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Hardin/Pope County ROSC Council
Community Needs Assessment
March 2025

Introduction and Background Information

Hardin and Pope Counties – located in the southernmost region of Illinois known as “Little Egypt” - are home to a combined population of 7,253 residents spread across 546 rural square miles. Nestled in the scenic Shawnee National Forest of Southern Illinois, Hardin and Pope counties are among the most rural and remote counties in the state. These counties are known for their natural beauty, strong sense of community, and rich historical roots, but they also face significant barriers related to isolation, economic hardship, and healthcare access. The region’s rugged terrain and sparse population density make it difficult for residents to access essential services, including substance use treatment, mental health care, and transportation. Both counties have some of the highest poverty rates in Illinois and limited job opportunities, particularly for individuals in recovery or those with justice system involvement. Residents routinely report challenges related to housing instability, lack of broadband access, and limited availability of healthcare or social service providers. The population is predominantly White, with growing concerns about aging infrastructure, youth outmigration, and gaps in care for vulnerable populations.

In 2000, the US Congress designated this region, along with 14 other neighboring southern Illinois counties and areas along the Mississippi River, as the Delta Region, which led to the development of the Delta Regional Authority. This authority invests federal appropriations into the physical and human infrastructure of the Delta communities, like the Appalachian Regional Commission that was developed in the 1930s to address poverty and economic despair in the Appalachian Mountains. Despite this federal designation, statistics have not improved, and some have even worsened.

| Hardin & Pope Population and Socioeconomic Data | | |
|---|---------------------|------------------|
| Source: Census.gov and County Health Rankings (2024) | Counties Average | State Average |
| Current Population | 7,253 | 12,710,158 |
| Population Change (2010 – 2020) | -1,537 | -18,124 |
| Population Per Square Mile | 15.4 | 230.8 |
| White | 94.7% | 76.0% |
| Black | 2.5% | 14.6% |



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| Two or More Races | 1.9% | 2.3% |
| Hispanic or Latinx | 1.8% | 19.0% |
| Persons age > 65 | 29.7% | 17.6% |
| Persons with a Disability Age < 65 | 17.9% | 8.0% |
| High School Completion | 90.1% | 90.3% |
| Bachelor's Degree or Higher | 14.5% | 37.2% |
| Unemployment | 4.7% | 4.6% |
| In Civilian Labor Force, age 16+ | 41.2% | 64.9% |
| Median Income | \$59,827 | \$81,702 |
| Persons in Poverty | 17.7% | 11.6% |
| Children in Poverty | 27.5% | 15.0% |
| Broadband Access | 74.5% | 89.0% |
| Households with a Computer | 82.5% | 94.4% |

Health Outcomes and Factors

According to the 2024 Census and County Health Rankings, Hardin and Pope counties face significantly greater health disparities compared to the Illinois state average. Life expectancy in the region is just 73.6 years - over four years below the state average of 78. Contributing factors include higher rates of adult smoking (19.5% vs. 13%) and adult obesity (38% vs. 33%), indicating limited access to affordable, nutritious food. Residents in Hardin and Pope counties also report greater barriers to healthy living, with 8.5% experiencing limited access to healthy foods, compared to only 5% statewide. Food insecurity is elevated at 16%, and poor or fair health is reported by nearly one-fifth of the population (19% vs. 16% statewide). Mental health indicators are particularly concerning residents experiencing an average of six poor mental health days per month compared to 4.5 statewide, with 19% reporting frequent mental health distress. Healthcare access is severely limited. The region has a staggering ratio of 4,343 residents per primary care physician and 1,815 residents per mental health provider—more than three and six times the state averages, respectively. These disparities highlight the urgent need for expanded services, improved care access, and community-driven strategies like those proposed by the ROSC Council to address systemic inequities and promote recovery in underserved areas.

