

**COMMUNITY HEALTH PLAN**

**PIKE COUNTY, ILLINOIS**

**2015-2020**

Prepared by:

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## **PURPOSE**

The Illinois Project for Local Assessment of Needs (IPLAN) is a process required by the Illinois Department of Public Health (IDPH) every 5 years for recertification of local health departments. The IPLAN process results in the development of an organizational capacity assessment, a community health needs assessment and a community health plan. This Pike County Community Health Plan (the Plan) was based on the 2015 Pike County Community Health Needs Assessment (the Assessment) by Cynthia Struthers, Ph.d. The Plan was guided by a collaborative community process led by the Pike County Community Health Partnership (PCCHP, the Partnership) to identify, analyze and address local health priorities. The ultimate purpose of the Plan is to improve the health of Pike County residents. Refer to page 36 of the Assessment for an overview of the Partnership.

## **PROCESS**

The Health and Wellness Foundation of Pike County (HWFPC) provided a grant to the Illinois Institute for Rural Affairs (IIRA) at Western Illinois University to conduct a community health needs assessment for Pike County in 2015. Refer to page 43 of the Assessment for an overview of the HWFPC. The Assessment was led by Cynthia Struthers, Ph.D. Dr. Struthers and her team worked closely with the HWFPC and Pike County Health Department (PCHD) to assure the assessment process would meet the requirements for completion of the IPLAN. Multiple data sources and methodologies were utilized to complete the Assessment. These sources included Census data, BRFSS data, and interviews with health care and social service providers and targeted focus groups comprised of Pike County residents including seniors, ministers, parents/guardians of young children, an Interagency Council, a business group, and elected officials.

At a Partnership meeting in October of 2015, Cynthia Struthers, Ph.D., IIRA, presented the results of the 2015 Assessment to the Steering Committee of the PCCHP. She provided an overview of the process, her findings, and the recommendations for priority health concerns.

Findings from the newly completed 2015 Assessment include the following:

“What has changed in 2015 is that the very health care and social service providers whose mission it is to identify and meet health care needs in the county are in danger of closing their doors due to cuts in funding and uncertainty about funding. This is particularly true of programs that rely on grants from the State of Illinois in order to function. The state’s budget impasse has led to the loss of some programs and threatens the existence of others. Pike County has a decade long history of coming together to creatively address the health and wellness needs of residents. But as state funds, programs, and initiatives have been eliminated local groups face the same needs in the county with fewer resources with which to address them.”

“Clearly Pike County has a visible low income population whose health and social service needs need to be address. Children who do not have access to health care and do not learn healthy habits carry poor health into the future. And finally, older residents face additional health issues as they age. The World Health Organization's definition of health does not allow for a focus on a single population though. The questions that need to be addressed are ‘what should be done, what can be done, and what can be afforded’ ([www.ncbi.nih.gov](http://www.ncbi.nih.gov)).”

Per Dr. Struthers, The most salient health needs in Pike County identified in this assessment are:

- 1) Obesity, Nutrition, and Exercise
- 2) Smoking Cessation and Substance Abuse
- 3) Mental Health Services
- 4) Access to Care/Services

In January 2016, the Partnership Steering Committee members met to further analyze the Assessment findings. The group was guided by a meeting facilitator provided by Illini Community Hospital (ICH). Members attending this meeting included representatives from the HWFPC, ICH, PACT Head start, Mental Health Centers of Western Illinois (MHCWI), Pike County Economic Development Corporation and PCHD. The group reviewed the Assessment and initiated the development of a strategic plan for PCCHP based on the assessment findings. The strategic plan developed as a result of this meeting is included as Appendix A.

## **PRIORITIES**

By considering the statement/questions presented by Dr. Struthers in the Assessment, “what should be done, what can be done, and what can be afforded,” the following three health priorities are addressed in this 2015 Pike County Community Health Plan:

1. Access to Care
2. Mental Health
3. Obesity/Nutrition/Exercise

In addition, these 2015-2020 Priorities and this resulting Pike County Community Health Plan, presented by PCHD, were guided by and aligned with the following:

Local PCCHP Strategic Plan, 2016  
 ICH Community Health Plan, currently in progress  
 State of Illinois State Health Plan, Healthy Illinois 2021  
 Federal Healthy People 2020.

