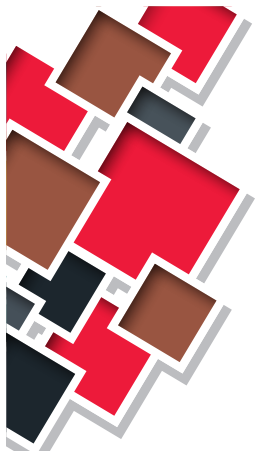


2018 COMMUNITY HEALTH NEEDS ASSESSMENT

*A collaborative approach
to impacting population
health in Pittsfield and
surrounding areas*





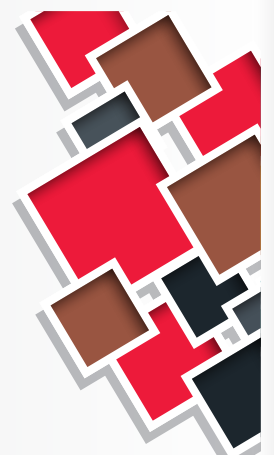
Illini Community Hospital

TABLE OF CONTENTS

I. Introduction.....	3-4
Background.....	5-6
Executive Summary	7-8
Service Area Demographics	9-12
II. Establishing the CHNA Infrastructure and Partnerships.....	13-14
III. Data Collection and Analysis.....	15
Description of Process and Methods Used.....	16-17
Description of Data Sources.....	18-19
Secondary Data Social Determinants of Health.....	20-49
Additional Relevant Data.....	50-57
Primary Data.....	58-61
IV. Identification and Prioritization of Needs.....	62
Description of the Community Needs Identified.....	63-64
V. Resources Available to Meet Priority Health Needs.....	65-68
VI. Implementation Strategy.....	69
Planning Process and Implementation Strategy.....	70-76
VII. Documenting and Communicating Results.....	77-78
VIII. References and Appendix.....	79-83

1. INTRODUCTION

2018 Community Health Needs Assessment



2018 Community Health Needs Assessment

Insight into Illini Community Hospital's population

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs.

This assessment process results in a CHNA report that assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access and rural hospitals and their communities. ICAHN, with 57 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. This Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Pittsfield and the surrounding area.



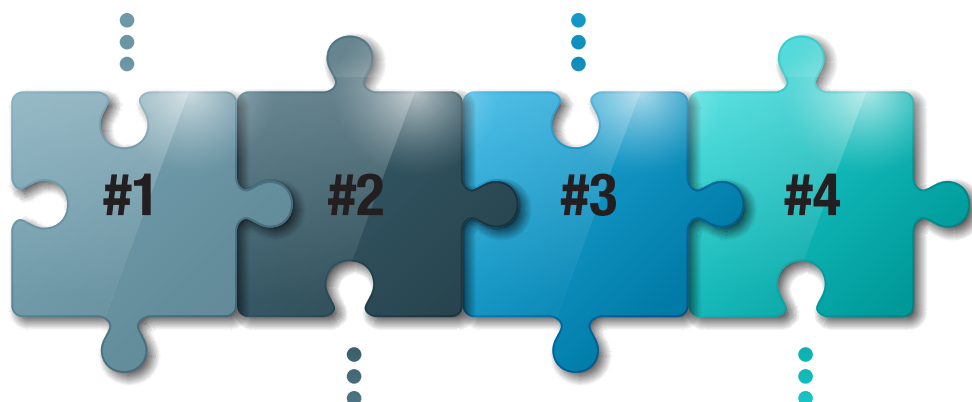
Introduction / Background

Illini Community Hospital completed two Community Health Needs Assessments prior to 2018. The first CHNA was conducted in 2012 and identified four significant needs:

2012

Mental Health Services

Wellness Education



**Substance Abuse
Prevention & Treatment**

**Continued Local Availability of
Physicians & Medical Specialists**

The second CHNA was conducted in 2015 and identified four significant needs:

2015

Obesity, Nutrition & Exercise

Mental Health Services



Smoking Cessation & Substance Abuse

Access to Care

Background

In response to these needs assessments, Illini Community Hospital took the following actions to address the 2012 CHNA:

- Plans to complete and open Worthington Square, a geriatric behavioral medicine unit were completed October 1, 2015. The center has since opened and is serving the community.
- The Illini Rural Health Clinic opened its new facility on the campus of the main hospital. Visits to the clinic have increased over the years.

Illini Community Hospital took the following actions to address the 2015 CHNA:

1. Obesity, nutrition, and exercise

- Healthy Pike 2017 Project completed

2. Smoking cessation and substance abuse prevention

- Revitalization of the ATOD committee was NOT completed. No other agencies were interested in pursuing.
- Working with Blessing Health System on opioid drug use reduction efforts. Participated in both Blessing Health System and ICAHN's opioid reduction educations. Working within BHS reduction efforts.

3. Mental health services

- Added Nurse Practitioner (NP), Licensed Clinical Social Worker (LCSW), and Licensed Social Worker (LSW) services to the rural health clinic for outpatient follow-up and counseling.

4. Access to care and services

- In 2017, ICQC improvements for primary care physicians improved visits by 44%, and this number has been maintained since that date.
- Recruitment efforts for primary care physicians included the addition of a pediatrician in spring 2018.
- Added BPS specialty clinics (CPC), with live doctor or telemedicine visits.
- Made gastrointestinal, pulmonology, and cardiology services available for inpatient or outpatient evaluations and clinic visits.
- Started outpatient urology and dermatology services.
- Continued to use inpatient psychology services via telemedicine daily.

Executive Summary

EXECUTIVE SUMMARY

The 2018 Illini Community Hospital Community Health Needs Assessment was conducted in April through July of 2018. The Implementation Strategy was also developed in October 2018. The CHNA is influenced by the large rural service area of Illini Community Hospital.

The health profile of the Illini Community Hospital's service area is influenced by the following indicators of social determinants of health:

- Education — High school graduation rate
- Education — Population with bachelor's degree or higher
- Access to mental health and primary care providers

The needs identified and prioritized through the CHNA carried forward variants of previous CHNAs and added others. The identified and prioritized needs selected include:

1. Improve awareness of the availability of local healthcare, health-related services and opportunities, and how to access them:
 - Better connect the community to nutrition information and healthy foods.
 - Improve transportation to medical appointments and services outside of the service area
2. Improve communication and collaboration among healthcare providers, community service providers, faith-based community leaders, and community groups in order to maximize use of local resources.
3. Address issues related to mental health, including:
 - Improving local access to mental health services for youth and families
 - Addressing substance use/misuse/abuse prevention and recovery services
 - Reduce smoking
 - Addressing the culture of poverty in local communities
 - Addressing the stigma associated with seeking or receiving mental healthcare
4. Addressing services for the homeless, both transient homeless and youth and young adults, including finding shelter with unrelated persons.

Executive Summary

The Implementation Plan developed by the senior staff at Illini Community Hospital is specific and thorough. The plan, set out in this report, includes these highlights:

- Illini Community Hospital will work with churches and other faith-based organizations to build, place, and stock “little pantries” in communities throughout Pike County.
- Illini Community Hospital will create instructional videos for local broadcast to explain basic preparation of vegetables and other healthy foods and snacks.
- Illini Community Hospital will expand web-based and social media information sharing.
- Illini Community Hospital will explore sponsoring or co-sponsoring periodic mobile food pantries in small communities
- Illini Community Hospital will establish a hospital-based, non-emergency medical transportation service for persons required to travel to local or out-of-area services.
- Illini Community Hospital will explore partnerships with school districts to identify the mental health service needs of youth, determine how to address those needs, and then address them.
- Illini Community Hospital will arrange for and present culture of poverty education and awareness programs for its staff and the community.
- Illini Community Hospital will convene meetings and discussions among potential local resources to identify the scope of available services and then move forward from there.
- Illini Community Hospital will create campaigns promoting mental health services awareness, targeting the stigma of seeking or receiving mental healthcare.
- Illini Community Hospital will convene and host meetings at least twice per year to bring together community organizations, agencies, health services and others to identify what initiatives are going on in the community and to discuss how the groups can help each other.

