

Pike County Health Department
2022 Illinois Project for Local Assessment of Needs

for

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

Springfield, Illinois

March 2, 2022

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Pike County Health Department

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HomeCare



Across Illinois

March 4, 2022

Jennifer Epstein, Acting IPLAN Administrator
Illinois Department of Public Health
525 W. Jefferson Street
Springfield, IL

Dear Jennifer,

The Pike County Health Department Board of Health certifies that the health department conducted an Organizational Capacity Self-Assessment that meets the requirements under Certified Health Department Code and reviewed and adopted the 2022-2027 Pike County Community Health Plan on March 3, 2022.

Sincerely,

David Iftner, PhD
President, Board of Health

DI/pd

Equal Opportunity Employer

Board of Health

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Jim Sheppard <i>County Board Chairman 12/20-11/22</i> jsheppard@pikecountyil.org Cell: 217-491-0377 <i>CBC appointed every 2 years in December</i> <i>Officers effective 10-28-21</i>	LSSD Trucking 1501 Kamar Dr. Pittsfield, IL 62363 217-285-2808		November 30, 2022

Rev. 11-1-21

Executive Summary

Mission Statement of the Pike County Health Department

“Based on client and community needs, the Pike County Health Department will assure that high quality public health and home health services are available to all citizens of Pike County.”

The Mission of the Pike County Health Department (PCHD) begins with identifying and understanding client and community needs and goes on to call for addressing those needs with high quality solutions and services for residents. Over the years PCHD has delivered on its mission, alone and in concert with many strong health and community partners, the most important health and wellness needs of the residents of Pike County. These include mental health, environmental health, home health, and public health. Most recently, PCHD has been immersed in attempting to avoid serious illness and death of Pike County residents related to COVID-19.

The health needs of Pike County are fluid with both ever-emerging issues, and long-standing issues changing in subtle, and sometimes major ways over time. Because of this, PCHD collaborates with partners, including Illini Community Hospital (ICH), the Health and Wellness Foundation of Pike County (HWFPC), and others to monitor, plan for, and act on conditions that impact the health and wellness needs of the residents of Pike County.

The Illinois Department of Public Health (IDPH) developed the Illinois Project for Local Assessment of Needs (IPLAN) in 1992 in collaboration with local health departments (LHD)s and other public health system partners. IDPH requires LHDs to complete the IPLAN process every five years, resulting in completion of organizational and community health needs assessments and the development of a 5-year community health plan.

PCHD was due for IDPH recertification, including completion of the IPLAN, in late 2020. Unfortunately, ongoing response duties related to the COVID-19 Pandemic, an unprecedented public health emergency, delayed the process. IDPH approved an extension for submission of the PCHD IPLAN.

PCHD initiated the IPLAN process in 2021, with support and guidance from IDPH and the HWFPC. The agency contracted with a consultant who facilitated the collaborative community process and completion of the Community Health Needs Assessment and Community Health Plan. The process included community participation to analyze data from various resources, to identify and prioritize community health problems, and to establish objectives and strategies for intervention to address most important health and wellness needs of Pike County residents.

Statement of Purpose

Pike County Health Department (PCHD) is an Illinois Department of Public Health (IDPH) Certified Local Health Department (LHD) as specified in the Illinois Administrative Code Section 600.400: Certified Local Health Department Code Public Health Practice Standards. LHDs must recertify every 5 years.

IDPH added completion of the Illinois Process for Local Assessment of Needs (IPLAN) to the LHD recertification process in 1999. The IPLAN process results in the development of an organizational capacity assessment, a community health needs assessment, and a community health plan. LDHs rely on this process to identify, analyze, and address local health priorities with the goal to improve the health of Pike County residents. The assessment guides the planning process for establishment of a 5-year plan to implement healthcare initiatives to serve the emerging health and wellness needs in Pike County.

Community Health Plan Process

Organizational Capacity Self-Assessment

The Organizational Capacity Self-Assessment is an internal review of the LHD's capacity to provide public health functions. The benefit of this self-assessment process is that it assists the LHD creating an organizational action plan that includes identifying organizational strengths and weaknesses and setting priorities for improving performance and implementing an action plan. If completed effectively, the assessment results in a progressive improvement plan for the LHD. This assessment focuses primarily on administrative functions.

PCHD has chosen to engage in periodic strategic planning that assesses strengths, weaknesses, opportunities, and threats (SWOT). IDPH does not require LHD's to submit the organizational capacity self-assessment to IDPH for review and approval as part of the certification process. However, IDPH requires that the LHD attest to its completion and review by the local board of health (BOH) and keep a copy on file for review by IDPH.

Community Health Needs Assessment

The Community Health Needs Assessment requirements:

- 1) Community health indicators contained in the IPLAN Data System or a similarly equal comprehensive data system developed by the LHD shall be utilized to structure the minimal content of the assessment.
- 2) Seven Data Categories:
 - a. Demographic & Socioeconomic Characteristics
 - b. General Health and Access to Care
 - c. Maternal and Child Health
 - d. Infectious Disease
 - e. Chronic Disease
 - f. Environment/Occupation/Injury Control
 - g. Sentinel Events
- 3) The process shall involve community participation in the identification of community health problems, priority-setting, and completion of the community health needs assessment and plan.
- 4) The process shall result in the setting of priority health needs.

5) The process shall include an analysis of priority problems that shall lead to the establishment of objectives and strategies for intervention

Community Health Plan

The Community Health Plan addresses the priority health and wellness needs established by the Community Health Needs Assessment process. The planning process must include the analysis of each health problem (priority), associated risks and contributing factors, establishment of measurable objectives for addressing each priority, and strategies for intervention to address the identified needs. The ultimate purpose of the resulting 5-year plan is to improve the health and wellness of Pike County residents.

One tool used by LHDs to update local conditions and guide local plans is the IPLAN process. IPLAN is a process required by IDPH every 5 years for recertification of the LHD. The process results in the development of an organizational capacity assessment, a community health needs assessment, and a community health plan.

PCHD IPLAN HISTORY

PCHD has completed four IPLAN processes since 1999. In 2005, the second round of IPLAN for PCHD, the required community advisory committee 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 (PCCHP). 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 with grant funding from the Illinois Children's Healthcare Foundation (ILCHF), Illinois Department of Healthcare and Family Services (HFS), and assistance from the Health and Wellness Foundation of Pike County (HWFPC). The Clinic's primary mission was to provide access to basic oral health services for low-income, underserved children.

2015 IPLAN

Cynthia Struthers, Ph.D., IL Institute of Rural Affairs, Western IL University led the **2015 Pike County Community Health Needs Assessment** process. The PCCHP used the assessment to guide a collaborative community process resulting in the development of the **2015-2020 PCHD Community Health Plan** for the following priorities: Access to Care, Mental Health, and Obesity/Nutrition/Exercise plan. The HWFPC provided funding for the project.

The 2015 PCHD IPLAN process resulted in the prioritization and development of the strategies for intervention for the following three priorities:

1) Access to Care

2015-2020 Objective: To preserve and improve access to Oral Health Services and maintain a financially viable Safety Net Dental Clinic.

Current Status: PCHD transitioned the PCHD Safety Net Dental Clinic to Southern Illinois University (SIU) Center for Family Medicine, in September 2020. Oral health services are now provided under the scope of the SIU Federally Qualified Health Center (FQHC), with SIU operating the Dental Clinic. SIU employ all dental staff and leases space and equipment from PCHD. SIU has the capacity to preserve, sustain, and expand the services assuring continued access to oral health care for the unserved/underserved populations in rural Illinois.

Access to Care was once again identified as a priority based on the 2022 PCHD Community Health Assessment process. Data indicates that 100% of the Pike County population resides in a designated Health Professional Shortage Area (HPSA) for all healthcare services (physical, mental, and oral health), directly contributing to lack of access to healthcare for Pike County residents.

2) Mental Health:

2015-2020 Objective: Increase access to local mental health services through innovative models such as telemedicine.

Current Status: Mental Health telemedicine services were not available in Pike County in 2015. With advances in technology, Mental Health telemedicine services are now available through various providers.

Mental Health was also identified as a priority for the current Community Health Plan. A variety of data indicates that Mental Health remains a health problem in Pike County and includes Deaths of Despair (deaths from suicide + drug/alcohol poisoning) which is higher than state and national averages.

3) Obesity, Nutrition, Exercise:

2015-2020 Objective: Change in lifestyle behaviors related to health eating and physical activity.

Current Status: PCHD continues to collaborate with healthcare providers and partner with community service providers, schools (including PACT Head start), businesses, and others to promote healthy nutrition.

Unfortunately, current data indicate that Chronic Conditions such as Diabetes, Heart Disease, High Blood Pressure, as well as deaths due to Coronary Heart Disease and Stroke

are higher than state and national averages. Poverty, Obesity, Lack of Access to Food, Lack of Access to Parks, No Leisure Time, and/or No Physical Activity health indicators contribute to poor health outcomes. Food Insecurity (lack of reliable access to a sufficient quantity of affordable, nutritious food) was chosen as a priority during the 2022 IPLAN process.

2022 IPLAN

The 2022 IPLAN Priorities remain the same or similar to health problems identified in the previous IPLAN. They were based on the current **2022 Community Health Needs Assessment** and are addressed in the **2022-2027 PCHD Community Health Plan as follows:**

- 1. Mental Health**
- 2. Food Insecurity**
- 3. Access to Care**

To complete the 2022 IPLAN process, PCHD worked with Illini Community Hospital (ICH) as a project partner, exchanging resources, information, and sharing a consultant to assist in the development of both the Community Health Needs Assessment (CHNA) for ICH and the IPLAN for PCHD. The projects were developed and conducted under the direction of ICH and PCHD, in partnership with representatives from the community. They were facilitated by a consultant with the Illinois Critical Access Hospital Network (ICAHN), a not-for-profit 501(c)(3) corporation established in 2003, for the purposes of sharing resources and education, promoting operational efficiencies, and improving healthcare services for member critical access, rural hospitals and their communities. ICAHN, with 57 member hospitals, including ICH, is an independent network governed by a nine-member board of directors 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.

PCHD collaborated with the Executive Director of the HWFCP to hire a consultant to guide the IPLAN process, including a community advisory committee, in the identification of health and wellness priorities and the development of a community health improvement plan for implementation based on a variety of data. The consultant facilitated the community health needs assessment and planning process, and development of required documents for submission to IDPH as mandated in the Illinois Certified Local Health Department Administrative Code, including analysis of the following data contained in the IDPH IPLAN Data System.

- Demographic and socioeconomic characteristics
- Health and access to care
- Maternal and child health
- Chronic disease, including cancer incidence
- Infectious disease
- Environmental, occupational injuries, and injury control

- Sentinel events such hospitalizations.

The HWFPC provided grant funding to PCHD to underwrite the 2022 IPLAN project, including covering the expense of hiring an outside consultant to facilitate the collaborative community process and the completion of the Community Health Needs Assessment and Community Health Plan.

Community Participants

The process utilized to develop the IPLAN involved community participation, including an **IPLAN Community Health Advisory Committee**. The committee was instrumental in the identification of community health problems, priority-setting, and completion of the community health needs assessment and community health plan, including strategies for intervention. The committee was comprised of representatives of physical and mental health providers, community organizations, educators, faith-based organizations, and others.

Community members representing health care providers, community leaders, community services providers, schools, faith-based organizations, public health, and others participated in the **CHNA Focus Groups**.

PCHD conducted a **Community Survey** for the IPLAN process. The survey was open on the internet for one month, drew responses from 57 community members representing:

- A good balance of ages 18 – 65+
- 91% females, 8% males
- 84% employed, 10.5% retired
- More than 8 zip codes
- 82% married, 10.5% divorced, 7% single
- Household incomes ranging from less than \$20,000 to over \$150,000.

PCHD IPLAN Community Health Advisory Committee

To establish the perception of health needs and concerns in Pike County, PCHD invited a broad representation of community partners to participate in an advisory committee. The committee included members with expertise in specific areas of health and community well-being and access to key assets and resources.

Initially, PCHD requested that the committee members individually review data that was provided to them via email. The various data included data from the seven categories required by IDPH for the IPLAN process. The members then participated in group discussions based on the data and personal knowledge and expertise. The committee met two times via zoom for the group discussions leading to identification, prioritization and a community health plan.

The first meeting convened on October 28th, 2021, to orient the committee to the IPLAN process, the role of the Community Health Advisory Committee, and to complete Asset Mapping. Although delayed, the next group meeting on February 4th, 2022, focused on identification and prioritization of health needs. PCHD is particularly grateful to the committee members for dedicating their time, expertise, and unique points of view to this process.

Members of the **PCHD IPLAN Community Health Advisory Committee** included the following:

Name	Business Affiliation	Title
Shana Edison	PACT Head start	Executive Director
Jessica Funk	Western School District	Superintendent
Kathy Hull	Illini Community Hospital	Chief of Small Rural Hospitals
Dr. Carol Kilver	Pikeland School District	Superintendent
Tom Leahy	PCHD Board of Health	Retired School District Superintendent
Patricia McIntosh	Health & Wellness Foundation of Pike County Findley Place Board of Directors	Executive Director
Julie Plattner	PCHD Board of Health United Community Bank Pike County Rotary Member	Vice President Lending
Blake Roderick	Pike-Scott Farm Bureau Two Rivers Farm Bureau Foundation	Executive Director
Katie Wilson	Mental Health Centers of Western Illinois	Executive Director
Connie Lerch	Findley Place Senior Housing, West Central IL Area Agency on Aging	Pittsfield Site Coordinator

ICH CHNA Community Focus Groups

ICH sought and received 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. They are at risk of not receiving adequate medical care because of being uninsured or underinsured. They experience barriers to health care due to geographic, language, financial or other barriers.

PCHD staff participated in the process and ICH shared the data for use in the IPLAN project. The groups included representatives of health care providers, community leaders, community services providers, schools, faith-based organizations, public health, and others.

The following organizations and persons that participated in the **ICH CHNA Community Focus Groups**:

Name	Affiliation
Tina Veile	Illini Fitness
Jeannie Goodman	ICH Board
Becky Kingery	Unmet Needs & Calvary Baptist Church
Greg McClain	Pastor
Andrea Gates	Unmet Needs
Dr. Darin Thomas	ICH ER Medical Director
Patricia McIntosh	Health & Wellness Foundation of Pike County
Jennifer Mowen	ICH
Holly Jones	ICH
Sharon Bargmann	PCHD
Rhonda Daniel	ICH Care Coordinator
Leslie Henry	ICH Care Coordinator
Kasey Kendall	Pike County Ambulance Director
Rose Ghattas	ICH Telemedicine Coordinator
Dr. Ronald Johnson	Quincy Medical Group
Dr. Chris Wagoner	Illini Rural Health Clinic

PCHD IPLAN Community Survey

During October 2021, PCHD provided and promoted an electronic public survey, developed by Lasalle County Health Department, to better determine community-wide views of local conditions and needs. Aware of the inherent weaknesses in uncontrolled access blind surveys with answers based on specified choices, PCHD reviewed the community survey and shared it with the Community Advisory Committee for discussion. There were fifty-one responses that indicated participation by a wide sample of the geography, income, education, age, and experiences of the county.

Methods for Establishing Priorities

PCHD collaborated with the IPLAN Community Advisory Committee to identify and prioritize priorities based on the analysis of Primary and Secondary data.

Primary Data

Primary data for this project included information gathered from the ICH CHNA Focus Groups and the IPLAN Community Survey and Asset Mapping process.

Secondary Data

Secondary data included data from the following seven data categories specified for the IPLAN process by IDPH:

- Demographic and Socioeconomic characteristics
- General Health and Access to Care
- Maternal and Child health
- Chronic Diseases
- Infectious Diseases
- Environmental, Occupational, and Injury control
- Sentinel Events

Secondary data was collected and reviewed through the SparkMap Environmental Systems Research Institute (ESRI) systems and IDPH (Attachment A). Questions raised by the data reported from those sources were compared with other federal, state, and local data sources to resolve or reconcile potential issues with reported data. The data was updated throughout the process to provide for current and longitudinal assessment of the local COVID-19 situation and to account for updates from base resources including changes resulting from the release of 2020 U.S. Census information.