### **1. Access to Care**

#### **Data**

Based on the 2015 Assessment, Pike County demographics remain similar to previous assessments as well as similar to other rural Illinois Counties. Pike County residents are aging and poor. Pike County residents report lower educational attainment, lower incomes, higher disability, and low use of formal public assistance. Refer to tables 2-6, pages 7-9, of the Assessment. Table 10 on page 35 of the Assessment “shows both social service and health providers believe children, persons, with low incomes, and the elderly are not getting enough health or social services to meet their complex needs.”

In focus groups conducted by Dr. Struthers she found, “Some participants responded that their health care plans were getting more expensive...The Affordable Care Act has been a mixed success for some focus group members. The ‘market place was inconvenient’ to use and plans for families were still too expensive...The ACA did allow some residents to purchase health insurance for their families but the cost for the care needed was prohibitively expensive so some did not renew and dropped insurance after a year. Some residents were still concerned about the cost of their medications. And as the BRFSS data show almost two-thirds of respondents are on at least one prescribed medication.”

Dr. Struthers reports that access to care remains an issue for Pike County. She also points out an overarching concern for health care and social service providers. “This assessment like previous assessments and IPLANs identifies access to health as problematic for Pike County residents. What has changed in 2015 is that the very health care and social service providers whose mission it is to identify and meet health care needs in the county are in danger of closing their doors due to cuts in funding and uncertainty about funding. This is particularly true of programs that rely on grants from the State of Illinois in order to function. The state’s budget impasse has led to the loss of some programs and threatens the existence of others.”

PCHD Administrator, Anita Andress, RN, BSN, highlighted the threats to local health departments, including PCHD, in the 2015 PCHD Annual report. This report is provided to IDPH, the County Board, the Board of Health and Advisory Boards, and the public: “2015 was a challenging year for (LHDs) in Illinois as the state budget remained in limbo...Rural health departments are particularly hit hard...PCHD has been reducing hours of operation, staff, and programming for more than 5 years in response to decreased and delayed funding. In 2010, to reduce expenses, PCHD closed to the public on Friday’s and mandated furlough days for Public Health staff based on fiscal needs and program demands... The lack of a state budget is eroding our ability to provide services that are vital to the public’s health and mandated by state law. These services include restaurant inspections, regulation of private sewage systems, investigation of disease outbreaks and immunization against communicable diseases... the future of the local public health system in Illinois is uncertain. With staff reductions and the exhaustion of cash reserves and lines of credit, the public health system is losing its capacity to protect the public and respond adequately to public health emergencies like cases of measles and mumps in other counties, Legionnaires’ disease in neighboring Adams County and the Cryptosporidium outbreak in Pike County this past fall.”

Per CDC, MMRW, July 1, 2016, “The public health and clinical care environment is evolving in response to the Patient Protection and Affordable Care Act. Local health department (LHD) infrastructure continues to be affected by budget decreases.” Per the National Association of County and City Health Officials (NACCHO), Forces of Change Survey, “Though the economic situation is improving for many LHDs, nearly one-quarter reported a lower budget in 2015 than 2014. These budget realities have also forced LHD leaders to value budget management skills as crucial for their professional public health staff.”

PCHD also reviewed County Health Rankings (CHR). CHR are “a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute... The *Rankings* are based on a model of population health that emphasizes the many factors that, if

improved, can help make communities healthier places to live, learn, work and play. The *County Health Rankings* measure the health of nearly all counties in the nation and rank them within states. The *Rankings* are compiled using county-level measures from a variety of national and state data sources. These measures are standardized and combined using scientifically-informed weights...The *Rankings* make it clear that good health includes many factors beyond medical care, including education, jobs, smoking, access to healthy foods and parks, and more. Now in its sixth year, the *Rankings* use factors that communities have the ability to do something about.”

#### Pike County Health Rankings

	Pike County	Illinois
<i>*Population to Provider</i>		
Primary Care Physicians	2301:1	1240:1
Dentists	2290:1	1410:1
Mental Health Providers	1230:1	560:1
<i>*% of Population</i>		
High School Graduation	76%	83%
Some College	57%	67%
Children in Poverty	23%	20%

#### Relationship to Healthy People 2020

HP 2020 Goal: Improve access to comprehensive, quality health care services.