Service Area Demographics

For the purpose of this CHNA, Illini Community Hospital defined its primary service area and populations as the general population within the geographic area in and surrounding the city of Pittsfield, defined in detail below. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

Illini Community Hospital's service area is comprised of approximately 881 square miles, with a population of approximately 18,478 and a population density of 90 people per square mile. The report area consists of the following rural communities:

Cities

- Pittsfield
- Barry
- Griggsville
- Winchester

Villages and Unincorporated Communities

- Perry
- Baylis
- Nebo
- Pleasant Hill
- Kinderhook
- Milton
- New Canton
- New Salem
- Pearl



Service Area Demographics

Total Population Change, 2000 to 2010

According to U.S. Census data, the population in the Illini Community Hospital service area fell from 19,583 people to 18,643 people between the years 2000 and 2010, a 4.8% decrease.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	19,583	18,643	-940	-4.80%
Adams County	68,277	67,103	-1,174	-1.72%
Calhoun County	5,084	5,089	5	.10%
Morgan County	36,616	35,547	-1,069	-2.92%
Pike County	17,384	16,430	-954	-5.49%
Scott County	5,537	5,355	-182	-3.29%
Illinois	12,416,145	12,830,632	414,487	3.34%
Total Area (Counties)	132,898	129,527	-3,371	-2.00%

*Data Source: Community Commons (US Census Bureau, Decennial Census. 2000-2010.
Source Geography: Tract)*

The Hispanic population in Adams County increased by 209 (36.86%), increased in Calhoun County by 8 (25%), increased in Morgan County by 216 (43.55%), increased in Pike County by 85 (97.7%), and increased in Scott County by 33 (330%).

In Adams County, additional population changes were as follows: White -3.18%, Black 11.32%, American Indian/Alaska Native 1.83%, Asian 62.13%, and Native Hawaiian/Pacific Islander 50%.

In Calhoun County, additional population changes were as follows: White 0.18%, Black 250%, American Indian/Alaska Native -43.75%, Asian 33.33%, and Native Hawaiian/Pacific Islander, no data.

In Morgan County, additional population changes were as follows: White -4.41%, Black 8.21%, American Indian/Alaska Native 16.42%, Asian -1.18%, and Native Hawaiian/Pacific Islander 133.33%.

In Pike County, additional population changes were as follows: White -5.91%, Black 5.77%, American Indian/Alaska Native -6.67%, Asian -7.32%, and Native Hawaiian/Pacific Islander 40%.

In Scott County, additional population changes were as follows: White -4.14%, Black 350%, American Indian/Alaska Native 12.5%, Asian 71.43%, and Native Hawaiian/Pacific Islander, no data.

Service Area Demographics

Population by Age Groups

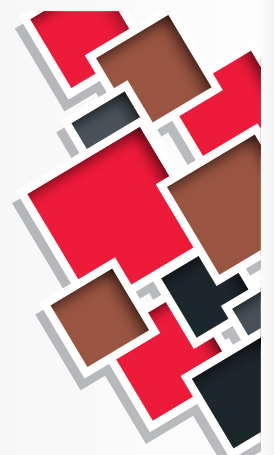
Population by gender in the service area is 50% male and 50% female, and the region has the following population numbers by age groups:

Report Area	Total Population	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-34
Service Area Estimates	18,478	1,136	3,065	1,370	2,096
Adams County	66,949	4,070	11,114	5,637	8,041
Calhoun County	4,962	256	788	348	454
Morgan County	34,801	1,785	5,109	3,902	4,192
Pike County	16,054	950	2,620	1,296	1,794
Scott County	5,169	248	918	365	520
Illinois	12,851,684	790,205	2,200,424	1,242,711	1,780,279

Report Area	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	2,103	2,448	2,528	3,732
Adams County	7,593	9,002	9,030	12,462
Calhoun County	539	723	727	1,127
Morgan County	4,020	4,606	4,740	6,447
Pike County	1,831	2,117	2,263	3,183
Scott County	610	784	743	981
Illinois	1,672,366	1,768,455	1,613,087	1,784,097

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

2018 Community Health Needs Assessment



Establishing the CHNA Infrastructure and Partnerships

Illini Community Hospital led the planning, implementation, and completion of the Community Health Needs Assessment through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney, former educator, and community development specialist, conferenced with hospital executive staff to define the community, scope of the project, and special needs and concerns. An internal working group, possible local sources for secondary data and key external contacts were identified, and a timeline was established.

Internal

Illini Community Hospital undertook a three-month planning and implementation effort to develop the CHNA, and to identify and prioritize community health needs for its service area. These planning and development activities included the following steps:

- The project was overseen at the operational level by the CEO.
- Arrangements were made with ICAHN to facilitate two focus groups and a meeting to identify and prioritize significant needs. ICAHN was also engaged to collect, analyze, and present secondary data and to prepare a final report for submission to Illini Community Hospital.
- The CEO worked closely with ICAHN's consultant to identify and engage key community partners and to coordinate local meetings and group activities.

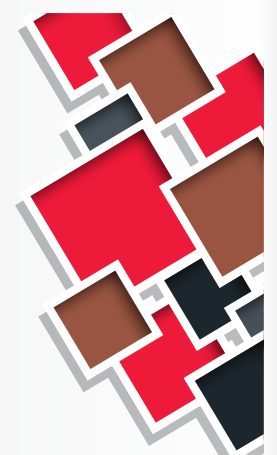
External

Illini Community Hospital also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area. These steps included:

- The CEO secured the participation of a diverse group of representatives from the community and the health profession.
- ICAHN's consultant provided secondary data from multiple sources set out below in Section III. Data Collection and Analysis.
- Participation included representatives of county health departments serving the area served by the hospital.