Health disparities in the region are severe, and many are directly linked to systemic inequities and community-wide barriers. Residents face elevated rates of substance use, mental health concerns, chronic illness, and preventable overdose deaths. Social determinants such as housing instability, lack of broadband access, and insufficient local healthcare providers further complicate the situation. Community members have voiced concerns that the greatest barrier to receiving mental health and substance use care



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within the community is a result of stigma around seeking help - further underscoring the need for equity-driven, community-based solutions.

| Hardin and Pope Counties Health Factors | | |
|--|------------------|---------------|
| Source: Census.gov and County Health Rankings (2024) | Counties Average | State Average |
| Life Expectancy | 73.6 | 78 |
| Adult Smoking | 19.5% | 13% |
| Adult Obesity | 38% | 33% |
| Limited Access to Healthy Foods | 8.5% | 5% |
| Food Insecurity | 16% | 12% |
| Poor Mental Health Days | 5.8 | 4.5 |
| Poor or Fair Health | 24.5% | 16% |
| Frequent Mental Health Distress | 19% | 14% |
| Frequent Physical Health Distress | 13.5% | 12% |
| Flu Vaccinations | 26% | 51% |
| Population to Primary Care Physicians (ratio) | 4,343:1 | 1,260:1 |
| Population to Mental Health Providers (ratio) | 1,815:1 | 300:1 |

Youth Population Data

There are two school districts across Hardin and Pope Counties. Due to this, key data on youth substance use behaviors from the Illinois Youth Survey is limited. However, information on other data points for the two districts is available, with state averages included for comparison:

| Student Data | Hardin County | Pope County | Illinois |
|-----------------------------|---------------|-------------|----------|
| Total Enrollment | 535 | 466 | NA |
| Graduation Rate | 90% | 89.6% | 87.7% |
| Mobility (Transfer in/out) | 8% | 10% | 7.90% |
| Chronically Truant Students | 27% | 8% | 20.0% |



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|---|-----|-----|--------|
| Homeless | 14% | 15% | 2.6% |
| Low-income | 64% | 55% | 48.90% |
| Source: ISBE Illinois Report Card (2023-2024) | | | |

Across both districts, the average homeless rate is significantly higher than the state average of 2.6% with 14.5% of students being identified as homeless. The percentage of low-income students is significantly higher in Hardin and Pope Counties at 59.5%, compared to the state average of 48.9%.

Adult Population Data

The Illinois Prescription Monitoring Program (ILPMP) offers valuable insights into controlled substance use within Hardin and Pope Counties by tracking metrics such as the dispensing of controlled substances, the number of patients, and the number of prescriptions. According to the most recent data available, buprenorphine prescriptions and overall number of patients are slightly higher in Hardin County compared to Pope County. However, higher doses – those exceeding 90 morphine milligram equivalents (MME) - are more commonly prescribed in Hardin County.

| Prescription Monitoring | Hardin County | Pope County |
|--|---------------|-------------|
| Buprenorphine Pts/County | 25 | 17 |
| Pts/Capita | 648 | 400 |
| Buprenorphine Rx/County | 211 | 157 |
| Rx/Capita | 3696 | 3860 |
| >90MME on Avg. Day (2021) Patients per Capita | 213.7 | 86.3 |
| Source: ILPMP Buprenorphine Dashboard (2020); ILPMP Above 90MME Dashboard (2021) | | |

Substance Use Among Arrowleaf Enrolled Clients

Substance use among Arrowleaf enrolled clients in Hardin and Pope Counties reflects significant trends and challenges consistent with broader state and national patterns. The most reported substances among enrolled clients from these counties are cannabis, alcohol, methamphetamine, cocaine, and nicotine/tobacco.

Arrowleaf's Recovery Oriented System of Care (ROSC) program provided a survey in February 2025 to gather community feedback on recovery beliefs, barriers to treatment, frequency of substance use, and factors contributing to substance use disorders. A total of nine participants from Hardin and Pope Counties participated in the survey. The table below compares the top three substances reported among Arrowleaf's substance use



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clients from Hardin and Pope Counties with the substances identified through the community survey.

| Rank | Arrowleaf's SU Clients | Community Survey |
|---|------------------------|------------------|
| 1 (Tie) | Alcohol | Methamphetamine |
| 1 (Tie) | Cannabis | Alcohol |
| 3 | Methamphetamine | Opioids |
| <i>Source: Arrowleaf Substance Use Program Services – FY23 and FY24 Client Report</i> | | |

Alcohol and Cannabis were tied as the most reported substance among Arrowleaf clients. Methamphetamine was identified as the most prevalent substance in the community survey, highlighting a disconnect between treatment-seeking behavior and perceived community substance use issues.