AHS-6: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary medical care, dental care, or prescription medicines.

AHS-6.3: Reduce the proportion of persons who are unable to obtain or delay in obtaining necessary dental care.

HP 2020 Goal: Prevent and control oral and craniofacial diseases, condition, and injuries, and improve access to preventive services and dental care.

OH-10: Increase the proportion of local health departments and Federally Qualified Health Centers that have an oral health program.

OH-10.2 Increase the proportion of local health departments that have oral health prevention of care programs.

#### Relationship to Healthy Illinois 2021

Goal: Assure accessibility, availability, and quality of preventive & primary care

Objective: Increase the number of primary care providers

Objective: Increase the proportion of adults who completed a medical visit for preventive care in the last year.

## **Contributing Factors**

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 include lack of transportation and inadequate food, clothing and shelter.

Issues with health service delivery and a lack of resources are also risk factors for access to care. Direct contributing factors include lack of coordination of services, duplication of service, inadequate number of primary care, dental, and mental health providers, frequent turnover and difficulty with recruitment of primary care providers in rural areas. Indirect contributing factors include poor communication, a spirit of competition versus cooperation among providers, limited local resources, decreased and/or lack of funding for resources, providers reluctant to practice in rural area, and long distances to travel outside of the county for care and services not available in the county.

## **Outcome Objective**

By 2020, preserve and improve access to Oral Health Services. (Baseline 2016: 6 Private Practice Dentists in Pike County, 1 Public Health Dentist at Pike County Health Department Safety Net Dental Clinic)

## **Impact Objective**

By 2017, PCHD will maintain financially viable Safety Net Dental Clinic with qualified dental staff. (Baseline 2016: PCHD operating Safety Net Dental Clinic with 1 dentist, 1 hygienist, and 3 dental assistants)

## **Intervention Strategies/Community Resources**

The following resources or services are currently available in Pike County and summarized in the Assessment:

- Health and Wellness Foundation of Pike County, p. 43
- Illini Community Hospital- p. 38
  - Illini Rural Health Clinic
- Mental Health Centers of Western Illinois, p. 42
- Pike County Community Health Partnership, p. 36
- Pike County Health Department, p. 36
  - Pike County Dental Clinic, p. 37
- Quincy Medical Group, p. 45
- West Central Mass Transit District, p. 2

Additional resources/services include:

- Access to Illinois Food Project
- Community Garden Initiative
- Food Pantries
- General Assistance
- Pike County Social Services Monthly Meetings
- Public Housing
- School Backpack Food Programs
- Senior Center
- Senior Housing, including the new Findley Place
- Senior Services including Senior Meal Sites
- Unmet Needs

Per email from Kathy Hull, President and CEO, ICH, the Hospital and Rural Health Clinic, “are working on improving access to care for RHC (primary care)...Continuing to expand telemedicine offerings to have specialty clinics close to home. We are working with BHS (Blessing Health System) to investigate additional medical transport (what options could we offer) to help again with access.”

Dr. Struthers emphasized that providers must address basic needs such as food, shelter, and clothing. She recommended, “Continue to collaborate and support creative programs that address food insecurity and provide shelter. Work with local schools to meet the specific needs of homeless teens.... Work to reduce stigma directed at individuals and families.”

The PCCHP Annual Report, 2014/15, shared that the Ruby Payne Culture of Poverty Training has been offered for several years now in Pike County. These sessions educate service providers and other professionals whose daily work connects them with the lives of people in poverty. PCCHP sent a staff member from PACT Head start to obtain a lifetime training certificate as a Ruby Payne trainer to provide a ready resource for Pike County groups desiring to experience this program.

In addition to current community resources that are in place, providers must preserve and sustain existing programs and services, such Pike County Health Department, Pike County Dental Clinic, Illini Community Hospital, Mental Health Centers of Western Illinois and West Central Mass Transit District. Dr. Struthers advised, “Local providers need to continue to seek outside resources as appropriate to preserve and expand programs. Providers must utilize innovative ways to promote services.” Of note, PCHD, ICH and MHCWI recently initiated communication with SIU School for Family Medicine to explore ways to sustain access to affordable dental, medical, and mental health services.