III. DATA COLLECTION AND ANALYSIS

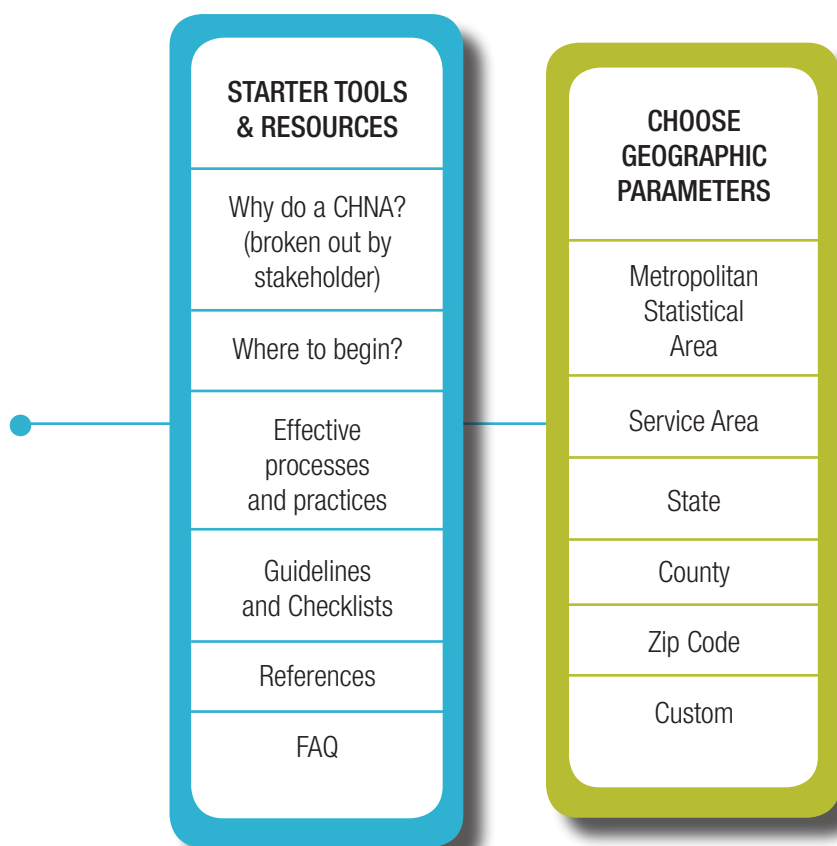
2018 Community Health Needs Assessment

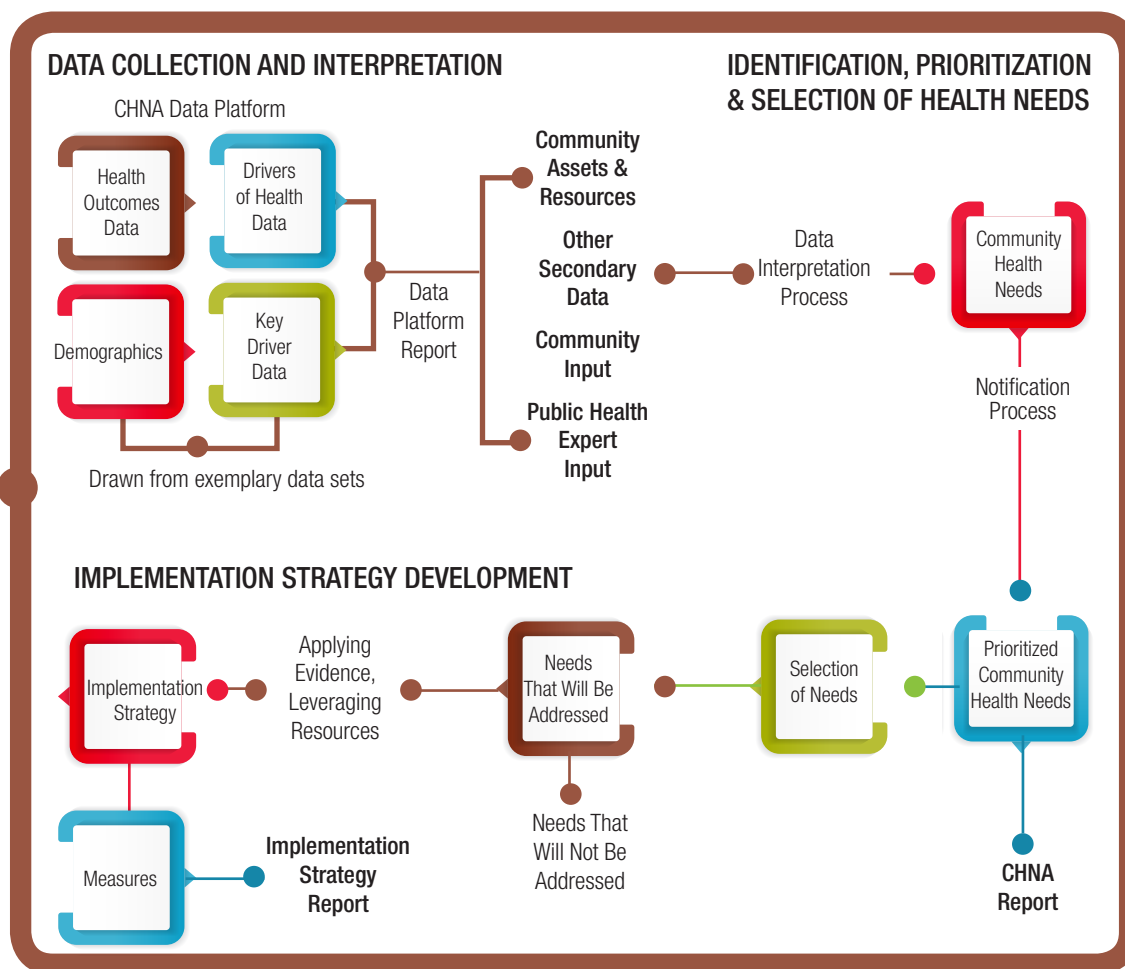


Description of Process and Methods Used

Qualitative Process

This graphic depicts the overarching framework used to guide the CHNA planning and implementation process.





Description of Data Sources

Quantitative Process

Behavioral Risk Factor Surveillance System	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.
U.S. Census	National census data is collected by the U.S. Census Bureau every 10 years.
Community Commons	Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
Illinois Department of Employment Security	The Illinois Department of Employment Security is the state's employment agency. It collects and analyzes employment information.
National Cancer Institute	The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.
Illinois Department of Public Health	The Illinois Department of Public Health is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
HRSA	The Health Resources and Services Administration of the U.S. Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.

County Health Rankings	Each year, the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the U.S.'s oldest and most successful intergovernmental public health data sharing system.
Local IPLANS	The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois.
ESRI	ESRI (Environmental Systems Research Institute) is an international supplier of Geographic Information System (GIS) software, web GIS, and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined levels.
Illinois State Board of Education	The Illinois State Board of Education administers public education in the state of Illinois. Each year it releases school "report cards" which analyze the makeup, needs, and performance of local schools.
USDA	The United States Department of Agriculture (USDA), among its many functions, collects and analyzes information related to nutrition and local production and food availability.
Illinois Youth Survey	The Illinois Youth Survey examines substance abuse by youth and the perception of youth about the views of peers, parents, and others toward the use of substances. The survey is conducted by the University of Illinois and is utilized for analysis by SAMHSA and other organizations and agencies.

Secondary Data

Social Determinants of Health

Education – High School Graduation Rate

Within the Illini Community Hospital service area, 79% of students are receiving their high school diploma within four years. This is lower than the Healthy People 2020 target of 82.4%. This indicator is relevant because research suggests education is one of the strongest predictors of health.

Service Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Service Area Estimates	289	164	78.6%
Adams County	703	619	88.1%
Calhoun County	61	54	88.5%
Morgan County	299	241	80.6%
Pike County	160	131	81.9%
Scott County	72	67	93.1%
Illinois	91,892	75,974	82.7%

Data Source: Community Commons (US Department of Education, EDData. Accessed via DATA.GOV. Additional data analysis by CARES 2015-16. Source District)

Education – No High School Diploma

Within the Illini Community Hospital service area, there are 1,595 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 12.36% of the total population aged 25 or older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With No High School Diploma	Percent Population Age 25+ With No High School Diploma
Service Area Estimates	112,907	1,595	12.36%
Adams County	46,128	3,842	8.33%
Calhoun County	3,570	293	8.21%
Morgan County	24,005	2,204	9.18%
Pike County	11,188	1,359	12.15%
Scott County	3,638	280	7.7%
Illinois	8,618,284	1,008,608	11.7%

*Data Source: Community Commons (US Census Bureau, American Community Survey 2012-2016.
Source Geography: Tract)*



Secondary Data

Social Determinants of Health

Education – Student Reading Proficiency (4th Grade)

This indicator reports the percentage of children in Grade 4 whose reading skills tested below the “proficient” level for the English Language Arts portion of the state-specific standardized test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education.

Service Area	Total Students With Valid Test Scores	Percentage of Students Scoring ‘Proficient’ or Better	Percentage of Students Scoring ‘Not Proficient’ or Worse
Service Area Estimates	188	32.52%	67.5%
Adams County	687	34.70%	65.3%
Calhoun County	44	55.74%	44.3%
Morgan County	330	42.41%	57.6%
Pike County	168	29.30%	70.7%
Scott County	56	33.68%	66.3%
Illinois	144,944	39.3%	60.7%

Data Source: Community Commons (US Department of Education, EDFacts. Accessed via DATA.GOV. 2014-15. Source Geography: School District)

Education – Head Start

This indicator reports the number and rate of Head Start program facilities per 10,000 children under age five. Head Start facility data is acquired from the U.S. Department of Health and Human Services (HHS) 2018 Head Start locator. Population data is from the 2010 U.S. Decennial Census.

Service Area	Total Children Under Age 5	Total Head Start Programs	Head Start Programs Rate (Per 10,000 Children)
Service Area Estimates	451	1	43
Adams County	4,2322	3	5
Calhoun County	275	1	36
Morgan County	1,951	2	10
Pike County	1,024	1	10
Scott County	322	1	0
Illinois	835,577	757	7

Data Source: Community Commons (US Department of Health & Human Services, Administration for Children and Families, 2018. Source Geography: Point)



Secondary Data

Social Determinants of Health

Education – Bachelor's Degree or Higher

Of the population aged 25 and older, 15% or 1,934 adult students have obtained a Bachelor's level degree or higher. This indicator is relevant because education attainment has been linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With Bachelor's Degree or Higher	Population Age 25+ With Bachelor's Degree or Higher
Service Area Estimates	12,907	1,934	15%
Adams County	46,128	10,425	23%
Calhoun County	3,570	537	15%
Morgan County	24,005	4,995	21%
Pike County	11,188	1,717	15%
Scott County	3,638	440	12%
Illinois	8,618,284	2,834,869	33%

*Data Source: Community Commons (US Census Bureau, American Community Survey. 2012-16.
Source Geography: Tract)*



Economic Stability

Poverty – Children Eligible for Free/Reduced Lunch

Within the service area, 5,708 public school students (51%) are eligible for free/reduced price lunches out of 11,302 total students enrolled. This is higher than the Illinois statewide free/reduced price lunch eligibility rate of 49.88%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Service Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Service Area Estimates	11,302	5,708	51%
Adams County	9,145	4,647	51%
Calhoun County	559	234	42%
Morgan County	4,471	2,940	62%
Pike County	2,574	1,388	54%
Scott County	863	380	44%
Illinois	2,018,739	1,006,936	49.9%

Data Source: Community Commons (National Center for Education Statistics, NCES – Common Core of Data. 2015-16. Source Geography: Address)

Secondary Data

Economic Stability

Median Household Income

This indicator reports the median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income.

