

WABASH GENERAL HOSPITAL

2023 Community Health Needs Assessment



Conducted By:



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INTRODUCTION

Community Health Needs Assessments (CHNA) became a requirement of all tax exempt (501(c)(3)) hospitals beginning with fiscal year 2013. As part of the IRS Form 990, Schedule H, individually licensed not-for-profit hospitals are required to assess the health needs of their community, prioritize the health needs, and develop implementation plans for the prioritized health needs they choose to address. Reports on progress of the Implementation Plans are required to be submitted annually. Every three years, this process must be repeated.

WABASH GENERAL HOSPITAL MISSION, VISION AND VALUES

MISSION The sole purpose of Wabash General Hospital is to provide high quality, cost effective health care in Wabash and surrounding counties, and promote the general health of its residents.

VALUES The following values are important to us as we work toward completion of our mission:

Respect

Recognizing and valuing the dignity and uniqueness of each person

Customer Service

Striving for excellence in all that we do

Valued Employees

Adhering to strong moral and ethical principles in all we do

Public Accountability

Holding ourselves and those around us responsible for living the values and achieving the vision of Wabash General Hospital

Teamwork

Communicating and working with others for the benefit of all

Financial Strength

Responsibly using, preserving and enhancing our human and material resources as a not-for-profit community-controlled organization

Safe Patient Care Environment

Continuous Improvement

VISION

In carrying out its mission, Wabash General Hospital will strive to be:

- *The hospital of choice for services that we offer*
- *The employer of choice in Wabash and surrounding counties*
- *Fiscally responsible and financially sound*
- *Technologically up-to-date for a hospital of our size and service mix*
- *The leading force in identifying and meeting the health care needs of the community*

EXECUTIVE SUMMARY

In August 2023, WGH initiated the update to their Community Health Needs Assessment (CHNA), in conjunction with the organization's strategic planning process. The service area was validated as unchanged from 2021 and a combined quantitative and qualitative approach was used. This process incorporated dozens of health indicators for the service area as well as twenty-two (22) individual interviews, three (3) community focus groups and a focus group with the medical staff of WGH.

Demographics for the service area indicate the current population of 34,035 is projected to decline 5% between now and 2028. About 20% of the population is age 65+, compared to the National average of 16.6% for the same age cohort. The service area is largely White, Non-Hispanic (90%) and has a median household income of \$57,587.

Quantitative

In a review of health outcomes statistics, Wabash County is relatively healthier than the other counties in the service area. In 2021, Wabash County ranked #32 (out of 102 counties) in Health Outcomes, but in 2023, this ranking dropped to #57. Compared to the other service area counties, Wabash County had a lower rate of premature deaths and more access to exercise opportunities. In Clinical Care measures, the service area counties have an uninsured rate of about 7.0%. The population to provider ratios for primary care physicians and dentists is very high across the service area, indicating a shortage of providers in the service area. Opportunities exist across the service area (and across the State), to improve preventative measures including mammography screenings and flu vaccinations.

While White County has the highest age-adjusted death rate across the service area, Edwards County has much higher rates of death due to coronary heart disease as well as strokes.

The age-adjusted cancer incidence rate for all cancers in Wabash County has increased, when compared to the 2021 report. Males in the service area have a higher incidence of lung cancer when compared to State levels.

Qualitative

The feedback from individual interviews, focus groups and the community survey offered varied opinions to the general health of the community and areas of need. Several comments mentioned the availability of wellness programs and services but low community engagement to take advantage of these services.

For both the in-person interviews/focus groups and the online survey respondents, community members identified a need for mental health services as well as substance abuse services. Additionally, community members shared needs for more elder care services including memory care and hospice/palliative care services.