Since Pike County Health Department opened the PCHD Dental Clinic in December of 2013, the caseload has grown to over 3000, approximately 60% children and 40% adults. 98% of the Dental Clinic clients are covered by Medicaid with the other 2% utilizing the Sliding Fee Scale or other payment source.

Unfortunately, Medicaid reimbursements do not cover the cost of providing services for the low-income, underserved population. PCHD will have to continue to be aggressive in securing multiple creative and innovative funding sources to purchase additional equipment to meet the growing caseload; to replace, repair and maintain equipment; and to support general clinic operations. As a result, many hours of staff time are spent on these processes, taxing our small agency. Our primary grant writer is retiring next spring. It will be difficult to replace her. She is a registered nurse with a BSN and serves as the Director of Clinical services including dental, public health and home health services. We have found we are having difficulty hiring nurses, to work in a local health department due to lower salaries and an uncertain future. It is even more difficult to secure an RN with a BSN. We currently have one full-time staff RN position that we cannot fill.

We have also found recruitment of competent dentists to work in a public safety net dental clinic to be challenging. Seasoned dentists want to practice privately. We cannot compete with for-profit salaries. Therefore, we must maintain National Health Service Corp Site status as new dentists are interested in this loan repayment option. In addition, mentoring offered by our volunteer dental director, Dr. Stephen Liesen has been an attractive option. We have heard from new dentist applicants that there is some fear of working alone in a rural safety net dental clinic. It is vital that we recruit and train dentists to work with the young, underserved population to ensure that we have dentists available to meet the oral health needs of this population. Furthermore, the credentialing processes for payments are also very time consuming, and in one situation, delayed payments for services for several months.

It has also been challenging to recruit, retain and train dental assistants. Offerings for expanded duties trainings offered by the Illinois State Dental Society are limited. Trainings in Alton area (2 hours travel time one way) have been cancelled due to not enough registrants for the training. Travel to the Chicago area (4 hours travel time one way) is expensive.

Together, the challenges facing local health departments along with the challenges of Safety Net Dental Clinics, limit the long term sustainability of these services. The future of rural public health services, including oral health services for the underserved population, is uncertain. PCHD must be resourceful as we strive to protect and improve the health of Pike County residents by assuring continued provision of high quality public health services.

## **2. Mental Health**

### **Data**

On page 3 of the Assessment, Dr. Struthers summarized, “The 2012 Pike County BRFSS data (most recent available) indicated that smoking remains problematic for some Pike County residents. In response to survey questions about the number of cigarettes smoked in one’s life and whether they now smoke there were clear distinctions among categories of respondents. Just over 20 percent of respondents 45-64 year olds indicated they were smokers. Just over 30 percent of women indicated they were smokers. Thirty-three percent of smokers had incomes of \$35,000 to \$50,000. Smoking was also more common among those with educations beyond high school.”



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

“The 2012 Pike County BRFSS did not have enough younger participants to estimate smoking or binge drinking rates for 18 to 24 or 25 to 44 year olds. This makes it difficult to determine the impact of smoking cessation strategies targeted to these ages. The Illinois BRFSS data do indicate that residents over the age of 65 and males were most likely to report that they were “former” smokers than other groups.” Of note, the BRFSS survey process utilizes landline phones to reach participants. Unfortunately, this process limits access to younger survey participants who are more likely to have cell phones.

CHR data indicated that alcohol-impaired driving deaths in Pike County were 42% compared to 36% for Illinois.

Anecdotal data from the Pike County Dental Clinic staff indicate that they have been surprised by the large number of clients in the underserved population utilizing the Dental Clinic who are seeking inappropriate pain medication. A local private dental provider, who serves on the PCHD Oral Health Advisory Board, stated that this has not been her experience in private practice. Therefore, it has been critically important that our Dentist has access to the Illinois Prescription Monitoring Program. This data base allows our Dentist to access a summary of all drugs prescribed for the patient (in Illinois), thus, allowing the provision of appropriate clinical care and prescription management.

