of residents of Pike County?

Medicaid providers, Dental which take Medicaid

Information to public, groups meeting's teaching

Secure funding for our programs; adequate Medicaid reimbursement as well as adequate reimbursement from other third party players; LHD's learning how to navigate managed care/ contracts etc.

Behavioral health / counseling programs that are affordable to patients without high deductibles or no insurance

I feel that there are many resources that meet these needs.

?

Funding to continue at both state and national levels- access to affordable housing for low income

Adequate state reimbursement; qualified labor pool.

Health programs at low cost

Dental clinics, more mental health classes and nutrition service.

In an era of declining state and federal support for human services funding is most precarious.

The budget crisis in Illinois means that state funded human service agencies may not know

whether they will received funding for the July 1, 2015 - June 30, 2016 fiscal year and may be

facing closure once current funds are exhausted. Preservation of existing programs needs to be

a major priority.

There are many similarity between what agencies and health care providers need and what they believe residents need. Table 22 lists what social service and health providers believe residents need.

Table 22. What Health and Social Service Providers believe Residents Need

Social Service Providers

Q5 What health and social services programming do residents of Pike County need?

School health programs Educational programs to teach residents how to read Teaching on diet

School health Educational program to teach people how to read especially the homeless

More quality childcare for school age children. Dental care. Nutritional education for families with young kids.

Diabetic clinic. Support groups (the support groups are very few and residents have to travel to get services)

Adult Dental care. Better psychiatry support.

Better dental care. More doctors. The unemployment office should be brought closer. Additional affordable and accessible educational program that would cover areas like job preparation, family life and how to deal with children.

More staff. Public Aid Office

Expansion of the transportation services in terms of longer services and larger coverage area because most specialized medical services are not close by. More dentists More specialized care close by Radiation for chemotherapy

Mental Health, Drug abuse, Counseling services

Daily nutrition, cleaning materials.

More immunization awareness. Also services need to be available at more convenient hours so that working people can get services.

Guidance for single parent households. Drug counseling (specifically mentioned meth problem)

Intensive programs for social emotional issues and mental health for both children and adults. Not just sporadic help, but consistent intensive center.

Housing for the poor. Helping hands.

We have a few things already available. Not sure what else we would need

Mental health Quality housing for low income seniors

Educational Aide

Walking path throughout the county Educational services on diet, healthy lifestyle and safe sex.

Employment opportunities

No idea

Mental health services

Diet and exercise Family consumer services Family and youth educator Economic development educator

Nutrition and wellness educator

No idea

no idea

Medicare and Medicaid acceptance by medical facilities

Nutrition Physical education and exercise

DHS office in Pike County Basic services for low income people

Mental health services More proactive departments of children and family services Encouraged to work

Senior citizen assistance

No idea

No idea

Health Provider Survey

Q7 What health and social service needs to residents programs do residents of Pike County need?

Mental Health Services

Related to poverty issues and smoking cessation.

mental health, substance abuse, support programs- grief, care giver, cancer etc.

affordable et accessible dietician

I feel there are enough available according to my job.

?

Mental health services that are affordable for non-insured low- incomes people.

Smoking cessation, drug/alcohol treatment, parent education after school programs.

Dental health (Now have a clinic) walk in clinic

Nutrition, smoking cessation counseling, and dental help and mental health. Counseling.

Residents' needs include mental health services, diet and exercise and nutrition information, as well as basic education and life skills. Residents also need education specific to their health

problems and some Pike County residents need help meeting basic needs for food shelter, and clothing. Most need programs that instruct and lead to an active lifestyle and healthy living, which is a huge challenge when budgets are already constrained and it also requires that people make changes to their everyday life and habits. As the 2012 Pike County BRFSS data reflect, persons in their 40s to 60s with more education and incomes report they are smoking and prone to binge drinking, indicating that problems associated with a healthy lifestyle are not confined to one group, but encompass all populations.

Table 23 illustrates the populations that social service and health care providers consider underserved.

Table 23. What Populations are Underserved

Social Service Providers

Q6. What populations do you feel are underserved in Pike County?

- 6 - 10 years (because this is the stage the form most habits) High school children especially in summer) Youths (especially in summer)
- Age 6 - 10 children (mostly because the habits are formed at about this age) High school kids (especially during summer)
- Youths (especially during summer)
- Low income teenagers. Adults with disabilities.
- Medicaid population
- No idea.
- Middle class. Single parent. Seniors.
- Elderly. Youth.
- Seniors Disabled
- Low income residents
- Low socioeconomic groups
- People who are not willing to work for the services provided by the state.
- People of lower SES. Also academically gifted children are underserved in that they do not offer more challenging courses.
- Middle school to high school aged kids. Most of the focus is on elementary aged children.
- Low income earners.
- Unknown
- Disabled population
- Low income earners The population that earn a little over the low income (the do not qualify for any benefit and cannot afford many services also)
- Seniors Veterans
- Middle class Low income
- Low income earners
- No idea

Disabled
Low income earners
No idea
Every population
Low income earners
No idea
Low income population
40% of the total population
Senior citizens
Children
No idea

Health Providers

Q8. and Q9. Are there populations you feel are underserved in Pike County? Who are they?

Elderly, Farmers without insurance
Elderly. Home health assistance without being home bound.
Those who don't know how to navigate or access the services- or that they should access the services. How do we reach them?
NA
?
Low income people
the poor
Social and finance ability
Medicaid, Medicare regarding certain specialties including neurology and dental health.
Lower Socioeconomic status

Resource Inventory

Illini Community Hospital (ICH)

ICH reports six physicians on staff including four Family Practice physicians, one Internal Medicine physician, and one Pediatric physician with hospital privileges being granted to dozens of other physicians and specialists. Their consulting physicians and staff provide medical care in the following specialties in cooperation with the following hospital systems and/or physician practices.