Quantitative (Secondary) data included data from many resources including, but not restricted to, the following:

Source	Description
Behavioral Risk Factor Surveillance System (BFRSS)	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.
SparkMap	SparkMap is an online mapping and reporting platform powered by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri.
US Census Bureau	The US Census Bureau collects National data every 10 years.
Centers for Disease Control (CDC)	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system.
County Health Rankings (CHR)	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.
American Communities Survey (ACS)	The ACS, a product of the U.S. Census Bureau, helps local officials, community leaders, and businesses understand the changes taking place in their communities. It is the premier source for detailed population and housing information about our nation.
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 (IDPH)	IDPH is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
Health Resources and Services Administration (HRSA)	HRSA 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.
Local IPLANS	IPLAN is a community health assessment and planning process that is conducted every five years by LHDs for IDPH
Environmental Systems Research Institute (ESRI)	ESRI 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, level.
Illinois State Board of Education (ISBE)	ISBE 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.
US Department of Agriculture (USDA)	USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability

Secondary data collection and analysis began with guidance from the Leading Health Indicators established by *Healthy People 2030*. Localized data compared to state and national information for each of the specified indicators. (Attachment B) The data was then categorized for clarification to fit the expectation of the IPLAN formats.

Secondary data and summaries reported in this section are updated from SparkMap, 2/11/2022, unless otherwise indicated. The original 334 pages of data from the 2/11/22 report, along with earlier data reviewed during the process, are retained for review at PCHD and may include further citation to original data sources.

Data Analysis

Primary Data Analysis

FOCUS GROUPS

For the ICH CHNA process, two focus groups met through facilitated virtual conferencing on June 18, 2021, to discuss the state of overall health and wellness in the ICH service area and, to identify health concerns and needs in the delivery of healthcare and health services to improve wellness and reduce chronic illness for all residents. The findings of the focus groups were presented, along with secondary data analyzed by the consultant, to a third group for identification and prioritization of the significant health needs facing the community through a virtual conference on August 10, 2021.

In response to a request to identify positive developments in health and healthcare in the service area of ICH the group put forward the following:

Focus Group One:

- Dental clinic
- Public transportation is improving, especially distant transportation
- Weekend lunch pack program for youth
- Orthopedic services at ICH
- A major fast-food restaurant closed
- Telehealth
- Acute mental health care for seniors at ICH
- Transport vans at ICH
- Second transport ambulance
- New emergency room providers
- Program to distribute house cleaning and personal hygiene kits from Calvary Baptist Church
- COVID-19 resulted in additional Wi-Fi access in the area
- Findley Place senior housing

Focus Group Two:

- New transportation services at ICH provide rides to medical appointments and care up to 50 miles away
- There is a psychiatric nurse practitioner available via telehealth
- Food distribution has improved
- Collaboration among medical and community partners was essential to address COVID-19 and worked well
- Community paramedicine has become available

- Telehealth/tele psych services have expanded
- The community collaborated to address needs brought on by COVID-19
- Mental Health First Aid is being taught throughout the community
- There are good faith-based outreach ministries including a strong disaster response program
- Progress has been made to address depression and isolation

When asked to identify current needs in local health care and community health, the group identified the following:

Focus Group One:

- Local services for alcohol and other substance use disorders including:
 - Inpatient detox
 - Expanded behavioral health and substance counselling
 - Medically assisted treatment for opioids
 - Improved access to in-patient behavioral health/SUD care anywhere
- Local Alcohol, Tobacco and Other Drugs initiatives
- Extended reduced or no cost dental services for children
- Local staffing for community action services
- Address obesity and related diseases
- Local homeless services and housing options
- Virtual Mental health/behavioral health/substance information/opportunities for youth
- Improve access to food
- Improve access to technology and broadband
- Address the impact and needs of transient families
- Expand cancer care
- Address vaping
- Address approach for persons that do not seek health care
- Community readiness for large scale health issues, including pandemics
- Pro-active youth programming to address multiple issue

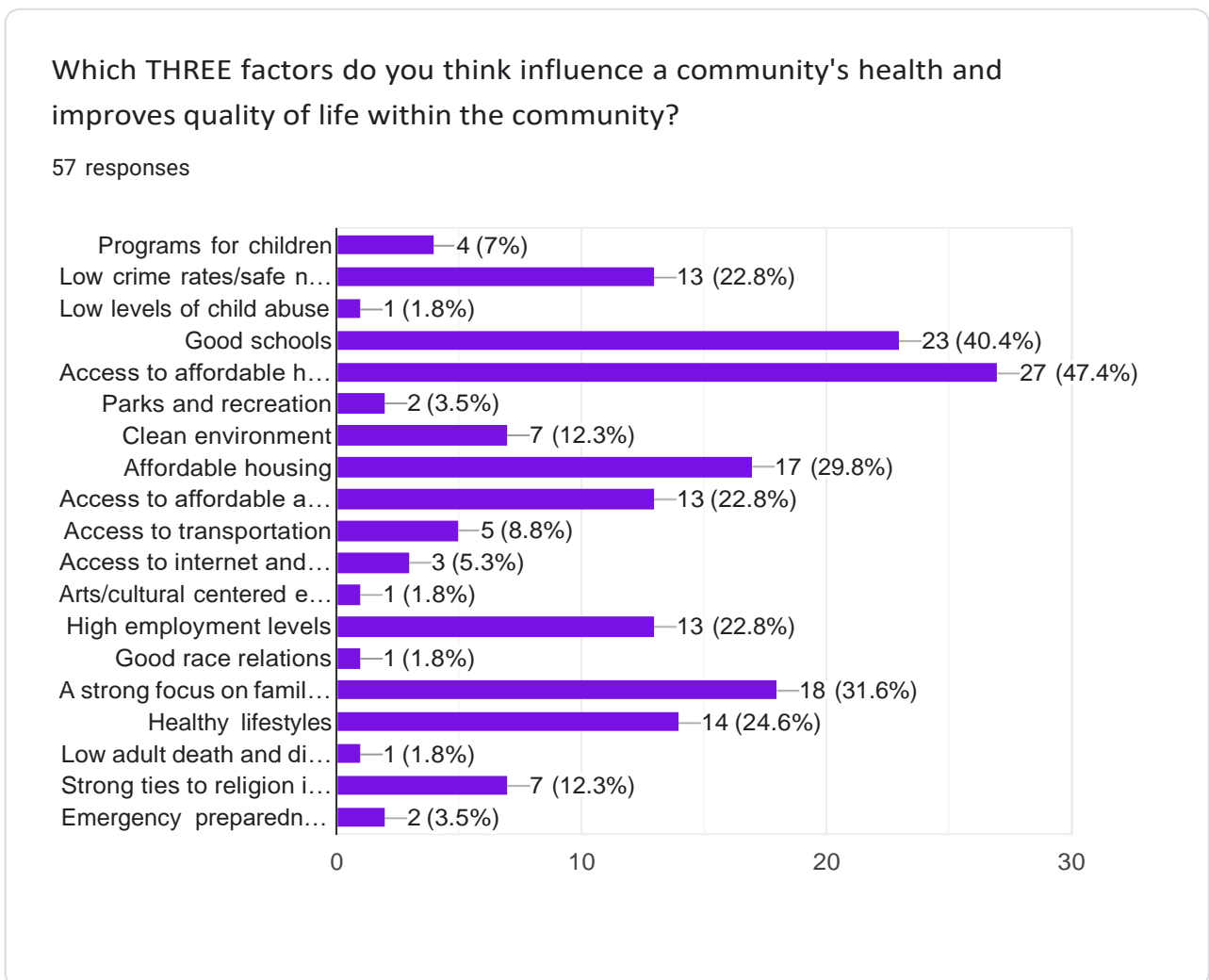
Focus Group Two:

- Better collaboration and communication among psychiatric services providers
- Better communication and community education about local health and wellness
- Expanded outreach for home visits utilizing either in-person or telehealth services
- Improved access to broadband
- Increased community health awareness and community health education events
- Find ways to take healthcare to the patient
- Timely access to mental health services including screening
- Continue to address food access disparity
- Increase available affordable housing

COMMUNITY SURVEY

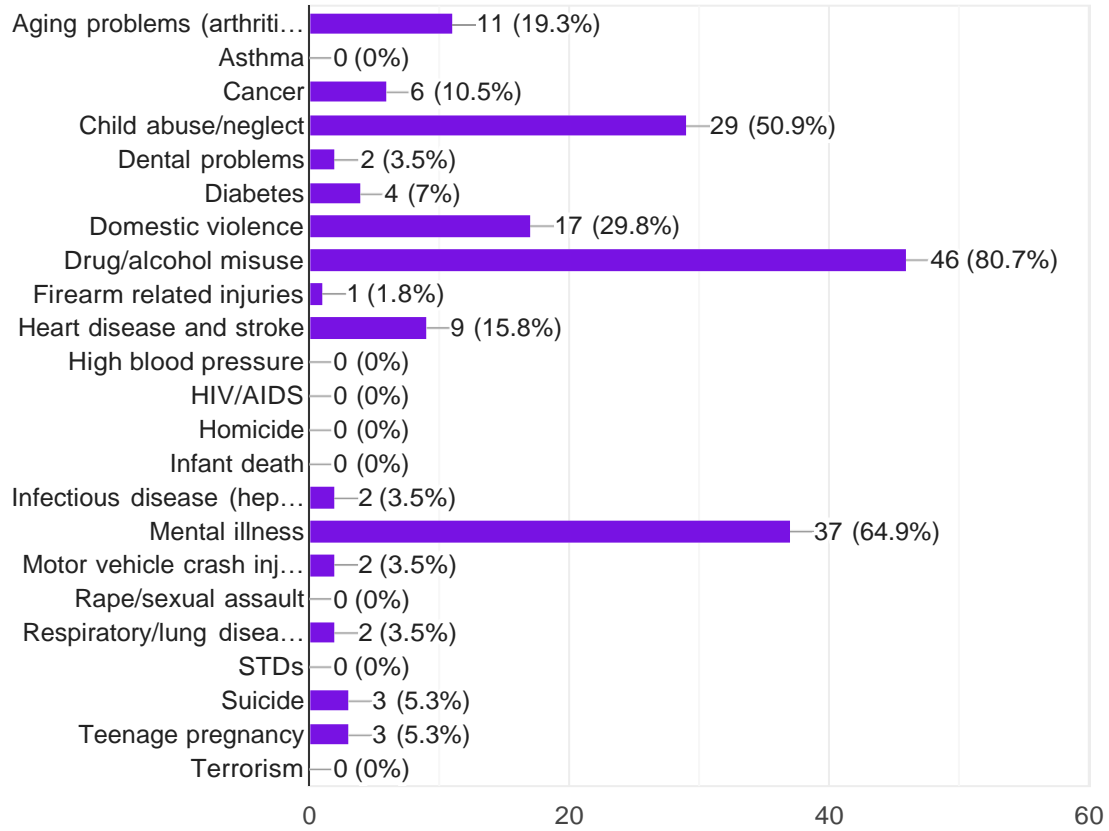
Aware of the inherent weaknesses in uncontrolled access blind surveys with answers based on specified choices, PCHD reviewed and relied on the survey for what it was and found it to be helpful to the IPLAN Community Advisory Committee. There were fifty-one responses that indicated participation by a wide sample of the geography, income, education, age, and experiences of the county.

Key survey questions and responses relevant to community perception of local health services, community health and wellness issues and sampling of local health conditions are included below. The entire Community Survey and responses are in Attachments **C and D**.



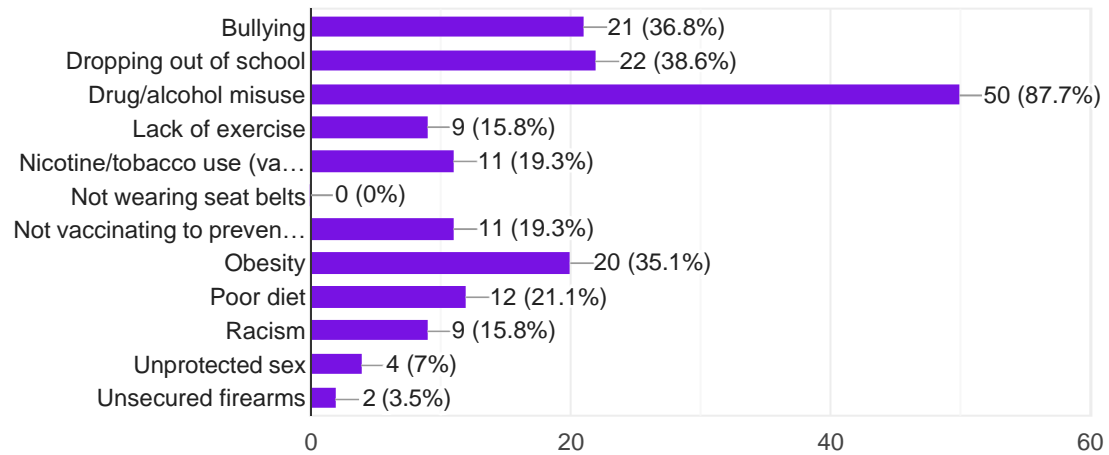
Which THREE problems do you believe have the greatest impact on the community?

57 responses

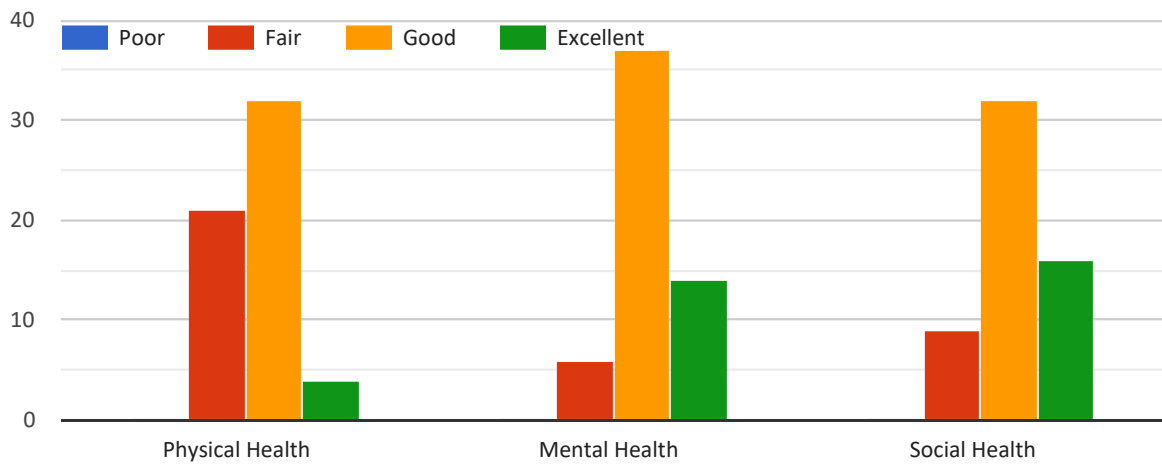


Which THREE behaviors do you believe have the greatest impact on the community?

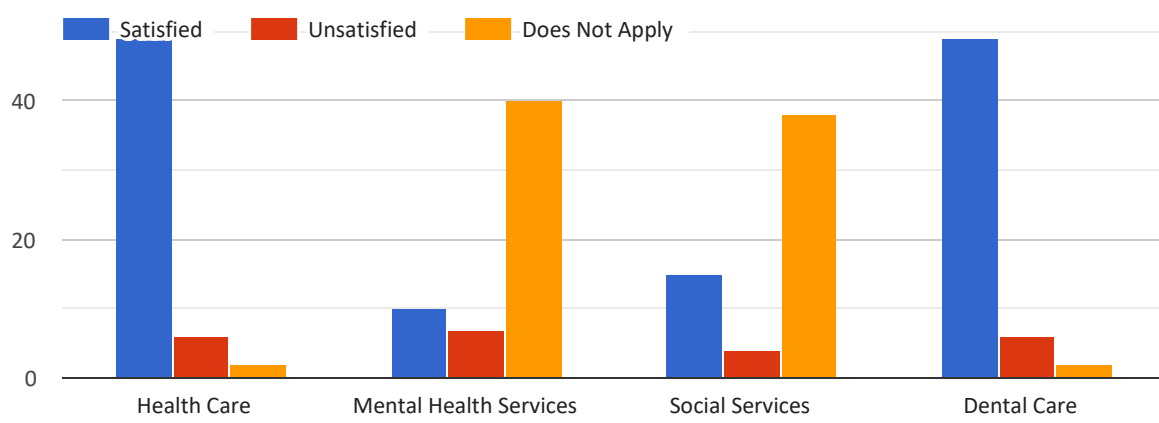
57 responses



How would you rate each area of your health? (Select one answer for each row.)