Per Dr. Struthers, “The 2012 Pike County BRFSS data show that in Pike County 12 percent of residents report a depressive disorder... Just over 19 percent of 45 to 64 year olds indicated their mental health was not good for 1 -7 days of the past 30. Twenty-three percent of women and 21 percent of those with incomes over \$50,000 reported they had experienced some mental health issue for 1 – 7 days in the last 30. Nineteen percent of those with a high school education and 19 percent of those who report they are widowed also reported 1 -7 days of poor mental health. Widowed individuals were most likely to report 8 – 30 days of depression or poor mental health as well. Eighteen percent of persons with incomes of less than \$15,000 reported more days of poor mental health as did 15 percent of women and 15 percent of those 65 years old or older.”

Suicide deaths in Pike County, 2011-2015 were reported as, *Deaths Among Illinois Residents by Place of Residence and Cause: Suicide Deaths in Pike County:*

<b>Year</b>	<b>Deaths from Suicide</b>
2011	2
2012	2
2013	1
2014	5
2015	0

According to Dr. Struthers, “Nineteen percent (service providers) indicated that Pike County residents needed educational and counseling services about truancy, alcohol, child abuse and drugs. The state’s economy was affecting their ability to deliver services at their facilities; the biggest effects were decreases in funding, shortages and limitation to services while the need for services was growing. Some reported needing to cut back their budgets and staff. In addition they faced delays in payment from the state.”

“Surveys showed many (health practitioners) identified mental health services as needed for Pike County residents followed by programs related to smoking cessation and substance abuse.”

“Health and social service providers report funding, expansion of Medicaid and the number of providers who accept Medicaid, mental health service, resources for the homeless and particular homeless youth as resources they need to better serve Pike County residents.”

Again, we should note that CHR report the ratio of the Pike County’s population to mental health providers as 1,230:1 compared to Illinois at 560:1.

Also, Dr. Struthers references Katie Wilson, LCPC, Associate Director, MHCWI, "when trying to locate services (inpatient substance abuse referrals and psychiatric hospitalizations) it can be very difficult to find another entity that has an open bed or that can manage the referral we are making."

### **Relationship to Healthy People 2020**

HP 2020 Goal: Improve mental health through prevention and by ensuring access to appropriate, quality mental health services.

MHMD-1: Reduce the suicide rate

MHMD-5: Increase the proportion of primary care facilities that provide mental health treatment onsite or by referral

MHMD-10: Increase the proportion of persons with co-occurring substance abuse and mental disorders who receive treatment for both disorders

### **Relationship to Healthy Illinois 2021**

Goal: Reduce deaths due to behavioral health crises

Objective: Reduce opioid overdose mortality rate

Objective: Reduce age-adjusted suicide rate

## **Contributing Factors**

The use of tobacco, alcohol, and other drugs directly contribute to mental health issues. Indirect contributing factors include lack of access for mental health services, poverty, access to tobacco, alcohol, and other drugs, peer pressure, stress, lifestyle, addiction, lack of knowledge, and stigma associated with mental illness.

## **Outcome Objective**

By 2020, increase access to local mental health services through innovative models such as telemedicine. (Baseline 2016: No Mental Health telemedicine services available in Pike County)

By 2020, decrease the percentage of adults reporting one or more days mental health not good (Baseline Pike County BRFSS 2012, 26.1%)

## **Impact Objective**

By 2017, PCHD will participate in planning and promotion of local coalition to combat opioid use to be lead by ICH. (Baseline 2016: Preliminary coalition planning in progress)

## **Intervention Strategies/Community Resources**

The following resources or services are currently available in Pike County:

- Alcohol, Tobacco, and Other Drugs (ATOD) Task Force
- Big Brother/Big Sister Program
- Family Violence Coordinating Council
- Food Pantries
- General Assistance
- Health and Wellness Foundation of Pike County
- Illini Community Hospital
  - Geriatric Psych Unit
  - Rural Health Clinic
- John Wood Community College Parenting Classes
- Mental Health Centers of Western Illinois
- Ministerial Society
- Pike County Community Health Partnership
- Pike County Health Department-WIC, Dental, Family Planning Programs
- Pike County Sheriff's Department-DARE Program
- Quanada-Domestic Abuse Support Program
- Quincy Medical Group
- Rotary
- Schools-Health Classes, DARE and ATOD Prevention Programs, Counselors, Nurses
- Unmet Needs
- Victim Witness Coordinator provided by State's Attorney

