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**Arrowleaf Alexander/Pulaski County ROSC Council  
Community Needs Assessment  
March 2025**

**Introduction and Background Information**

Alexander and Pulaski counties form the southernmost tip of Illinois, in a region known as “Little Egypt.” The region is named such because of the confluence of the Ohio and Mississippi rivers and noted parallels between the region and the Nile River Delta in Egypt. Despite the area’s sprawling natural beauty and wildlife, it has unfortunately become known for its high poverty, unemployment, and violent crime rates.

Historically, the communities of Alexander and Pulaski counties were among the most prosperous in Illinois. However, economic prosperity has long since faded due to chronic racial unrest, disenfranchisement, and systemic disinvestment. As a result, residents of Alexander and Pulaski counties today face significant socio-economic barriers that limit access to opportunities and essential resources. The county seats of Cairo (Alexander County) and Mounds (Pulaski County) are 150 miles and 144 miles, respectively, southwest of St. Louis, Missouri and are a combined average of 98.5% rural in nature – a sharp contrast to the State of Illinois’ average of 13.1%. The counties are characterized by low population densities, isolated households, and income and educational levels well below the state and national average.

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 while the population continues to dwindle each year. Between the 2010 and 2020 United States Census, Alexander and Pulaski County saw a combined average decline of 40% of the population with Alexander County experiencing the highest rate of population decline between 2010 and 2020 for all counties in the United States at a loss of nearly 3,000 (36%) of its residents.

The demographics of Alexander and Pulaski counties are unique, especially when compared to surrounding counties. Across both Alexander and Pulaski, the population is 64% White, 30% Black, 3% Hispanic, and 3% Multiracial. For comparison, the five counties surrounding Alexander and Pulaski—Hardin, Pope, Johnson, Massac, and



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Union—are much less racially diverse; these five counties are  $\geq 90\%$  White and  $< 10\%$  Black. In addition to racial diversity, Alexander and Pulaski are home to a comparatively large number of senior citizens. The state average for individuals who are  $\geq 65$  years old is 17.2%, but in Alexander and Pulaski, this percentage is over seven points higher, at 24%.

Community Demographics	Alexander County	Pulaski County	Illinois
Current Population (v2024)	4,594	4,879	12,710,158
Population Change 2010 – 2020	-2,998	-968	-18,124
Population Per Square Mile	22.3	26.1	230.8
White	64.2%	64.9%	76.0%
Black	31.7%	29.9%	14.6%
Two or More Races	3.0%	3.7%	2.3%
Hispanic or Latinx	2.3%	4.1%	19.0%
Persons age > 65	25.3%	23.3%	17.6%
Persons with a Disability Age < 65	17.4%	14.8%	8.0%
<i>Source: Census.gov and County Health Rankings (2024)</i>			

Low educational attainment remains a significant barrier to securing quality employment in Alexander and Pulaski counties. Only 12.6% of individuals aged 25 or older in Alexander County and 11.8% in Pulaski County have attained a bachelor’s degree – compared to the Illinois state average of 37.2%. This limited educational attainment contributes to restricted economic opportunities and elevated poverty levels in the region. The average poverty rate across the two counties is 24.1% - more than double the Illinois state average of 11.6%. Economic disparity is further reflected in median household income data, underscoring the financial challenges faced by residents.

Socioeconomic Factors	Alexander County	Pulaski County	Illinois
High School Completion	86.0%	87.0%	90.0%
Bachelor’s Degree or Higher	12.6%	11.9%	37.2%
Unemployment	6.3%	6.9%	4.6%
In Civilian Labor Force, age 16+	47.6%	44.8%	64.9%
Median Income	\$41,400	\$44,900	\$76,700
Persons in Poverty	25.8%	22.4%	11.6%
Children in Poverty	37%	40%	4.6%
Homes with a Computer	74.2%	66.9%	89.4%
Broadband Access	60%	56%	88%
Median Value of Owner-Occupied Housing Units	\$58,700	\$81,000	\$250,500
<i>Source: Census.gov and County Health Rankings (2024)</i>			



**Health Outcomes and Factors**

The socio-economic barriers faced by individuals in Alexander and Pulaski counties have a direct impact on health and wellness. While individual health behaviors contribute to poor health outcomes, macroscopic barriers – such as limited access to healthcare, economic instability, and environmental factors – further exacerbate these challenges.