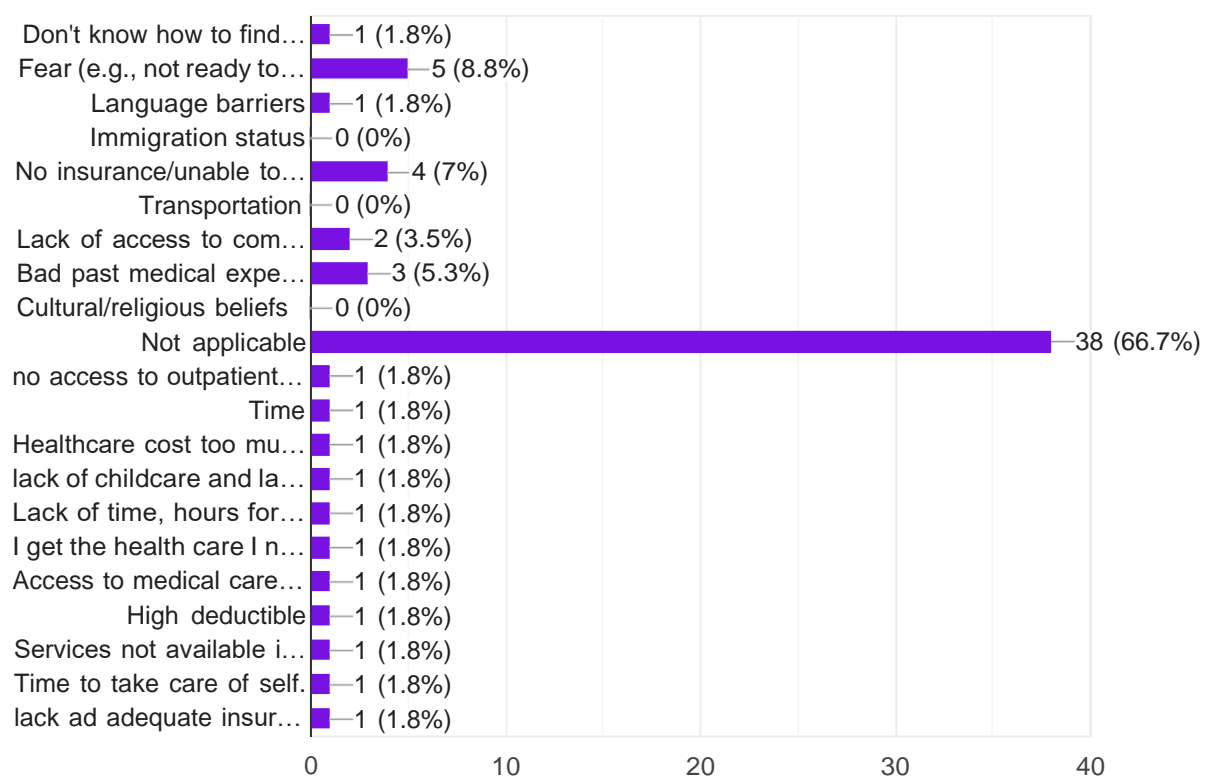


Are you satisfied with the following services you receive?



What prevents you from getting the health care you feel you need? (Select all that apply.)

57 responses



ASSET MAPPING

The IPLAN Community Advisory Committee completed Asset Mapping on October 28, 2021, during the initial committee meeting. The group identified local assets they considered to positively impact the health and wellness of the residents of Pike County. Through this facilitated process they identified and located agencies, faith-based organizations, community organizations, opportunities for exercise, socialization and recreation, etc. The assets identified through the process include:

Asset	Location(s)
Court Appointed Special Advocates (CASA) for Children	Quincy - Covers Adams, Hancock, Morgan, Pike, Schuyler, Brown, Cass
Pittsfield Rotary Club	Pittsfield
Illini Community Hospital	Pittsfield
Illini Fitness	Pittsfield
RxFit Pike County	Pittsfield
YMCA	Barry
Little League Pike County	Pittsfield
Hull Lions Club	Hull
Picture Pittsfield	Pittsfield
Pike County Chamber of Commerce	Pittsfield
Pike County Arts Guild	Pittsfield
Pike County Economic Development Corporation	Pittsfield
Two Rivers Resource Conservation and Development	Pittsfield
Access Illinois Outdoors	Pittsfield
Pike-Scott Farm Bureau	Pittsfield
Food Pantry	Pittsfield (2), Barry, Pearl
The Crossing Thrift Store	Pittsfield
Reachout Center	Pittsfield
Pike County Public Transportation	Pittsfield
Pikeland CUSD 10 Electronic Backpack	Pittsfield
Gardner Camp	Hull
Mental Health Centers of Western IL	Pike, Brown, Hancock
Pike County Animal Shelter	Pittsfield
Outdoor Outfitters	Multiple Locations Countywide
Public Pools	Pittsfield, Barry, Pleasant Hill
Golf Courses	Barry, Pittsfield
Walking Paths	Pittsfield
Yogi Bear's Jellystone Park	Pittsfield
New Philadelphia Archaeological Project	New Philadelphia
Illinois & Mississippi Rivers	

Recreational and commercial fishing	
Champ Clark Bridge Replacement Project	
River based grain elevator – Cargill	Pittsfield
Ascend Plant	Barry
Industrial Park	Pittsfield
Western IL Fair (Park)	Griggsville
Pike County Fair	Pleasant Hill
Pittsfield Penstone Airport	Pittsfield
Pike County Housing Authority	Countywide
Interstate 72	
Orr Agricultural Research & Demonstration Center	Perry
John Wood Community College	Pittsfield
Findley Place Senior Housing	Pittsfield

Secondary Data Analysis

DEMOGRAPHIC & SOCIOECONOMIC CHARACTERISTICS

A total of 15,672 people live in Pike County, an 831.40 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2015-19 5-year estimates. The population density for this area, estimated at 19 persons per square mile, is less than the national average population density of 92 persons per square mile.

Report Area	Total Population	Total Land Area (Square Miles)	Population Density
Pike County	15,672	831.40	19
Illinois	12,771,631	55,517.13	230
United States	324,697,795	3,532,068.58	92

Data Source: US Census Bureau, [American Community Survey](#). 2015-19. Source geography: Tract

*Note: This indicator is compared to the state average. Data Source: US Census Bureau, [Decennial Census](#). 2020. Source geography: Tract

According to the United States Census Bureau Decennial Census, between 2000 and 2010 the population in the report area fell from 17,384 to 16,430. A decrease of 5.49%. Between 2010 and 2020 the population in the report area decreased 10.29%. The 2010 – 2020 population drop of 10.29% compares to a statewide drop of 0.14%, a significant positive or negative shift in total population over time impacts healthcare providers and the utilization of community resources.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Population Change, 2000- 2010	Population Change, 2000-2010, Percent
Pike County	17,384	16,430	-954	-5.49%
Illinois	12,416,145	12,830,632	414,487	3.34%
United States	280,405,781	307,745,539	27,339,758	9.75%

*Note: This indicator is compared to the state average. Data Source: US Census Bureau, [Decennial Census](#). 2020. Source geography: Tract

Report Area	Total Population, 2010 Census	Total Population, 2020 Census	Population Change, 2010-2020	Population Change, 2010- 2020, Percent
Pike County	16,430	14,739	-1,691	-10.29%
Illinois	12,830,633	12,812,508	-18,125	-0.14%
United States	312,471,161	334,735,155	22,263,994	7.13%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [Decennial Census](#). 2020. Source geography: Tract

Population Geographic Mobility

This indicator reports information about population in-migration by assessing changes in residence within a one-year period. Of the 15,479 persons residing in the report area, an estimated 4.35% relocated to the area, according to the latest American Community Survey 5-year estimates. Persons who moved to a new household from outside of their current county of residence, from outside their state of residence, or from abroad are considered part of the in-migrated population. Persons who moved to a new household within their current county of residence are not included.

Report Area	Total Population	Population In-Migration	Percent Population In-Migration
Pike County	15,479	673	4.35%
Illinois	12,625,027	594,645	4.71%
United States	320,984,519	19,919,535	6.21%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2015-19. Source geography: Tract

Foreign-Born Population

This indicator reports the percentage of the population that is foreign-born. The foreign-born population includes anyone who was not a U.S. citizen or a U.S. national at birth. This includes any non-citizens, as well as persons born outside of the U.S. who have become naturalized citizens. The native U.S. population includes any person born in the United States, Puerto Rico, a U.S. Island Area (such as Guam), or abroad of American (U.S. citizen) parent or parents. The latest figures from the U.S. Census Bureau show that 98 persons in the report area are of foreign birth, which represents 0.63% of the report area population. This percentage is less than the national average of 13.55%.

Report Area	Total Population	Naturalized U.S. Citizens	Population Without U.S. Citizenship	Total Foreign-Birth Population	Foreign-Birth Population, Percent of Total Population
Pike County	15,672	46	52	98	0.63%
Illinois	12,770,631	911,275	885,687	1,796,962	14.07%
United States	324,697,795	21,847,890	22,163,980	44,011,870	13.55%

Data Source: US Census Bureau, [American Community Survey](#), 2015-19. Source geography: Tract

Citizenship Status

The table below shows the numbers and percent of population by citizenship status for the report area. According to the latest ACS, the report area has a total of 52 non-Citizens, or 0.33% of the total population of 15,672 persons, in contrast to the state average of 6.94% of the population and the national average of 6.83% non-Citizens living in the United States.

Report Area	Total Population	Naturalized U.S. Citizens	Population Without U.S. Citizenship	Total Foreign-Birth Population	Foreign-Birth Population, Percent of Total Population
Pike County	15,672	46	52	98	0.63%
Illinois	12,770,631	911,275	885,687	1,796,962	14.07%
United States	324,697,795	21,847,890	22,163,980	44,011,870	13.55%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: County

Total Population In-Migration by Race Alone

Report Area	Non-Hispanic White	Black or African American	Native American or Alaska Native	Asian	Native Hawaiian or Pacific Islander	Some Other Race	Multiple Race
Pike County	538	103	4	3	0	17	8
Illinois	411,469	80,136	1,727	59,706	348	20,324	20,935
United States	13,911,886	2,601,140	177,744	1,541,403	43,014	803,911	840,437

Total Population by Race Alone

This indicator reports the total population of the report area by race alone.

Report Area	White	Black	Asian	Native American / Alaska Native	Native Hawaiian / Some Pacific Islander	Other Race	Multiple Races
Pike County	15,185	191	57	29	0	37	173
Illinois	9,134,903	1,813,590	698,524	33,460	4,477	757,231	328,446
United States	235,377,662	41,234,642	17,924,209	2,750,143	599,868	16,047,369	10,763,902

Total Population by Ethnicity Alone

This indicator reports the total population of the report area by ethnicity alone.

Report Area	Total Population	Hispanic or Latino Population	Hispanic or Latino Population, Percent	Non-Hispanic Population	Non-Hispanic Population, Percent
Pike County	15,672	202	1.29%	15,470	98.71%
Illinois	12,770,631	2,186,387	17.12%	10,584,244	82.88%
United States	324,697,795	58,479,370	18.01%	266,218,425	81.99%

Total Population by Age Groups

This indicator reports the total population of the report area by age groups.

Report Area	Age 0-4	Age 5-17	Age 18-24	Age 25-34	Age 35-44	Age 45-54	Age 55-64	Age 65+
Pike County	968	2,575	1,181	1,812	1,710	1,979	2,222	3,225
Illinois	767,193	2,124,333	1,192,806	1,770,290	1,644,531	1,672,220	1,656,724	1,942,534
United States	19,767,670	53,661,722	30,646,327	45,030,415	40,978,831	42,072,620	41,756,414	50,783,796

Median Age

Of the estimated 15,930 total population in the report area, the median age of all persons is 42.4. This indicates that the report population trends older than the state which has a median age of 38.1. These data are based on the latest U.S. Census Bureau ACS 5-year estimates.

Report Area	Total Population	Median Age
Pike County	15,930	42.4
Illinois	12,770,631	38.1
United States	324,697,795	38.1

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Families with Children

According to the most recent ACS estimates, 28.45% of all occupied households in the report area are family households with one or more child(ren) under the age of 18. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or more unrelated individuals. Statewide, 30.31% of total households have children under 18 years of age.

Report Area	Total Households	Total Family Households	Families with Children (Under Age 18)	Families with Children (Under Age 18), Percent of Total Households
Pike County	6,309	4,073	1,795	28.45%
Illinois	4,846,134	3,109,762	1,468,895	30.31%
United States	120,756,048	79,114,031	37,151,089	30.77%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Population with Any Disability

This indicator reports the percentage of the total civilian, non-institutionalized population with a disability. The report area has a total population of 15,234 for whom disability status has been determined, of which 2,533 or 16.63% have any disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers. Statewide, 11.02% of the total population for whom disability status is determined have a disability.

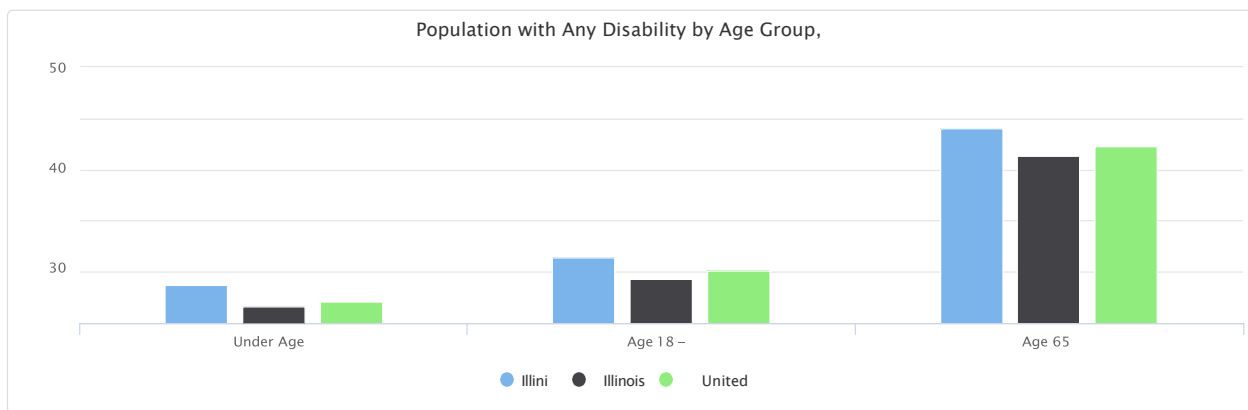
Report Area	Total Population (For Whom Disability Status Is Determined)	Population with a Disability	Population with a Disability, Percent
Pike County	15,234	2,533	16.63%
Illinois	12,591,483	1,388,097	11.02%
United States	319,706,872	40,335,099	12.62%

Note: This indicator is compared to the state average. Data Source: US Census Bureau, [American Community Survey](#). 2015-19. Source geography: Tract

Population with Any Disability by Age Group Alone

This indicator reports the proportion of the total civilian, non-institutionalized population with a disability by age group.

Report Area	Underage 18	Age 18 - 64	Age 65 +
Pike County	7.45%	12.84%	38.10%
Illinois	3.37%	8.62%	32.82%
United States	4.21%	10.25%	34.48%



Population with Any Disability by Race Alone

This indicator reports the percentage of the total civilian, non-institutionalized population with a disability by race alone.