- Cardiology - Blessing Physician Services and Prairie Heartland Institute
- Gastroenterology - Quincy Medical Group

- General Surgery - Quincy Medical Group
- Obstetrics - SIU Family Practice
- Oncology - Quincy Medical Group
- Orthopedics - Springfield Clinic
- Plastic and Reconstructive Surgery
- Podiatry - Blessing Physician Services, Food and Ankle Associates, and Midwest Foot and Ankle Clinic
- Pulmonary- Blessing Physicians Services
- Rheumatology - Springfield Clinic
- Urology - Blessing Physician Services

Referrals from a primary care physician may be required to access some of these specialty services.

ICH services (listed on their website <http://www.illinihospital.org/>) include:

- **Acute Care.** The acute care unit provides care for both medical and surgical patients from a variety of ranges and health care needs. Members of the acute care staff include Registered Nurses, Certified Nurse Assistants, and ward clerks. The unit cares for trauma, cardiac patients, and those in need of heart monitoring by telemetry. Registered Nurses in the Acute Care Unit are Advanced Cardiac Life Support Certified.
- **Cardiac and Pulmonary Rehabilitation.** "Cardiac Rehab" is an individualized program of health education, training and counseling services designed to help persons develop healthy lifestyle behaviors and/or to recover from heart attack, heart disease, or heart surgeries.

- **Illini Fitness.** Illini Fitness Center is a state of the art fitness facility located in downtown Pittsfield. Services offered at Illini Fitness include: a fitness center, a trained staff, personalized training, assisted fitness programs, group workout classes, sports metric classes and free sports injury clinics.
- **Emergency Services.** Emergency services are available 24-hours a day, seven days a week. The emergency room can assist newborns to geriatric patients requiring or seeking medical care. Emergency service nurses are Registered Nurses with Advanced Cardiac Life Support, Pediatric Advanced Life Support and/or Basic Life Support certifications. It is recommended that RN's receive Trauma Nurse Specialist or Trauma Nurse Core Course certification. They must complete an Emergency Communication course for instructions on EMS system protocols. Licensed Practical Nurses must maintain a current state license as well as BLS certification.
- **Imaging Services.** ICH imaging services include CT, Ultrasound, Nuclear Medicine, Mammography, Fluoroscopy, Bone Densitometry, and routine x-rays for inpatients and outpatients. The American College of Radiology has awarded quality accreditation to the Imaging Services Department for Mammography and Ultrasound.
- **Laboratory and Pathology.** The laboratory at Illini Community Hospital is an accredited clinical laboratory. Services include hematology, chemistry, immunohematology, urinalysis, serology, microbiology, pathology, phlebotomy, urine drug screening, and breath alcohol testing. The ICH laboratory meets all standards of the Clinical Laboratory Improvement Act and the Illinois Department of Public Health. ICH complies with all state and federal laws that regulate laboratory testing and billing.

- **Nutritional Services.** The nutritional services offered at Illini Community Hospital includes meal service for inpatients, the Consulting Physicians Clinic, oncology, and dialysis patients and also includes therapeutic diets and between meal nourishment. A registered dietitian provides nutritional assessments and nutrition services. ICH dietitians participate in community education events.
- **Renal Dialysis Services.** ICH partners with DaVita allowing it to operate a renal dialysis unit at Illini. The department provides specialized care for people with kidney disease.
- **Respiratory Care Services.** Respiratory Therapy offers pulmonary function testing, holter monitors, EKG's, and cardiac stress tests. RT staff provide patient treatments for breathing problems associated with pneumonia, asthma, and COPD. The respiratory staff monitor critically ill patients who require ventilator support.
- **Restorative Care Services.** This is a short-term program that allows patients to receive extended care. It is used following hospitalization for an acute problem when a patient's condition has stabilized, but the patient is not ready to return home. Patients must meet a skilled need to qualify for Medicare or insurance payment and must have a qualifying three-night stay in acute care in any hospital within the previous 30 days.
- **Surgical Services.** According to the Illini Community Hospital website ICH offers surgical services. Focus group respondents indicated that the hospital no longer offers surgical services but this may suggest a “disconnect” between what the public is aware of and the services actually being offered by the hospital. According to the hospital website, Illini provides inpatient and outpatient surgery for the following conditions: orthopedic, podiatric, and plastic surgery. Other types of surgeries include hernia repair, cataracts,