Out of Illinois’ 102 counties, Alexander and Pulaski counties ranked last for overall health outcomes and factors in the 2024 County Health Rankings Roadmap. The County Health Rankings consider several measures when evaluating health outcomes and factors, including length and quality of life; health behaviors; access to healthcare resources; socio-economic factors; and environmental factors. Key health indicators for Alexander and Pulaski counties are significantly worse than the state average – life expectancy is notably lower, and premature death is substantially higher.

Contributing health factors – including both behavioral and system barriers – reflect the complex challenges individuals in Alexander and Pulaski counties face. The table below outlines key indicators highlighting these health disparities.

Health Indicators	Alexander County	Pulaski County	Illinois
Overall Health Outcomes & Factors Rank	102	101	N/A
Life Expectancy	68.6	73	68
Adult Smoking	24%	22%	13%
Adult Obesity	44%	42%	34%
Excessive Drinking	13%	14%	18%
Limited Access to Healthy Foods	28%	16%	5%
Food Insecurity	15%	14%	10%
Diabetes Prevalence	14%	12%	10%
Frequent Mental Health Distress	19%	18%	14%
Frequent Physical Health Distress	14%	13%	10%
Population to Primary Care Physicians (ratio)	5,030:1	N/A	1,260:1
Population to Mental Health Providers (ratio)	170:1	1,250:1	320:1
<i>Source: Census.gov and County Health Rankings (2024)</i>			

**Youth Population Data**

There are four school districts across Alexander and Pulaski counties. The table below provides an overview of key data points for each district, with state averages included for comparison:



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Student Data	Alexander County		Pulaski County		Illinois
	Cairo USD 1	Egyptian CUSD 5	Century CUSD 100	Meridian CUSD 101	
Total Enrollment	292	311	325	431	NA
Graduation Rate	64.3%	76.9%	90.3%	81.6%	87.7%
Mobility (Transfer in/out)	16.8%	13.3%	9.6%	13.4%	7.90%
Chronically Truant Students	67.3%	21.1%	8.6%	29.2%	20.0%
Homeless	16.1%	19.3%	6.8%	14.4%	2.6%
Low-income	98.3%	99.7%	56%	95.8%	48.90%
<i>Source: ISBE Illinois Report Card (2023-2024)</i>					

Across all school districts in Alexander and Pulaski counties, the average graduation range is 78% - below the Illinois state average of 87.7% (ISBE Illinois Report Card, 2024). The percentage of low-income students is significantly higher in Alexander and Pulaski counties at 87%, compared to the state average of 48.9%. Similarly, the rate of students identified as homeless under the McKinney-Vento Act is 14% - well above the state average of 2.6%

Youth within these school districts completed the Illinois Youth Survey (IYS; 2024). The following table provides an overview of youth responses to substance use across 30 day and one year time periods.



Substance Use	Alexander County	Pulaski County	Illinois	
<b>Past 30-Day Use</b>	<b>8th</b>	<b>10th</b>	<b>8th</b>	<b>10th</b>
Alcohol	8%	7%	8%	12%
Binge Drinking	4%	7%	1%	4%
Tobacco/Vaping	11%	24%	3%	5%
Marijuana	11%	15%	2%	5%
Rx Drugs (not prescribed)	10%	2%	1%	1%
<b>Used in Past Year</b>	<b>8th</b>	<b>10th</b>	<b>8th</b>	<b>10th</b>
Common Substances and/or Vaping	29%	34%	21%	28%
Alcohol	22%	27%	18%	2%
Marijuana	19%	21%	3%	9%
E-cigarettes/Vaping	14%	20%	5%	8%
Illicit Drugs (Excluding Marijuana)	4%	2%	1%	1%
Any Rx Drugs to Get High	4%	2%	1%	1%
Rx Drugs (not prescribed)	18%	3%	3%	3%
<i>Source: Illinois Youth Survey (2024)</i>				

According to IYS (2024) responses, the most used substances among youth in both counties are alcohol, marijuana, and vaping products. Prescription drug use (not prescribed) among 8<sup>th</sup> grade youth in Alexander County was 18%, which is higher than e-cigarette/vaping use within the same age group. Without comparison data from 8<sup>th</sup> graders in Pulaski County, it remains unclear whether higher prescription drug use among Alexander County’s younger students is a trend or an outlier.