Prioritization of Needs

In consideration of the quantitative as well as qualitative feedback, the following community health needs were identified and prioritized:

- *Mental health services*
- *Substance abuse services*
- *Continued expansion of specialty services*
- *Continue collaboration with and supporting community-based programs for wellness initiatives.*

2021 COMMUNITY HEALTH NEEDS ASSESSMENT – RECAP

In 2021, Wabash General Hospital (WGH) completed a CHNA that helped validate their 2019 CHNA and carried forward efforts to continue addressing health needs for the community. Additional health needs identified and prioritized in the 2021 CHNA and include:

2019 CHNA Prioritized Needs	2021 CHNA Prioritized Needs
<ul style="list-style-type: none">• Substance abuse services• Mental health services• Expansion of primary care service• Expansion of specialty services• Lifestyle/dietary education focus (healthy living, diabetes)• Continue collaborating with and supporting community-based programs	<ul style="list-style-type: none">• Continue supporting the development of the mental health and substance abuse facility in Mt. Carmel• Expansion of specialty services• Early intervention and health literacy education• Continue collaborating with and supporting community-based programs for wellness initiatives

Appendix A includes the 2023 CHNA Implementation Plan for the prioritized health needs. Also included is **Appendix B**, the 2020-2023 CHNA Implementation Plan.

METHODS AND DATA SOURCES

WGH engaged M13 Management Partners (Consultant) to assist with the completion of the 2023 CHNA. To aid in the assessment process, the Consultant queried the following sources as part of the quantitative data acquisition and analysis. National, state and county data were included.

The following quantitative sources were reviewed for demographics and health information:

U.S. Census

Centers for Disease Control and Prevention

County Health Rankings & Roadmaps Select Measures Defined

- *Premature death – Years of potential life lost before age 75 per 100,000 population (age-adjusted). The 2023 County Health Rankings used data from 2018-2020 for this measure.*
- *Poor to Fair Health – Percentage of adults reporting fair or poor health (age-adjusted). The 2023 County Health Rankings used data from 2020 for this measure.*
- *Low Birthweight - Percentage of live births with low birthweight (< 2,500 grams). The 2023 County Health Rankings used data from the National Center for Health Statistics – Natality files, 2014 – 2020, for this measure.*
- *Adult Smoking - Percentage of adults who are current smokers. The 2023 County Health Rankings used data from the Behavioral Risk Factor Surveillance System, 2020, for this measure.*
- *Adult Obesity - Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m². The 2023 County Health Rankings used data from the United States Diabetes Surveillance System, 2020, for this measure.*
- *Access to exercise opportunities - Percentage of population with adequate access to locations for physical activity. The 2023 County Health Rankings used data from Business Analyst, Delorme map data, ESRI, and U.S. Census Tigerline Files, 2022 & 2020, for this measure.*
- *Excessive drinking - Percentage of adults reporting binge or heavy drinking. The 2023 County Health Rankings used data from the Behavioral Risk Factor Surveillance System, 2020 for this measure.*

- *Alcohol-impaired driving deaths - Percentage of driving deaths with alcohol involvement. The 2023 County Health Rankings used data from the Fatality Analysis Reporting System, 2016-2020, for this measure.*
- *Sexually transmitted infections – Number of newly diagnosed chlamydia cases per 100,000 population. The 2023 County Health Rankings used data from the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, 2020, for this measure.*
- *Teen births – Number of births per 1,000 female population ages 15-19. The 2023 County Health Rankings used data from the National Center for Health Statistics - Natality files, 2014-2020, for this measure.*
- *Uninsured - Percentage of population under age 65 without health insurance. The 2023 County Health Rankings used data from the Small Area Health Insurance Estimates, 2020, for this measure.*
- *Primary Care Physicians - Ratio of population to primary care physicians. The 2023 County Health Rankings used data from the Area Health Resource File/American Medical Association, 2020, for this measure.*
- *Dentists - Ratio of population to dentists. The 2023 County Health Rankings used data from the Area Health Resource File/National Provider Identification file, 2021, for this measure.*
- *Mental Health Providers - Ratio of population to mental health providers. The 2023 County Health Rankings used data from the CMS, National Provider Identification, 2022, for this measure.*
- *Preventable Hospital Stays - Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. The 2023 County Health Rankings used data from the Mapping Medicare Disparities Tool, 2020, for this measure.*
- *Mammography Screening - Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. The 2023 County Health Rankings used data from the Mapping Medicare Disparities Tool, 2020, for this measure.*
- *Flu Vaccinations - Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. The 2023 County Health Rankings used data from the Mapping Medicare Disparities Tool, 2020, for this measure.*

Health Resources & Services Administration (HRSA)

Illinois Department of Public Health, Illinois Behavioral Risk Factor Surveillance System

Illinois Department of Public Health, IQuery

Rural Health Information Hub

***United States Department of Agriculture, Economic Research
Service***

SERVICE AREA

The service area for WGH was re-evaluated in 2023 based on patient origin for inpatient discharges. Based on the data, the 2023 WGH service area is unchanged from the 2020 CHNA and Strategic Planning process.