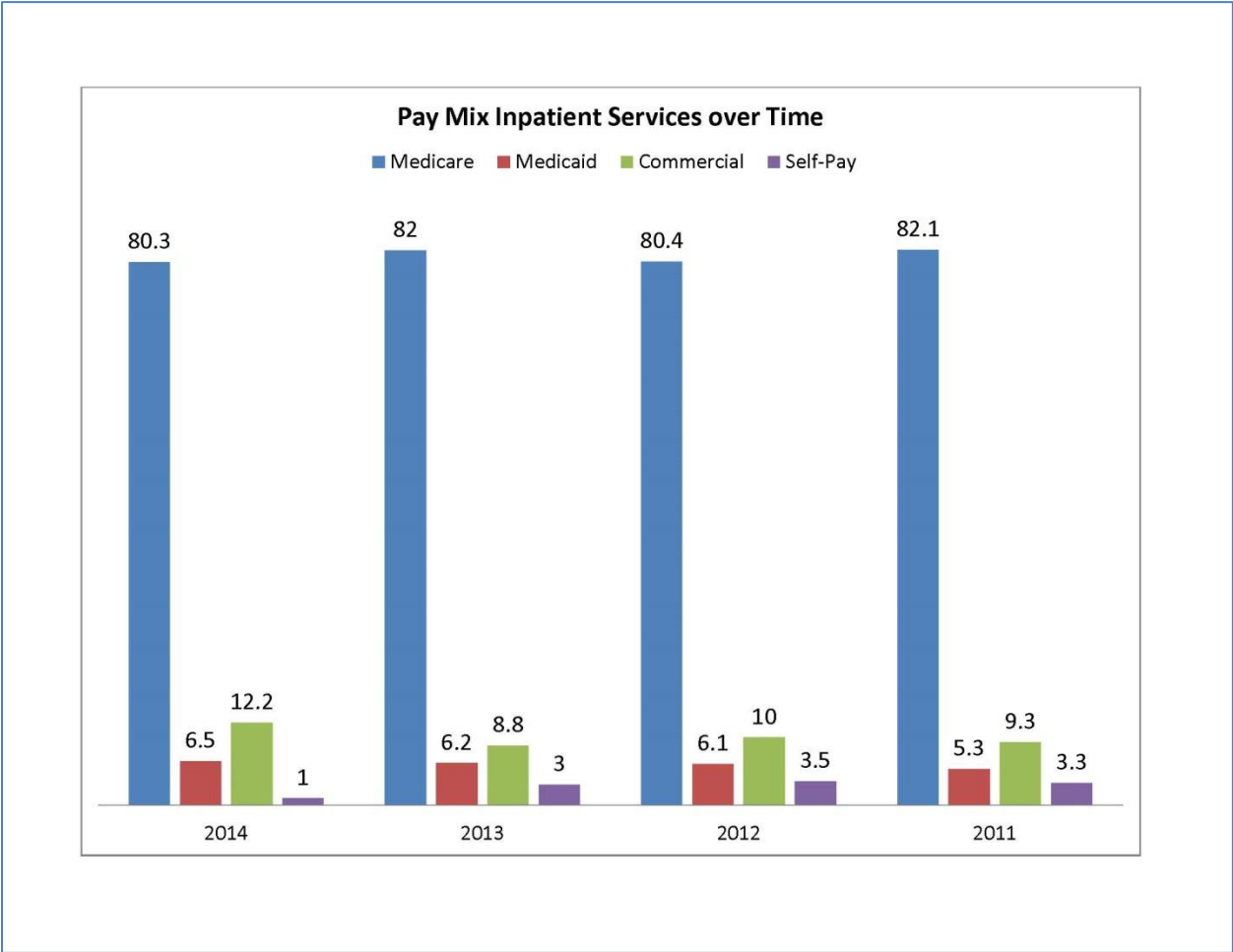
laparoscopic cholecystectomy (gall bladder removal), carpal tunnel release, lesion biopsies and excisions, and endoscopic exams. Surgeons from the Consulting Physicians Clinic and the Quincy Medical Group provide surgical procedures at Illini Community Hospital. Anesthesia services are provided by a full-time Certified Registered Nurse Anesthetist.

In addition to the services offered at Illini, the hospital maintains a list of area support groups via their website. Not all the groups listed are available in Pittsfield or Pike County but are open to residents of both. The list includes: alcoholism, Alzheimer's, amputees, autism, brain injury, cancer, diabetes, Down Syndrome, food/weight, grief, heart, Huntington's Disease, kidney, mental health, organ donation, ostomy, pain, parenting, relationships, sleep disorders, sexual orientation, substance abuse, vision impairment, and transportation services.

As a Critical Access Hospital, ICH must undergo a periodic evaluation and quality assurance review. The evaluation includes review of the number of patients served and the volume of services; a sample of active and closed clinical records, and the CAH's health care policies. Though the entire 2014 report is too lengthy to include here a snapshot of information about patient numbers and services, pay mix, and select achievements is included.

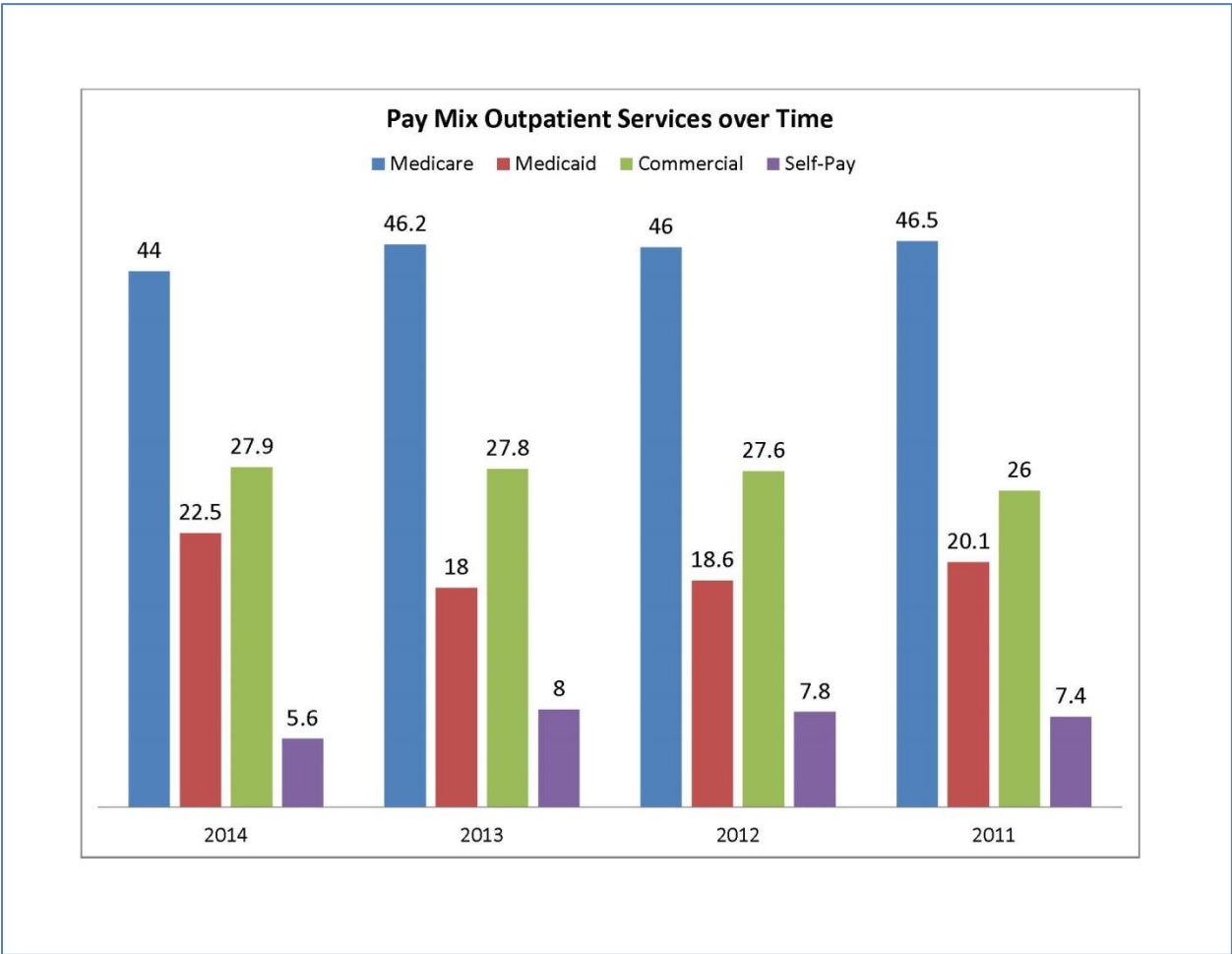
Table 24 looks at the pay mix for inpatient care over the last four years. Table 8 provides the pay mix for outpatient care. Both tables illustrate that Medicare payments are essential to hospital operation, and particularly inpatient care. Medicare use is a reflection of the age of the population utilizing inpatient and outpatient services.