Report	White	Black or African American	Native American or Alaska Native	Pacific Asian	Native Hawaiian or Islander	Other Race	Multiple Race
Pike County	16.67%	12.82%	12.00%	2.04%	No Data	14.81%	19.65%
Illinois	11.31%	14.02%	14.39%	6.33%	8.45%	5.72%	9.08%
United States	13.14%	13.95%	16.94%	7.06%	10.78%	8.27%	10.93%

Population with Any Disability by Ethnicity Alone

This indicator reports the percentage of the total civilian, non-institutionalized population with a disability by ethnicity alone.

Report Area	Hispanic or Latino	Not Hispanic or Latino	Hispanic or Latino, Percent	Not Hispanic or Latino, Percent
Pike County	106	2,427	60.57%	16.12%
Illinois	140,470	1,247,627	2.18%	11.97%
United States	5,180,805	35,154,294	3.17%	13.42%

Veteran Population

This indicator reports the percentage of the population age 18 and older that served (even for a short time), but is not currently serving, on active duty in the U.S. Army, Navy, Air Force, Marine Corps, or the Coast Guard, or that served in the U.S. Merchant Marine during World War II. Of the 12,129 population of the report area, 1,055 or 8.70% are veterans, which is a slightly higher percentage than 5.78% Illinois and 7.29% in the United States.

Report Area	Total Population Age 18+	Total Veterans	Veterans, Percent of Total Population
Pike County	12,129	1,055	8.70%
Illinois	9,861,431	570,264	5.78%
United States	250,195,726	18,230,322	7.29%

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Employment - Job Sectors, Largest

In the report area, the largest sector by employment size is Government and government enterprises, which employs 1,009 people. The average wage for the industry is \$61,000. Health care and social assistance and Retail trade are the next largest sectors, employing 749 and 724 workers, respectively.

Area Name	Rank (Size)	Job Sector	Total Employment	Average Wage
Pike County	1	Government and government enterprises	1,009	\$61,000
Pike County	2	Health care and social assistance	749	\$43,297
Pike County	3	Retail trade	724	\$24,299
Illinois	1	Health care and social assistance	892,775	\$57,838
Illinois	2	Retail trade	694,178	\$35,553
Illinois	3	Manufacturing	607,296	\$90,506

Data Source: US Department of Commerce, US Bureau of Economic Analysis. 2019. Source geography: County

Average Monthly Unemployment Rate, December 2020 - December 2021

Report Area	Dec. 2020	Jan. 2021	Feb. 2021	Mar. 2021	Apr. 2021	May 2021	Jun. 2021	Jul. 2021	Aug. 2021	Sep. 2021	Oct. 2021	Nov. 2021	Dec. 2021
Pike County	4.9%	5.5%	4.9%	4.8%	4.4%	3.5%	4.5%	4.2%	4.6%	3.2%	3.2%	3.3%	3.6%
Illinois	7.9%	8.4%	7.8%	7.1%	7.1%	6.7%	7.9%	7.0%	6.8%	5.1%	5.0%	4.5%	4.3%
United States	6.5%	6.8%	6.6%	6.2%	5.8%	5.5%	6.1%	5.7%	5.3%	4.6%	4.3%	3.9%	3.7%

Note: This indicator is compared to the state average.

Data Source: US Department of Labor, Bureau of Labor Statistics. 2021 - June. Source geography: County

Income - Families Earning Over \$75,000

In the report area, 37.54%, or 1,529 families report a total annual income of \$75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. As defined by the US Census Bureau, a family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. A non-family household is any household occupied by the householder alone, or by the householder and one or

more unrelated individuals. Statewide, 54.97% of families report an annual income of \$75,000 or greater.

(\$75,000 family income has been utilized as an economic measure based on studies suggesting that that amount is necessary to support emotional well-being and avoid day to day financial pressures for a typical family.)

Report Area	Total Families	Families with Income Over \$75,000	Percent Families with Income Over \$75,000
Pike County	4,073	1,529	37.54%
Illinois	3,109,762	1,709,528	54.97%
United States	79,114,031	40,753,622	51.51%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: T

Income - Median Family Income

This indicator reports median family income based on the latest 5-year ACS estimates. A family household is any housing unit in which the householder is living with one or more individuals related to him or her by birth, marriage, or adoption. Family income includes the incomes of all family members aged 15 and older. In the report area, the median family income is \$62,534 as compared to \$83,279 statewide.

Report Area	Total Family Households	Average Family Income	Median Family Income
Pike County	4,073	\$75,892	\$62,534
Illinois	3,109,762	\$110,401	\$83,279
United States	79,114,031	\$103,863	\$77,263

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Income - Per Capita Income

The per capita income for the report area is \$26,157. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area. Statewide, \$36,037 is the reported per capita income.

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
Pike County, IL	15,672	\$409,936,800	\$26,157
Illinois	12,770,631	\$460,223,394,200	\$36,037
United States	324,697,795	\$11,073,131,694,900	\$34,102

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Income - Inequality (Atkinson Index)

The Atkinson measure of income disparity within the report area is 0.13. This value is used to measure income inequality, and to determine which end of the income distribution contributes most to the observed inequality. Atkinson's measure of income disparity is a fraction between 0 and 1, where 0 represents a state of equal income distribution. Statewide 0.18 is the Atkinson measure of income.

Report Area	Total Households	Percent Households with Income Under \$50,000	Percent Households with Income \$50,000-\$100,000	Percent Households with Income \$100,000-\$200,000	Percent Households with Income Over \$200,000	Atkinson Index (e=0.5) 0 = Complete Equality 1 = Complete Inequality
Pike County	6,650	59.85%	30.41%	8.68%	1.07%	0.13
Illinois	4,773,002	44.45%	31.69%	18.86%	5.00%	0.18
United States	114,761,359	47.45%	30.71%	17.35%	4.49%	0.18

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. University of Missouri, Center for Applied Research and Engagement Systems. 2007-11. Source geography: County

Poverty - Children Below 100% FPL

In the report area 16.44% or 576 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. Statewide, 17.13% of those under age 18 live in households with income below the FPL.

Report Area	Total Population	Population Underage 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Pike County	15,194	3,503	576	16.44%
Illinois	12,474,842	2,852,051	488,516	17.13%
United States	316,715,051	72,235,700	13,377,778	18.52%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Poverty - Children Eligible for Free/Reduced Price Lunch

Free or reduced-price lunches are served to qualifying students in families with income between under 185 percent (reduced price) or under 130% (free lunch) of the US federal poverty threshold as part of the federal National School Lunch Program (NSLP).

Out of 2,471 total public-school students in the report area, 1,412 were eligible for the free or reduced-price lunch program in the latest report year. This represents 57.1% of public-school students, which is higher than the state average of 48.7%.

Report Area	Total Students	Students Eligible for Free or Reduced-Price Lunch	Students Eligible for Free or Reduced-Price Lunch, Percent
Pike County	2,471	1,412	57.1%
Illinois	1,966,209	958,291	48.7%
United States	50,744,629	25,124,175	49.5%

Note: This indicator is compared to the state average.

Data Source: National Center for Education Statistics, [NCES - Common Core of Data](#). 2018-19. Source geography: Address

Poverty - Population Below 100% FPL

Poverty is considered a key driver of health status. Within the report area 13.82% or 2,100 individuals are living in households with income below the Federal Poverty Level (FPL). This is higher than the state level of 12.49% This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population in Poverty	Population in Poverty, Percent
Pike County	15,194	2,100	13.82%
Illinois	12,474,842	1,557,873	12.49%
United States	316,715,051	42,510,843	13.42%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#). 2015-19. Source geography: Tract

Education - No High School Diploma

Within the report area there are 1,238 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 11.31% of the total population aged 25 and older as compared to 10.79% statewide. This indicator is relevant because educational attainment is linked to positive health outcomes (Freudenberg & Ruglis, 2007).

Report Area	Total Population Age 25+	Population Age 25+ with No High School Diploma	Population Age 25+ with No High School Diploma, Percent
Pike County	10,948	1,238	11.31%
Illinois	8,686,299	937,042	10.79%
United States	220,622,076	26,472,261	12.00%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Educational - Associate's Level Degree or Higher

In the report area, 26.64% of the population aged 25 and older, or 2,916 have obtained an Associate's level degree or higher. This compares to 42.72% for the entire state. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Total Population Age 25+	Population Age 25+ with associate degree or Higher	Percent Population Age 25+ with associate degree or Higher
Pike County	10,948	2,916	26.64%
Illinois	8,686,299	3,710,558	42.72%
United States	220,622,076	89,632,369	40.63%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Proficiency - Student Math Proficiency (4th Grade)

Information about student performance in the 4th grade Math portion of the state-specific standardized tests are displayed in the table below. Of 648 students tested, 15.4% of 4th graders performed at or above the "proficient" level, and 84.6% tested below the "proficient" level, according to the latest data. Students in the report area tested worse than the statewide rate of 29.8%.

Report Area	Students with Valid Test Scores	Students Scoring 'Proficient' or Better, Percent	Students Scoring 'Not Proficient' or Worse, Percent
Pike County	648	15.4%	84.6%
Illinois	545,489	29.8%	70.2%
United States	13,473,054	46.3%	53.7%

Note: This indicator is compared to the state average.

Data Source: US Department of Education, [EDFacts](#). Additional data analysis by [CARES](#). 2018-19. Source geography: School District

Proficiency - Student Reading Proficiency (4th Grade)

Information about student performance in the 4th grade English Language Arts portion of the state-specific standardized tests are displayed in the table below. Of 648 students tested, 30.1% of 4th graders performed at or above the "proficient" level, and 69.9% tested below the "proficient" level, according to the latest data. Students in the report area tested worse than the statewide rate of 32.4%.

Report Area	Students with Valid Test Scores	Students Scoring 'Proficient' or Better, Percent	Students Scoring 'Not Proficient' or Worse, Percent
Pike County	648	30.1%	69.9%
Illinois	546,182	32.4%	67.6%
United States	13,445,671	46.2%	53.8%

Note: This indicator is compared to the state average.

Data Source: US Department of Education, [EDFacts](#). Additional data analysis by [CARES](#). 2018-19. Source geography: School District

Affordable Housing

This indicator reports the number and percentage of housing units affordable at various income levels. Affordability is defined by assuming that housing costs should not exceed 30% of total household income. Income levels are expressed as a percentage of each county's area median household income (AMI).

Report Area	Units Affordable at 15% AMI	Units Affordable at 30% AMI	Units Affordable at 40% AMI	Units Affordable at 50% AMI	Units Affordable at 60% AMI	Units Affordable at 80% AMI	Units Affordable at AMI	Units Affordable at 125% AMI
Pike County	7.4%	21.18%	33.92%	49.12%	60.44%	70.28%	78.73%	86.75%
Illinois	3.08%	8.97%	16.5%	26.7%	37.21%	55.4%	67.93%	79.12%
United States	3.13%	7.86%	13.11%	20.91%	29.89%	47.34%	61.12%	73.24%

Data Source: US Census Bureau, *American Community Survey*. 2015-2019.

Homeless Children & Youth

This indicator reports the number of homeless children and youth enrolled in the public school system during the school year 2018-2019. According to the data source definitions, homelessness is defined as lacking a fixed, regular, and adequate nighttime residence. Those who are homeless may be sharing the housing of other persons, living in motels, hotels, or camping grounds, in emergency transitional shelters, or may be unsheltered. Data are aggregated to the report-area level based on school-district summaries where three or more homeless children are counted.

In the report area, of all the 2,175 students enrolled during the school year 2018-2019, there were 59 or 2.7% homeless students, which is lower than the statewide rate of 3.1%.

Note: Data are available for 100.0% of school districts in the report area, representing 100.0% of the public-school student population.

Report Area	Total Students	Districts Reporting	Students in Reported Districts	Homeless Students	Homeless Students, Percent
Pike County	2,175	100.0%	100.0%	59	2.7%
Illinois	1,900,253	85.0%	97.9%	59,025	3.1%
United States	47,424,948	69.8%	97.6%	1,430,341	3.0%

Note: This indicator is compared to the state average.

Data Source: US Department of Education, *EDFacts*. Additional data analysis by *CARES*. 2018-19. Source geography: School District

Households with No Motor Vehicle

This indicator reports the number and percentage of households with no motor vehicle based on the latest 5-year ACS estimates. Of the 6,309 total households in the report area, 421 or 6.67% are without a motor vehicle as compared with 10.86% of households statewide.

Report Area	Total Occupied Households	Households with No Motor Vehicle	Households with No Motor Vehicle, Percent
Pike County	6,309	421	6.67%
Illinois	4,846,134	526,441	10.86%
United States	120,756,048	10,395,713	8.61%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

GENERAL HEALTH AND ACCESS TO CARE

Physical Inactivity

Within the report area, 2,940 or 22.7% of adults aged 20 and older self-report no active leisure time, based on the question: "During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise?" This indicator is relevant because current behaviors are determinants of future health and this indicator may illustrate a cause of significant health issues, such as obesity and poor cardiovascular health. Statewide, 20.9% of adults self-reported no active leisure time.

Note: In 2021, the CDC updated the methodology used to produce estimates for this indicator. Estimated values for prior years (2004 - 2017) have been updated in this platform to allow comparison across years. Use caution when comparing with saved assessments generated prior to November 10, 2021.

Report Area	Population Age 20+	Adults with No Leisure Time Physical Activity	Adults with No Leisure Time Physical Activity, Percent
Pike County	11,855	2,940	22.7%
Illinois	9,562,472	2,064,938	20.9%
United States	243,068,284	55,261,407	22.1%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2017. Source geography: County

Obesity

This indicator reports the number and percentage of adults aged 20 and older self-report having a Body Mass Index (BMI) greater than 30.0 (obese). Respondents were considered obese if their Body Mass Index (BMI) was 30 or greater. Body mass index (weight [kg]/height [m]²) was derived from self-report of height and weight. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Within the report area, there are a total of 3,453 adults aged 20 and older who self-reported having a BMI greater than 30.0. This represents a 29.3% of the survey population as compared to 29.5% statewide.

Report Area	Population Age 20+	Adults with BMI > 30.0 (Obese)	Adults with BMI > 30.0 (Obese), Percent
Pike County	11,825	3,453	29.3%
Illinois	9,569,322	2,843,528	29.5%
United States	243,101,202	72,159,365	29.5%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#). 2017. Source geography: County

Teeth Loss

This indicator reports the number and percentage of adults aged 18 and older who report having lost all their natural teeth because of tooth decay or gum disease. Within the report area, there were 16.70% of adults 18 and older who reported losing all natural teeth of the total population as compared to 11.8% statewide.

Report Area	Total Population (2010)	Percentage of Adults with Poor Dental Health
Pike County	15,611	16.7%
Illinois	12,741,080	11.8%
United States	327,167,434	13.8%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [500 Cities Data Portal](#). 2018.

Poor Physical Health - Days

This indicator reports the average number of self-reported physically unhealthy days in past 30 days among adults. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Data were from the 2018 Behavioral Risk Factor Surveillance System (BRFSS) annual survey and are used for the 2021 County Health Rankings. Within the report area, there are a total of 4.5 average days of poor physical health per month among adults 18 and older. Statewide, self-reported physically unhealthy days were 3.7 per month.

Report Area	Population Age 18+	Average Poor Physical Health Days per Month
Pike County	3,522	4.5
Illinois	6,829,642	3.7
United States	172,018,492	4.0

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2018. Source geography: County

Poor or Fair Health

In this report area, the estimated prevalence of fair or poor health among adults aged 18 years and older was 21.20%. This value is based on the crude number of adults who self-report their general health status as “fair” or “poor.”

Report Area	Total Population (2019)	Adults with Poor or Fair General Health (Crude)	Adults with Poor or Fair General Health (Age-Adjusted)
Pike County	15,561	21.20%	19.40%
Illinois	12,671,821	18.3%	17.8%
United States	328,239,523	18.6%	18.8%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2019.

Poor Mental Health - Days

This indicator reports the average number of self-reported mentally unhealthy days in past 30 days among adults (age-adjusted to the 2000 standard). Data were from the 2018 BRFSS annual survey and are used for the 2021 CHR. Of the 3,522 total adults in the report area, the average poor mental health days is 4.8 per month, which is greater than the state's monthly average of 4.1.