Service Area	Total Households	Average Household Income	Median Household Income
Service Area Estimates	7,491	\$55,118	No data
Adams County	27,240	\$61,817	\$48,065
Calhoun County	1,936	\$63,182	\$52,949
Morgan County	13,797	\$62,249	\$47,760
Pike County	6,615	\$52,574	\$40,157
Scott County	2,092	\$61,740	\$46,210
Illinois	4,802,124	\$81,865	\$59,196

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16.
Source Geography: Tract)*

Population Receiving SNAP Benefits

This indicator reports the average percentage of the population receiving Supplemental Nutrition Assistance Program (SNAP) benefits for the period of July 2014 through July 2015. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs; when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Service Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Service Area Estimates	18,078	2,516	13.9%
Adams County	67,013	10,298	15.4%
Calhoun County	4,899	587	12.0%
Morgan County	34,828	5,864	16.8%
Pike County	15,989	2,328	14.6%
Scott County	5,092	546	10.7%
Illinois	12,859,995	1,935,887	15.1%

*Data Source: Community Commons (US Census Bureau, Small Area Income & Poverty Estimates, 2015.
Source Geography: County)*

Secondary Data

Economic Stability

Poverty – Children in Households with Income Below 100% FPL

Poverty is considered a key driver of health status. In the Illini Community Hospital service area, 16.39% or 673 children aged 0-17 are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Service Area Estimates	17,808	4,106	673	16.39%
Adams County	65,315	14,765	2,544	17.23%
Calhoun County	4,782	952	137	14.39%
Morgan County	31,329	6,568	1,362	20.74%
Pike County	15,487	3,529	656	18.59%
Scott County	5,010	1,056	233	22.06%
Illinois	12,548,538	2,947,192	576,159	19.55%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16.
Source Geography: Tract)*



Poverty – Population Below 100% FPL

Poverty is considered a key driver of health status. In the hospital service area, 13.84% or 2,465 individuals are living in households with income below the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Total Population	Population in Poverty	Percent Population in Poverty
Service Area Estimates	17,808	2,465	13.84%
Adams County	65,315	8,457	12.95%
Calhoun County	4,782	595	12.44%
Morgan County	31,329	4,684	14.95%
Pike County	15,487	2,233	14.42%
Scott County	5,010	747	14.91%
Illinois	12,548,538	1,753,731	13.98%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16.
Source Geography: Tract)*

Secondary Data

Insurance – Uninsured Population

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Service Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Service Area Estimates	17,903	1,647	9.2%
Adams County	65,675	4,458	6.8%
Calhoun County	4,884	195	4.0%
Morgan County	32,924	2,276	6.9%
Pike County	15,528	1,449	9.3%
Scott County	5,120	392	7.7%
Illinois	12,671,738	1,233,486	9.73%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16.
Source Geography: Tract)*

Unemployment Rate

Total unemployment in the Illini Community Hospital service area for the month of August 2018 was 380 or 4.6% of the civilian non-institutionalized population age 16 and older (seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Service Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	8,252	7,872	380	4.6%
Adams County	32,334	31,120	1,214	3.8%
Calhoun County	2,352	2,240	112	4.8%
Morgan County	16,032	15,356	676	4.2%
Pike County	7,197	6,861	336	4.7%
Scott County	2,460	2,352	108	4.4%
Illinois	6,460,016	6,190,961	269,055	4.2%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16.
Source Geography: County)*

Secondary Data

Neighborhood and Physical Environment

Violent Crime

This indicator reports the rate of violent crime offenses reported by law enforcement per 100,000 residents. Violent crime includes homicide, rape, robbery, and aggravated assault. This indicator is relevant because it assesses community safety.

Service Area	Total Population	Violent Crimes	Violent Crime (Rate per 100,000 Population)
Service Area Estimates	17,296	9	57
Adams County	66,536	214	322
Calhoun County	0	0	0
Morgan County	34,296	55	160
Pike County	16,251	9	57
Scott County	3,684	1	18
Illinois	12,519,201	49,706	397

Data Source: Community Commons (Federal Bureau of Investigation, FBI Uniform Crime Reports. Additional analysis by the National Archive of Criminal Justice Data. Accessed via the Interuniversity Consortium for Political and Social Research. 2012-14. Source Geography: County)

Built Environment – Recreation and Fitness Facility Access

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other healthy behaviors.

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	6,353	1	16
Adams County	67,103	9	13
Calhoun County	5,089	1	20
Morgan County	35,547	4	11
Pike County	16,430	1	6
Scott County	5,355	0	0
Illinois	12,830,632	1,402	11

*Data Source: Community Commons (US Census Bureau, County Business Patterns.
Additional data analysis by CARES. 2016. Source Geography: ZCTA)*



Secondary Data

Food Environment

Food Environment – Grocery Stores

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retaining a general line of food, such as canned and frozen foods, fresh fruits and vegetables, and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also sell food, such as supercenters and warehouse club stores are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	18,643	6	32
Adams County	67,103	11	16
Calhoun County	5,089	3	59
Morgan County	35,547	3	8
Pike County	16,430	5	30
Scott County	5,355	1	19
Illinois	12,830,632	2,770	22

Data Source: Community Commons (US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source Geography: ZCTA)



Populations With Low Food Access

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Service Area	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Service Area Estimates	18,643	3,395	18.21%
Adams County	67,103	10,991	16.38%
Calhoun County	5,089	578	11.36%
Morgan County	35,547	13,202	37.14%
Pike County	16,430	3,471	21.13%
Scott County	5,355	223	4.16%
Illinois	12,830,632	2,483,877	19.36%

Data Source: Community Commons (US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2015. Source Geography: Tract)

Secondary Data

Access to Care

Access to Dentists

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists – qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Service Area	Total Population 2015	Dentists 2015	Dentists (Rate Per 100,000 Population)
Service Area Estimates	18,078	8	45
Adams County	67,013	46	69
Calhoun County	4,899	1	20
Morgan County	34,828	16	46
Pike County	15,989	8	50
Scott County	5,092	1	20
Illinois	12,859,995	9,336	73

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source Geography: County)

Access to Mental Health Providers

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental healthcare.

Service Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per # of Persons)	Mental Healthcare Provider Rate (Per 100,000 Population)
Service Area Estimates	No data	No data	No data	No data
Adams County	66,987	142	472	212
Calhoun County	0	0	No data	No data
Morgan County	34,928	30	1,164	86
Pike County	16,022	13	1,232	81
Scott County	0	0	No data	No data
Illinois	12,806,917	23,090	555	180

Data Source: Community Commons (University of Wisconsin Population Health Institute, County Health Rankings. 2018. Source Geography: County)



Secondary Data

Access to Care

Access to Primary Care

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as “primary care physicians” by the AMA include: general family medicine MDs and DOs, general practice MDs and DOs, general internal medicine MDs and general pediatrics MDs. Physicians age 75 and over and physicians practicing subspecialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Service Area	Total Population 2014	Primary Care Physicians 2014	Primary Care Physicians, Rate Per 100,000 Population
Service Area Estimates	18,176	7	40
Adams County	66,988	61	91
Calhoun County	4,956	2	40
Morgan County	34,929	16	46
Pike County	16,022	7	44
Scott County	5,204	1	19
Illinois	12,880,580	12,477	97

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source Geography: County)

Federally Qualified Health Centers

This indicator reports the number of Federally Qualified Health Centers (FQHCs) in the community. This indicator is relevant because FQHCs are community assets that provide healthcare to vulnerable populations. They receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved.

Service Area	Total Population	Number of Federally Qualified Health Centers	Rate of Federally Qualified Health Centers Per 100,000 Population
Service Area Estimates	18,643	0	0
Adams County	67,103	6	9
Calhoun County	5,089	0	0
Morgan County	35,547	2	6
Pike County	16,430	0	0
Scott County	5,355	0	0
Illinois	12,830,632	364	3

Data Source: Community Commons (US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. March 2018. Source Geography: Address)

Secondary Data

Access to Care

Medical Conditions and Circumstances

The County Health Rankings rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. The County Health Rankings confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live.

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the County Health Rankings help counties understand what influences how healthy residents are and how long they will live.

The County Health Rankings look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity and teen births. The County Health Rankings, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. (*County Health Rankings and Roadmaps, 2012*).

Pike County is ranked 38 out of the 102 Illinois counties in the Rankings, released in April 2018.

