

Pinckneyville Community Hospital

Community Health Needs Assessment 2025



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Introduction

In 1947, Concerned citizens began planning the creation of the Pinckneyville Community Hospital District (PCHD), which became a reality in 1951. The original hospital opened in 1954 in a Brownstone building on Walnut Street. In the early 1960s, the hospital applied for funding under the Hill-Burton program, and construction of a new 55-bed hospital began in July 1964. The new hospital building was constructed and opened in December 1965. In 1977, a 44-bed skilled care addition was opened to meet the community's need for post-acute healthcare.

In 1989, the PCHD opened a Home Health Agency. In 1990, the Hospital Home Medical Equipment opened, and the Hospice Program came to fruition in January 1993. In 1994, the PCHD board approved the proposed design for a Rural Health Clinic-Home Health building, which opened on February 1, 1996. In December 1995, PCHD opened the Southern Illinois Rehabilitation (SIR) on the main city square. In August 1999, an Oncology Clinic was opened in the hospital.

In November 2000, PCH was accorded Critical Access Hospital (CAH) status. PCHD was approved for swing beds in February 2001.

The Board of Directors began planning the development of a new facility in the fall of 2002. It would become a reality in 2015. In 2005, leading up to the new facility, the PCHD Board of Directors solicited proposals for the performance of financial projections relative to the construction of a new facility. PCH signed an option for a 30-acre site for \$10,000 per acre in September 2006.

In July 2007, the Board of Directors voted to move forward with plans for a replacement hospital which did not include Skilled Care. The Board proposed creating a 501c3 corporation to operate Skilled Care as a separate non-profit entity.

In April 2008, the Illinois Department of Public Health (IDPH) held a community meeting regarding the fate of Skilled Care. PCH created a non-profit corporation that could not get a license to operate a nursing home. The Board turned the non-profit to Friends of Skilled Care, which evolved into the Caring and Sharing Thrift Shop. Caring and Sharing is located on Main Street and continues to serve the citizens of Perry County through varied community outreach programs. At the July Board of Directors meeting, it was officially voted to close skilled care. Skilled Care remained open until September of that year.

The Home Health & Hospice and Home Medical Equipment were sold in 2008.

In 2009, IDPH approved the request for a new facility and issued a certificate of need to Pinckneyville Community Hospital. The funding application process from the United States Housing and Urban Development (HUD) program began.

In December, the Board of Directors agreed to construct a replacement hospital in March 2010. In July 2010, the Board of Directors approved plans for a new 25-bed hospital; however, in November, HUD did not approve the mortgage for the replacement hospital. In October 2011, Senior Life Solutions opens to meet an unmet need for mental health counseling for seniors in the community. In 2012, The Board conducted a study to determine whether building a smaller replacement hospital or renovating the current structure would best use funds. In June, the Pinckneyville City Council promised a \$250,000.00 TIF grant for a new hospital. In February 2013, PCHD moved forward with a funding package from AgStar and USDA. In March, plans for a new 17-bed hospital were completed and sent to IDPH for the Certificate of Need approval. In February 2014, the USDA approved funding for the construction of a new hospital. A groundbreaking for the new facility was held.

A ribbon cutting, celebrating the completion of the replacement facility, was completed on June 14, 2015. Relocation from the old hospital to the new hospital on September 28, 2015.

The PCHD Auxiliary was formed in September 2015. The Hospital Gift Shop, Once Upon a Trinket opened on May 2, 2016. On March 13, 2017, the Intergovernmental Agreement between the City and hospital was approved for TIF Funds for the old hospital's demolition and asbestos abatement, with an option to purchase the land.

The groundbreaking for a new Senior Life Solutions (SLS) building on the Hospital campus was held on July 14, 2017. SLS opened in a new building on the main campus on January 2, 2018.

The old 101 North Walnut Street hospital building demolition was completed on March 22, 2018. The 101 N. Walnut property was transferred to the City of Pinckneyville on July 13, 2018. The Board of Directors approved the bid for the Southern Illinois Rehab (SIR) building with an aquatic pool & a drive-thru patient "drop off" canopy, to be built on the main Hospital Campus on December 3, 2018. The ground was broken for The Wellness Center (formerly SIR) project on March 9, 2019. The Wellness Center officially opened on June 1, 2020.

In November 2021, the Board of Directors adopted an Ordinance authorizing the issuance of a \$9,990,000 loan to construct, enlarge, improve, and/or extend Its Rural Health Clinic, Emergency Room, and Acute Care Unit.

The groundbreaking event for the new Family Medical Center was held in May 2021. The hospital's new entrance was renovated in November 2021 with a ribbon-cutting ceremony. The Rehab room was renovated in January 2022. A new 4-bed Acute Care addition was completed in February 2022, increasing the number of Acute Care beds to 20. The emergency room was renovated in May 2022. The new Family Medical Center was completed in June 2022, with a grand opening on June 7, 2022. Many other renovations have occurred since 2022 as the hospital grows and expands.