Table 1: WGH Service Area by ZIP Code

ZIP Code	City	State	County
62863	Mount Carmel	IL	Wabash
62806	Albion	IL	Edwards
62844	Grayville	IL	White
62439	Lawrenceville	IL	Lawrence
62476	West Salem	IL	Edwards
62410	Allendale	IL	Wabash
62417	Bridgeport	IL	Lawrence
62811	Bellmont	IL	Wabash
62460	Saint Francisville	IL	Lawrence
62818	Browns	IL	Edwards
62852	Keensburg	IL	Wabash
62466	Sumner	IL	Lawrence
62815	Bone Gap	IL	Edwards
62833	Ellery	IL	Edwards

SERVICE AREA DEMOGRAPHICS

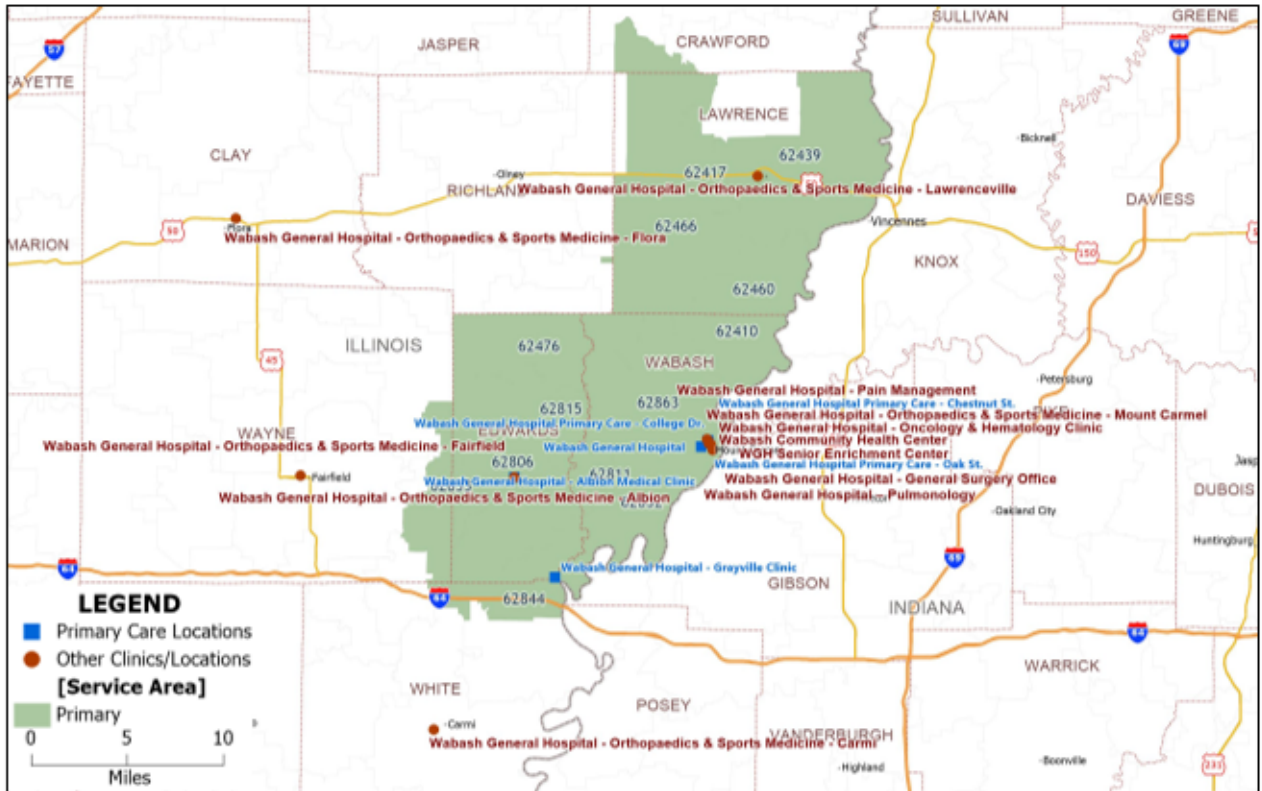
Based on the most recent available U.S. Census data at the ZIP Code level, the estimated population of the WGH service area was 34,035 in 2022. The population is slated to decline about 5% between 2022 and 2027, compared to an expected National growth rate of 7% during the same time period.