The PCCHP Annual report, reports that the ATOD Task Force is a group of agencies within Pike County that has worked to deliver alcohol and drug prevention strategies for many years. Funding cuts at the state and federal level have severely impacted the Task Force's ability to present programming in Pike County Schools and throughout the county...where most needed. PCCHP also provided funding to help implement the Pittsfield Rotary Club's Anti-Drinking and Drug Program.

Local Rotary club member, Jan Bleich, RN, BSN summarized the Pittsfield Rotary Club Drug Prevention & Awareness Day as follows, "The Pittsfield Rotary Club has received an award and special recognition from Rotary International for the local club's annual service project, "Rotary Drug Prevention & Awareness Day" for local junior high students. The local club collaborates with local health, social service, and law enforcement personnel, and 8<sup>th</sup> Judicial Circuit Judge Drummond to provide an interactive day of learning & discussion regarding the consequences and potential tragedies of poor decisions. The program includes a parent participation component and a grand prize for one lucky student who completes the post event requirement." In addition the Rotary club provides supplies to area schools for "hygiene closets." Donated supplies such as shampoo and deodorant, help students meet basic hygiene needs.

Kathy Hull, President and CEO, IHC, reports that the Hospital is planning to continue to expand behavioral health offerings on the outpatient side in the Rural Health Clinic with both Licensed Clinical Social Worker and Nurse Practitioner visits. The Hospital is also in the process of initiating a local coalition to combat opioid use and substance abuse. PCHD staff have attended workshops with ICH staff to learn more about strategies to help rural communities organize, implement, and maintain such coalitions. Also of note, ICH and MHCWI are both working with SIU to increase local access to onsite treatment facilities.

It is vital that health and social service providers continue to work together to preserve, sustain, and expand mental health programs. Grant funding, creative collaborations, and new opportunities, including outside resources, must be considered by providers.

### **3. Obesity/Nutrition/Exercise**

#### **Data**

Dr. Struthers summarizes the following in the 2015 Assessment, "The 2012 Pike County BRFSS data show that in Pike County... 15 percent have diabetes, and 32 percent suffer from arthritis. Six percent report they have coronary heart disease, almost 6 percent report having had a stroke, and close to 5 percent have had a heart attack. Health care providers identify nutrition, physical inactivity, and obesity as the most important issue they see in the county."

Dr. Struthers reports, "An important point of agreement regarding health and wellness among respondents (Focus Groups) is that Pike County residents need to be more physically active and eat better. The most consistent lifestyle change mentioned in all interviews was moving more and losing weight. This goal is easier to say than achieve. There is the perception that the "average" Pike County residents cannot afford local gym fees. This opens the opportunity for

free and open access to exercise and recreation programs. Free and open access is also needed for weight loss and diet and nutrition programming, since formal programs like Weight Watchers™ are deemed too expensive for residents.”

“Respondents (Social Service Providers) made a number of suggestions about the health and social service programs residents of Pike County need. The most mentioned were the need for education and counseling services on diet, nutrition and exercise, family life, job preparation, educational aid and youth education.”

CHR identifies Pike County as 78 out of 102 Illinois Counties for Health Behaviors. Those having high ranks, e.g. 1 or 2, are considered to be the “healthiest.” Therefore, Pike is in the bottom ¼ of all counties in Illinois for data related to Health Behaviors. Examples include:

#### Pike County Health Rankings

	Pike County	Illinois
<i>*% of Population</i>		
Adult Obesity	32%	27%
Physical Inactivity	30%	22%
Access to Exercise Opportunities	41%	89%

#### Relationship to Healthy People 2020

HP 2020 Goal: Improve health, fitness, and quality of life through daily physical activity.

PA-1: Reduce the proportion of adults who engage in no leisure-time physical activity.

PA-3: Increase the proportion of adolescents who meet the current Federal physical activity guidelines for aerobic physical activity and for muscle-strengthening activity.