Table 24. Illini Community Hospital Inpatient Pay Mix



Source: Illini Community Hospital 2014 Annual Report Presentation

Table 25. Illini Community Hospital Outpatient Pay Mix



Source: Illini Community Hospital 2014 Annual Report Presentation

Table 26 reflects the changes in Inpatient and Outpatient services over time. Table 27 reflects changes in the number of surgery over time.

Table 26. Change in Inpatient/Outpatient Services over Time

	2014	2013	2012
INPATIENT			
Admissions	266	38	479
Patient Days	835	1,042	1,591
ADC	2.3	2.9	4.3
ALOS	3.1	3.4	3.3
OBSERVATION			
Admissions	151	118	148
ADC	0.4	0.3	0.4
SWINGBED			
Admissions	26	21	34
Patient Days	202	223	302
ADC	0.6	0.6	0.8
ALOS	7.8	10.6	8.9
Total Admissions	443	447	661
Total Days (IP and SWB)	1,037	1,265	1,893
ED			
ED visits	6,675	6,884	7,336
Ed Admissions	237	286	373
OUTPATIENT TESTING			
Radiology	9,638	10,434	12,881
Nuclear Medicine	308	282	468
Laboratory	53,615	57,071	56,502
RT	3,716	3,580	3,613
Cardiopulmonary	873	823	901
Chemotherapy Infusion	1,395	1,773	1,813
Oncology Doctor Visits	792	933	928
Sleep Studies	53	96	110
Outpatient Visits	2,070	2,483	2,463
CPC Visits	3,968	4,408	4,600

Source: Illini Community Hospital 2014 Annual Report Presentation

Table 27. Surgical Services over Time

	2014	2013	2012	2011
Total Cases	357	444	576	536

2014	OR Cases	GA Cases
Total Cases	216	141
Percent of Cases	61	39
2014 OR Cases	EYE	Other
Total	119	97
Percent of Cases	55	45

Source: Illini Community Hospital 2014 Annual Report Presentation

The hospital's 2014 Annual Report highlighted the following achievements: Illini Community Hospital received awards for being in the 91st percentile for employee engagement. They were also recognized as one of the “Top 10 Cleanest Hospitals” by Becker’s Hospital Report. In addition, they received the Illinois Critical Access Hospital Network (ICAHN) Innovation of the Year Award for their care coordination process and the ICAHN Best Quality Improvement Initiative Award.

Illini Community Hospital operates the Rural Health Clinic. The goal of the Rural Health Clinic is "to provide primary health care on an outpatient basis, to assist people in developing and maintaining healthy lifestyles through the provision of medical and nursing care, and to provide patient education" (<http://www.illinihospital.org>). The clinic provides care to all ages regardless of their ability to pay. Table 11 shows how the number of visits has changed over time.

Table 28. Rural Health Clinic Statistics over Time

	2014	2013	2012	2011	2010	2009
Total Visits	11,990	11,229	11,507	11,122	11,237	10,629

Source: Illini Community Hospital 2014 Annual Report Presentation

In 2014 the Rural Health Clinic has addressed service and management issues by changing the system through which they measure patient satisfaction, added discharge phone calls for all new patients, and added quality measure tracking for diabetic patients.

Illini Community Hospital has made a number of infrastructure improvements that include beginning an addition for the Rural Health Clinic. Other improvements include renovated space for ECHO services and renovation of the x-ray and laboratory waiting area. The hospital has renovated a space on the 3rd Floor to create a classroom and renovated a shelled space for OP/Onc/CPC and opened a parking lot on Adams Street that includes sidewalks and lighting. Their 2014 Annual Report provides a full list of improvements made over the last year.

When asked to provide what she felt were the most significant improvements made by Illini Community Hospital since their 2012 Community Health Needs Assessment, Kathy Hull, Hospital Administrator reported the following: (1) The successful building and renovation of an existing area for OP-Oncology and consulting physicians' clinic which opened in December 2014. (2) ICH built and renovated space to move the Illini Rural Health Clinic to campus. The new space was opened in August 2015. (3) The hospital also gained approval to build and open Worthington Square, a geriatric behavioral medicine unit in October 2015.

The Affordable Care Act has reduced the number of no payment patients and converted many of them to Medicaid. In addition the outpatient mix has increased 29 percent in Medicaid and decreased self-pay by 51 percent.

Areas of concern identified in the 2012 Community Health Needs Assessment included (1) improving mental health services, (2) increasing access to primary and specialty care, and (3) providing more health education to the community's medically underserved populations.