Leading the Way to a Healthier Tomorrow

Mission, Vision and Values

Mission Statement

Leading the way to a healthier tomorrow through local access to quality care delivered with compassion by a team of skilled healthcare professionals.

Vision Statement

To be recognized as the provider of choice for quality, compassionate healthcare services centered around the needs of our community.

Values & Standards of Behavior (REACH)

Respect: Integrity. Concern for the well-being of others. Ethical behavior. Truthfulness. Doing the right thing.

Excellence: Strive for the highest quality in everything we do.

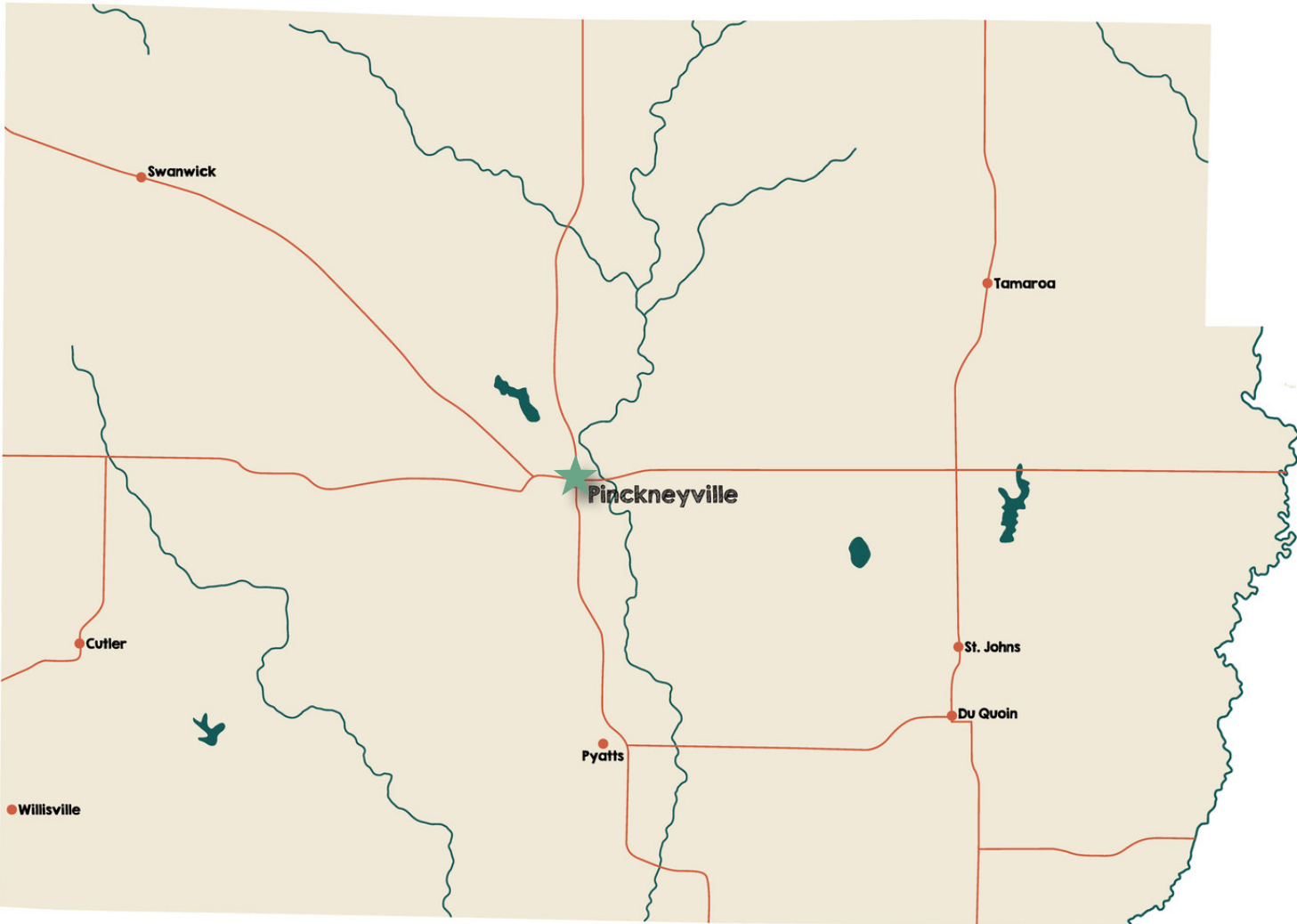
Accountability through ownership: Reliable. Self-motivated. Everyone's actions contribute to the overall success of the Hospital.

Compassion: Serve with understanding, sympathy, and care.

Help Support Others: Work as a team. Each team member participates to find new and creative solutions.