**Adult Population Data**

Between 2020 and 2021, total drug crime arrests for Alexander and Pulaski Counties increased by 79% according to the most recent editions of Crime in Illinois (CII): Annual Uniform Crime Report (2020, 2021). Arrests related to methamphetamine use doubled, while arrests for controlled substances tripled during this period (CII, 2020, 2021).

However, Pulaski County was non-compliant in reporting crime offenses and arrests rates across all categories, including drug crime arrests. As a result, the table below reflects drug crime arrest data and year-over-year changes for Alexander County only:



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Substance Use Arrests	Alexander County	
	2021 Summary	% Change 2020 - 2021
Total Drug Arrests	25	+79%
Rate per 100,000	430.4	+79%
Cannabis Control Act	2	-33%
Controlled Substances Act	6	+200%
Hypodermic Syringes/Needle Act	0	+0%
Drug Paraphernalia Act	0	-100%
Methamphetamine Act	17	+113%
<i>Source: Crime in Illinois (CII): Annual Uniform Crime Report (2020, 2021)</i>		

The sharp increase in drug-related arrests reflects a growing concern regarding substance use and availability within the region. Limited compliance with reporting requirements from Pulaski County presents challenges in accurately assessing drug-related crime trends across both counties.

The Illinois Prescription Monitoring Program (ILPMP) offers valuable insights into controlled substance use within Alexander and Pulaski 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 Pulaski County compared to Alexander County. However, higher doses – those exceeding 90 morphine milligram equivalents (MME) - are more commonly prescribed in Alexander County.

Prescription Monitoring	Alexander County	Pulaski County
Buprenorphine Pts/County	20	29
Pts/Capita	358.7	546.4
Buprenorphine Rx/County	233	318
Rx/Capita	4179	5992
>90MME on Avg. Day (2021) Patients per Capita	53.8	31.4
<i>Source: ILPMP Buprenorphine Dashboard (2020); ILPMP Above 90MME Dashboard (2021)</i>		

### *Substance Use Among Arrowleaf Enrolled Clients*

Substance use among Arrowleaf enrolled clients in Alexander and Pulaski counties reflects significant trends and challenges consistent with broader state and national



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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 contributed to substance use disorders. A total of five participants from Alexander and Pulaski counties participated in the survey. The table below compares the top three substances reported among Arrowleaf’s substance use clients from Alexander and Pulaski counties with the substances identified through the community survey.

Rank	Arrowleaf’s SU Clients	Community Survey
1	Cannabis	Methamphetamine
2	Alcohol	Opioids
3	Cocaine	Cannabis

*Source: Arrowleaf Substance Use Program Services – FY23 and FY24 Client Report*

Cannabis was 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.

Several systemic and structural barriers contribute to elevated substance use rates in Alexander and Pulaski counties. Elevated poverty and unemployment rates increase stress and vulnerability to substance use. There is limited access to healthcare and treatment increasing the burden of seeking consistent care. Historical disenfranchisement and community disinvestment have left many residents without stable support networks, often contributing to high levels of trauma and social unrest. The rural nature of the communities creates a barrier of isolation – transportation barriers and limited broadband access restrict opportunities for both in-person and virtual recovery support.

### **Access to Services and Resources**

Arrowleaf works to support individuals in Alexander and Pulaski 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.



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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
  - Arrowleaf is the only provider offering Impaired Driver Intervention and Outpatient Substance Use Services to the community in Cairo, Illinois
  - The nearest Medication-Assisted Treatment (MAT) provider, Rural Health, Inc., is located 25 miles away in Union County
  - The nearest Withdrawal Management provider, Centerstone of Illinois – Fellowship House, is located 33 miles away in Union County.
  - There are no residential treatment facilities within 50 miles of Cairo
- Medical and Maternity Care
  - There are no hospitals located within Alexander or Pulaski Counties
  - 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 Alexander or Pulaski Counties.
    - Celebrate Recovery group is located 28 miles away in Union County
    - Smart Recovery group is 48 miles away in Williamson County
    - Alcoholics Anonymous group is 50 miles away in Jackson County
    - Narcotics Anonymous group is 78 miles away in Franklin 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





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healthcare infrastructure in these counties. These barriers contributed to delayed treatment, poor health outcomes, and higher rates of substance use disorders in Alexander and Pulaski 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 Alexander and Pulaski 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.