- To address mental health needs Illini has improved care coordination, this included hiring a Licensed Clinical Social Worker who not only serves patients in the Rural Health Clinic by providing out-patient services, but will be providing in-patient care and supporting emergency department patients. The hospital received a CON to build the geriatric psychiatric in-patient unit which opens in October 2015 but the hospital plans to open "robust" out-patient services to compliment this service in 2016.
- To address our primary care and specialty access goal the hospital has added two providers to the Rural Health Clinic and opened a no appointment primary care service called Illini Xpress as a low cost, quick option to emergency department and traditional primary care for lower level issues. We have continued to implement telemedicine in our facility. We now have tele-neurology in the emergency room. In the in-patient area we have cardiology, and have active out-patient clinics that utilize telemedicine. We are currently working on an Ortho OP clinic and how telemedicine can provide in-patient coverage and emergency department overflow coverage.
- In the area of community outreach the hospital has expanded their traditional education efforts of classes and health fairs, etc. to include partnering with the local schools to provide educational programming to students on healthy eating and exercise. We have been the lead agency for a kid's fitness program that includes healthy eating and exercise education. Our fitness center has a "Kid's Club" that services young people (Hull 2015).

Illinois Community Hospital is not alone in trying to improve the health and wellness of residents of Pittsfield, Pike County, and the surrounding area. The following section briefly

describes other health care services in the area. ICH is a frequent partner in many of the activities of the various agencies and organizations listed.

Pike County Health Department

The Pike County Health Department is an important member of the PCCHP but its mission and purpose are broader. According to their website the mission of the Pike County Health Department is "based on client and community needs, the Pike County Health Department will assure that high quality public health and home health services are available to all citizens of Pike County" (<http://pikecoilhealth.org/>). The Health Department is a Medicaid Certified Home Health Agency; provides Environmental Health Services that includes oversight of food sanitation, tanning, private sewage disposal, nuisance control, and potable water wells; Public Health Services that include Maternal/Child Health Programs, Health Promotion Programs, and Communicable Disease Programs; and the Pike County Dental Clinic. Though these programs were listed on the website at the time of the community health needs assessment, some have been cutback or eliminated due to budget cuts.

The Pike County Dental Clinic opened on December 1, 2013. It is located in a former medical building at 606 W. Adams in Pittsfield. The Dental Clinic is considered a safety net clinic that provides a "dental home and oral health services for low-income children in the area" (Andress 2014). Some adult services were added in 2014 when funding for adults with Medicaid was restored. At the end of 2014, client caseload was 1,562 (Andress 2014).

The Dental Clinic is a significant achievement for the Pike County Health Department and low income children in Pike County have access to oral health services that are not available in many rural counties. But the Health Department has faced many challenges since

July of 2010. The following information comes directly from the Health Department's 2011 Annual Report.

...PCHD provides the mandated basic health protection programs of food, water, sewage and infectious diseases; thus working to assure the safety of food we eat...and the water we drink from individual wells, proper private sewage disposal, and protection from communicable diseases. Additional services are based on community needs and available funding. However, as economic conditions decline, state and federal budget cuts and extreme funding delays threaten these programs, as well as, the survival of local health departments. The lack of secure and sustained funding has limited the ability of local health departments to be fully functional, due to reductions and/or eliminations of staff and vital services, impacting our ability to protect and improve the health of residents we serve (Andress 2011).

Because the Pike County Health Department had to decrease un-mandated, underfunded services such as BP clinics, diabetes education, babysitting clinics, and health education events, more time is required for grant writing to sustain vital programs such as the Safety Net Dental Clinic. They currently are not replacing staff that resign or retire and have instituted mandated furlough time. Recently they reduced services in the Women, Infant, and Child (WIC) program from four days to three days. But even with severe budget constraints in July 2015, they have dealt with syphilis, bedbugs, a bat bite from a rabid bat, flooding, storm damage that impacted food establishment electric supplies, and a boil order (Andress 2015).

Mental Health Centers of Western Illinois (MHCWI)

The following information about MHCWI was provided by Katie Wilson, Associate Director-Pike (County) Site. MHCWI office is located in Pittsfield. MHCWI's mission state is "to help each individual achieve personal wellness through the provision of cost-effective, person-centered services by qualified and caring staff." MCHWI's values include: motivation, hope, compassion, wellness, and integrity.

Their services provide Outpatient Counseling for individuals, as well as providing family counseling sessions if needed, as part of the individual's treatment. Although MHCWI also provides group counseling Ms. Wilson reports that there has been poor response to group counseling programs over the last six months. Currently there are no active group programs. MHCWI does provide Community Support Services and Case Management to persons identified in the outpatient program as suitable candidates. MHCWI will also provide services to persons "in their natural environment," and for individuals with deficits in certain areas, MHCWI will provide some in home skill-building classes.

Outpatient counseling is also available to individuals with substance abuse problems and MHCWI offers education and outpatient counseling to those in the Substance Abuse Program, no group services are currently offered in the Substance Abuse Program because interest in group sessions is low. MCHWI does offer DUI Evaluations and Driver Risk Education classes at their facility.

Psychiatric Services are available through MHCWI, which includes an initial evaluation by a psychiatrist and follow-up medication consultations. MHCWI staff provide medication monitoring services and help with medication issues between visits to the psychiatrist.

MHCWI facilitates and provides Home-based Support Services through a Department of Human Services (DHS) grant to families. Individuals who qualify receive an award letter and can choose services that will be beneficial to them. One of the services offered is the Developmental Training Program, with structured daily activities to promote and develop skills such as money management, independent living skills, language development, grooming, etc.

Although MHCWI receives referrals from legal and medical providers, many of their clientele are individuals independently seeking care. Walk in appointments are accepted and MHCWI can see individuals who are in crisis on a same day basis. Individual and group counseling is available at their office and they also provide community- and home-based services. The age of individuals in the MHCWI outpatient program range from three years and up. Psychiatric services are offered beginning at the age of six, and are also provided to adolescents, adults, and seniors. The Substance Abuse Program services are available to individuals twelve years old and up.

MCHWI makes the majority of their referrals to local providers, but they also refer to Springfield and Quincy and have had to broaden their search for providers over the last several years. Wilson writes "when trying to locate services (inpatient substance abuse referrals and psychiatric hospitalizations) it can be very difficult to find another entity that has an open bed or that can manage the referral we are making" (Wilson 2015).

