

COMMUNITY HEALTH PLAN

PIKE COUNTY, ILLINOIS

2010-2015

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Pike County Health Department

PURPOSE

The purpose of the Pike County Community Health Plan is two-fold. The plan is completed to meet requirements of the local health department re-certification process. Even more importantly, the plan involves a collaborative community process to identify, analyze and address local health priorities. The ultimate purpose of the Community Health Plan is to improve the health of Pike County residents.

PROCESS

This Community Health Plan has evolved as an extension of the IPLAN completed in 2005. The desire for a formalized structure to address local health needs and concerns developed out of the 3rd round of IPLAN completed by Pike County Health Department (PCHD) with extensive community involvement in 2005. The 2005 IPLAN community group expressed a desire to continue the momentum of the group to work together and demonstrated an ongoing commitment to understand and address existing and emerging health needs in Pike County. The community group assigned a Steering Committee to move forward to develop a formalized structure to address health needs and disparities from a countywide, collaborative approach.

With assistance from John Record, SIU School of Medicine and Mary Jane Clark and Tara Sewell both of Western Illinois University, numerous planning meetings were held to organize the Pike County Community Health Partnership (PCCHP, The Partnership). Kristi Lessen, Logan County Health Partnership and Shirley Longlett, SIU School of Medicine, provided additional assistance to the local group. Further organizational development was possible through SIU School of Medicine grant funding.

The Partnership Steering Committee members include representatives from Illini Community Hospital; Mental Health Centers of Western Illinois, Pike County site; University of Illinois Extension, Pike County; Illini Community Health Care Foundation; Pike County Health Department; PACT Headstart; and Two Rivers RC & D Area; and two at-large members from the community. The Steering Committee meets monthly to strategize on pressing health issues; distributes a quarterly newsletter; and meets with general membership at least annually. With respective boards approval, formal memoranda of understandings have been signed by each of the core Steering Committee organizational representatives.

The vision of Pike County Community Health Partnership (PCCHP) is that all enjoy the highest degree of health, wellness and quality of life. The mission is to collaboratively strengthen the health and wellness of those served in Pike County.

To fulfill the vision and mission, PCCHP members agree to:

- 1) assess community health and wellness needs;
- 2) partner and collaborate to leverage the collective strength of multiple organizations and individuals to more effectively address health, wellness, and quality of life issues in Pike County;
- 3) coordinate resources to deal with scarcities and eliminate duplication of efforts;
- 4) seek financial resources to fund PCCHP activities; and
- 5) evaluate the effectiveness of the activities of PCCHP.

The Pike County Community Health Partnership (PCCHP) web site can be accessed at: www.pikehealthpartnership.org. See Attachment 1 for the current Partnership brochure.

With grant funding received through the federal Rural Health Network Development Planning Grant, PCCHP has had major accomplishments over the last 5 years, which align with the current Pike County Community Health Plan as demonstrated by the following.

A Pike County Community Health Needs Assessment was conducted through a contractual agreement with the Illinois Institute for Rural Affairs, Western Illinois University. In addition to reviewing county level health indicators, focus group discussions were held with a mix of local residents of various ages and a survey of local health and social service providers was conducted. The final assessment document summarizes all the information gathered from these sources and was presented in December 2008 by Cynthia B. Struthers, PhD, Illinois Institute for Rural Affairs (See Attachment 2). The 2008 Pike County Community Health Needs Assessment lists the following identified health priorities for Pike County and is being used as the basis for the development of evidence based approaches for addressing the identified needs:

1. Coordination of Services
2. Transportation
3. Mental Health
4. Oral Health
5. Food, housing, and preventative health programs

Next, a Strategic Health Plan and an Evaluation Strategy were completed through a contractual agreement with Illinois Public Health Institute (IPHI). Mark Edgar and Laurie Call of IPHI guided the community group and the PCCHP Steering Committee through this process. Three identified priority areas were developed into logic models with detailed outcomes for each (See Attachment 3). The major priorities identified were:

- Coordinate and facilitate collaboration to address wellness disparities, promote efficient use of resources and expand funding opportunities.
- Increase awareness, understanding and availability of and access to oral health programs and services for all Pike county residents (encompasses both a provider and a consumer focus).
- Emphasize and encourage prevention, wellness and healthy lifestyles to achieve optimal health.