Perry County, Illinois



Executive Summary

Affordable Care Act (ACA) Provisions require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). CHNA is a systematic process involving the community in identifying and analyzing community health needs, assets, and resources to plan and act upon priority community health needs. Pinckneyville Community Hospital is not required to do a CHNA as a district hospital. However, its leadership concluded that this would be a valuable part of strategic planning and, therefore, conducted a full CHNA.

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

ICAHN is a not-for-profit 501(c)(3) corporation established in 2003 to share resources, educate, promote operational efficiencies, and improve healthcare services for member critical access and rural hospitals and their communities.

With 60 member hospitals, ICAHN is an independent network governed by a nine-member board of directors. Standing and project development committees facilitate the network's overall activities. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers.

This Community Health Needs Assessment will guide the planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Pinckneyville and the surrounding area. The chief executive officer coordinated the CHNA process.

Seven focus groups met to discuss overall health and wellness in the Pinckneyville Community Hospital service area and identify health concerns and needs in delivering healthcare and health services to improve wellness and reduce chronic illness for all residents. The focus groups included representation of healthcare providers, community leaders, community services providers, schools, faith-based organizations, local elected officials, public health, and others. Several members of these groups provided services to underserved and unserved persons as part of their roles. A special meeting was held with the Pinckneyville Board of Directors.

The focus groups' findings and secondary data analyzed by the consultant were presented to a focused group to identify and prioritize the community's significant health needs.



Identification and Prioritization > Addressing the Need

After their review and discussion, the identification and prioritization group advanced the goals and actions:

1. Focus on Mental/Behavioral Health and Substance Abuse
2. Focus on Chronic Disease Management
3. Focus on Community Development/Resources/Communication
4. Focus on Access to Care

Senior staff at Pinckneyville Community Hospital created potential actions to address the identified and prioritized needs.

Addressing the Need > Creating the Plan

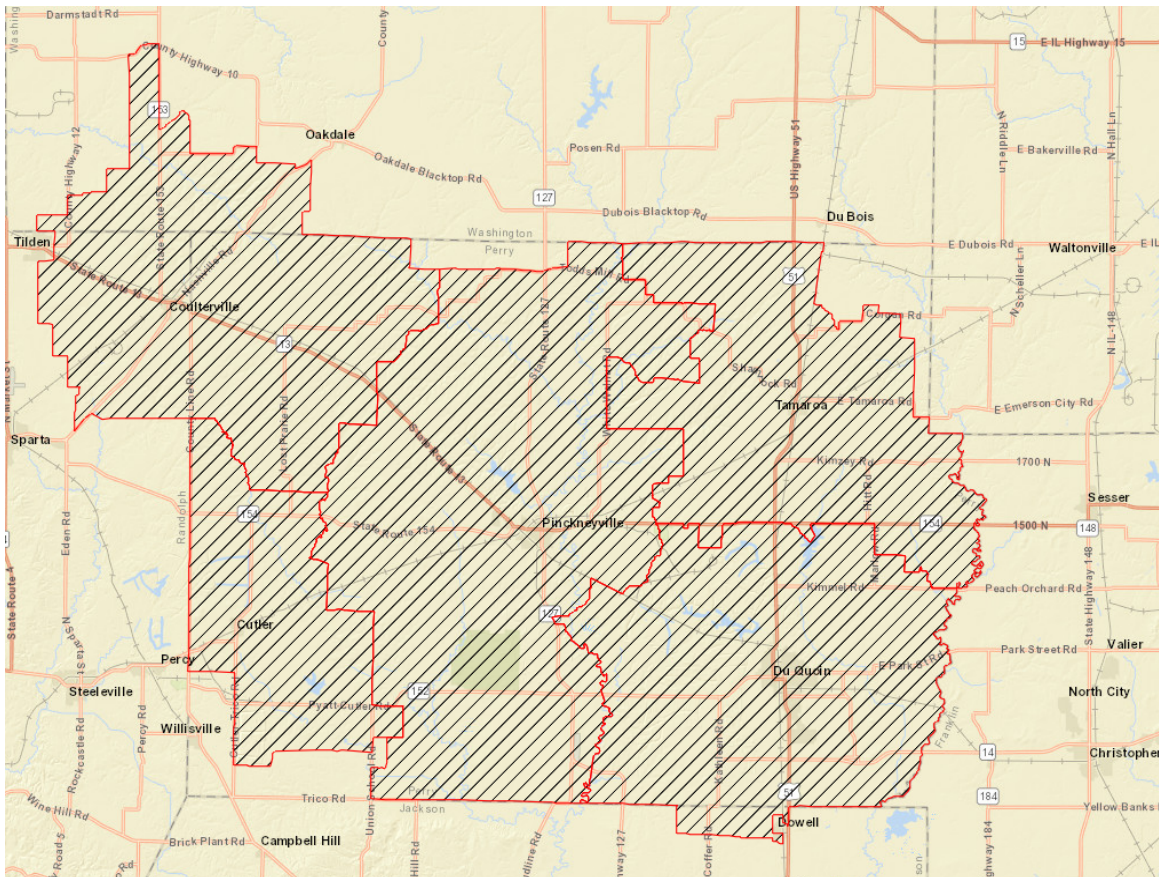
The group addressed the needs with the following strategies:

- Continue efforts to recruit providers to the community.
- Investigate partnerships in the community that can build awareness of community needs, further the health education of the Pinckneyville community, and provide connections.
- Continue the work of the ACO, focusing on chronic disease management and improving patient outcomes.
- Change provider contracting to create an emphasis on the priorities.