Pike County Ambulance Service

According to their website The Pike County Ambulance Service "is a modern, advanced life support Emergency Medical Service located in Pike County." Their mission is "to provide a secure environment with superior quality of life through the provision of public education and emergency medical services to those who live, visit, work, or invest in Pike County" (<http://www.pikeco.ems.org>). The Pike County Ambulance Service is a department of Pike County Illinois Government. Three departments function to provide essential emergency services, including Emergency Medical Services, the Enhanced 911 EMS Communication Center, and the EMS Training Department.

Pike County Community Health Partnership (PCCHP)

Pike County has an active preventative health and wellness focus and in 2006 formed an active Pike County Community Health Partnership resulting from a strategic planning and visioning initiative that included the Pike County Health Department, Illini Community Hospital, and the Health & Wellness Foundation of Pike County. Since 2008 they have provided a host of community events to meet health needs and create awareness about health issues. In 2014 the PCCHP received a Southern Illinois University Rural Health Initiative Grant to address health needs in the county, which supports programs like the Food Pantry Garden (PCCHP 2015).

The current staff and steering committee of the PCCHP include:

- Margaret Lehr, Office Assistant
- Kathy Hull, Illini Community Hospital
- Anita Andress, Pike County Health Department
- Katie Wilson, Mental Health Centers of Western Illinois
- Brenda Middendorf, Two Rivers RC & D
- Denise Conkright, PACT Headstart
- Patricia McIntosh, Health and Wellness Foundation of Pike County
- Jennifer Mowen, Illini Community Hospital
- Jan Bleich, Pike County Health Department
- Karen Epley, Mental Health Centers of Western Illinois
- Gina Sheurman, Pike County Economic Development Corporation
- Earl Bricker, University of Illinois Extension, Pike County Unit

Health and Wellness Foundation of Pike County (HWFPC)

Though community foundations and the presence of a health foundation are not unique to many rural communities, the Health and Wellness Foundation of Pike County stands out as a vital and visible member of the Pike County community. Grant funding for a broad ranging community health needs assessment in 2015 was provided by the Health and Wellness Foundation. The Health and Wellness Foundation provides grant funding to many local health and social services agencies in Pike County.

The mission of the Health and Wellness Foundation of Pike County is "to promote and assist organizations and initiatives, that positively impact, the physical, mental, emotional and social health of those living in or seeking services in Pike County" (HWFPC, nd.a) Though originally organized as a 501 (c) (3) under the name the Illini Community Health Care Foundation (ICHCF) in 2003, the Foundation began doing business as the Health and Wellness Foundation of Pike County in 2010. The name of the Foundation was changed to "more accurately reflect an expanded interest in wellness and disease prevention." For over 10 years HWFPC has annually funded numerous health initiatives across Pike County in excess of \$750,000.

The Health and Wellness Foundation of Pike County is dedicated to enhancing health, quality of life, and increasing wellness across Pike County; this is achieved through the following initiatives and programs:

- Healthy Communities Grant - a competitive grant which awards funds to qualifying non-profit organizations on the basis of their ability to address the health and wellness focus reflected in our mission.

- Immediate Response Grants - awarded to a not-for-profit health organization once in a twelve month period in amounts up to \$3,500.00.
- Health and Wellness Scholarships - three different John S. Teuscher Health Occupation Scholarships which commemorate our founding board chairman; the Allan A. Seiler Fitness and Wellness Scholarship; and others available to Illini Hospital employees.
- Community Collaborations - partnering with local non-profit organizations in an effort to create sustainable and impactful improvements in health. HWFPC actively pursues community collaborations to leverage resources and maximize overall impact (HWFPC, nd.a).

Health Communities Grants provided include:

Illini Community Hospital - ER Expansion Capital Campaign
 Pike County Elementary Schools - Fitness Equipment
 Pikeland Schools Positive Behavior Interventions System (PBIS)
 Pike County Health Department Safety Net Dental Clinic
 Pittsfield Senior Services Meal Site
 U of I Extension Health Education Program
 Hull Service Club Playground Equipment
 Mental Health Centers of Western Illinois Mental Health First Aid Training
 Quanada Emergency Housing Support
 Illini Community Hospital Child Wellness Program
 Pleasant Hill Grade School Backpack Food Program
 Barry Food Pantry
 Pike County Public Schools - AED's
 Rotary Anti-Drug/Drinking Program
 MCHWI Recycling Program
 Pike County Health Needs Assessment

Immediate Response Grants include:

Pike County Health and Resource Fair
 Pike County Drug Court
 Access to Illinois Food Project
 Pittsfield Health Occupations Class
 Pike County Food Pantry Garden

SHINE Child Obesity Program
Pike County Unmet Needs
Pike County Senior Expo
Pittsfield Skate Park
Multiple Myeloma Walk/Run
Bicycle Safety Town

Community Collaboration highlights in 2013-2014 include the Food Pantry Garden, Pike County Senior Expo, Pike County Safety Net Dental Clinic, the Childhood Obesity Task Force, Pike County Health Resources Fair, "Findley Place" Paul Findley Senior Housing and the 8th Judicial Circuit Illinois Family Violence Coordinating Council (FVCC). Grant Awards in 2013-2014 ranged from \$400.00 to \$30,000.00 and included grants to Illini Community Hospital, Childhood Wellness Program; MHCWI, Recycling Program; Six Senior Benefits Program; Pike County Unmet Needs; Pleasant Hill Grade School, Back Pack Food Program, SHINE Childhood Obesity Program; Access Illinois Deer Harvest Processing; a three-year grant for the Pike County Elementary Schools fitness equipment, Pittsfield Main Street Trash and Cigarette receptacles, and Pearl Playground equipment among others (HWFPC, nd.b).