At the same time Illinois Public Health Institute staff was providing assistance with developing health priorities, Bob Wesley of SIU School of Medicine facilitated several meetings for the core PCCHP Steering Committee members to further define action items necessary for PCCHP sustainability.

The Strategic Plan/Evaluation is being used to guide PCCHP and its community partners around a set of shared priorities for health improvement, and to align community actions and resources around those shared priorities. The logic model constitutes a framework for action by PCCHP and its member organizations to create a Plan of Action for addressing highest priority needs as identified in the community needs assessment.

Additional analysis of the logic model and further prioritizing of the identified health problems was accomplished through a one day retreat for the PCCHP Steering Committee. This retreat was facilitated by an outside expert, Becky Bean, from Blessing Hospital.

As a result of this retreat, the final three identified health priorities chosen by the PCCHP Steering Committee based on statistical information, perceived need, number of residents impacted and potential resources available to address the need are:

1. Access to Care
2. Dental Caries
3. Substance Abuse

Pike County Community Health Partnership Steering Committee members continue to meet monthly to establish time frames, assign leadership, and track progress of action items related to all three health priorities. The work of the Partnership has received both state and national recognition. In 2010, the Partnership received both an Award of Merit from the Illinois Rural Health Institute and the Outstanding Rural Health Program Award from the National Rural Health Association.

PRIORITIES

1. ACCESS TO CARE

Access to care is an important health priority affecting many residents of Pike County as demonstrated by the following information.

DATA

Census data indicate that Pike County residents are older, less likely to have more than a high school education, less likely to have young children at home except if they are single mothers, and that grandparents are increasingly likely to be caring for young children. Many Pike County residents are economically vulnerable. Labor force participation rates are lower, median household and family incomes are lower, and a higher percentage are living in poverty compared to the rest of the state. Not only are Pike County residents more likely to be poor, but they are less likely to receive Supplemental Security Income (SSI) and/or public assistance.

In addition to examining health indicators, other measures of well-being are pertinent to understanding health and service provision in Pike County. Graduation rates in Pike County have gone down, teen birth rates are higher than the state average and poverty rates have increased. Lower graduation rates, teen birth rates and poverty rates impact personal health and health access. The State of Illinois is facing some significant economic issues that will impact health care. Health access will continue to decline as economic conditions worsen.

Discussions with local focus groups indicated that different populations have different access issues and experiences with local health providers. The seniors who participated in the focus group were generally happy with the services that they participated in, but they were aware that many other seniors were going without. Younger residents of Pike County are frustrated and stressed trying to work, raise their children and find the services they need.

Additional focus group responses from local health care and social service providers identified access issues, such as no insurance, the underinsured, and Medicaid, as one of the most important health issues in Pike County. They also said Pike County residents cannot afford health care and that the cost of health care and medicine are important health issues. Transportation was also frequently mentioned as an important health issue. Lack of transportation affects local access, and it impacts access to health care services elsewhere.

Better coordination of services, more health care services, and more social service programming are for naught if people cannot get to these services. A fundamental barrier to access is a lack of adequate and appropriate transportation.

RELATIONSHIP TO HEALTHY PEOPLE 2010

Healthy People 2010, objectives for improving the nation's health include "Access to Health Care" as a focus area.

CONTRIBUTING FACTORS

The following factors influence the level of access to care in Pike County. Social determinants of health are a risk factor for access to care. Direct contributing factors include poverty, lack of health insurance, and lack of knowledge of available resources. Indirect contributing factors are lack of transportation, and inadequate food and housing.

Issues with health service delivery and a lack of resources are also risk factors for access to care. Direct contributing factors are: duplication of services, lack of coordination of services, and an inadequate number of mental health and oral health providers. Indirect contributing factors include: poor communication, a spirit of competition versus cooperation among providers, limited local resources, providers reluctant to practice in a rural area, and long distances to travel outside of the county for care.

OUTCOME OBJECTIVE

By 2015, improve access to health care through a fully operational public transportation system serving Pike County residents. (Baseline: 2010, no public transportation system)

IMPACT OBJECTIVE

By 2012, improve access to health care through the initial implementation of a public rural transportation system. (Baseline: 2010, no public transportation system)

INTERVENTION STRATEGIES/COMMUNITY RESOURCES

With assistance from the Rural Transit Assistance Center, Western Illinois University, the Pike County Public Transportation system will be modeled after the successful transit system in place and operational in Morgan County.