Pinckneyville Community Hospital Service Area

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

21,754 people live in the 455.06 square mile report area defined for this assessment according to the U.S. Census Bureau American Community Survey 2018-22 5-year estimates. The population density for this area, estimated at 48 persons per square mile, is less than the national average population density of 94 persons per square mile.



The service area, defined by zip code data, includes the following rural communities:

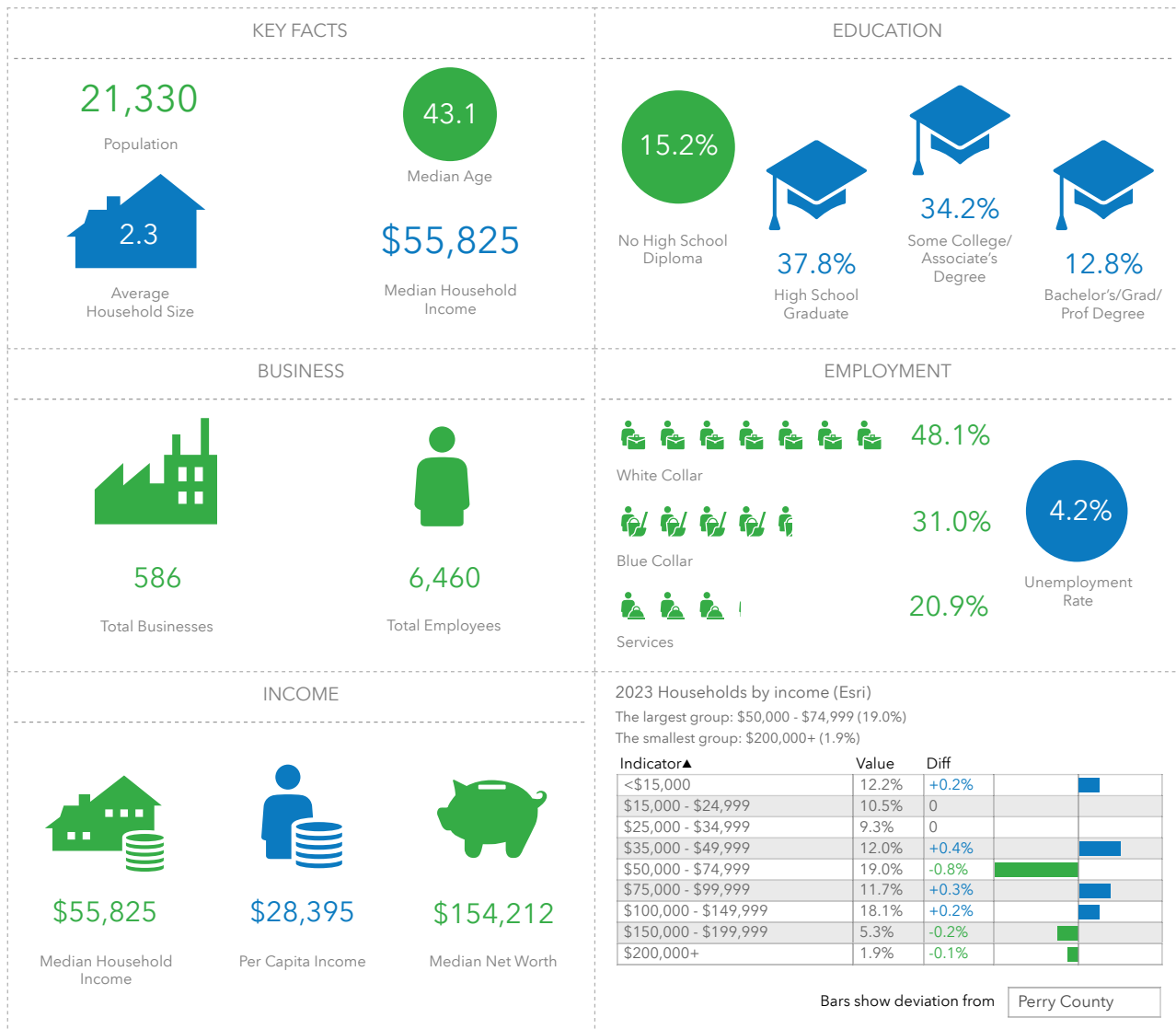
Pinckneyville
Tamaroa

Cutler
Du Quoin

Coulterville

Key Facts

Pinckneyville
Geography: ZIP Code



Source: This infographic contains data provided by Esri (2023, 2028), Esri-Data Axle (2023). © 2024 Esri

The average household size of the area, at 2.3, is lower than both Illinois and the U.S. The median age is 43.1 years, higher than in Illinois and the U.S. The largest education segment is high school graduates, followed by those with some college. 15.2% of the population has no high school diploma or GED, and 37.8% of the community's population has only a high school degree. Unemployment at the time of writing was 5.2%, roughly equivalent to Illinois and above the United States unemployment rate averages.