Quincy Medical Group (QMG)

QMG's mission is "we believe by serving patients and community we improve lives, creating a healthier tomorrow" (<http://www.quincymedicalgroup.com>). Physicians in the Quincy Medical Group were included in the physician/health provider survey. The Quincy Medical Group is distinguished from the organizations listed above due to their for-profit status. QMC operates three clinics in Pike County including the clinic located at 868 Mortimer in Barry which provides family practice, internal medicine, pediatrics, and lab work. A second clinic located at 405 East State in Pleasant Hill provides family practice, internal medicine, and lab work. They also maintain a practice in Pittsfield in a new facility at 320 N. Madison, offering

family practice, cardiology, nursing home care coordination, pediatrics, orthopedic surgery, behavior health, radiology, mammography, and ultrasounds although all services are not offered every day; for example cardiology is offered once monthly and orthopedic surgery is offered once weekly. QMG provides general surgery and gastroenterology clinics every other week at Illini Community Hospital, 640 W. Washington, Pittsfield. Quincy Medical Group also operates an oncology clinic at the hospital (Hebberline 2015).

Recommendations and Priorities

Clearly Pike County has a visible low income population whose health and social service needs should be addressed. Children who do not have access to health care and do not learn healthy habits will likely face poor health in- the future. And finally, older residents face additional health issues as they age. The World Health Organization's definition of health does not, however, allow for a focus on a single population. The questions that need to be addressed are "what should be done, what can be done, and what can be afforded" (Wright et al 1998).

The most salient health needs in Pike County identified in this assessment are:

- (1) Obesity, Nutrition, and Exercise
- (2) Smoking Cessation and Substance Abuse
- (3) Mental Health Services

This includes a broad range of mental health services, encompassing everything from peer counseling to psychiatry.

- (4) Access to Care/Services

The salient questions at this time are what can be done in Pike County, and what can Pike County afford to do. One important issue that has to be addressed is the preservation of the Pike County Health Department. And Illini Community Hospital has to continue to promote its role in community programs and providing needed health services locally. Small hospitals must maintain local users to survive. Pike County residents are aware of the infrastructure changes the hospital is making but they need to see and experience that these services will help them and their families. Pike County must continue current collaboration efforts with an eye for opportunities for new partnerships and new ideas. Agencies then need to be open, accepting, and transparent. Small town services and programs cannot afford to be seen as exclusive or excluding.

Specific recommendations include:

- A. **Promote local services and agencies** so that residents know what is available
- B. **Preserve existing programs** as a part of access to health and wellness in the area. Local providers need to continue to seek external resources as required to preserve and expand programs. Programs may need to be targeted to particular populations, but whenever possible health education programs should be open to everyone; free or low cost childcare also allows single parents the opportunity to attend. Local groups need to continue to work with state and national organizations that share the same health priorities, to determine available resources and seek best practices. Invite local elective officials, state and congressional representatives to each scheduled public health event that is held-and work with the appropriate lobbying groups in Springfield and

Washington DC; address not only these issues, but rural health and mental health needs broadly. Access to health care depends on awareness at all levels.

- C. **Address basic needs such as food, shelter, and clothing.** Continue to collaborate and support creative programs that address food insecurity and provide shelter. Encourage community-wide participation while reducing stigma experienced by some individuals and families; work with local schools to meet the specific needs of homeless teens.
- D. **Dental/Oral Care:** Continue to expand dental services and provide educational programming about good oral hygiene and the link between good dental hygiene and health. Lobby for the expansion of Medicaid and Medicare to include annual routine checkups and continue to seek best practices and dental programs for implementation in Pike County.
- E. **Public Transportation:** Continue to promote public transportation use in the county including information about ridership and miles of transportation provided. Develop voucher programs that help offset the cost of public transportation. Expand public transportation to individuals requiring needed medical care and follow up treatment elsewhere.

The Pike County health and social service environment cannot be all things to all people but it can be the conduit through which care and connections flow. Illini Community Hospital is a vital part of the health and social network of Pike County and the surrounding area.

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Wright, J., R. Williams, and J.R. Wilkinson. 1998. *Development and importance of health needs assessment*. British Medical Journal 316(7140):1310-1313. Available online 2 June 2015, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC1113037/>

Appendices

APPENDIX A

PIKE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT 2015
HEALTH PROVIDER SURVEY

This survey is being conducted by the Illinois Institute for Rural Affairs at Western Illinois University. It is part of a process to benefit health providers in Pike County. We have been asked by the Health and Wellness Foundation of Pike County to collect information from health care providers for a community health needs assessment. The information you provide will help local health and social service providers develop a health service plan and prioritize health needs in the area. The survey should take about 10 minutes to complete.

Your participation in the survey interview is entirely voluntary. Any information you provide will be kept anonymous and confidential. The Institute for Rural Affairs will provide a final report to the community of the information collected but no identifying information will be used. **If you have any questions about the project please call Cynthia Struthers at (309) 298-2282 or Patricia McIntosh at (217) 285-6080.**

This project has been review and approved by the WIU Institutional Review board. Questions concerning your rights as a participant in this research may be directed to the Compliance Specialist, at 309.298.1191 or IRB@wiu.edu.

1. Occupation/Job Title: _____

2. Which of the following best describes your practice?

- | | | |
|---|--|---|
| <input type="checkbox"/> Private Practice | <input type="checkbox"/> Health Department | <input type="checkbox"/> Health Clinic |
| <input type="checkbox"/> Group Practice | <input type="checkbox"/> Hospital-Based | <input type="checkbox"/> Non-clinical setting |
| <input type="checkbox"/> Integrated Delivery system | <input type="checkbox"/> HMO | <input type="checkbox"/> Other _____ |

3. How many years have you been in your current position in Pike County? _____

4. How many days per week do you work in Pike County?

- One day Two days Three days Four days Five or more

5. What do you see as the three most important health issues in Pike County?

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> Oral Health | <input type="checkbox"/> Substance Abuse/Tobacco | <input type="checkbox"/> Environmental Quality | <input type="checkbox"/> Mental Health |
| <input type="checkbox"/> Malignant Carcinomas | <input type="checkbox"/> Heart Disease and Stroke | <input type="checkbox"/> Access to Health Services | <input type="checkbox"/> Maternal/Infant/Child Health |
| <input type="checkbox"/> Nutrition, Physical Activity, and Obesity | <input type="checkbox"/> Reproductive and sexual health | <input type="checkbox"/> Injury and Violence | |