Report Area	Population Age 18+	Average Poor Mental Health Days per Month
Pike County	3,522	4.8
Illinois	3,414,821	4.1
United States	86,000,079	4.4

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via County Health Rankings. 2018. Source geography: County

Poor Mental Health

This indicator reports the percentage of adults aged 18 and older who report 14 or more days during the past 30 days during which their mental health was not good. Data were from the 2019 BRFSS annual survey. Within the report area, there were 16.6% of adults in the total population age 18 and older who reported poor mental health in the past month as compared to 13.4% statewide.

Report Area	Total Population (2019)	Adults with Poor Mental Health (Crude)	Adults with Poor Mental Health (Age-Adjusted)
Pike County	15,561	15.30%	16.60%
Illinois	12,671,821	13.1%	13.4%
United States	328,239,523	13.6%	13.9%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2019.

Substance Use Disorder (Medicare Population)

This indicator reports the percentage of the Medicare fee-for-service population with substance use disorder. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Within the report area, there are a total of 51 beneficiaries with substance use disorder. This represents a 1.7% of the Medicare fee-for-service beneficiaries as compared to 2.3% statewide.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Drug/Substance Use Disorder	Percentage with Drug/Substance Use Disorder
Pike County	3,090	51	1.7%
Illinois	1,443,297	33,542	2.3%
United States	33,499,472	1,172,214	3.5%

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018.

Source geography: County

Insurance - Insured Population and Provider Type

Health insurance coverage is considered a key driver of health status. In the report area 15,234 total civilians have some form of health insurance coverage. Of those, 69.26% have private insurance, e.g., insurance purchased through an employer or union, through direct purchase (e.g., on a health exchange) or have Tricare or other military health insurance. In addition, 46.60% have a form of public health insurance. Public health coverage includes the federal programs Medicare, Medicaid, and VA Health Care (provided through the Department of Veterans Affairs), as well as the Children's Health Insurance Program (CHIP). This indicator is relevant because insurance provides access to healthcare, including regular primary care, specialty care, and other health services that prevent poor health status. Statewide, 75.50% of the population have private insurance and 36.26% have public insurance.

Report Area	Total Population (For Whom Insurance Status is Determined)	Population with Health Insurance	Percentage with Private Insurance	Percentage with Public Insurance
Pike County	15,234	14,494	69.26%	46.60%
Illinois	12,591,483	11,731,871	75.50%	36.26%
United States	319,706,872	291,458,259	74.52%	38.51%

Data Source: US Census Bureau, American Community Survey. 2015-2019. Source geography: County

Population Receiving Medicaid

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). 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. In the report area, 26.74% of the insured population are receiving Medicaid as compared to 20.92% statewide.

ReportArea	Total Population (For Whom Insurance Status is Determined)	Population with Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Pike County	15,234	14,494	3,875	26.74%
Illinois	12,591,483	11,731,871	2,454,732	20.92%
UnitedStates	319,706,872	291,458,259	64,716,091	22.20%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#). 2015-19. Source geography: Tract

Insurance - Uninsured Adults

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of adults aged 18 to 64 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. In the report area, 9.28% of the population have no medical insurance as compared to 10.55% statewide.

ReportArea	Total Population Age 18 - 64	Population with Medical Insurance	Percent Population with Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Pike County	8,458	7,673	90.72%	785	9.28%
Illinois	7,623,675	6,819,711	89.45%	803,964	10.55%
United States	195,703,724	170,567,452	87.16%	25,136,272	12.84%

This indicator is compared to the state average.

Data Source: US Census Bureau, [Small Area Health Insurance Estimates](#). 2019. Source geography: County

Insurance - Uninsured Children

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of children under age 19 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. Within the report area, 3.98% of children under the age of 19 have no health insurance as compared to 3.94% statewide.

ReportArea	Total Population Underage 19	Population with Medical Insurance	Percent Population with Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Pike County	3,596	3,453	96.02%	143	3.98%
Illinois	2,916,909	2,801,894	96.06%	115,015	3.94%
United States	75,374,000	71,137,899	94.38%	4,236,101	5.62%

This indicator is compared to the state average.

Data Source: US Census Bureau, [Small Area Health Insurance Estimates](#). 2019. Source geography: County

Access to Care - Addiction/Substance Abuse Providers

This indicator reports the number of providers who specialize in addiction or substance abuse treatment, rehabilitation, addiction medicine, or providing methadone. The providers include Doctor of Medicine (MDs), Doctor of Osteopathic Medicine (DOs), and other credentialed professionals with the Center for Medicare and Medicaid Services (CMS) and a valid National Provider Identifier (NPI). The number of facilities that specialize in addiction and substance abuse treatment are also listed (but are not included in the calculated rate). Data are from latest Centers for Medicare and Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES) Downloadable File.

Within the report area there is 1 provider who specializes in addiction or substance abuse. This represents 6.38 providers per 100,000 total population as compared to 3.13 statewide.

Report Area	Total Population (2017)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Pike County	15,668	2	1	6.38
Illinois	25,557,656	477	801	3.13
United States	649,971,078	13,986	61,053	9.39

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, [CMS - National Plan and Provider Enumeration System \(NPPES\)](#). May 2021. Source geography: Address

Access to Care - Dental Health

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. Within the report area there are 8.00 dentists. This represents 50.03 dentists per 100,000 total population as compared to 72.60 per 100,000 statewide.

Report Area	Total Population, 2015	Dentists, 2015	Dentists, Rate per 100,000 Population
Pike County	15,989.00	8.00	50.03
Illinois	12,859,995.00	9,336.00	72.60
United States	321,418,820.00	210,832.00	65.60

Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. 2015. Source geography: County

Access to Care - Dental Health Providers

This indicator reports the number of oral health care providers with a CMS National Provider Identifier (NPI). Providers included in this summary are those who list "dentist", "general practice dentist", or "pediatric dentistry" as their primary practice classification, regardless of sub-specialty. Data are from the latest CMS National Provider Identifier (NPI) downloadable file. Within the report area there are 2 providers, or 13.57 providers per 100,000 as compared to 37.60 statewide.

Report Area	Total Population (2020)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Pike County	14,739	3	2	13.57
Illinois	12,812,508	2,348	4,818	37.60
United States	334,735,155	49,723	109,833	32.81

Access to Care - Mental Health

This indicator reports the number of mental health providers in the report area as a rate per 100,000 total area population. Mental health providers include psychiatrists, psychologists, clinical social workers, and counsellors that specialize in mental health care. Within the report area there are 14 mental health providers with a CMS National Provider Identifier (NPI). This represents 90 providers per 100,000 total population as compared to 245.8 statewide. Data from the 2020 CMS National Provider Identifier (NPI) downloadable file are used in the 2021 CHR.

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Pike County	15,561	14	1,111.5	90
Illinois	25,293,636	62,162	406.9	245.8
United States	655,362,202	1,714,472	382.3	261.6

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, *CMS - National Plan and Provider Enumeration System (NPPEs)*. Accessed via *County Health Rankings*. 2020. Source geography: County

Access to Care - Mental Health Providers

This indicator reports the number of providers with a CMS National Provider Identifier (NPI) that specialize in mental health. Mental health providers include licensed clinical social workers and other credentialed professionals specializing in psychiatry, psychology, counselling, or child, adolescent, or adult mental health. The number of facilities that specialize in mental health are also listed (but are not included in the calculated rate). Within the report area there are 6 mental health providers with a CMS National Provider Identifier (NPI). This represents 38.29 providers per 100,000 total population compared to 43.77 statewide. Data are from the latest CMS National Provider Identifier (NPI) downloadable file.

Report Area	Total Population (2017)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Pike County	15,668	3	6	38.29
Illinois	25,557,656	2,301	11,186	43.77
United States	649,971,078	46,696	371,837	57.21

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, *CMS - National Plan and Provider Enumeration System (NPPEs)*. May 2021. Source geography: Address

Access to Care - Nurse Practitioners

This indicator reports the number of nurses with a CMS National Provider Identifier (NPI). Nurse counted for this indicator include all advanced practice registered nurses (APRNs) and nurse practitioners, regardless of sub-specialty. Data are from the latest CMS National Provider Identifier (NPI) downloadable file. Within the report area there are 4 Nurse Practitioners with a CMS National Provider Identifier (NPI). This represents 25.53 providers per 100,000 total population, compared to 35.54 for the state.

Report Area	Total Population (2017)	Number of Facilities	Number of Providers	Providers, Rate per 100,000 Population
Pike County	15,668	0	4	25.53
Illinois	12,689,931	162	4,510	35.54
United States	321,426,260	5,676	131,942	41.05

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, *CMS - National Plan and Provider Enumeration System (NPPEs)*. May 2021. Source geography: Address

Access to Care - 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 aged 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. Within the report area there are 9 primary care physicians. This represents 57.65 providers per 100,000 total population compared to 80.57 statewide.

Report Area	Total Population	Primary Care Physicians	Primary Care Physicians, Rate per 100,000 Population
Pike County	15,611	9	57.65
Illinois	12,741,080	10,265	80.57
United States	327,167,434	248,034	75.81

Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, HRSA - Area Health Resource File. Accessed via County Health Rankings. 2017. 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 health care to vulnerable populations; they receive extra funding from the federal government to promote access to ambulatory care in areas designated as medically underserved. Within the report area, there is 1 FQHC as compared to 391 statewide.

Report Area	Total Population (2010)	Number of Federally Qualified Health Centers	Rate of Federally Qualified Health Centers per 100,000 Population
Pike County	16,430	0	0.00
Illinois	12,830,632	391	3.05
United States	312,471,327	9,365	3.00

Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. September 2020. Source geography: Address

Hospitals with Cardiac Rehabilitation Units

This indicator reports the number of hospitals with Cardiac Rehabilitation Units in the report area. This indicator is relevant because hospitals are community assets that provide health care to vulnerable populations. Within the report area, there is 1 of hospital with a Cardiac Rehabilitation Unit as compared to 123 statewide.

Report Area	Total Population (2010)	Hospitals with Cardiac Rehab Units	Hospitals, Rate per 100,000 Population
Pike County	16,430	1	6.09
Illinois	12,830,632	123	0.96
United States	312,471,327	2,301	0.74

Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, [Provider of Services File](#). 2019. Source geography: Address

Health Professional Shortage Areas - All

This indicator reports the number and location of health care facilities designated as "Health Professional Shortage Areas" (HPSAs), defined as having shortages of primary medical care, dental or mental health providers. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. Within the report area, there is a total of 12 Health Professional Shortage Areas (HPSAs) as compared to 295 statewide.

Report Area	Primary Care Facilities	Mental Health Care Facilities	Dental Health Care Facilities	Total HPSA Facility Designations
Pike County	4	4	4	12
Illinois	114	93	88	295
United States	3,979	3,617	3,432	11,028

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [HRSA - Health Professional Shortage Areas Database](#). May 2021. Source geography: Address

Population Living in a Health Professional Shortage Area

This indicator reports the percentage of the population that is living in a geographic area designated as a "Health Professional Shortage Area" (HPSA), defined as having a shortage of primary medical care, dental or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. Within the report area, there are 15,672 people living in a Health Professional Shortage Area of primary care, dental or mental health professionals. This represents 100.0% of the total population in Pike County as compared to 25.6% statewide.

Report Area	Total Population (ACS 2017 5-Year Estimates)	Population Living in an Area Affected by a HPSA	Percentage of Population Living in an Area Affected by a HPSA	Percentage of HPSA Population Underserved
Pike County	15,672	15,672	100.0%	29.2%
Illinois	12,770,631	3,271,660	25.6%	42.5%
United States	324,697,795	73,493,673	22.6%	53.7%

Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, Health Resources and Services Administration, [HRSA - Health Professional Shortage Areas Database](#). May 2021. Source geography: HPSA

Opportunity Index

This indicator reports the Opportunity Index score for the report area. The Opportunity Index includes indicators within four dimensions of community well-being: Economy; Education; Health; and Community. The overall score combines sixteen underlying indicators for states, and fourteen for counties. The Opportunity Index score has a potential range of 0 (indicating no opportunity) to 100 (indicating maximum opportunity). Within the report area, the opportunity index score is 52.74 as compared to 56.41 statewide.

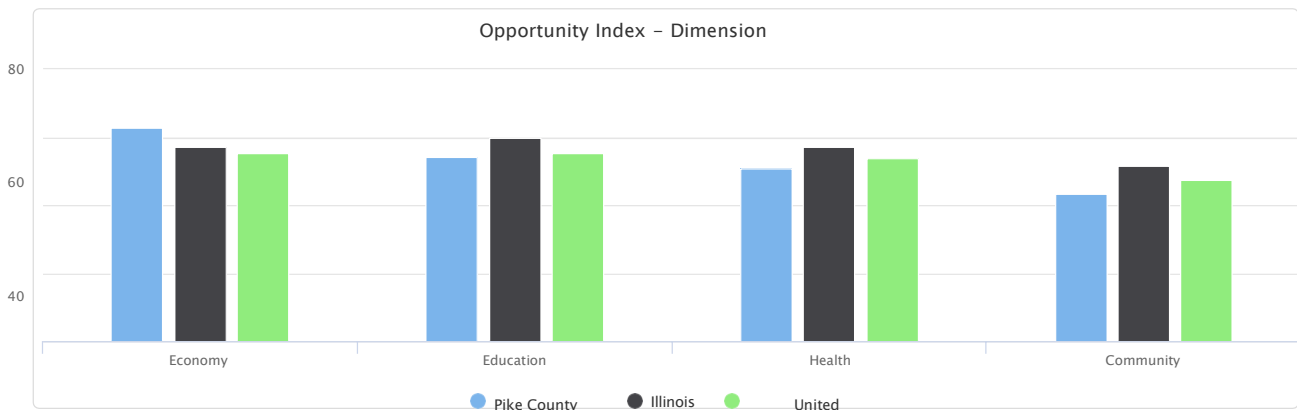
Report Area	Total Population	Opportunity Index Score
Pike County	15,882	52.74
Illinois	12,826,895	56.41
United States	323,071,342	53.05

Note: This indicator is compared to the state average. Data Source: [Opportunity Nation](#). Source geography: County

Opportunity Index - Dimension Scores

This indicator reports the index scores for each of the four dimensions that make up the Opportunity Index. Each dimension is in turn composed of three to seven indicators that measure opportunity. Index scores have a potential range of 0 (indicating no opportunity) to 100 (indicating maximum opportunity). See tables below for comparisons.

Report Area	Economy	Education	Health	Community
Pike County	62.72	54.17	50.85	43.22
Illinois	57.08	59.95	57.13	51.48
United States	55.35	55.23	53.97	47.64



Built Environment - Broadband Access

This indicator reports the percentage of population with access to high-speed internet. Data are based on the reported service area of providers offering download speeds of 25 MBPS or more and upload speeds of 3 MBPS or more. This data represents both wireline and fixed/terrestrial wireless internet providers. Cellular internet providers are not included. In the report area, 93.21% of the population has access to DL Speed internet as compared to 99.08% statewide.

Report Area	Total Population (2020)	Access to DL Speeds > 25MBPS (2020)
Pike County	15,239	93.21%
Illinois	12,587,504	99.08%
United States	332,650,128	97.54%

Note: This indicator is compared to the state average.

Data Source: National Broadband Map. June 2020. Source geography: Tract

Built Environment - Households with No Computer

This indicator reports the percentage of households who do not own or use any types of computers, including desktop or laptop, smartphone, tablet or other portable wireless computer, and some other type of computer, based on the 2014-2019 ASCS estimates. Of the 6,309 total households in the report area, 1,060 or 16.80% are without a computer as compared to 10.15% statewide.

Report Area	Total Households	Households with No Computer	Households with No Computer, Percent
Pike County	6,309	1,060	16.80%
Illinois	4,846,134	491,717	10.15%
United States	120,756,048	11,695,058	9.68%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2015-19. Source geography: Tract

Built Environment - Households with No or Slow Internet

This indicator reports the percentage of households who either use dial-up as their only way of internet connection or have internet access but do not pay for the service, or have no internet access in their home, based on the 2014-2019 American Community Survey estimates. Of the 6,309 total households in the report area, 1,743 or 27.63% have no or slow internet as compared to 17.29% statewide.