As in much of rural Illinois, the median household income in the service area, \$55,825, is lower than the statewide or national average.

Social Determinants of Health (SDoH)

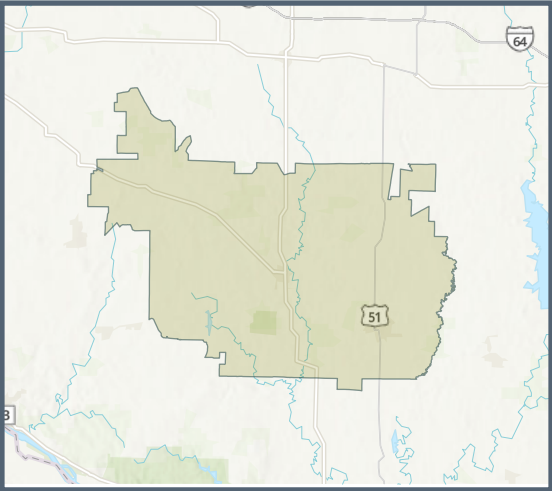
The CDC describes social determinants of health as conditions in the places where people live, learn, work, and play that affect a wide range of health and quality of life risks and outcomes.

Healthy People 2030 uses a place-based framework that outlines five key areas of SDoH:

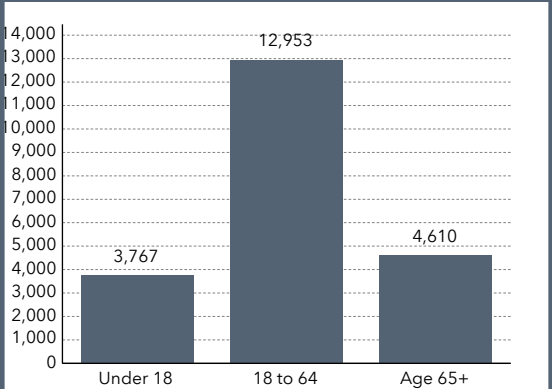


AT RISK POPULATION PROFILE

Pinckneyville



POPULATION BY AGE



Age Group	Population
Under 18	3,767
18 to 64	12,953
Age 65+	4,610

AT RISK POPULATION

Category	Value
Households With Disability	3,183
Population 65+	4,610
Households Without Vehicle	606

POVERTY AND LANGUAGE

Category	Value
Households Below the Poverty Level	17%
Households Below the Poverty Level	1,425
Pop 65+ Speak Spanish & No English	0

POPULATION AND BUSINESSES

Category	Value
Daytime Population	18,288
Total Businesses	586
Total Employees	6,460

Five Key Areas of SDoH

Healthcare Access and Quality includes access to healthcare overall, primary care, health insurance coverage, health literacy, and compliance with recommended screenings and incidents of certain health-related conditions.

Education Access and Quality which includes high school graduation rates, enrollment in higher education, educational attainment in general, language and literacy, and early childhood education and development.

Social and Community Context includes the incidents of homelessness, teen birth rates, juvenile arrest rates, and the incidents of young people not in school and not working.

Economic Stability includes average household income, rates of unemployment, cost of living, people living in poverty, employment, food security, and housing stability.

Neighborhood and Built Environment include the cost and quality of housing, access to transportation, access to healthy food, air and water quality, broadband access, access to fitness and recreation facilities, walkability, and rates of crime and violence.

21,330

Population

8,250

Households

2.30

Avg Size
Household

43.1

Median
Age

\$55,825

Median
Household Income

\$102,820

Median
Home Value

58

Wealth
Index

198

Housing
Affordability

31

Diversity
Index

Language Spoken (ACS)	Age 5-17	18-64	Age 65+	Total
English Only	3,027	12,727	3,916	19,670
Spanish	2	494	22	518
Spanish & English Well	2	476	22	500
Spanish & English Not Well	0	20	0	20
Spanish & No English	0	0	0	0
Indo-European	20	138	227	385
Indo-European & English Well	20	138	227	385
Indo-European & English Not Well	0	0	0	0
Indo-European & No English	0	0	0	0
Asian-Pacific Island	0	27	16	43
Asian-Pacific Isl & English Well	0	16	16	32
Asian-Pacific Isl & English Not Well	0	11	0	11
Asian-Pacific Isl & No English	0	0	0	0
Other Language	0	0	0	0
Other Language & English Well	0	0	0	0
Other Language & English Not Well	0	0	0	0
Other Language & No English	0	0	0	0

Process

ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

Description of Data Sources – Quantitative/Secondary Data

Quantitative (secondary) data is collected from many resources including, but not limited to, the following:

Source	Description
Behavioral Risk Factor Surveillance System	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	An online mapping and reporting platform powered by the Center for Applied Research and Engagement Systems (CARES) at the University of Missouri.
U.S. Census	National census data is collected by the US Census Bureau every 10 years.
Centers for Disease Control	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	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	A product of the U.S. Census Bureau which 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 state's employment agency that collects and analyzes employment information.