Health Condition	Pike County	Illinois
Adults Reporting Poor or Fair Health	16%	17%
Adults Reporting No Leisure Time/ Physical Activity	28%	22%
Adult Obesity	31%	28%
Children Under 18 Living in Poverty	22%	18%
Alcohol Impaired Driving Deaths	44%	33%
Teen Births	33/1,000	26/1,000
Uninsured	7%	8%
Unemployment	5%	6%

Behavioral Risk Factor Surveillance System

Pike County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	18.7%	15.6%	16.4%
Asthma	9.1%	7.1%	15%	13.1%
COPD	5.8%	6.4%	No data	No data
Arthritis	25.1%	32.4%	38.4%	29.8%
Depressive Disorder	16.7%	11.6%	No data	No data
Kidney Disease	2.6%	3.0%	No data	No data
Skin Cancer	4.2%	7.2%	No data	No data
Cancer (other than skin cancer)	5.4%	6.9%	No data	No data
Diabetes	10.2%	14.9%	12.0%	9.1%
Obesity	29.5%	28.6%	28.4%	31.5%
Smoking	16.7%	20.4%	25.4%	22.5%

Secondary Data

Health Indicators

Population With Any Disability

Within the service area, 15.21% or 17,903 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.87%. This indicator reports the percentage of the total civilian non-institutionalized with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Service Area	Total Population (For Whom Disability Status is Determined)	Total Population With A Disability	Percent Population With A Disability
Service Area Estimates	17,903	2,723	15.21%
Adams County	65,675	9,011	13.72%
Calhoun County	4,884	829	16.97%
Morgan County	32,924	4,772	14.49%
Pike County	15,528	2,535	16.33%
Scott County	5,120	570	11.13%
Illinois	12,671,738	1,376,858	10.87%

*Data Source: Community Commons (US Census Bureau, American Community Survey, 2012-16.
Source Geography: Tract)*

Teen Births

This indicator reports the rate of total births to women ages 15-19 per 1,000 female population. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support needs. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Service Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Births (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Adams County	2,245	80	36
Calhoun County	163	3	21
Morgan County	1,147	40	35
Pike County	506	22	43
Scott County	164	5	28
Illinois	448,356	15,692	35

Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source Geography: County)

Secondary Data

Health Indicators

Low Birth Weight Rate

This indicator reports the percentage of total births that are low birth weight (under 2,500 grams = less than 5.15 pounds). This indicator is relevant because low birth weight infants are at a higher risk for health problems. This indicator can also highlight the existence of health disparities.

Service Area	Total Live Births	Low Birth Weights (Under 2,500g)	Low Weight Births, Percent of Total
Service Area Estimates	Suppressed	Suppressed	Suppressed
Adams County	5,796	423	7.3%
Calhoun County	385	31	8.1%
Morgan County	2,758	251	9.1%
Pike County	1,358	98	7.2%
Scott County	455	26	5.7%
Illinois	1,251,656	105,139	8.4%

Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source Geography: County)



Diabetes Management – Hemoglobin A1c Test for Medicare Enrollees

This indicator reports the percentage of diabetic Medicare patients who have had a hemoglobin A1c (hA1c) test, a blood test that measures blood sugar levels, administered by a healthcare professional in the past year. In the service area, 310 Medicare enrollees with diabetes have had an annual exam out of 348 Medicare enrollees in the service area with diabetes, or 89.1%. This indicator is relevant because engaging in preventive behaviors allows for early detection and treatment of health problems. This indicator can also highlight a lack of access to preventive care, a lack of health knowledge, insufficient provider outreach, and/or social barriers preventing utilization of services.

Service Area	Total Medicare Enrollees	Medicare Enrollees With Diabetes	Medicare Enrollees With Diabetes With Annual Exam	Percent Medicare Enrollees With Diabetes With Annual Exam
Service Area Estimates	2,933	348	310	89.1%
Adams County	9,877	1,141	1,024	89.7%
Calhoun County	798	102	95	93.1%
Morgan County	4,497	489	433	88.8%
Pike County	2,620	322	285	88.8%
Scott County	691	66	60	90.9%
Illinois	1,229,443	149,658	128,554	85.9%

Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source Geography: County)

Secondary Data

Health Indicators

30-Day Hospital Readmissions – Medicare Beneficiaries

This indicator reports the percentage of Medicare fee-for-service beneficiaries readmitted to a hospital within 30 days of an initial hospitalization discharge.

Service Area	Medicare Part A and B Beneficiaries	Rate of 30-Day Hospital Readmissions Among Medicare Beneficiaries (per 1,000)
Adams County	1,344	15.2%
Calhoun County	80	No data
Morgan County	506	13.3%
Pike County	283	17.3%
Scott County	70	No data
Illinois	143,569	15.2%

Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care)



Depression (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with depression.

Service Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries With Depression	Percent With Depression
Service Area Estimates	3,551	569	16.02%
Adams County	12,514	2,572	20.6%
Calhoun County	967	157	16.2%
Morgan County	5,608	1,127	20.1%
Pike County	3,170	504	15.9%
Scott County	834	135	16.2%
Illinois	1,451,929	219,143	15.1%

*Data Source: Community Commons (Centers for Medicare & Medicaid Services. 2015.
Source Geography: County)*

Preventable Hospitalizations – Medicare Population

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are ambulatory care sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible “return of investment” from interventions that reduce admissions through better access to primary care resources.

Service Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate Per 1,000
Service Area Estimates	2,294	176	76.8%
Adams County	7,809	543	69.5%
Calhoun County	616	48	79.4%
Morgan County	3,538	217	61.4%
Pike County	2,047	159	78.0%
Scott County	543	38	70.7%
Illinois	985,698	53,973	54.8%

Secondary Data

Cancer Incidence

Breast Cancer

This indicator reports the age-adjusted incidence rate (cases per 100,000 population per year) of females with breast cancer adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is the leading cause of death and it is important to identify cancers separately to better target interventions.

Service Area	Estimated Total Population (Female)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Service Area Estimates	12,625	18	143
Adams County	4,501	60	133
Calhoun County	337	4	119
Morgan County	2,290	30	131
Pike County	1,106	14	127
Scott County	373	8	214
Illinois	755,277	9,947	132

Data Source: Community Commons (State Cancer Profiles. 2011-15. Source Geography: County)



Prostate Cancer

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of males with prostate cancer adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death and it is important to identify cancers separately to better target interventions.

Service Area	Estimated Total Population (Male)	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Service Area Estimates	13,381	13	97
Adams County	4,351	46	106
Calhoun County	393	5	127
Morgan County	2,202	28	127
Pike County	1,190	11	92
Scott County	369	5	135
Illinois	684,247	7,862	115

Data Source: Community Commons (State Cancer Profiles. 2011-15. Source Geography: County)

Secondary Data

Mortality Tables

Pike County Mortality, 2015

Cause of Mortality	Total Deaths
Malignant Neoplasms	52
Diseases of the Heart	42
Chronic Lower Respiratory Diseases	15
Accidents	12
Alzheimer's Disease	9
Cerebrovascular Diseases	7
Septicemia	6
Essential Hypertension and Hypertensive Renal Disease	5
Diabetes Mellitus	4
Influenza and Pneumonia	4
Intentional Self-Harm (Suicide)	2
Nephritis, Nephrotic Syndrome, and Nephrosis	2
Aortic Aneurysm and Dissection	2
Anemias	1
Hernia	1
Infections of the Kidney	1
Pneumonitis due to solids and liquids	1
Congenital Malformations, Deformations, and Chromosomal Abnormalities	1

Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Service Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Adams County	4,175	23	6
Calhoun County	285	0	0
Morgan County	1,970	6	3
Pike County	950	4	4
Scott County	290	0	0
Illinois	879,035	6,065	7

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. Source Geography: County)

Secondary Data

Mortality Tables

Mortality – Cancer

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Adams County	66,981	153	229	156
Calhoun County	4,964	12	238	145
Morgan County	34,875	90	259	184
Pike County	16,084	45	277	183
Scott County	5,172	14	263	184
Illinois	12,859,901	24,531	191	169

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2012-16. Source Geography: County)

Mortality – Coronary Heart Disease

This indicator reports the rate of death due to coronary heart disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Adams County	66,981	107	159	101
Calhoun County	4,964	10	206	118
Morgan County	34,875	60	173	117
Pike County	16,084	21	131	82
Scott County	5,172	9	166	109
Illinois	12,859,901	13,901	108	94

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2012-16. Source Geography: County)

Secondary Data

Mortality Tables

Mortality – Stroke

This indicator reports the rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Adams County	66,981	37	56	34
Calhoun County	4,964	No data	Suppressed	Suppressed
Morgan County	34,875	20	56	38
Pike County	16,084	9	55	33
Scott County	5,172	3	62	Suppressed
Illinois	12,859,901	5,497	43	38

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source Geography: County)

Mortality – Lung Disease

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Adams County	66,981	52	78	51
Calhoun County	4,964	No data	Suppressed	Suppressed
Morgan County	34,875	26	73	49
Pike County	16,084	15	93	59
Scott County	5,172	3	50.3	Suppressed
Illinois	12,859,901	5,330	43	39

Mortality – Pedestrian Motor Vehicle Crash

This indicator reports the crude rate of pedestrians killed by motor vehicles per 100,000 population. This indicator is relevant because pedestrian motor vehicle crash deaths are preventable and they are a cause of premature death.