Report Area	Total Households	Households with No or Slow Internet	Households with No or Slow Internet, Percent
Pike County	6,309	1,743	27.63%
Illinois	4,846,134	837,940	17.29%
United States	120,756,048	20,931,259	17.33%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [American Community Survey](#). 2015-19. Source geography: Tract

Built Environment - Social Associations

This indicator reports the number of social associations per 100,000 population. Associations include membership organizations such as civic organizations, bowling centers, golf clubs, fitness centers, sports organizations, political organizations, labor organizations, business organizations, and professional organizations. In the report area, there are 15 establishments, or 91.30 per total population of 100,000 as compared to 106.81 per total population per 100,000 statewide.

Report Area	Total Population (2010)	Number of Establishments	Establishment Rate per 100,000 Population
Pike County	16,430	15	91.30
Illinois	12,830,632	13,704	106.81
United States	308,745,538	324,243	105.02

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [County Business Patterns](#). Additional data analysis by [CARES](#). 2018. Source geography: County

Built Environment - Tobacco Product Compliance Check Violations

This indicator reports information about tobacco product compliance check inspections among retailers in the report area. Data are reported for the latest complete three-year period, based on the inspection result decision date.

In the report area, there were 20 inspections during the 2018 - 2020 inspection period. Of these, 2, or 10.0% had one or more compliance violations. 2, or 10.0% of inspections had violations that involved a minor as compared to 15.2% statewide.

Report Area	Time Period	Total Inspections	Compliance Violations	Compliance Violations, Percentage	Minor-Involved Violations	Minor-Involved Violations, Percentage
Pike County	2018 - 2020	20	2	10.0%	2	10.0%
Illinois	2018 - 2020	10,619	1,618	15.2%	1,613	15.2%
United States	2018 - 2020	657,288	80,429	12.2%	80,077	12.2%

Note: This indicator is compared to the state average.

Data Source: US Department of Health & Human Services, [US Food and Drug Administration Compliance Check Inspections of Tobacco Product Retailers](#). 2018-2020. Source geography: County

Food Environment - Food Desert Census Tracts

This indicator reports the number of neighborhoods in the report area that are within food deserts. The USDA Food Access Research Atlas defines a food desert as any neighborhood that lacks healthy food sources due to income level, distance to supermarkets, or vehicle access. The report area has a population of 13,847 living in food deserts and a total of 4 census tracts classified as food deserts by the USDA.

Report Area	Total Population (2010)	Food Desert Census Tracts	Other Census Tracts	Food Desert Population	Other Population
Pike County	16,430	4	1	13,847	2,583
Illinois	12,830,632	319	2,796	1,242,939	3,697,926
United States	308,745,538	9,293	63,238	39,074,974	81,328,997

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#). 2019. Source geography: Tract

Food Environment - 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 supermarket, supercenter, or large grocery store. Data are from the April 2021 Food Access Research Atlas dataset. This indicator is relevant because it highlights populations and geographies facing food insecurity. Of the total population, 3,910 people, or 23.80% of those in the report area have low food access as compared to 20.19% statewide.

Report Area	Total Population (2010)	Population with Low Food Access	Percent Population with Low Food Access
Pike County	16,430	3,910	23.80%
Illinois	12,830,632	2,589,942	20.19%
United States	308,745,538	68,611,398	22.22%

Note: This indicator is compared to the state average.

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#). 2019. Source geography: Tract

Food Environment - Low Income & Low Food Access

This indicator reports the percentage of the low-income population with low food access. Low food access is defined as living more than ½ mile from the nearest supermarket, supercenter, or large grocery store. Data are from the April 2021 Food Access Research Atlas dataset. This indicator is relevant because it highlights populations and geographies facing food insecurity. In the report area, 27.00% have low food access. The total low-income population in the report area with low food access is 1,654. Statewide, 16.57% of the population have low food access.

Report Area	Total Population	Low Income Population	Low Income Population with Low Food Access	Percent Low Income Population with Low Food Access
Pike County	16,430	6,125	1,654	27.00%
Illinois	12,830,632	3,740,352	619,810	16.57%
United States	308,745,538	97,055,825	18,834,033	19.41%

Note: This indicator is compared to the state average.

Data Source: US Department of Agriculture, Economic Research Service, [USDA - Food Access Research Atlas](#). 2019. Source geography: Tract

MATERNAL AND CHILD HEALTH

SNAP Benefits - Population Receiving SNAP

The Supplemental Nutrition Assistance Program, or SNAP, is a federal program that provides nutrition benefits to low-income individuals and families that are used at stores to purchase food. This indicator reports the average percentage of the population receiving SNAP benefits during the month of July during the most recent report year. In the report area, 15.2% of the population is receiving SNAP benefits as compared to 14.5% statewide.

Report Area	Total Population	Population Receiving SNAP Benefits	Population Receiving SNAP Benefits, Percent
Pike County	15,672.00	2,374	15.2%
Illinois	12,786,196.00	1,850,033	14.5%
United States	325,147,121.00	40,771,688	12.5%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, [Small Area Income and Poverty Estimates](#). 2017. Source geography: County

Teen Births

This indicator reports the seven-year average number of births per 1,000 female population age 15-19. Data were from the National Center for Health Statistics - Natality files (2013-2019) and are used for the 2021 County Health Rankings.

In the report area, of the 3,094 total female population age 15-19, the teen birth rate is 29.7 per 1,000, which is greater than the state's teen birth rate of 19.4.

Note: Data are suppressed for counties with fewer than 10 teen births in the time frame.

Report Area	Female Population Age 15-19	Teen Births, Rate per 1,000 Female Population Age 15-19
Pike County	3,094	29.7
Illinois	5,783,508	19.4
United States	144,319,360	20.9

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [County Health Rankings](#). 2013-2019. Source geography: County

Live Births

Live Births in Illinois and Pike County by Sex 2015-2019				
Area	Year	All	Female	Male
Illinois	2015	158,101	77,077	81,024
Illinois	2016	154,467	75,523	78,944
Illinois	2017	149,390	73,094	76,296
Illinois	2018	144,828	70,702	74,126
Illinois	2019	140,145	68,354	71,791
Pike	2015	180	89	91
Pike	2016	196	100	96
Pike	2017	195	100	95
Pike	2018	207	108	99
Pike	2019	178	75	103

Source: Illinois Vital Records System (IVRS) & Department of Healthcare and Family Services' (HFS) Enterprise Data Warehouse (EDW). IQuery, Illinois Department of Public Health

Infant Deaths and Mortality Rates

Infant Deaths and Mortality Rates (IMR) for Pike County 2015-2019		
Year	Deaths	IMR
2015	0	*
2016	1	*
2017	4	*
2018	3	*
2019	0	*

* Means that the value is in the interval 1-11 and is suppressed to ensure confidentiality

Source: IDPH More Detailed Infant Mortality Statistics <https://www.dph.illinois.gov/data-statistics/vital-statistics/infant-mortality-statistics/more-statistics>

Low Birth Weight (CDC)

This indicator reports the percentage of live births where the infant weighed less than 2,500 grams (approximately 5 lbs., 8 oz.). These data are reported for a 7-year aggregated time period. Data were from the National Center for Health Statistics - Natality Files (2013-2019) and are used for the 2021 CHR. Within the report area, there were 87 infants born with low birth weight. This represents 6.6% of the total as compared to 8.4% statewide.

Report Area	Total Live Births	Low Birthweight Births	Low Birthweight Births, Percentage
Pike County	1,311	87	6.6%
Illinois	2,123,542	177,366	8.4%
United States	54,416,819	4,440,508	8.2%

Note: This indicator is compared to the state average.

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#). 2013-2019. Source geography: County

Blood Lead Levels in Children

Children Tested for Blood Lead for Illinois and Pike County by Sex 2015-2020						
Year	Illinois/ County/ Delegate Agency	Estimated Population 6 Years of Age and Younger	All Children Tested			
			Total Tested	Capillary and Venous BLL (%)		
				N	< 5 µg/dL	5 - 9 µg/dL
2018	Illinois	1,067,942	237,491	94.8	3.3	0.5
2018	Pike	1,304	290	95.5	4.1	0.3
2017	Illinois	1,103,797	229,203	96.8	2.4	0.7
2017	Pike	1,124	298	94.0	4.4	1.7
2016	Illinois	1,103,797	237,253	96.5	2.8	0.8
2016	Pike	1,224	253	94.9	4.3	0.8
2015	Illinois	1,103,797	256,545	96.0	3.3	0.8
2015	Pike	1,124	269	91.1	7.8	1.1
2014	Illinois	1,154,225	269,230	93.2	6.0	0.8
2014	Pike	1,396	281	94.3	5.3	0.4

BLL = Blood Lead Level

Sources: <https://www.dph.illinois.gov/sites/default/files/publications/lead-surveillance-report-2018.pdf#page=26&zoom=100,46,108>; <https://www.dph.illinois.gov/sites/default/files/publications/lead-surveillance-report-2017-20.pdf>; <https://www.dph.illinois.gov/sites/default/files/publications/lead-surveillance-report-2016.pdf>; <https://www.dph.illinois.gov/sites/default/files/publications/lead-surveillance-report-2015-122116.pdf>

Young People Not in School and Not Working

This indicator reports the percentage of youth aged 16-19 who are not currently enrolled in school and who are not employed. The report area has a total population of 689 between the ages, of which 9% are not in school and not employed as compared to 6.18% statewide.

Report Area	Population Age 16-19	Population Age 16-19 Not in School and Not Employed, Percent
Pike County	689	9.00%
Illinois	668,335	6.18%
United States	17,025,696	6.61%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey. 2015-2019. Source geography: Tract

INFECTIOUS DISEASE

COVID-19 - Confirmed Cases

This indicator reports incidence rate of confirmed COVID-19 cases per 100,000 population. Data for this indicator are updated daily and derived from the Johns Hopkins University data feed.

In the report area, there have been 4,918 total confirmed cases of COVID-19. The rate of confirmed cases is 31,503.43 per 100,000 population, which is greater than the state average of 23,446.57. Data are current as of 02/11/2022.

Report Area	Total Population	Total Confirmed Cases	Confirmed Cases, Rate per 100,000 Population	Last Update
Pike County	15,611	4,918	31,503.43	02/11/2022
Illinois	12,741,080	2,987,346	23,446.57	02/11/2022
United States	326,262,499	75,929,403	23,272.49	02/11/2022

Note: This indicator is compared to the state average.

Data Source: Johns Hopkins University. Accessed via ESRI. Additional data analysis by CARES. 2021. Source geography: County

Covid-19 – Mortality

In the report area, there have been 64 total deaths among patients with confirmed cases of the coronavirus disease COVID-19. The mortality rate in the report area is 409.97 per 100,000 population, which is greater than the state average of 249.55. Data are current as of 02/11/2022.

Report Area	Total Population	Total Deaths	Deaths, Rate per 100,000 Population	Last Update
Pike County	15,611	64	409.97	02/11/2022
Illinois	12,741,080	31,795	249.55	02/11/2022
United States	326,262,499	898,547	275.41	02/11/2022

Note: This indicator is compared to the state average.

Data Source: [Johns Hopkins University](#). Accessed via [ESRI](#). Additional data analysis by [CARES](#). 2021. Source geography: County

HIV/AIDS

This data was provided IDPH. The data is relevant to local prevention and prevalence of HIV.

HIV/STD/Sexual Behavior					
ICBRFS - Pike County		Estimated Population	Weighted Percent	95% Confidence Interval	Number of Respondents
EVER HAD HIV TEST	YES	3,656	31.00%	24.8%-38.1%	97
	NO	8,130	69.00%	61.9%-75.2%	294
NUMBER OF SEXUAL PARTNERS PAST 12 MONTHS	None	3,689	31.10%	25.2%-37.7%	159
	1 Partner	7,145	60.30%	53.3%-66.8%	218
	2-3 Partners	481	4.10%	2.2%-7.5%	11
	4+ Partners	543	4.60%	2.0%-10.1%	8

Source: *Illinois County Behavioral Risk Factor Survey, Round 6 (Collected 2015-2019)*

* Means that the value is in the interval 1-11 and is suppressed to ensure confidentiality

Vaccine Preventable Diseases

This data was provided by IDPH and is relevant to understanding local prevalence of vaccine preventable diseases.

Incidences of Vaccine Preventable Diseases for Illinois and Pike County 2012-2016									
Area	Year	Hepatitis A (Acute)	Hepatitis B (Chronic)	Measles	Mumps	Pertussis	Typhoid Fever	Varicella (Chicken Pox)	Meningococcal (Neisseria Meningitidis)
Illinois	2012	67	1,714	5	32	2,026	14	898	17
Illinois	2013	79	1,838	2	26	785	12	731	10
Illinois	2014	82	2,062	17	142	764	15	596	12
Illinois	2015	57	1,891	2	430	718	20	443	15
Illinois	2016	71	1,798		333	1,034	17	469	18
Pike	2012	0	0	0	0	0	0	3	0
Pike	2013	0	1	0	0	1	0	1	0
Pike	2014	0	0	0	0	1	0	2	0
Pike	2015	0	0	0	0	3	0	1	1
Pike	2016	1	0	0	0	1	0	0	0

Source: *IDPH Vital Statistics. IQuery, Illinois Department of Public Health*

Contact: IDPH Communicable Disease Control Section: <http://www.idph.state.il.us/health/infect/> IDPH Communicable Disease Control Section

CHRONIC DISEASE

Cancer Incidence - All Sites

This indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of cancer (all sites) adjusted to 2000 U.S. standard population age groups (Under age 1, 1-4, 5-9, ..., 80-84, 85 and older). Within the report area, there were 118 new cases of cancer reported. This means there is a rate of 521.4 for every 100,000 total population as compared to 465.5 for every 100,000 total population statewide.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Pike County	22,247	116	521.4
Illinois	14,715,789	68,502	465.5
United States	372,877,646	1,673,102	448.7

Note: This indicator is compared to the state average.

Data Source: State Cancer Profiles. 2013-17. Source geography: County

Top Five Most Commonly Diagnosed Cancers

The table below shows counts and age-adjusted incidence rates of the five most common newly diagnosed cancers by site for the 5-year period 2014-2018.

Area Name	Cancer Site	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Population)
Pike County	1 - Lung & Bronchus (All Stages^), 2014-2018	20	83.3
Pike County	2 - Breast (All Stages^), 2014-2018	13	120.9
Pike County	3 - Prostate (All Stages^), 2014-2018	12	104.8
Pike County	4 - Colon & Rectum (All Stages^), 2014-2018	11	49
Pike County	5 - Melanoma of the Skin (All Stages^), 2014-2018	7	35.5
Illinois	1 - Breast (All Stages^), 2014-2018	10,389	133.7
Illinois	2 - Lung & Bronchus (All Stages^), 2014-2018	9,538	63
Illinois	3 - Prostate (All Stages^), 2014-2018	8,174	111.5
Illinois	4 - Colon & Rectum (All Stages^), 2014-2018	6,243	42.1
Illinois	5 - Melanoma of the Skin (All Stages^), 2014-2018	3,086	21.3

Chronic Conditions - Alzheimer's Disease (Medicare Population)

This indicator reports the number and percentage of Medicare fee-for-service population with Alzheimer's Disease. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Within the report area, there were 311 beneficiaries with Alzheimer's Disease based on administrative claims data in the latest report year. This represents 10.1% of the total Medicare fee-for-service beneficiaries as compared to 10.7% statewide.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Alzheimer's Disease	Beneficiaries with Alzheimer's Disease, Percent
Pike County	3,090	311	10.1%
Illinois	1,443,297	153,730	10.7%
United States	33,499,472	3,610,640	10.8%

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018.

Source geography: County

Chronic Conditions - Asthma (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with asthma. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Within the report area, there were 126, or 4.1% of beneficiaries with asthma based on administrative claims data in the latest report year as compared to 4.7% statewide.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Asthma	Percentage with Asthma
Pike County	3,090	126	4.1%
Illinois	1,443,297	67,431	4.7%
United States	33,499,472	1,665,694	5.0%

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018.