HP 2020 Goal: Promote health and reduce chronic disease risk through the consumption of healthful diets and achievement and maintenance of healthy body weights.

NWS-2: Increase the proportion of schools that offer nutritious foods and beverages outside of school meals.

NHS-9: Reduce the proportion of adults who are obese

NWS-12: Eliminate very low food insecurity among children

#### Relationship to Healthy Illinois 2021

Goal: Increase opportunities for healthy eating and increase opportunities for active living

Objective: Reduce the percentage of obesity among adults

Objective: Reduce the percentage of adults reporting diabetes

Objective: Reduce the percentage of adults reporting no physical activity in the last 30 days.

### **Contributing Factors**

Poor diets and physical inactivity directly contribute to obesity and chronic disease. Poverty, access to foods, lack of knowledge, limited access to exercise opportunities, and limited access to nutritious foods are indirect contributors to poor diets and lack of exercise.

### **Outcome Objective**

By 2020, Change in lifestyle behaviors related to healthy eating and active behaviors

By 2020, Reduce the percentage of obesity among adults  
(Baseline Pike County BRFSS 2012, 27%)

By 2020, Reduce the percentage of adults reporting diabetes  
(Baseline Pike County BRFSS 2012, 14.9%)

By 2020, Reduce the percentage of adults reporting no physical activity in the last 30 days (Baseline Pike County BRFSS 2012, 31.7%)

### **Impact Objective**

By 2017, PCHD will participate in planning and promotion of “Healthy Pike County Challenge 2017.” (Baseline: Preliminary meetings are in progress).

### **Intervention Strategies/Community Resources**

The following resources or services are currently available in Pike County:

- Barry YMCA
- City of Pittsfield-Safe routes to school
- City Swimming Pools-Barry, Pleasant Hill, and Pittsfield
- Health Fair (bi-annual)
- Illini Fitness
- In-Motion
- PACT Head start- Nutrition and Wellness Programs
- Pittsfield Skate Park
- Pittsfield City Lake recreation areas
- School Wellness Program
- Weight Watchers
- WIC-Nutrition and Wellness Education, Coordinated by Registered Dietician
- U of I Extension Nutrition Program

Examples of current local health & wellness initiatives that must be promoted, expanded and sustained include the following:

Illini Fitness Child Wellness Program continues to have great response with the CATCH program, helping to combat the childhood obesity epidemic in our area. “Our goal at Illini Fitness is to help people invest in an active lifestyle that helps lead them to a happier and healthier life overall,” said Seth Daniel, Athletic Trainer and activity leader in the CATCH program at Illini Fitness. CATCH is a grant funded program and serves children from kindergarten through 8th grade, through a doctor referred process for children with health issues.

Obesity and fitness is an identified concern in Pike County, with many needing to exercise lacking the funds to join a club/organization. In response to this need, the Pittsfield Park Board has created a Fitness Trail at Lowry Park, which already had a paved walking path. PCCHP purchased two pieces of exercise equipment for circuit stations along the trail: a Sit-Up Bench and a Rowing Machine. A third piece of equipment has been donated by another local group.

PCCHP has funded a Food Pantry Garden for several years. All of the produce was donated to the 3 Pike County Food Pantries. The intent of the garden was to raise produce to enable families’ in-need to add fresh, nutrient-rich vegetables to their daily diet. The Partnership was unable to fund and oversee a garden in 2016 due to funding constraints. However, U of I Extension is now offering local training for initiating a community garden.

Additional programs such as these must be identified, available, accessible, and affordable to address obesity and to promote nutrition and exercise.

For example, ICH is initiating Healthy Pike County Challenge 2017. Preliminary planning meetings are in progress. A PCHD representative attends these meetings. This challenge will be designed to encourage and incentivize participants to participate in activities throughout the year that will help them progress through lifestyle changes. Initial concepts include several levels of individual participation. The lowest level will be free of charge and includes many activities. The next 2 levels will have fees associated with them, with access to more activities with those program fees. County demographics, a student level of participation, and a team challenge to promote participation among corporate entities in conjunction with this program are being considered by the planning committee.