Service Area	Total Population 2010	Total Pedestrian Deaths 2011-2015	Average Annual Deaths (Rate Per 100,000 Population)
Service Area Estimates	No data	2	No data
Adams County	67,103	3	2
Calhoun County	5,089	0	0
Morgan County	35,547	4	4
Pike County	16,430	2	4
Scott County	5,355	0	0
Illinois	12,830,632	827	2

Data Source: Community Commons (US Department of Transportation, National Highway Traffic Safety Administration, Fatality Analysis Reporting System. 2011-15. Source Geography: County)

Secondary Data

Mortality Tables

Mortality – Suicide

This indicator reports the rate of death due to intentional self-harm (suicide) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because suicide is an indicator of poor mental health.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Adams County	66,981	9	13	13
Calhoun County	4,964	No data	Suppressed	Suppressed
Morgan County	34,875	5	13	14
Pike County	16,084	3	17	Suppressed
Scott County	5,172	No data	Suppressed	Suppressed
Illinois	12,859,901	1,358	11	10

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16. Source Geography: County)

Mortality – Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Adams County	66,981	42	63	52
Calhoun County	4,964	3	52	Suppressed
Morgan County	34,875	21	61	49
Pike County	10,084	10	63	56
Scott County	5,172	3	54	Suppressed
Illinois	12,859,901	4,800	37	36

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2012-16. Source Geography: County)



Primary Data

Qualitative Data

Qualitative data was reviewed to help validate the selection of health priorities. In alignment with IRS Treasury Notice 2011-52,2 and the subsequent final rules reported at 79 FR 78953, the qualitative/primary data received and reviewed included primary input from (1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community and, (2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations. The organizations and persons that participated are detailed in the appendix.

No written comments were received concerning the hospital facility's most recently conducted CHNA nor on the most recently adopted implementation strategy. A method for retaining written public comments and responses exists, but none were received.

Data was also gathered representing the broad interests of the community. The hospital took into account input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health (local, regional, state and/or tribal). Members of medically underserved, low-income, and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to health care due to geographic, language, financial or other barriers.

Members of the CHNA steering committee, those who both participated in focus groups and the needs identification and prioritization process, were chosen based on their unique expertise and experience, informed perspectives, and involvement with the community.

Focus Group – Medical Professionals and Partners

The first focus group consisted of medical professionals and partners. The group met at noon on April 9, 2018, at Illini Community Hospital Education Center. Positive developments in the service area since the time of the last CHNA were identified as:

- Initiation of improved care coordination at Illini Community Hospital
- Illini Community Hospital's commitment to address mental health issues
- Public transportation has improved
- Fitness center has been improved
- Community partners meetings are being held monthly
- Expansion of mental health resources in general
- Dental clinic at the Health Department
- Expanded hours at walk-in clinics
- Pike County Unmet Needs has been formed
- Quincy Area Foundation has expanded funding for Pike County projects and programs
- Health and Wellness Foundation of Pike County has improved its funding formula
- Increased collaboration between Pike County Probation and the rural health clinic for medical and mental health services.

Needs and health issues identified included:

- Solutions to funding reimbursement issues for care and support services
- Vision care for youth, especially low-income youth
- Discussions about sexual assault services among interested parties
- Better education and awareness outreach for emergency first aid, stroke, heart attack, etc.
- Local access to specialty physicians, especially orthopedic and pain specialists
- Local workforce trained for skilled services, e.g. physical therapy and home care
- People identified to assist with providing care and support in homes for persons that are choosing to age in place
- Funding solutions for providing skilled services
- Improved access to local and transfer beds for mental health

Primary Data

Qualitative Data

- Improved access to substance use education and services
- Local access to recovery, rehabilitation, and reintegration services for substance use disorders, not necessarily local services, but local access to services
- Access to local mental health services for youth including psychiatrists, evaluation, and counseling
- Access to local mental health services for families
- Transportation to mental health services out of the area
- Local access to speech therapy, occupational therapy, and physical therapy for youth and in schools
- Affordable housing
- Local services for homeless – local and transient
- Improved access to nutrition education
- Improved access to healthy foods, especially for low income residents
- Local access to inexpensive opportunities for recreation and exercise
- Transportation for low income residents
- Local support services for persons receiving Medication-Assisted Treatment (MAT) for substance use disorders

Focus Group – Community Leaders

The second focus group consisted of community leaders and representatives of groups that work with persons that may be underserved by local medical services. The group met in the evening on April 9, 2018 at the Illini Community Hospital Education Center. Positive developments in the service area since the time of the last CHNA were identified as:

- Establishment of a dental clinic at the health department
- Illini Community Hospital walk-in clinic
- Expansion of wellness and rehabilitation services at Illini
- Improved access to veterans' services
- New ambulance base
- Expansion at Illinois Community Hospital has created jobs

The group was then asked to identify needs that exist in the community in the areas of health (including disease and conditions that impact health), healthcare, and the delivery of health-related services. The items identified included:

- Substance abuse, misuse, and abuse
- Lack of available local or distant drug rehabilitation and recovery opportunities

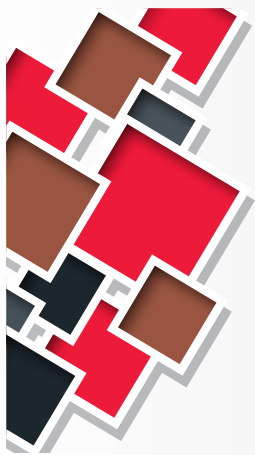
- Substance prevention and education
- Support for families and friends of persons with substance abuse disorders

Needs and health issues were identified as:

- Mental health services
 - For children, families, and seniors
 - Counseling
 - Psychiatry
- Transportation for appointments, especially out of the county
- Substance use prevention, awareness, and counseling
- More senior housing
- Address “brain drain” and job availability
- Training for trades-related jobs
- More senior services
- Additional oncology services, additional hours, and ability to see more patients
- Address causes of smoking-related cancers
- Ensure the integrity of agricultural chemicals
- Expanded pediatric care
- Improved information about available local services
- Retaining providers
- Improved support for diabetes including education, nutrition, and information
- Additional mental health beds, both local and transfer
- Partner resources for health for health needs in schools, particularly for exercise, education, and screenings

Provider Survey

In addition to the focus groups, a survey concerning health needs was sent to more than 30 medical providers serving the Illini Community Hospital service area. Responses were anonymous. Responses were received from two providers. One identified a need for outpatient psychiatric services and substance abuse services. The other identified improved health literacy, outpatient psychiatric services, and addressing obesity, substance abuse, mental health, and parenting issues.



IV. IDENTIFICATION & PRIORITIZATION OF NEEDS

2018 Community Health Needs Assessment

Identification and Prioritization of Needs

Description of the Community Health Needs Identified

The steering group met on June 7, 2018 to identify and prioritize significant health needs. The group was comprised of representatives from both focus groups, plus additional community members serving persons experiencing or likely to be unserved, underserved, or otherwise experiencing unmet needs.

The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included Community Commons, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, County Health Rankings and Roadmaps, National Cancer Institute, and other resources. Following the review, the group identified and then prioritized the following as being the significant health needs facing the Illini Community Hospital service area.



They prioritized the issues as: the need for improved awareness of the availability of local healthcare, health-related services, and opportunities, and how to access these services and opportunities.

In addition to local provider services and wellness opportunities, the group specifically referred to the need to better connect people to both nutrition information and healthy foods. They also highlighted a specific need for transportation to medical appointments and services outside the service area.