The Pike County Transit Group and Pike County Community Health Partnership are formally organized, meeting regularly and taking action steps towards a public transportation system for Pike County by utilizing the ICCT Transportation Coordination Primer. Surveys of county residents have been completed and analyzed to determine transportation needs.

Development of a public transportation system for Pike County has the approval of the Pike County Board. It is estimated that at least \$100,000 will be needed for start-up. Funding

sources include: county designated funds, federal and state transportation grants, fares and contracts.

2. DENTAL CARIES

Dental caries is an important health priority which particularly affects Pike County residents who are covered by Medicaid.

DATA

Pike County Behavioral Risk Factor Survey (BRFS) data indicate almost 27% of respondents have not seen a dentist in two or more years, and 43% report they do not have dental insurance. Seventeen percent did not seek dental treatment in the last 12 months because they could not afford to see a dentist.

Numerous studies link poor dental hygiene and untreated dental problems to other health conditions. Socioeconomic factors increase the likelihood of poor oral health. Many Illinois children, including those in Pike County, suffer from preventable oral health problems and lack of preventative care.

Pike County is a federally designated dental Health Professional Shortage Area. There is only one dentist in Pike County who accepts clients with Medicaid coverage and his practice is so full he has not accepted a new patient (no matter the payer source) in over 15 years.

Local focus group discussions indicated that families with young children have a difficult time accessing dental care. They have experienced firsthand the shortage of health specialists and dentists – especially those who accept “the card” (Medicaid). The problem for parents is that their children need dental care and they cannot depend on it being available.

Focus group discussions results as summarized in the Pike County Community Health Assessment regarding oral health needs: “Low-income families, children, the uninsured, and the underinsured elderly are going without preventative and other dental care due to a lack of dentists willing to accept Medicaid and/or new clients.”

RELATIONSHIP TO HEALTH PEOPLE 2010

Healthy People 2010 objectives include several related to oral health, such as HP 21-10: Increase the proportion of children and adults who use the oral health care systems each year and HP 21-2: Reduce the proportion of children, adolescents and adults with untreated dental decay.

CONTRIBUTING FACTORS

Risk factors influencing the level of dental caries include an unhealthy diet. Direct contributing factors include inadequate calcium intake, excessive sugar intake and well water with no fluoridation. Indirect contributing factors are: lack of knowledge, lifestyle issues, living in a rural area and poverty.

Another risk factor for dental caries is poor oral hygiene. Direct contributing factors are no dental visits and no brushing. Indirect contributing factors are lack of knowledge, lack of transportation to access dental care, the culture of poverty, lack of resources and lack of dental providers who will accept clients with Medicaid coverage.

OUTCOME OBJECTIVE

By 2015, dental caries will be reduced by 10% from baseline. (Baseline: 2008-2009 Illinois Department of Public Health, Division of Oral Health, Healthy Smiles/Healthy Growth 3rd grade open mouth survey results for Pike County- pending).

IMPACT OBJECTIVE

By 2012, dental caries experience will be reduced and access to oral health care will be increased by establishing a fully staffed and operational safety net dental clinic in Pike County. (Baseline: 2010, no safety net dental clinic in Pike County).

INTERVENTION STRATEGIES/COMMUNITY RESOURCES

Dental sealants, regular dental visits, preventative care, oral hygiene, fluoridated water and/or fluoride treatments, oral health education, as well as access to a safety net dental clinic all positively impact oral health.

The following resources already exist in Pike County: a dental sealant grant program, mobile dental units at three school districts, a Pike County Oral Health Advisory Committee, one supportive local dentist, the Pike County Community Health Partnership, and Illini Community Health Care Foundation. In addition good relationships are in place with Goetze Dental, DentaQuest and Administrative staff of Illinois Department of Healthcare and Families Services and Illinois Department of Public Health, Divisions of Oral Health. Pike County Health Department has been a long time member of the IFLOSS coalition.

Start up funding to establish a safety net dental clinic in Pike County is estimated to be \$500,000.

Funding has already been awarded to Pike County Health Department through the Illinois Department of Health Care and Family Services in the amount of a \$100,000 grant for safety net dental clinic development. A grant application is pending with the Illinois Children's Health Care Foundation for a \$400,000 grant for safety net dental clinic development.