Again, we must collaborate with our partners and others to find creative ways to initiate, support, and promote innovative programs such as these that are designed to affect changes in lifestyle behaviors related to healthy eating and active behaviors.

## **Conclusion**

Dr. Struthers summarized, “Pike County has a decade long history of coming together to creatively address the health and wellness needs of residents.”

In 2005, the IPLAN community group expressed a desire to continue to work together and demonstrated an ongoing commitment to understand and address existing and emerging health

needs in Pike County. This group assigned a Steering Committee to move forward to develop a formalized structure to address health needs and disparities from a countywide, collaborative approach, thus the development of the Pike County Community Health Partnership.

Based on identified priorities, focus groups from the 2005 IPLAN process included the Pike County Transit Group and the Oral Health Advisory Committee. These priorities were further guided by the 2010 IPLAN process. As a result, the West Central Mass Transit District started offering public transportation services in Pike County on January 1, 2011. PCHD opened the Pike County Safety Net Dental Clinic in December of 2013.

The 2015 IPLAN process has identified “what should” and “what can be done”. However, “what can be afforded” is uncertain at best. Over the last 5 years, unstable funding and cuts in funding threaten the existence of the Partnership and the health and social services provided in rural Pike County Illinois. Ten years ago, agencies such as PCHD had the financial and human resources to invest in and lead health initiatives. This is no longer an option. PCHD and others are fighting to keep their doors open. Therefore, it is critical that we continue to partner to secure ways to preserve and expand programs to meet the growing health and wellness needs of Pike County residents.



## Bibliography

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Pike County Community Health Partnership (PCCHP) Strategic Plan, 1-11-16		
<b>Mission:</b> To collaboratively strengthen the health and wellness of those served in Pike County.		
<b>Vision:</b> That all enjoy the highest degree of health, wellness, and quality of life possible.		
Strategic Objectives (Priorities)	Action	Progress Update 8-17-16
Improve access to primary care.	Develop long term recruitment plan for PCPs and mid-levels	PCHD safety net Dental Clinic; QMG new providers: ICH new providers
	Expand telemedicine/house calls	ICH telemedicine initiatives
	Explore parish nurse program.	
Expand mental health services. Promote smoking cessation and address substance abuse.	Re-establish ATOD task force.	No ATOD task force currently; changes to PCHD Tobacco Grant funding; Local Opioid Coalition
	Explore funding opportunities (IL Children's Health Care Foundation) to support youth programs in the schools.	
	Explore OP Telemedicine.	ICH in progress
	Implement LCSW recruitment plan for primary care.	QMG & ICH have LCSW on staff
	Explore sharing care coordination resources.	Public transportation; ICH Care Coordination Unit
	Explore behavioral health follow-up home visits.	ICH new in-patient Geri-psychiatric unit
	Partner with existing support groups.	Rotary Drug Awareness Day, DARE program, Rotary Reality Day, Future of MHCWI ?
Address obesity, and promote nutrition and exercise.	Expand, support and promote the CATCH program. Develop measurable outcomes.	New park fitness equipment, CATCH KIDS Club in progress
	Implement youth expo to include interactive education activities related to healthy choices.	Barry YMCA & New 2016 after school program
	Promote community garden model	Food Pantry garden; "Plant a row" promotion
	Leverage school resources to promote exercise. Incorporate student mentors and incentives.	Community representation on committees
	Develop community "Wellness Year" journey.	ICH 2017 planning meetings in progress
	Work with local establishments to develop and identify healthy menu options.	Healthier foods served @ Senior Health Fair
Identify and promote local services and agencies.	Identify and communicate agency contacts for services.	Website directory
	Conduct roundtable discussion with local providers to educate.	Poverty Simulations, Ruby Payne trainings
	Conduct health fair.	Annual Senior Health Fair & Bi-annual Pike County Health
Review PCCHP operational sustainability	Inform public and legislators of dire straits and losses the county is experiencing in area of basic services.	Media coordination, Education on legislation
	Communicate the plan to the community.	Health Partnership Newsletter, Annual meeting & report; coordination of mailings
	Explore funding opportunities.	
	Explore expanding steering committee membership.	Community representation on committees
	Assess essential operational functions and timetables (daily, monthly, etc.)	Database maintenance