Source geography: County

Chronic Conditions - Asthma Prevalence (Adult)

This indicator reports the percentage of adults aged 18 and older who answer “yes” to both of the following questions: “Have you ever been told by a doctor, nurse, or other health professional that you have asthma?” and the question “Do you still have asthma?” Within the report area, there 10.1% of adults 18 and older who reported having asthma of the total population as compared to 9.3% statewide.

Report Area	Total Population (2010)	Percentage of Adults with Asthma
Pike County	15,611	10.1%
Illinois	12,741,080	9.3%
United States	327,167,434	9.5%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.

Chronic Conditions – Chronic Obstructive Pulmonary Disease (Medicare Population)

This indicator reports the percentage of adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had chronic obstructive pulmonary disease (COPD), emphysema, or chronic bronchitis. Within the report area, there were 10.4% of adults in the Medicare Population age 18 and older who reported having COPD as compared to 7.0% statewide.

Report Area	Total Population (2010)	Percentage of Adults Ever Diagnosed with Chronic Lower Respiratory Disease
Pike County	15,611	10.4%
Illinois	12,741,080	7.0%
United States	327,167,434	7.2%

Note: This indicator is compared to the state average.

*Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018.
Source geography: County*

Chronic Conditions - Depression (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with depression. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program. Within the report area, there were 540 or 17.5% of the beneficiaries were diagnosed with depression based on administrative claims data in the latest report year as compared to 16.7% statewide.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Depression	Beneficiaries with Depression, Percent
Pike County	3,090	540	17.5%
Illinois	1,443,297	240,827	16.7%
United States	33,499,472	6,163,735	18.4%

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018.

Source geography: County

Chronic Conditions - Newly Diagnosed Diabetes (Adults) No Graph

This indicator reports the number and rate (per 1000) of adults age 20 and older who have been diagnosed with diabetes in the last year, i.e., the difference between their age at the time of the CDC's Behavioral Risk Factor Surveillance System (BRFSS) survey and the age they provided to the question, "How old were you when you were told you have diabetes?" was less than one. If the difference was between one year and two years, the person was weighted as half a newly diagnosed case. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues. Within the report area, 146 of adults aged 20 and older have been newly diagnosed with diabetes. This represents 14.1 per 1000 total survey population.

Chronic Conditions - Diabetes (Adult)

This indicator reports the number and percentage of adults aged 20 and older who have ever been told by a doctor that they have diabetes. This indicator is relevant because diabetes is a prevalent problem in the U.S.; it may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.

Within the report area, 1,831 or 13.7% of the total report population of adults aged 20 and older have diabetes compared to 9.0% statewide.

Note: In 2021, the CDC updated the methodology used to produce estimates for this indicator. Estimated values for prior years (2004 - 2017) have been updated in this platform to allow comparison across years. Use caution when comparing with saved assessments generated prior to November 10, 2021.

Report Area	Population Age 20+	Adults with Diagnosed Diabetes	Adults with Diagnosed Diabetes, Age-Adjusted Rate
Pike County	11,813	1,831	13.7%
Illinois	9,555,812	950,224	9.0%
United States	245,628,960	25,942,874	9.5%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion. 2017. Source geography: County

Chronic Conditions - Kidney Disease (Adult) (Medicare Population)

This indicator reports the number and percentage of the Medicare fee-for-service population with Kidney Disease. Data are based upon Medicare administrative enrollment and claims data for Medicare beneficiaries enrolled in the fee-for-service program.

Within the report area, there were 931 beneficiaries with Kidney Disease based on administrative claims data in the latest report year. This represents 30.1% of the total Medicare fee-for-service beneficiaries as compared to 24.6% statewide.

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Chronic Kidney Disease	Percentage with Chronic Kidney Disease
Pike County	3,090	931	30.1%
Illinois	1,443,297	354,397	24.6%
United States	33,499,472	8,199,666	24.5%

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, CMS - Geographic Variation Public Use File . 2018. Source geography: County

Chronic Conditions - Heart Disease (Adult)

This indicator reports the percentage of adults aged 18 and older who report ever having been told by a doctor, nurse, or other health professional that they had angina or coronary heart disease.

Within the report area, there were 9.2% of adults 18 and older who reported having coronary heart disease of the total population as compared to 6.4% statewide.

Report Area	Total Population (2010)	Percentage of Adults Ever Diagnosed with Coronary Heart Disease
Pike County	15,611	9.2%
Illinois	12,741,080	6.4%
United States	327,167,434	6.9%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.

Chronic Conditions - High Blood Pressure (Adult)

This indicator reports the percentage of adults aged 18 who report ever having been told by a doctor, nurse, or other health professional that they have high blood pressure. Women who were told high blood pressure only during pregnancy and those who were told they had borderline hypertension were not included. Within the report area, there were 38.0% of the total population of adults 18 and older who reported having high blood pressure as compared to 32.7% statewide.

Report Area	Total Population (2010)	Percentage of Adults with High Blood Pressure
Pike County	15,611	38.0%
Illinois	12,741,080	32.7%
United States	327,167,434	32.9%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2018.

Chronic Conditions - High Cholesterol (Adult)

This indicator reports the percentage of adults aged 18 and older who report having been told by a doctor, nurse, or other health professional that they had high cholesterol. Within the report area, there were 38.9% of the total population of adults 18 and older who reported having high cholesterol as compared to 33.5% statewide.

Report Area	Total Population (2010)	Percentage of Adults with High Cholesterol
Pike County	15,611	38.9%
Illinois	12,741,080	33.5%
United States	327,167,434	34.2%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the 500 Cities Data Portal. 2017.

ENVIRONMENT/OCCUPATION/INJURY CONTROL

Air & Water Quality - Respiratory Hazard Index

This indicator reports the non-cancer respiratory hazard index score. This score represents the potential for noncancer adverse health effects, where scores less than 1.0 indicate adverse health effects are unlikely, and scores of 1.0 or more indicate a potential for adverse health effects. The most recent available rating appears to be 0.92 in 2011 as compared to 1.84 statewide.

Report Area	Total Population	Respiratory Hazard Index Score
Pike County	16,430	0.92
Illinois	12,830,615	1.84
United States	312,576,287	1.83

Note: This indicator is compared to the state average.

Data Source: EPA - National Air Toxics Assessment. 2011. Source geography: Census Tract

Community Design - Park Access (ESRI)

This indicator reports the percentage of population living within 1/2 mile of a park. This indicator is relevant because access to outdoor recreation encourages physical activity and other healthy behaviors. In the report area, 34.77% of the population lived within 1/2 mile of a park as compared to 54.75% statewide.

Report Area	Total Population, 2010 Census	Population Within 1/2 Mile of a Park	Percent Within 1/2 Mile of a Park
Pike County	16,430	5,713.00	34.77%
Illinois	12,830,632	7,024,779.00	54.75%
United States	308,745,538	117,361,303.00	38.01%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, Decennial Census. ESRI Map Gallery. 2013. Source geography: Tract

Mortality - Unintentional Injury (Accident)

This indicator reports the 2016-2020 five-year average 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 summarized 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 United States. Within the report area, there are a total of 50 deaths due to unintentional injury. This represents an age-adjusted death rate of 54.3 per every 100,000 total population as compared to 42.1 per every 100,000 statewide.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Pike County	15,786	50	63.4	54.3
Illinois	12,775,292	28,488	44.6	42.1
United States	325,134,494	818,048	50.3	47.5

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2015-2019. Source geography: County

Mortality - Motor Vehicle Crash, Alcohol-Involved

Motor vehicle crash deaths are preventable and are a leading cause of death among young persons. This indicator reports the crude rate of persons killed in motor vehicle crashes involving alcohol as a rate per 100,000 population. Fatality counts are based on the location of the crash and not the decedent's residence. Within the report area, there are a total of 10 deaths due to motor vehicle crash. This represents an age-adjusted death rate of 20.3 per every 100,000 total population. This is compared to 4.2 per 100,000 for the state.

Note: Fatality counts are based on the location of the crash and not the decedent's residence.

Report Area	Total Population (2010)	Alcohol-Involved Crash Deaths (2015-2019)	Alcohol-Involved Crash Deaths, Annual Rate per 100,000 Population
Pike County	16,430	10	20.3
Illinois	12,830,632	1,618	4.2
United States	312,443,997	49,522	5.3

Note: This indicator is compared to the state average.

Data Source: US Department of Transportation, National Highway Traffic Safety Administration, *Fatality Analysis Reporting System*. 2015-2019. Source geography: Address

SENTINEL EVENTS/MORTALITY

Sentinel Events

This data was provided by IDPH. It is relevant to quality of health care. Crude Rate is the number of occurrences in a specified population period. It is expressed as the number of cases.

All Adverse Medical Events (N) in Illinois and Pike County by sex 2016-2017							
		All		Female		Male	
Area	Year	N	Crude Rate	N	Crude Rate	N	Crude Rate
Illinois	2016	145,404	1,135.8	76,423	1,174.0	68,981	1,096.4
Illinois	2017	150,498	1,175.6	78,205	1,201.4	72,293	1,148.9
Pike	2016	220	1,379.3	105	1,331.5	115	1,426.1
Pike	2017	194	1,226.2	110	1,402.2	84	1,053.2

Medical Devices Adverse Events (N) in Illinois and Pike County by sex 2016-2017							
		All		Female		Male	
Area	Year	N	Crude Rate	N	Crude Rate	N	Crude Rate
Illinois	2016	34,507	269.6	16,068	246.8	18,439	293.1
Illinois	2017	36,304	283.6	16,259	249.8	20,045	318.6
Pike	2016	55	344.8	23	291.7	32	396.8
Pike	2017	44	278.1	17	216.7	27	338.5

Medication Adverse Events (N) in Illinois and Pike County by sex 2016-2017							
	All			Female		Male	
Area	Year	N	Crude Rate	N	Crude Rate	N	Crude Rate
Illinois	2016	83,335	651.0	46,589	715.7	36,746	584.0
Illinois	2017	89,054	695.6	49,405	759.0	39,649	630.1
Pike	2016	120	752.4	56	710.1	64	793.7
Pike	2017	103	651.0	66	841.3	37	463.9

Complications of Care (N) in Illinois and Pike County by sex 2016-2017							
	All			Female		Male	
Area	Year	N	Crude Rate	N	Crude Rate	N	Crude Rate
Illinois	2016	48,618	379.8	23,803	365.7	24,815	394.4
Illinois	2017	47,110	368.0	22,810	350.4	24,300	386.2
Pike	2016	77	482.8	37	469.2	40	496.0
Pike	2017	74	467.7	39	497.1	35	438.8

Contact: IDPH Division of Patient Safety and Quality <http://www.idph.state.il.us/patientsafety/index.htm> IDPH Division of Patient Safety and Quality.

Deaths of Despair (Suicide + Drug/Alcohol Poisoning)

This indicator reports average rate of death due to intentional self-harm (suicide), alcohol-related disease, and drug overdose, also known as "deaths of despair", per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because death of despair is an indicator of poor mental health. Within the report area, there were 33 deaths of despair. This represents an age-adjusted death rate of 41.2 per every 100,000 total population as compared to 39.0 statewide.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Pike County	15,786	33	41.8	41.2
Illinois	12,775,292	26,161	41.0	39.0
United States	325,134,494	754,015	46.4	44.1

Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, *National Vital Statistics System*. Accessed via *CDC WONDER*. 2015-2019. Source geography: County

Mortality - Cancer

This indicator reports the 2016-2020 five-year average 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 summarized 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. Within the report area, there are a total of 233 deaths due to cancer. This represents an age-adjusted death rate of 191.2 per every 100,000 total population as compared to 158.7 statewide.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Pike County	15,786	233	295.2	191.2
Illinois	12,775,292	121,039	189.5	158.7
United States	325,134,494	2,991,951	184.0	152.3

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2015-2019. Source geography: County

Mortality - Coronary Heart Disease

This indicator reports the 2015-2019 five-year average rate of death due to coronary heart disease (ICD10 Codes I20-I25) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are re-summarized for report areas from county level data, only where data is available. This indicator is relevant because coronary heart disease is a leading cause of death in the United States.

Within the report area, there are a total of 119 deaths due to coronary heart disease. This represents an age-adjusted death rate of 92.2 per every 100,000 total population as compared to 83.8 statewide.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Pike County	15,786	119	150.8	92.2
Illinois	12,775,292	64,722	101.3	83.8
United States	325,134,494	1,822,811	112.1	92.6

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2015-2019. Source geography: County

Mortality - Lung Disease

This indicator reports the 2016-2020 five-year average 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. Rates are summarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States. Within the report area, there are a total of 73 deaths due to lung disease. This represents an age-adjusted death rate of 59.3 per every 100,000 total population as compared to 36.9 statewide.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Pike County	15,786	75	95.0	59.3
Illinois	12,775,292	28,086	44.0	36.9
United States	325,134,494	786,303	48.4	40.2

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2015-2019. Source geography: County

Mortality - Stroke

This indicator reports the 2015-2019 five-year average 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 re-summarized 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.

Within the report area, there are a total of 47 deaths due to stroke. This represents an age-adjusted death rate of 38.1 per every 100,000 total population as compared to 38.3 statewide.

Report Area	Total Population, 2015-2019 Average	Five Year Total Deaths, 2015-2019 Total	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Pike County	15,786	47	59.5	38.1
Illinois	12,775,292	29,395	46.0	38.3
United States	325,134,494	726,663	44.7	37.3

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2015-2019. Source geography: County

Mortality - Premature Death

This indicator reports the Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75-year benchmark. Data were from the National Center for Health Statistics - Mortality Files (2017-2019) and are used for the 2021 County Health Rankings. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status. Within the report area, there are a total of 255 premature deaths. This represents an age-adjusted death rate of 8,960 per every 100,000 total population, compared to 6,663 for the state.

Report Area	Premature Deaths, 2017-2019	Years of Potential Life Lost, 2017-2019 Average	Years of Potential Life Lost, Rate per 100,000 Population
Pike County	255	3,796	8,960
Illinois	288,266	4,750,742	6,663
United States	7,697,253	126,961,190	6,943

Note: This indicator is compared to the state average.

Data Source: University of Wisconsin Population Health Institute, [County Health Rankings](#). 2017-2019. Source geography: County

ISSUES IDENTIFIED

Prioritization Method

The IPLAN Community Advisory Committee met on two occasions to review primary and secondary data and the results of asset mapping. The consultant responded to questions about data clarification and interpretation. There was active discussion among the participants, each bringing their insights and expertise to the conversation. The committee considered past IPLAN priorities. While no specific formulas were used to govern the selection of the health needs, there was however, consideration of the following points in establishing priority needs to be addressed:

- Seriousness of the issue to the health and wellness of the community,
- Impact on residents,
- Statistical findings
- Additional of resources needed to effectively address the issue,
- Probability of generating enthusiasm for addressing the issue among
 - the community,
 - health and wellness partners, and
 - other potential stakeholders.

Priority Needs

The committee discussed and debated several issues that they considered to be significant. After blending some related issues into health categories, the committee determined the priority needs. The following priorities were addressed in the 2022-2027 PCHD Community Health Plan:

- 1. Mental Health**
- 2. Food Insecurity**
- 3. Access to Care**

ACTION PLAN

Action Plan

The community health plan begins with the formation/reformation of a broad-based community health and wellness coalition involving collaborating healthcare partners, community and faith-based organizations, local government units and other interested persons.

The coalition will work in teams to address the broad issues identified in this plan. A team will be established for each priority issue. The teams will work to address the steps identified in the plan and carry out the activities needed to complete the steps including identifying essential partners, funding needs, volunteer needs, collaboration specifics etc. The teams will decide the specific actions needed to be taken and will adjust process and goals when needed to preserve momentum and address changing focus of the identified needs and objectives. Teams will come together at regular meetings of the coalition to share information including progress, issues and needs.

Demographics and changes in demographic composition over time play a determining role in the types of health and social services needed by the community. Shifts impact health care providers and the utilization of community resources.

Interventions to Address Priority Needs

PRIORITY 1: MENTAL HEALTH

Deaths of Despair (Suicide + Drug/Alcohol Poisoning) were 41.2 deaths per every 100,000 total population as compared to 39.0 statewide.

Mortality - Motor Vehicle Crash, Alcohol-Involved: There were 20.3 alcohol related motor vehicle crashes per 100,000 total population compared to 4.2 per 100,000 for the state.