Access to Services and Resources

Arrowleaf works to support individuals in Hardin and Pope Counties by facilitating access to essential services. However, the availability of resources directly within these counties remains minimal. Accessing services independently is further complicated by barriers such as unemployment, poverty, limited broadband access, and low household income.

Although many neighboring community providers accept Medicaid, Medicare, and Medicaid Managed Care insurance, the cost and difficulty of traveling outside of the community to receive care often prevent individuals from engaging in services.

A comprehensive listing of licensed substance use disorder (SUD) treatment facilities, Medication-Assisted Treatment (MAT) providers, and recovery support services can be found in the 2024 Substance Misuse Resource Guide. Additionally, the Illinois Helpline provides an interactive resource hub to locate services related to substance use, mental health, and recovery support.

- **Substance Use Disorder (SUD) Services**
 - There are no Impaired Driver Intervention services available in Hardin or Pope Counties. The nearest provider is located in Saline County, approximately 31 miles away.
 - Arrowleaf is the only provider offering Outpatient Substance Use Services to the community in Hardin and Pope Counties.
 - The nearest Medication-Assisted Treatment (MAT) provider, Southern Illinois Healthcare – Harrisburg, is located up to 31 miles away in Saline County.



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- There are no Withdrawal Management providers within 50 miles of Hardin and Pope Counties.
- There are no residential treatment facilities within 50 miles of Hardin and Pope Counties
- Medical and Maternity Care
 - There is one hospital located in Hardin County
 - For expectant parents, there are no delivering hospitals within the southernmost seven counties of Illinois. Individuals may need to travel upwards of 50 miles to access prenatal care and delivery services.
 - For opioid-dependent expectant parents, the nearest specialist treatment facility, the WISH Center – Women and Infant Substance Use in St. Louis, is 150 miles away from community residents.
- Recovery Support
 - There are no in-person recovery support groups within Hardin or Pope Counties
 - The Recovery Resource Center is located 31 miles away in Saline County
 - Take Action Today's Recovery Support Services are located nearly 60 miles away in Williamson County
 - While online support groups are available, limited broadband access and lack of home computers may prevent many community members from participating, further restricting access to recovery resources.

The combination of geographic isolation, limited transportation options, and high poverty levels significantly restricts access to care. The lack of nearby residential treatment facilities and specialist care for expectant parents underscores the critical gaps in healthcare infrastructure in these counties. These barriers contributed to delayed treatment, poor health outcomes, and higher rates of substance use disorders in Hardin and Pope Counties.

Gaps Across the Continuum & Community Feedback

Community feedback from the February 2025 ROSC survey highlights key challenges and perceptions around substance use and access to care within Hardin and Pope Counties. Survey participants were asked to rate their level of agreement with statements related to recovery, access to services, and the effectiveness of treatment on a 5-point scale. A higher score indicates greater agreement with positive recovery beliefs, except for two key statements where a lower score indicates better access to services.