- **Recovery Beliefs**
  - Medication-Assisted Recovery (MAR)
    - Respondents rated the effectiveness of MAR treatment highly (average score: 5), indicating strong recognition of its value in substance use recovery. However, finding MAR providers remains a challenge (average score: 3.8).
  - Harm Reduction Services
    - Participants agreed that harm reduction strategies, like Narcan/Naloxone, are effective in reducing risks associated with substance use (average score: 4). Participants also generally agreed that these services are attainable (average score: 4.2)
  - Healthcare Equity
    - Respondents strongly agreed (average score: 4.6) that substance use services should be 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 – 100%
    - Housing Instability – 80%
- **Barriers to Care**
  - The most cited barriers to accessing mental health and substance use services include:
    - Transportation Issues – 100%
    - Financial or Insurance Barriers – 80%
    - Availability of Appointments/Long Wait Times – 80%
    - Lack of Awareness about Available Services – 60%



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- Factors Contributing to Substance Use
  - Survey respondents identified the following as key contributors to substance use:
    - Poverty – 100%
    - Behavioral and Mental Health Needs – 100%
    - Family History – 100%
    - Unemployment – 100%
    - Low Educational Attainment – 100%
    - Isolation/Loneliness - 80%

### *Barriers to Access and Underlying Trends*

Survey participants highlighted transportation, financial barriers, and long wait times as the most significant obstacles to accessing care — findings that reflect the healthcare access gaps outlined in the earlier County Health Rankings and Census data. The difficulty in accessing care is compounded by the lack of healthcare infrastructure within Alexander and Pulaski counties, including the absence of hospitals and limited substance use disorder (SUD) treatment options.

### *Generational Patterns and Family Influence*

Family history emerged as a significant factor influencing substance use among survey participants — a trend supported by broader socio-economic data. Persistent poverty and limited upward mobility in these counties create an environment where substance use patterns become entrenched across generations. High poverty rates (24.1% combined average) and low educational attainment (11.9%–12.6% with a bachelor's degree) limit access to employment and healthcare, reinforcing cycles of substance use and poor health outcomes.

### *Racial and Social Disparities*

The racial diversity in Alexander and Pulaski counties (30% Black, 64% White) contrasts with the less diverse neighboring counties (>90% White). This demographic composition presents unique challenges in terms of health equity and social determinants of health. Historical racial tensions and economic disinvestment have left these communities with limited access to employment, healthcare, and educational resources. Survey responses about the availability of and effectiveness of recovery services may reflect broader mistrust of institutions and historical disinvestment in the region.

### *Alignment Across Data Sources*

The consistent patterns between data sources reinforce that substance use challenges in Alexander and Pulaski counties are deeply rooted in economic, healthcare, and social disparities. Limited access to care, economic instability, and social isolation contribute to high rates of substance use and poor health outcomes. This alignment underscores the



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need for targeted interventions, including access to treatment, improved healthcare infrastructure, harm reduction services, and community-based support.



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### **Conclusion**

The findings from this needs assessment highlight the significant challenges faced by Alexander and Pulaski counties in addressing substance use, mental health, and healthcare access. High poverty rates, economic instability, and geographic isolation contribute to limited treatment options, high rates of substance use, and poor health outcomes. Data consistently show barriers to care, including transportation difficulties, financial constraints, and a lack of local treatment facilities. Additionally, inpatient treatment, withdrawal management, and recovery support groups leave many individuals without the resources needed for long-term recovery.

To address these challenges, targeted interventions are essential. Expanding local treatment options, increasing harm reduction services, and improving transportation access will help bridge gaps in care. Efforts to reduce stigma, increase community outreach, and advocate for policy changes – such as increased funding for behavioral health and substance use services – are also critical. Strengthening broadband access and telehealth services could further enhance support for those unable to travel for care. By prioritizing comprehensive, community-driven solutions, Alexander and Pulaski counties can move toward a more accessible and sustainable recovery system.



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