Secondary data is initially collected through the Spark Map and/or ESRI systems and then reviewed. Questions raised by the data reported from those sources are compared with other federal, state, and local data sources to resolve or reconcile potential issues with reported data.

Secondary data is available in a separate document entitled “Pinckneyville Community Hospital 2025 Secondary Data.”

Source	Description
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 is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.
Health Resources and Services Administration	The US 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	The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process conducted every five years by local health jurisdictions in Illinois.
ESRI (Environmental Systems Research Institute)	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	The Illinois State Board of Education administers public education in the state of Illinois. Each year, it releases school “report cards” which analyze the makeup, needs, and performance of local schools.
United States Department of Agriculture	USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability.

Primary Data

Focused groups and a special Board of Directors group convened at Pinckneyville Community Hospital in September 2024.

Twenty-nine community members, representing local service groups, healthcare providers, schools, and churches, participated. The Secondary Data document provides a full listing of participants.

Anecdotal data collected from the focused groups revealed the following:

The top five (5) strengths:

- Hospital staff/culture/service/quality
- Clinics and providers for PCH
- Strong schools in the community
- PCH physical therapy and Wellness Center
- Community social programs

The top five (5) opportunities that need to be addressed:

- Mental health/Substance abuse including school resources and stigma
- More specialties needed at PCH
- Transportation
- Economic growth/jobs are limited
- Affordable, safe housing for low/medium income

The top five (5) aspirations:

- Maintain PCH as a strong provider of healthcare, including more specialty care
- Affordable and accessible childcare
- Safe and affordable housing
- Stronger local economy and job opportunities
- Strengthening EMS services in the community

Description of the Community Health Needs Identified

After their review and discussion, the identification and prioritization group advanced the following areas of focus:

1. Focus on Mental/Behavioral Health and Substance Abuse
2. Focus on Chronic Disease Management
3. Focus on Community Development/Resources/Communication
4. Focus on Access to Care



Resources Available to Meet Priority Health Needs

HOSPITAL RESOURCES

- » Hospital Executive and Leadership Teams
- » Providers
- » Rural Health Clinic
- » Senior Life Solutions
- » Hospital Board of Directors

HEALTHCARE PARTNERS OR OTHER RESOURCES

- » Local Health Departments
- » Illinois Department of Public Health
- » Members of the Illinois Critical Access Hospital Network (ICAHN)
- » Accountable Care Organization (ACO)

COMMUNITY RESOURCES

- » Schools
- » Community Action Agencies
- » Community Organizations
- » Faith-based Organizations
- » Local Governments
- » Law Enforcement



Planning Process

The Implementation Strategy was developed in November 2024 through a facilitated meeting involving key administrative staff and members of the Board of Directors of Pinckneyville Community Hospital. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They also considered the potential internal and external resources available to address the prioritized needs.

The group then considered each of the prioritized needs. For each priority area, the actions the hospital intends to take were identified along with their anticipated impact, the resources the hospital intends to commit to them, and the external collaborators the hospital plans to cooperate with to address the need.

The plan will be evaluated by periodic review of measurable outcome indicators in conjunction with annual review and reporting.

Implementation Strategy

The group addressed the needs with the following strategies:

1. Focus on Mental/Behavioral Health and Substance Abuse

INDICATORS THAT SUPPORT THIS PRIORITY

Community Survey

- Top identified need on the community survey.
- 15.6% of community survey respondents needed or sought mental health help within the past year.

Community Input Meetings

- Top opportunity from community input meetings
- Concerns about stigma connected to seeking mental health help

Secondary Data

- Access to Mental Health Providers is below the state and national averages.
- The number of poor mental health days/month is higher than the state or national averages.

Report Area	Poor Mental Health Days/Month
PCH	5.2
Illinois	4.3
United States	4.9

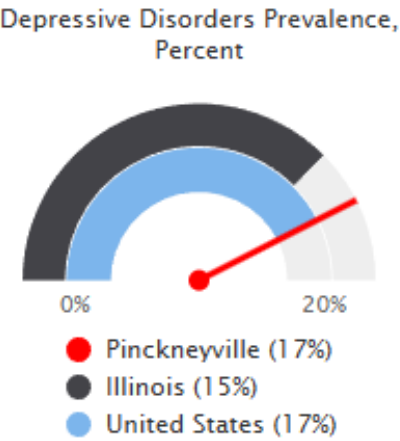
- Suicides and Deaths of Despair higher than average.