1. The first priority included Improving awareness of the availability of local healthcare, health-related services, opportunities, and how to access them:
 - a. Better connect the community to nutrition information and healthy foods
 - b. Improve transportation to medical appointments and services outside the service area

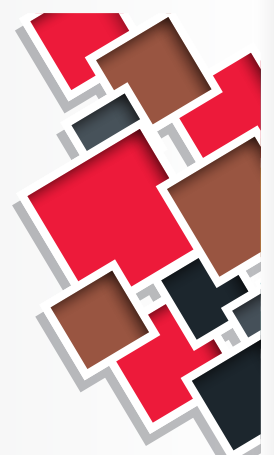
Identification and Prioritization of Needs

Description of the Community Health Needs Identified

2. The group next recognized the need for better communication and collaboration among community organizations, and specifically between health services and faith-based community leaders. The group recognized the high level of community response to local issues and the many groups that have formed to address local concerns and needs, but they felt that communication and collaboration still needed to improve in order to maximize use of local resources.
 - a. Improve communication and collaboration among healthcare providers, community services providers, faith-based community leaders, and community groups in order to maximize use of local resources
3. The third prioritized need addressed issues related to mental health and identified needs for improved local access to mental health services for youth and families. They also recognized a need for substance use/misuse/abuse prevention and recovery services and expressed particular concern about reducing smoking. They discussed, at length, issues surrounding what they identified as a culture of poverty and also issues around the stigma associated with seeking or receiving mental healthcare.
 - a. Improve local access to mental health services for youth and families
 - b. Address substance use/misuse/abuse prevention and recovery services
 - Reduce smoking
 - c. Address the culture of poverty in local communities
 - d. Address the stigma associated with seeking or receiving mental healthcare
4. The final identified and prioritized need was to address services for the homeless, both transient homeless and youth and young adults finding shelter with unrelated persons.

V. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

2018 Community Health Needs Assessment



Resources Available to Meet Priority Health Needs

Illini Community Hospital Resources

Hospital Resources

- Diagnostic services
 - Lab testing
 - Mammograms
 - CT
 - Ultrasound, X-ray, and MRI
 - Nuclear medicine
 - Cardiac stress tests
 - Bone scans
 - Gastric emptying test
- Emergency and inpatient services
 - Inpatient therapy services
 - Occupational therapy
 - Physical therapy
 - Respiratory therapy
 - Speech therapy
- Illinois Rural Health Clinic
 - Diabetes education and training
 - Assistance with medication management
 - Outside lab or other diagnostic tests
 - Specialty care physicians' referrals
 - Mental health referrals
 - Pediatric services
 - Newborn care
 - Well child exams
 - Immunizations
 - School and sports physicals
 - Sports injuries
 - Behavioral problems
 - Urgent care for flu, ear infections, strep infections, and other illnesses
 - Care for chronic conditions, including asthma and allergies
 - Dermatological care for skin conditions, including rashes, eczema, and warts
 - Dietary and nutrition guidance
 - Prenatal consultations with expectant parents
 - Mental health services
 - Licensed Clinical Social Worker
 - Licensed Clinical Professional Counselor
 - Managing depression and anxiety symptoms

- Increasing positive communication skills
 - Increasing healthy coping skills and promoting positive self-concept
 - Medication management
 - Couple and family counseling
- Geriatric Psychiatric Unit
 - o Providers
 - Psychiatrists
 - Psychiatrist nurse practitioner
 - Psychiatrist nurses
 - Skilled social workers
 - Psychiatric technicians
 - o Symptoms treated include:
 - Delusions
 - Psychoses
 - Social withdrawal
 - Anxiety and stress-related issues
 - Acute and chronic depressive illness
 - Sudden or unexplained changes in behavior
 - Alzheimer's disease and dementia that includes any psychiatric component
- Mental health services
 - o 24-hour supervision
 - o Crisis intervention
 - o Protection from self-harm
 - o Medication support services
 - o Professional psychiatric assessment and treatment
 - o Personalized education for patients, families, and caregivers
 - o Complete follow-up care coordination
- Illini Fitness
 - o Free sports injury clinic
 - o One-on-one coaching
 - o Performance enhancement
 - o Group workout classes
 - o TRX training
 - o Women 'N Motion
 - o AM Pump
 - o Cardio kickboxing
 - o Kids Club

Resources Available to Meet Priority Health Needs

Illini Community Hospital Resources

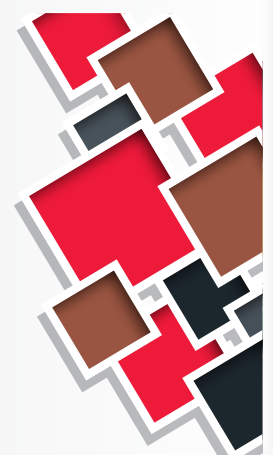
- Specialty and cancer care
 - Podiatry
 - Cardiology
 - Oncology
 - Gastroenterology
 - Urology
- Urgent Care and Illini Xpress
 - Routine health conditions treated
 - Sore throat
 - Pink eye
 - Cold and flu symptoms
 - Upper respiratory infections
 - Allergies
 - Minor sprains and strains
 - Poison ivy
- Urgent care lab services
 - Common lab testing
 - Blood sugars
 - Rapid mononucleosis
 - Rapid pregnancy
 - Rapid strep
 - Urinalysis

Community Resources

- Churches
- Illinois Department of Corrections Work Camp
- Ministerial Association
- Blessing Hospital
- Unmet Needs
- Pike County Health Partnership
- John Wood Community College
- Pike County Health Department
- Parent and Child Together
- Blessing-Reiman College of Nursing
- Citizens
- Other community organizations

VI. IMPLEMENTATION STRATEGY

2018 Community Health Needs Assessment



Implementation Strategy

Planning Process

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Illini Community Hospital on June 7, 2018. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered internal and external resources potentially available to address the current prioritized needs.

The group then considered each of the prioritized needs. For each of the four categories, actions the hospital intends to take were identified along with the anticipated impact of the actions, the resources the hospital intends to commit to the actions, and the external collaborators the hospital plans to cooperate with to address the need. The plan will be evaluated by periodic review of measurable outcome indicators in conjunction with annual review and reporting.

Implementation Strategy – Priority #1



The following process by which needs will be addressed was developed:

Improve awareness of the availability of local healthcare, health-related services and opportunities, and how to access them:

- a. Better connect the community to nutrition information and healthy foods
- b. Improve transportation to medical appointments and services outside the service area

Actions the hospital intends to take to address the health need:

- Illini Community Hospital will work with churches and other faith-based organizations to build, place, and stock “little pantries” in communities throughout Pike County.
- Illini Community Hospital will create instructional videos for local broadcast to explain basic preparation of vegetables and other healthy foods and snacks.
- Illini Community Hospital will expand web-based and social media information-sharing.
- Illini Community Hospital will explore sponsoring or co-sponsoring periodic mobile food pantries in small communities.
- Illini Community Hospital will establish a hospital-based, non-emergency medical transportation service for persons required to travel to local or out-of-the-area services.

Anticipated impacts of these actions:

Through these actions Illini Community Hospital will improve awareness of the availability of local healthcare, health-related services and opportunities, and how to access them across the service area, connect the community to nutrition information and healthy foods, and increase the availability of transportation for medical appointments and services locally and beyond the service area.

By the end of the reporting period for this CHNA, Illini Community Hospital expects to reach more than 1,500 different persons with information on how local medical and health-related resources and how to access them. More than 500 persons will link to locally-produced nutrition videos and at least 300 persons in six different communities will receive nutrition information and healthy foods directly through the “little food pantry” program and, possibly, the mobile food pantry program. Two additional vehicles will be available to transport patients to local and distant appointments and services. This hospital-based program will have a significant role in filling the gaps currently existing in public transportation.

Programs and resources the hospital plans to commit to address the need:

- Dietary Department
- Public Relations/Marketing Department
- Construction and Compliance Department
- Administration

Implementation Strategy

Planning Process

Planned collaboration between the hospital and other organizations:

- Churches
- Illinois Department of Corrections Work Camp
- Ministerial Association
- Blessing Hospital
- Citizens

Implementation Strategy – Priority #2



The group next recognized the need for better communication and collaboration among community organizations and specifically between health services and faith-based community leaders. The group recognized the high level of community response to local issues and the many groups that have formed to address local concerns and needs, but they felt that communication and collaboration needed to improve in order to maximize use of local resources.

- a. Improve communication and collaboration among healthcare providers, community services providers, faith-based community leaders, and community groups in order to maximize use of local resources.

Actions the hospital intends to take to address the health need:

- Illini Community Hospital will convene and host meetings at least twice a year to bring together community organizations, agencies, health services, and others to identify what initiatives are going on in the community and discuss how the groups can help each other.