The local Illini Community Health Care Foundation has purchased property with the intention of building a consolidated facility, housing health care and social services agencies/programs. If pending grant funding is awarded, support for a safety net dental clinic to be housed in the Illini Community Health Care Foundation building has already been received from the Pike County Community Health Partnership, the Pike County Board of Health and the Board of the Illini Community Health Care Foundation. Pike County Health Department administrative staff has extensively researched this project and has the expertise to implement and manage the project.

3. SUBSTANCE ABUSE

Substance abuse is an ongoing problem for the residents of Pike County, along with mental health issues and a lack of adequate mental health care providers.

DATA

The community focus group expressed concerns regarding drug and alcohol use in the county. Concern about mental health issues, smoking, drug and alcohol abuse/stress/domestic violence were all evident from the local health care and social service provider surveys. The problems with access to care, transportation, rural issues and poverty all contribute to substance abuse issues.

The most recent Pike County Behavioral Risk Factor Survey (2007) indicates 25.4% of Pike County adults who participated in the survey are current smokers and 11.9 % are at risk for alcohol related illnesses.

RELATIONSHIP TO HEALTHY PEOPLE 2010

Healthy People 2010 objectives related to health indicators include objectives related to substance abuse. Examples are: HP 27-5: Increase smoking cessation attempts by adult smokers and HP 27-1: Reduce tobacco use by adults.

CONTRIBUTING FACTORS

Risk factors influencing the level of substance abuse are tobacco use and alcohol use.

Direct contributing factors for tobacco and alcohol use are addiction and accessibility. Indirect contributing factors for addiction are stimulation, lack of knowledge, craving, stages of change, acceptance, peer pressure, stress and lifestyle. Indirect contributing factors for accessibility are lack of law enforcement, parents and older friends providing, and exposure and marketing.

OUTCOME OBJECTIVE

By 2015, decrease the proportion of Pike County adults who smoke to 20% (Baseline 25.4%, BRFSS)

IMPACT OBJECTIVES

By 2012, increase the number of Pike County families participating in the 'Safe Homes Project' to 50 (Baseline 25).

By 2012, increase the number of calls from Pike County to the Illinois Tobacco Quitline to 300 annually (Baseline 262, 2009)

INTERVENTION STRATEGIES/COMMUNITY RESOURCES

The "Safe Homes Project" is a proven community intervention to reduce underage substance use and abuse. The project consists of soliciting signatures from parents/guardians of high school students assuring that their home is a "safe home" where no underage use of tobacco or alcohol is allowed. A directory of safe homes is provided to all high schools so that parents can access the list and know where their teens can be "safe". The project has been started in Pike County per the local DHS Prevention Specialist and the Pike County ATOD Coalition. The program needs to be expanded.

The Smoke Free Illinois Act provides a proven intervention to reduce exposure to second hand smoke and encourages many smokers to quit. While the Act is in place, it is not always enforced. Additional educational activities to explain the Act and enforcement of the Act are needed. Pike County Health Department staff is working with local businesses and local law enforcement regarding this issue.

The "Break the Habit Program" is a research based program for tobacco cessation. Nicotine replacement products are provided to those participants who will call the toll-free, Illinois Tobacco Quitline at least once per week for cessation phone counseling.

There are several community resources which can positively impact substance abuse. Services of the Mental Health Centers of Western Illinois, Pike County site include outpatient programs, case management, and substance abuse programs. The substance abuse program includes

counseling and prevention education. There is a DHS Prevention Specialist on staff, who has coordinated the Pike County ATOD Coalition whose mission is to promote an ATOD free lifestyle.

Pike County Health Department with Illinois Tobacco Free Communities Grant funding provides the 'Break the Habit' program, promotes the Illinois Tobacco Quitline and provides education and enforcement activities regarding the Smoke-Free Illinois Act.

The local DARE Officer provides ATOD prevention education in all four county schools. The local Pittsfield Rotary Club sponsors an Annual Rotary ATOD Prevention Day for all county junior high students. The Biannual Pike County Health and Resource Fair offers vendors and participants opportunities to promote health and wellness, including an ATOD free lifestyle.

Funding for these all these projects is estimated to be at least \$100,000. Sources include: Illinois Tobacco Free Communities grant funds; DHS Prevention grant funding; Law enforcement funding, Pittsfield Rotary Club and Illini Community Health Care Foundation.

ATTACHMENTS

1. Pike County Community Health Partnership Brochure
2. Pike County Community Health Needs Assessment
3. Logic Models