Report Area	MVA Deaths/ Alcohol Involved	MVA Deaths	Suicide	Deaths of Despair	Drug Overdose
PCH	0.1	18.9	20.7	54.0	17.3
Illinois	1.5	9.9	11.5	49.9	26.4
United States	2.3	12.5	14.5	55.9	26.9

- The percentage of the Medicare population suffering from mental health and substance abuse conditions is higher than average.

Report Area	Beneficiaries with Mental Health and Substance Use Conditions
PCH	35%
Illinois	33%
United States	32%

- The number of Medicare beneficiaries with depressive disorders has increased.



- Current smokers are 20.10% vs IL 14.0%.

Report Area	Current Smokers
PCH	20.10%
Illinois	14.00%
United States	13.50%

ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED

- Contract with an advanced practice provider to provide psychiatric/counseling services in the rural health clinic and other areas where an advanced practice provider could be used to provide specialty services that are currently unavailable.
- Collaborate with local schools to educate students on the risks associated with vaping, smoking, and other substance abuse concerns.
- Investigate potential partnerships to develop programming for smoking, vaping, and other substance abuse cessation programs for the community.
- Continue to collaborate with community providers of mental health and substance abuse resources to ensure patients who need these services know how to access them.

ANTICIPATED IMPACTS OF THESE ACTIONS

- Additional patient access to psychiatric/counseling services at PCH.
- Students in the community will be better educated on the risks associated with vaping, smoking, and other substance abuse.
- Community members will be better educated on the risks associated with substance misuse, including smoking and vaping.
- Improve access to Behavioral Health for seniors covered under Medicare Advantage plans – specifically Senior Life Solutions.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT TO ADDRESS THE HEALTH NEED

- Hospital leadership
- Rural Health Clinic staff and providers
- Senior Life Solutions team
- Health Educators

PLANNED COLLABORATION BETWEEN THE HOSPITAL AND OTHER FACILITIES OR ORGANIZATIONS

- Schools
- Health Department

2. Focus on Chronic Disease Management

INDICATORS THAT SUPPORT THIS PRIORITY

Community Survey

- Chronic disease management was the number two priority of the Top 5 needs identified by the community survey.
- 19.05% of survey respondents reported receiving healthcare in the past 12 months for chronic disease management.
- 15.38% of the community survey respondents reported NOT getting a prescription filled due to cost.

Secondary Data

- The percentage of diabetic Medicare patients who have had their HbA1c test completed in the last year was lower than the state or national norms.

Report Area	Annual hA1C Completed
PCH	83.53%
Illinois	88.48%
United States	87.53%

- Several chronic conditions reported in the Medicare population exceed the state or national averages.

Report Area	Alzheimer's Disease	Asthma	Chronic Obstructive Pulmonary Disease	Heart Disease	Hypertension High Blood Pressure	High Cholesterol	Kidney Disease
PCH (Medicare)	11.6%	2.7%	14.2%	30.4%	61.8%	38.9%	24.1%
Illinois	10.7%	4.7%	11.8%	26.6%	58.5%	48.9%	24.6%
United States	10.8%	5.0%	11.5%	26.8%	57.2%	47.7%	24.5%

- Cancer incidents are higher than average in colorectal and lung cancer.
 - » Cancer mortality is higher than average.
 - » Cancer screenings are lower than average (cervical, GI).
- Completion of core preventative services is lower in males and females. Core preventative services are defined as preventative services including influenza vaccine within the past year, a pneumococcal vaccine ever, and either fecal occult blood tests within the past year, a sigmoidoscopy within the past 5 years and FOBT within the past 3 years, or colonoscopy within the past 10 years. Females have included mammograms within the past 2 years.

Report Area	Males Core Preventative Complete	Female Core Preventative Complete
PCH	42.7%	35.3%
Illinois	42.15%	38.18%
United States	43.70%	37.90%

ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED

- Complete IT conversion to better capture chronic disease data.
- Work with the ACO to focus on chronic disease management and improving patient outcomes.
- Add chronic disease metrics to provider contracts to emphasize their importance.
- Improve patient compliance with needed screenings for chronic diseases, including cancer screenings.
- RHC will focus on improving patients' A1C. This includes adding instrumentation to measure HgbA1C in the clinic.
- Continue to focus on access to medications for rural health clinic patients who cannot afford them by leveraging the National Prescription Connection partnership. Share success stories to promote this program.
- Work with GCA 340B to potentially expand appropriate uses of 340B medications.
- Continue to strengthen cancer care programs in the entity.
- Work with the Illinois Breast & Cervical Cancer Program
- Promote programs in smoking, vaping, and drug abuse cessation.
- Promote Cancer care kits such as Cologuard and others.