Anticipated impacts of these actions:

- Through these actions, Illini Community Hospital will improve communication and collaboration among healthcare providers, community services providers, faith-based community leaders, and community groups and help to maximize use of local resources.

By convening regular meetings of areawide community organizations, agencies, health services and others, Illini Community Hospital will provide the basis for cooperation, information-sharing and collaborative planning that will increase the efficiency and scope of local resources and prevent waste and duplication. The objective result of these meetings over time will be a successful collaborative organization serving the health issues of the community.

Programs/resources the hospital plans to commit to address the need:

- Administration
- Public Relations/Marketing Department

Planned collaboration between the hospital and other organizations:

- Faith-based community
- Unmet Needs
- Pike County Health Partnership
- John Wood Community College
- Pike County Health Department
- Other interested organizations
- Citizens

Implementation Strategy

Planning Process

Implementation Strategy – Priority #3



The third prioritized need addressed issues related to mental health and identified needs for improved local access to mental health services for youth and families. They also recognized a need for substance use/misuse/abuse prevention and recovery services and expressed particular concern about reducing smoking. They discussed, at length, issues surrounding what they identified as a culture of poverty and also issues around the stigma associated with seeking or receiving mental healthcare.

- a. Improve local access to mental health services for youth and families
- b. Address substance use/misuse/abuse prevention and recovery services
 - Reduce smoking
- c. Address the culture of poverty in local communities
- d. Address the stigma associated with seeking or receiving mental healthcare

Actions the hospital intends to take to address the health need:

- Illini Community Hospital will explore partnerships with school districts to identify mental health service needs of youth, determine how to address those needs, and then address them.
- Illini Community Hospital will arrange for and present culture of poverty education and awareness programs for staff and the community.
- Illini Community Hospital will convene meetings and discussions among potential local resources to identify the scope of available services and then move forward from there.
- Illini Community Hospital will create campaigns promoting mental health services awareness and targeting the stigma of seeking or receiving mental healthcare.

Anticipated impacts of these actions:

- Through these actions, Illini Community Hospital will improve local access to mental health services for youth and families, address substance use/misuse/abuse prevention and recovery services, reduce smoking, address the culture of poverty in local communities, and address the stigma associated with seeking or receiving mental healthcare.

These actions will result in improved access to local mental health services for youth and families measured by the number and type of new or better utilized services and programs to emerge in the community and the number of persons receiving services during the reporting period of the CHNA. The actions will reduce substance use/misuse and abuse by youth and adults over time and specifically will reduce smoking of tobacco by youth as reflected in available data sources.

These actions will result in a better understanding in the community and among medical and other health services providers of the culture of poverty and how it impacts healthy living and delivery of health services, measured by the number of persons reached by the training.

Finally, these actions will reduce stigma associated with seeking or receiving mental healthcare. This objective will be difficult to measure but will be reflected in the numbers of persons receiving information about these issues and in the number of persons seeking information about services or seeking services for the first time.

Programs/resources the hospital plans to commit to address the need:

- Pediatrician
- Licensed Clinical Professional Counselor
- Public Relations/Marketing Department
- Administration

Planned collaboration between the hospital and other organizations:

- Schools
- Parent and Child Together
- Blessing-Reiman College of Nursing

Implementation Strategy

Planning Process

Implementation Strategy – Priority #4



The final recognized and prioritized need was to address services for the homeless, both transient homeless and youth, as well as young adults finding shelter with unrelated persons.

Actions the hospital intends to take to address the health need:

- Illini Community Hospital will identify interested parties and organizations and explore the homeless situation, both transient and local, to define the types and extent of homelessness in the service area and continue a working group to attempt to address it.

Anticipated impacts of these items:

- Through these actions, Illini Community Hospital will facilitate an understanding of the scope of this problem in the community and will bring together the appropriate resources to address the needs of the homeless. This objective will be measured by the meetings held and, eventually, the number of homeless persons served.

Programs and resources the hospital plans to commit to address the need:

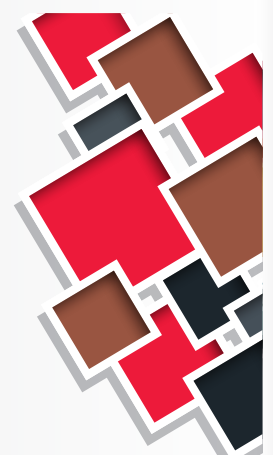
- Administration

Planned collaboration between the hospital and other organizations:

- John Wood Community College
- Unmet Needs
- Other interested organizations
- Citizens

VII. DOCUMENTING & COMMUNICATING RESULTS

2018 Community Health Needs Assessment



Documenting and Communicating Results

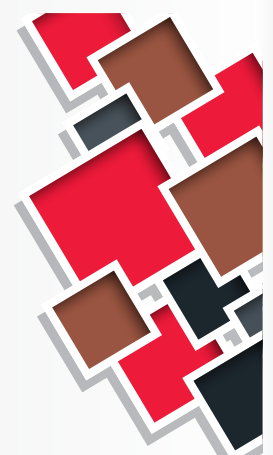
Approval

This CHNA Report will be available to the community on the hospital's public website: <http://www.blessinghealth.org/locations/illini-hospital> A hard copy may be viewed at the hospital by inquiring at the information desk at the main entrance.

This Community Health Needs Assessment and Implementation Plan of Illini Community Hospital was approved by the Illini Community Hospital Board of Directors on the ____ day of _____, 2019.

VII. REFERENCES & APPENDIX

2018 Community Health Needs Assessment



References and Appendix

References

- *County Health Rankings, 2018 County Health Rankings*
- *Community Commons, 2018 Community Commons*
- Illinois Department of Employment Security, 2018
- National Cancer Institute, 2018
- Illinois Department of Public Health, 2018
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2018
- ESRI, 2018
- Illinois State Board of Education, *Illinois Report Card, 2016 - 2017*
- *Atlas of Rural and Small Town America, USDA, 2018*
- *Behavioral Risk Factor Surveillance Survey – Illinois Counties – 2018*
- *Illinois Youth Survey, 2018*
- *Courtesy: Community Commons, <www.communitycommons.org>, July 18, 2018*
(Support documentation on file and available upon request)

Appendix

Focus and Steering Group Participants

The following persons contributed to the needs assessment process through their participation in the first focus group.

Anita Andress	Pike County Health Department
Pat Waters	Quanada
Katie Sanders	Counselor, Illini Rural Health Clinic
Rhonda Daniel	RN Care Coordinator, Illini Community Hospital
Tasha Bartlett	RN, Pikeland Schools
Matt Bozarth	Advance PT, partners with Illini Community Hospital for therapy
Lee Ann Pepper	Illini Health Service, pharmacy and DME providers

Appendix

Focus and Steering Group Participants

The following persons contributed to the needs assessment process through their participation in the second focus group.

Carl and Wanda Blacketer	Senior Center at Pleasant Hill
Jerry and Marilyn Hoaglin	Senior Center at Pleasant Hill
Helen Earls	Children First Daycare, First Christian Church – Crossroads Center
Chris Bruns	Pike County Unmet Needs and Pike County Housing Authority
Paula Hawley	Superintendent of Schools, Pike County
Greg McClain	Illini Community Hospital Chaplain and local pastor (member of the ministerial alliance)
Roberta Brown	Director of Nursing, Illini Community Hospital

Identification and Prioritization Group

The following persons contributed to the needs assessment process as the Identification and Prioritization group.

Jan Bleich	Retired RN from Pike County Health Department and Illini Community Hospital Board Member
Greg McClain	Illini Community Hospital Chaplain and local pastor (member of the ministerial alliance)
Diane Vose	Leader, JWCC (community college)
Jennifer Noble	Leader, local daycare, Illini Community Hospital, and Board Member
Katie Sanders	LSCP, Illini Community Hospital Rural Health Clinic
Carla Anders	Leader, Pike County Unmet Needs

References and Appendix

Appendix

Implementation Group

Holly Jones

Susan Chenoweth

Kathleen Hull

VP Operations, Illini Community Hospital

Director of Nursing, Illini Community
Hospital

CEO, Illini Community Hospital

Notes

The background of the page features an abstract geometric design. It consists of several rectangular blocks of color: dark grey, blue, red, and brown. These blocks are arranged in a grid-like pattern, with some blocks being larger than others. A vertical gradient bar, transitioning from light grey at the top to white at the bottom, runs along the right edge of the page.

2018 Community Health Needs Assessment

Illini Community Hospital

640 W. Washington Street • Pittsfield, IL 62363

217.285.2113 • www.blessinghealth.org