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- Recovery Beliefs
 - Medication-Assisted Recovery (MAR)
 - Respondents rated the effectiveness of MAR treatment highly (average score: 4.3), indicating strong recognition of its value in substance use recovery. The community also believes it is relatively easier to find a MAR provider in their community compared to the rest of the service area
 - Harm Reduction Services
 - Participants agreed that harm reduction strategies, like Narcan/Naloxone, are effective in reducing risks associated with substance use (average score: 4.2). Participants also generally agreed that these services are attainable
 - Healthcare Equity
 - Respondents strongly agreed that substance use services (average score: 4) and mental health services (average age: 4.3) are available to all individuals, regardless of income, insurance, race, gender identity, or citizenship status
- Community Health Concerns
 - Respondents identified the most significant health concerns in the community as:
 - Mental Health Needs – 100%
 - Substance Use – 89%
 - Housing Instability – 33%
- Barriers to Care
 - The most cited barriers to accessing mental health and substance use services include:
 - Stigma Around Seeking Help – 78%
 - Transportation Issues – 67%
 - Financial or Insurance Barriers – 56%
- TFactors Contributing to Substance Use
 - Survey respondents identified the following as key contributors to substance use:
 - Poverty – 89%
 - Behavioral and Mental Health Needs – 78%
 - Unemployment – 67%
 - Ease of Access – 56%
 - Family History – 56%
 - High Risk Behaviors – 56%



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Barriers to Access and Underlying Trends

Survey participants identified stigma, transportation challenges, and financial or insurance barriers as the most significant obstacles to accessing care. These barriers reflect the broader structural issues evident in Hardin and Pope Counties, including high poverty rates, geographic isolation, and limited healthcare infrastructure. While neighboring counties may offer more services, residents face long travel distances – up to 50 miles for residential treatment and prenatal care – and lack of reliable transportation or broadband access further compounds these challenges. The absence of in-person recovery support groups within either county and limited access to MAT and withdrawal management services highlight critical gaps across the continuum of care.

Generational Patterns and Family Influence

Family history and socioeconomic hardship emerged as significant contributors to substance use within these communities. Persistent poverty (with many residents living well below the median household income of Illinois) and limited employment opportunities have created conditions where substance use patterns often repeat across generations. Survey respondents cited poverty (89%) and unemployment (67%) as key drivers of substance use, underscoring how economic instability perpetuates cycles of addiction and poor health outcomes. Limited broadband access and lack of home computers also hinder participation in online recovery supports, reinforcing social isolation.

Social and Geographical Disparities

Unlike more demographically diverse counties in southern Illinois, Hardin and Pope Counties have populations that are predominantly White (>95%). However, geographic isolation and healthcare inequities create disparities that are just as profound. With only one hospital across both counties, and no delivering hospitals within seven counties of southern Illinois, residents face extreme barriers to accessing basic and specialized care. Expectant parents struggling with opioid dependence must travel up to 150 miles for appropriate treatment. These access gaps leave community members vulnerable to delayed treatment, poor maternal-child outcomes, and higher rates of untreated substance use disorders.

Alignment Across Data Sources

The alignment between survey findings and county-level data paints a consistent picture of structural inequities driving substance use challenges in Hardin and Pope Counties. Residents face compounding barriers – geographic isolation, lack of transportation, limited SUD treatment options, and socio-economic hardship – that hinder engagement in care and recovery. These realities emphasize the need for targeted interventions:



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expanding mobile and telehealth services, improving broadband access, investing in local recovery support, and developing transportation solutions to bridge the gap between residents and critical care resources.

Conclusion

The findings from this needs assessment underscore the significant challenges facing Hardin and Pope Counties in addressing substance use, mental health, and overall healthcare access. High poverty rates, geographic isolation, and limited economic opportunities contribute to a lack of local treatment options, delayed care, and poor health outcomes. Residents must often travel long distances – upwards of 50 miles for residential treatment and prenatal care, and 150 miles for specialized services – further exacerbating barriers to recovery. Limited broadband access and transportation challenges compound these issues, leaving many individuals unable to access critical support.

To address these challenges, targeted and community-informed interventions are essential. Expanding local outpatient services, improving access to harm reduction strategies, and developing transportation solutions can help bridge existing care gaps. Efforts to reduce stigma, strengthen community outreach, and advocate for increased funding for behavioral health and substance use services are equally critical. Enhancing broadband infrastructure and telehealth capabilities would further support individuals unable to travel for care. By prioritizing these comprehensive strategies, Hardin and Pope Counties can work toward building a more accessible and sustainable system of recovery and support.



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