ANTICIPATED IMPACTS OF THESE ACTIONS

- Patients with chronic diseases will be better educated and have better outcomes. They will have access to medications as needed.
- Patients will receive needed screenings as appropriate.
- Patients will be able to receive appropriate care for chronic diseases locally.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT TO ADDRESS THE HEALTH NEED

- Hospital executive and leadership teams
- Providers
- Rural health clinic teams
- Information Technology (IT)
- Remote Patient Monitoring

PLANNED COLLABORATION BETWEEN THE HOSPITAL AND OTHER FACILITIES OR ORGANIZATIONS

- National Prescription Connection
- GCA 340B Consultants

3. Focus on Community Development/Resources/Communication

INDICATORS THAT SUPPORT THIS PRIORITY

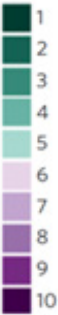
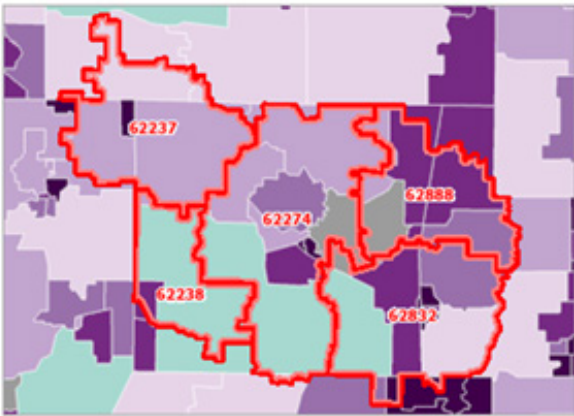
Community Survey

- Basic needs were #4 in the top 5 community survey needs identified

Secondary Data

- There is a higher-than-average disabled population, and 39% of all households in the service market area have someone with a disability (3183/8250). According to the definitions in the American Community Survey, six types of disabilities are considered: hearing difficulty, vision difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. Respondents to the survey who report any one of the six disability types are considered to have a disability.
- The area deprivation index (housing, employment, education) is 85 (IL 52). This indicates a higher-than-normal level of deprivation.

Report Area	State Percentile	National Percentile
PCH	87	85
Illinois		52
United States		46



- Transportation costs are higher than average (26% of income)

ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED

- Investigate the potential of having an annual wellness fair. This has been done in the past but has not been done for a number of years. It may allow those not likely to seek medical care to receive basic screenings.
- Continue to participate in community events to educate the community on the services of PCH and other community partners.
- Help to connect patients in need to services for basic needs.

ANTICIPATED IMPACTS OF THESE ACTIONS

- Patients with needs will be able to find resources to best assist in their needs.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT TO ADDRESS THE HEALTH NEED

- Hospital executive and leadership teams
- Providers
- Rural health clinic teams

PLANNED COLLABORATION BETWEEN THE HOSPITAL AND OTHER FACILITIES OR ORGANIZATIONS

- Community social service agencies

4. Focus on Access to Care

INDICATORS THAT SUPPORT THIS PRIORITY

Community Survey

- Access to care was #5 on the top 5 community survey needs identified.
- In the community survey, 89% of respondents state that access to healthcare/providers makes health easier.

Community Input Meetings

- Onsite participants indicated the need for more specialists in the community (Top 5 opportunities).

Secondary Data

- There is a higher-than-average disabled population, and 39% of all households in the service market area have someone with a disability (3183/8250). According to the definitions in the American Community Survey, six types of disabilities are considered: hearing difficulty, vision difficulty, ambulatory difficulty, self-care difficulty, and independent living difficulty. Respondents to the survey who report any one of the six disability types are considered to have a disability.
- The area deprivation index (housing, employment, education) is 85 (IL 52). This indicates a higher-than-normal level of deprivation.

ACTIONS THE HOSPITAL INTENDS TO TAKE TO ADDRESS THE HEALTH NEED

- Continue efforts to recruit and retain specialty care providers in the community.

ANTICIPATED IMPACTS OF THESE ACTIONS

- Patients will be able to receive the care they need without having to travel outside of the service area.

PROGRAMS AND RESOURCES THE HOSPITAL PLANS TO COMMIT TO ADDRESS THE HEALTH NEED

- Hospital executive and leadership teams
- Providers

PLANNED COLLABORATION BETWEEN THE HOSPITAL AND OTHER FACILITIES OR ORGANIZATIONS

- Prairie Cardiovascular Consultants
- Quantum Vision Centers
- Southern Illinois Healthcare
- Quincy Medical Group
- Deaconess Illinois Hospitals
- SSM Health
- Envision Physician Services
- Clinical Radiologists
- SEMC Pathology Group
- UltraGroup
- Orthopedic Center of Southern Illinois
- Restorix Health: Wound Care
- Independent Providers





1. Statistics may vary slightly depending on the resource.





Pinckneyville Community Hospital
Leading the way to a healthier tomorrow.

2025 Community Health Needs Assessment

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