The use of tobacco, alcohol, and other drugs directly contribute to mental health issues. In addition, poverty, disability, low educational achievement, poor health, limited access to healthcare and other services to meet basic health needs, all contribute to mental health issues. The data related to these indirect contributing factors are in the following table:

<u>Health Problem:</u>	<u>Outcome Objective:</u>
Mental Health: Deaths of Despair are higher than state and national average.	By 2027, decrease the # of Deaths of Despair (Suicide and Drug/Alcohol Poisoning). (Baseline for Pike County: 41.2/100,000, CDC, National Vital Statistics System, accessed via CDC Wonder, 2015-2019)

<p><u>Risk Factors:</u></p> <ol style="list-style-type: none"> 1. Poverty 2. Disability 3. Veterans 4. Low educational achievement 5. Poor physical health days 6. Poor mental health 7. Limited access to healthcare (All types); HPSA 8. Limited access to computers and internet 9. Low social associations access 10. Low food access; Food desert 11. Teen births 12. Youth not in school or working 13. Depression 14. COVID-19 impact 15. Higher mortality - Motor Vehicle Crash, Alcohol-Involved 16. Higher rates of chronic illness and premature death: Cancer, Depression, Diabetes, Heart, etc. 	<p><u>Impact Objectives:</u></p> <p>By 2025, increase Mental Health Provider rate by 10%. (Baseline 38.29 CMS – NPPS 2021)</p> <p>By 6/30/2023, PCHD will partner with SIU FQHC to provide an RN 1 day/week to assist with Psychiatric Services.</p>
<p><u>Contributing Factors, Direct and Indirect:</u></p> <ul style="list-style-type: none"> ● Poverty is considered a key driver of health status. 13.82% individuals are living in households with income below the Federal Poverty Level (FPL). This is higher than the state level of 12.49%. ● Population with Any Disability: 16.63% of the population of Pike County have a disability. Statewide, 11.02% have a disability. ● Veteran Population: 8.70% are veterans ● Low Educational Achievement: Only 26.64% of the population have an associate degree or higher. Statewide is 42.72%. ● Education - No High School Diploma (I): There are 11.31% of the total population aged 25 and older with no high school diploma as compared to 10.79% statewide. ● Poor Physical Health Days: Within the report area, there are a total of 4.5 	<p><u>Proven Intervention Strategy:</u></p> <p>PCHD and its healthcare and community partners will establish a community-based coalition, working in teams, to collaborate toward developing and implementing targeted steps to address the issues identified in the 2022 IPLAN, including planning and beginning initiatives to address mental health.</p> <p>PCHD and other healthcare and community partners will continue to collaborate with County schools to address mental health needs.</p>

<p>average days of poor physical health days per month among adults 18 and older.</p> <ul style="list-style-type: none"> • Poor Mental Health: 14.5% of adults in the total population age 18 and older who reported poor mental health in the past month as compared to 12.3% statewide. • Access to Care - Mental Health: There are 90 providers per 100,000 total population as compared to 245.8 statewide. • Households with no computer: 16.80% are without a computer. • Computer and Internet Usage of Population, Percent: 54% of households have a computer with dial-up service, 77.33% have a computer with Broadband service, and 11.2% have a computer but no internet subscription. • Low Social Associations Access: 91.3 per 100,000 have social associations. • Food Insecurity: Percentage of total population with food insecurity is 11.1 compared to 10.99% statewide. • Food Environment - Low Income & Low Food Access: 27.00% have low food access as compared to 16.57% statewide. • Food Environment - Food Desert Census Tracts: There are 13,847 living in food deserts and a total of 4 census tracts classified as food deserts by the USDA. • Teen Births: The teen birth rate is 29.7 per 1,000, which is greater than the state's teen birth rate of 19.4. • Young People Not in School and Not Working: 9% of young people aged 16-19 are not in school and not employed as compared to 6.18% statewide. • Chronic Conditions - Depression (Medicare Population): 17.5% of Medicare beneficiaries were diagnosed with depression as compared to 16.7% statewide. 	
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<ul style="list-style-type: none"> ● COVID-19 Impact on Community: The rate of confirmed cases in Pike County is 31,503.43 per 100,000 population, which is greater than the state average of 23,446.57. ● Mortality - Motor Vehicle Crash, Alcohol-Involved: There were 20.3 alcohol related motor vehicle crashes per 100,000 total population compared to 4.2 per 100,000 for the state. ● Chronic Illness and premature death rates: <ul style="list-style-type: none"> ○ 521.4 per 100,000 diagnosed with cancer compared to 465.5 statewide. ○ 17.5% of Medicare beneficiaries were diagnosed with depression as compared to 16.7% statewide. ○ 13.7% of adults have diabetes as compared to 9.0% statewide. ○ 9.2% of adults have been diagnosed with heart disease as compared to 6.4% statewide. ○ 38% of adults have been diagnosed with hypertension as compared to 32.7% statewide ○ 75.4% of the Medicare population has been diagnosed with multiple chronic conditions as compared to 69.3% statewide. 	
<p><u>Resources Available:</u></p> <ul style="list-style-type: none"> ● ATOD Task Force ● Area Food Pantry ● CASA ● Dare ● Findley Place ● General Assistance ● Geriatric Psych Unit ● ICH ● Illini Rural Health Clinic ● JWCC ● Law Enforcement ● MHCWI ● Pike County Health Department 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> ● Funding for strategic planning and sustainability. ● Staffing ● Geographically large, rural location ● Lack of access to information and technology for residents

<ul style="list-style-type: none"> • Pike County Public Transportation • Pike County States Attorney – Victim • Witness Coordinator • Pike County Unmet Needs • Quincy Medical Group • Reach Out Center • School Counselors • SIU FQHC • Western Illinois Agency on Aging 	
<p><u>Relationship to Healthy People 2030:</u></p> <ul style="list-style-type: none"> • MHMD-06: Increase the proportion of adolescents with depression who get treatment • MHMD-07: Increase the proportion of people with substance use and mental health disorders who get treatment for both • AH-D02: Increase the proportion of children and adolescents with symptoms of trauma who get treatment • MHMD-D01: Increase the number of children and adolescents with serious emotional disturbance who get treatment 	<p><u>Funding:</u></p> <p>Funding for these strategies is expected to come initially from mental health services grants, insurance reimbursement, fees for service, and other funding resources. Further strategies and funding for specific undertakings will be determined by the coalition working group for each issue.</p>

PRIORITY 2: FOOD INSECURITY

Pike County is a geographically large, primarily rural county. Pike County is a designated Food Desert which directly contributes to limited access to food, (Food Insecurity). There are 13,847 of the 16,430 residents living in food deserts, 23.80% of those in the report area have Low Food Access as compared to 20.19% statewide.

Poverty is a key driver of health status. Within the report area, 13.82% are living in households with income below the Federal Poverty Level (FPL). This is higher than the state level of 12.49% This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status. 27.00% of low-income have low food access as compared to 16.57% statewide.

57.1% of public-school students are eligible for free or reduced-price lunch, which is higher than the state average of 48.7%. 15.2% of the population is receiving SNAP benefits as compared to 14.5% statewide. Further Pike County statistics document disability, elderly living alone, and poor health as indicators higher than state average. All can indirectly contribute to Food Insecurity.

<p><u>Health Problem:</u></p> <p>Food Insecurity: The food insecurity rate is higher than state and national average.</p>	<p><u>Outcome Objective:</u></p> <p>By 2027, decrease the Food Insecurity Rate to less than 10.0. (Baseline for Pike County: 11.10%, Feeding America 2017)</p>
<p><u>Risk Factors:</u></p> <ol style="list-style-type: none"> 1. Poverty 2. Disabilities 3. Veterans 4. Low educational achievement 5. Poor physical health days 6. Poor mental health 7. Limited access to computers and internet 8. Low food access; Food desert 9. Youth not in school or working 10. COVID-19 impact 11. Aging Population 	<p><u>Impact Objective:</u></p> <p>By 2025, increase the number of participants enrolled in WIC at PCHD. (Baseline: 211 PCHD WIC Participants, March 2022)</p> <p>Through 2027, PCHD Environmental Health Staff will continue to work in conjunction with area food pantries and school back-pack programs to assure access and safe distribution of food for residents with low access to food.</p>
<p><u>Contributing Factors Direct & Indirect:</u></p> <ul style="list-style-type: none"> • Poverty is considered a key driver of health status. 13.82% individuals are living in households with income below the Federal Poverty Level (FPL). This is higher than the state level of 12.49%. • Population with Any Disability: 16.63% of the population of Pike County have a 	<p><u>Proven Intervention Strategy:</u></p> <p>PCHD and its healthcare and community partners will establish a community-based coalition, working in teams, to collaborate toward developing and carrying out targeted steps to address the issues identified in the 2022 IPLAN including planning and beginning initiatives to address food insecurity in Pike County.</p>

<p>disability. Statewide, 11.02% have a disability.</p> <ul style="list-style-type: none"> • Veteran Population: 8.70% are veterans • Low Educational Achievement: Only 26.64% of the population have an associate degree or higher. Statewide is 42.72%. • Poor Physical Health Days: Within the report area, there are a total of 4.5 average days of poor physical health days per month among adults 18 and older. • Poor Mental Health: 14.5% of adults in the total population age 18 and older who reported poor mental health in the past month as compared to 12.3% statewide. • Households with no computer: 16.80% are without a computer. • Computer and Internet Usage of Population, Percent: 54% of households have a computer with dial-up service, 77.33% have a computer with Broadband service, and 11.2% have a computer but no internet subscription. • Food Environment - Low Food Access (I): 23.80% of those in the report area have low food access as compared to 20.19% statewide. • Food Environment - Low Income & Low Food Access: 27.00% have low food access as compared to 16.57% statewide. • Food Environment - Food Desert Census Tracts (I): There are 13,847 living in food deserts and a total of 4 census tracts classified as food deserts by the USDA. • Young People Not in School and Not Working: 9% of young people aged 16-19 are not in school and not employed as compared to 6.18% statewide. • COVID-19 Impact on Community: The rate of confirmed cases in Pike County is 	
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<p>31,503.43 per 100,000 population, which is greater than the state average of 23,446.57.</p> <ul style="list-style-type: none"> • Aging population: 21.3% of Pike County residents are over the age of 65 as compared to 16.1% statewide according to the US. Census Bureau. 	
<p><u>Resources Available:</u></p> <ul style="list-style-type: none"> • Area Food Pantry • General Assistance • ICH • Pike County Health Department • Pike County Public Transportation • Pike County Unmet Needs • Reach Out Center • School Counselors • Western Illinois Agency on Aging 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> • Funding for strategic planning and sustainability. • Geographically large, rural location • Economic conditions
<p><u>Relationship to Healthy People 2030:</u></p> <ul style="list-style-type: none"> • NWS-01: Reduce household food insecurity and hunger– • E– NWS-02: Eliminate very low food security in children 	<p><u>Funding:</u></p> <p>Funding for these strategies is expected to come initially from local resources including communities, community organizations, faith-based organizations, federal food support funding and other funding resources, sustained by continued donations and food access grants over time. Further strategies and funding for specific undertakings will be determined by the coalition working group for each issue.</p>

PRIORITY 3: ACCESS TO CARE

Pike County is designated as a Health Professional Shortage Area (HPSA), defined as having a shortage of primary medical care, dental, or mental health professionals. This indicator is relevant because a shortage of health professionals contributes to access and health status issues. 100.0% of the total population in Pike County resides in a HPSA as compared to 25.6% statewide.

<p><u>Health Problem:</u></p> <p>Preserve existing access to mental and physical health care and related services at all levels.</p>	<p><u>Outcome Objective:</u></p> <p>By 2027, preserve and/or improve access to Oral Health Services. (Baseline for Pike County: 6 Private Dentists, 1 Safety Net Dental Clinic-SIU FQHC and PCHD collaboration)</p>
<p><u>Risk Factors:</u></p> <ul style="list-style-type: none"> • Health Professional Shortage Area • Lower Access to Providers and Healthcare of all types • FQHC- Only provides Dental in Pike County 	<p><u>Impact Objectives:</u></p> <p>Through 2025, PCHD will maintain partnership with SIU FQHC to maintain a financially sustainable Safety Net Dental Clinic.</p> <p>By 6/30/2023, PCHD will partner with SIU to provide an RN to assist with SIU FQHC Psychiatric Services.</p>
<p><u>Contributing Factors, Direct & Indirect:</u></p> <ul style="list-style-type: none"> • Health Professional Shortage Areas - All (I): There is a total of 12 Health Professional Shortage Areas in Pike County as compared to 295 statewide • Population Living in a Health Professional Shortage Area (I): 100.0% of the total population of Pike County lives in a Health Professional Shortage Area as compared to 25.6% statewide. • Access to Care - Primary Care (I): There are 57.65 providers per 100,000 total population compared to 80.57 statewide. 	<p><u>Proven Intervention Strategies:</u></p> <p>By June 30, 2023, the Pike County Health Department and its healthcare and community partners will establish a community-based coalition, working in teams, to collaborate toward developing and carrying out targeted steps to address the issues identified in the 2022 IPLAN including planning and beginning one initiative to address preserving existing access to mental and physical health care and related services in Pike County at all levels.</p>

<ul style="list-style-type: none"> • Access to Care - Mental Health (I): There are 14 mental health providers with a CMS National Provider Identifier (NPI). This represents 90 providers per 100,000 total population as compared to 245.8 statewide. • Access to Care - Dental Health (I): There are 8.00 dentists. This represents 50.03 dentists per 100,000 total population as compared to 72.60 statewide. • Access to Care - Addiction/Substance Abuse Providers (I): There is 1 provider who specializes in addiction or substance abuse. This represents 6.38 providers per 100,000 total population as compared to 3.13 statewide. 	
<p><u>Resources Available:</u></p> <ul style="list-style-type: none"> • General Assistance • Geriatric Psych Unit • ICH • Illini Rural Health Clinic • JWCC • General Assistance • John Wood Community College • MHCWI • Pike County Health Department • Pike County Public Transportation • Pike County Unmet Needs • Quincy Medical Group • Reach Out Center • School Counselors • SIU FQHC • Western Illinois Agency on Aging 	<p><u>Barriers:</u></p> <ul style="list-style-type: none"> • Funding for strategic planning and sustainability. • It is difficult to recruit and retain qualified professional staff to rural locations. • Low wages for licensed professional staff.
<p><u>Relationship to Healthy People 2030:</u></p> <ul style="list-style-type: none"> • AHS-04: Reduce the proportion of people who cannot get medical care when they need it 	<p><u>Funding:</u> Funding for these strategies is expected to come from collaborating partners investing in their own scope and growth, sustained by fees for service and community benefits requirements over time. Further strategies and funding for specific undertakings will be determined by the coalition working group.</p>

Conclusion/Next Steps

At the beginning of this process, there was doubt about whether it could be completed because of the local impact of Covid-19. The community was divided, illness was high, deaths were high. In addition, pre-Covid erosion of funding trails, especially from State resources, was wearing down the enthusiasm of traditional community champions. The Health Department and the only hospital in the county were fully occupied with emergency operations.

However, ICH and PCHD both completed independent Community Health Needs Assessments and developed plans through shared resources and cross participation. This IPLAN process found participation from agencies, organizations, and community members that were eager to build a positive plan for health and wellness partners, and for the community to put their arms around and look forward. Thought was given to issues related to social determinants of health and the goals of *Healthy People 2030* that have not been treated as health issues before in some case. Ways to address those issues were planned based on the assessment process.

The plan is simple –

- Revitalize partners and the community through a strong community coalition.
- Give that coalition objectives and steps to attempt to achieve, and
- Give the coalition rein to attempt to meet the objectives and steps in ways it will develop through targeted teamwork.

PCHD will provide organizational support as reasonable under the current trying conditions along with ICH, HWFPC, and other providers and community organization leadership. PCHD expects the impact to be significant as the renewed enthusiasm for improving the health and wellness of all Pike County residents that has emerged from this IPLAN process grows to others as they become involved (re-involved for some) in taking stake in the future of local health and wellness - and moving it forward.