Continued on other side

6. What resources would help you better meet the health needs of residents of Pike County?

7. What health and social service programs do residents of Pike County need?

8. Are there populations you feel are underserved in Pike County? Yes No

9. Who are they?

10. What prevents residents from Pike County from getting the health and social services they need?

- | | Yes | No |
|--|--------------------------|--------------------------|
| 11. Are you familiar with the Pike County Dental Clinic? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are you aware that the West Central Mass Transit District (wcmt) provides public transportation to Pike County residents? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Has the state's economic situation affected your practice? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Has the Affordable Care Act increased access to health care in Pike County? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Do you live in Pike County? If yes, please answer questions 16 - 18. | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Is your residence connected to a public water supply? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is your home connected to a public sewer? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. If you have children at home, do your children go to a daycare with a public water supply? – <i>If no children in daycare, leave blank</i> | <input type="checkbox"/> | <input type="checkbox"/> |

Please return by [] to the Illinois Institute for Rural Affairs in the business reply envelope provided or **fax to Cynthia B. Struthers at 309.298.2142.**

Thank you for completing the survey.

APPENDIX B

PIKE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT 2015 SOCIAL SERVICE PROVIDER INTERVIEWS

Introduction: My name is [] (*with the Illinois Institute for Rural Affairs*) at Western Illinois University. As part of a process benefiting the health providers in Pike County, we have been asked by the Health and Wellness Foundation of Pike County to collect information from social services providers in the county for a community health needs assessment. The information you provide will help local health and human service providers develop a health service plan that prioritizes health and social service needs in the area.

Your participation in this interview is entirely voluntary. Any information you provide will be kept anonymous and confidential. The Institute for Rural Affairs will provide a final report to the community of the information collected from these interviews but no identifying information will be used. **If you have any questions about the project please call Cynthia Struthers at (309) 298-2282 or Patricia McIntosh at (217) 285-6080.**

This project has been review and approved by the WIU Institutional Review board. Questions concerning your rights as a participant in this research may be directed to the Compliance Specialist, at 309.298.1191 or IRB@wiu.edu.

Do you have a few minutes now that I could ask you a few questions? Is there a time I could call back that would be more convenient? Call again at _____.

Agency:

Title or position:

1. Could you briefly describe your agency and services?
2. What are the days and hours of operation?
3. What resources would help you better meet the social service needs of residents of Pike County?
4. In what ways has the state's economic situation affected your ability to deliver services to persons in Pike County?
5. What health and social services programming do residents of Pike County need?

6. What populations do you feel are underserved in Pike County?

7. What prevents residents in Pike County from getting the health and social services they need?

8. What do you see as the three most important health issues in Pike County?

	YES	NO	Don't know
9. Are you familiar with the Pike County Dental Clinic in Pittsfield?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are you aware that the West Central Mass Transit District (wcmted) provides public transportation to Pike County residents?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you live in Pike County? If yes, answer questions 12 - 14. If no, skip to question 15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Is your residence connected to a public water supply?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is your home connected to a public sewer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. If you have children at home, do your children go to a daycare with a public water supply? – <i>if no children in day care, leave blank</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Are there other comments you would like to make regarding health care and social services in Pike County?			

Thank you for participating in the Pike County Community Health Needs Assessment!

APPENDIX C

Pike County Community Health Needs Assessment 2015

FOCUS GROUP QUESTIONS

- 1) What are the advantages for you (and your family) of living in Pike County?

- 2) What are the disadvantages for you (and your family) of living in Pike County?

- 3) Have you (or someone in your household) experienced a change in health in the last two years? Did you need services, and were the services locally available?

- 4) Have you been able to obtain health insurance within the last 2 years? Is your access to health care better or worse?

- 5) Are there health or environmental concerns in the county that worry you?

- 6) What lifestyle change(s) would you like to make? What local resources do you need that could help you achieve your goal(s)?

Are there any additional comments you would like to make about health and wellness in Pike County?

APPENDIX D

Pike County Community Health Needs
Assessment 2015
Demographic Information
Focus Group Participants

This information will be used for statistical purposes only. It cannot be traced back to you or this focus group.

1. Are you: Male Female

2. Year of birth:

3. Marital Status: Married Divorced Single Widowed Other

4. Which town or community do you live in or near?

Pittsfield Other _____

5. In what type of housing do you currently live?

Single family home Apartment
 Mobile home Other _____

6. Do you: Own your home Rent Other _____

7. Do you live: **(check all that apply)**

Alone With spouse or partner
 With children under the age of 5 With children under the age of 18
 Other

39998. How would you describe your health in general?

Excellent Good Fair Poor Very poor

9. What types of health insurance/health coverage do you currently have? (**check all that apply**)

- Employer provided/subsidized insurance Private insurance (I pay my own premiums)
 Medicaid Medicare
 No health insurance

- | | Yes | No | Don't know |
|--|--------------------------|--------------------------|--------------------------|
| 10. Did you gain access to health insurance as a result of the Affordable Care Act? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Do you have a primary care doctor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. In the last 12 months, have you seen a doctor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Have you been diagnosed with any chronic conditions such as, Diabetes, Hypertension, Cancer, etc. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Are you on any regular prescribed medications? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. In the last 12 months, have you seen a dentist? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. In the last 12 months, have you used public transportation provided by the West Central Mass Transit District (wcmtd)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is your residence connected to a public water supply? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Is your home connected to a public sewer? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. If you have children at home , do your children go to a daycare with a public water supply? - <i>If no children in daycare, leave blank</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

20. What is your employment status? (**check all that apply**)

- Employed full-time Employed part-time Retired
 Unemployed, looking for work Unemployed, not looking for work Homemaker
 Disabled Student

21. What was your approximate gross household income in 2014?

- Less than \$19,999 \$60,000 to \$99,999
 \$20,000 to \$39,999 \$100,000 or more
 \$40,000 to \$59,999