34% of the service area population is over the age of 55, compared to 29.5% of the National population. About 90% of the population is White, Non-Hispanic and the median household income is \$57,587.

Table 2: WGH Service Area Demographic Characteristics

DEMOGRAPHIC CHARACTERISTICS						
	WGH Service Area	USA				
2022 Total Population	34,035	331,093,495				
2028 Projected Population	32,328	354,181,284				
% Change 2022 - 2028	-5.0%	7.0%				
Median Household Income	\$ 57,587	\$ 75,149				
	Service Area 2022	Service Area 2028	% Change			
Total Male Population	17,823	17,250	-3.2%			
Total Female Population	16,212	15,400	-5.0%			
Females, Child Bearing Age (15-44)	5,231	4,933	-5.7%			
POPULATION DISTRIBUTION						
Age Distribution						
Age Group	Service Area 2022	Service Area % of Total	Service Area 2028	Service Area % of Total	USA 2022 % of Total	
Age 0-14	5,891	17.3%	5,679	16.9%	18.2%	
Age 15-17	1,240	3.6%	1,574	4.7%	3.9%	
Age 18-24	2,655	7.8%	2,560	7.6%	9.4%	
Age 25-34	4,167	12.2%	4,173	12.4%	13.7%	
Age 35-54	8,551	25.1%	8,091	24.1%	25.3%	
Age 55-64	4,753	14.0%	4,521	13.5%	12.9%	
Age 65+	6,778	19.9%	6,950	20.7%	16.6%	
Total	34,035	100.0%	33,548	100.0%	100.0%	
RACE/ETHNICITY						
Race/Ethnicity Distribution						
Race/Ethnicity	Service Area 2022 Pop	Service Area % of Total	USA 2022 % of Total			
White Non-Hispanic	30,477	89.5%	58.9%			
Black Non-Hispanic	1,367	4.0%	12.1%			
Hispanic	780	2.3%	18.7%			
Asian & Pacific Is. Non-Hispanic	222	0.7%	5.9%			
All Others	1,189	3.5%	4.5%			
Total	34,035	100.0%	100.1%			
HOUSEHOLD INCOME DISTRIBUTION						
Income Distribution						
2022 Household Income	Service Area HH Count	Service Area % of Total	USA 2022 % of Total			
HH Income <\$15K	1,153	8.7%	8.7%			
HH Income \$15-25K	1,481	11.1%	7.0%			
HH Income \$25-50K	3,319	24.9%	18.1%			
HH Income \$50-75K	2,137	16.1%	16.1%			
HH Income \$75-100K	1,768	13.3%	12.8%			
HH Income Over \$100K	3,445	25.9%	37.3%			
Total	13,303	100.0%	100.0%			
EDUCATION LEVEL						
Education Level Distribution						
2022 Adult Education Level	Service Area Pop Age 25+	Service Area % of Total	USA 2022 % of Total			
Less than High School	676	2.8%	4.7%			
Some High School	1,976	8.1%	6.1%			
High School Degree	8,222	33.9%	26.4%			
Some College/Assoc. Degree	9,573	39.5%	28.4%			
Bachelor's Degree or Greater	3,802	15.7%	34.3%			
Total	24,249	100.0%	99.9%			

WGH Service Area Map



COMMUNITY HEALTH INDICATORS

Health measures were collected from various sources to highlight the general health of the WGH service area. Due to reporting limitations, this data is most often only available at the County level. The Counties within the WGH service area are included in the analysis below.

COUNTY HEALTH RANKINGS & ROADMAPS

The County Health Rankings & Roadmaps program is a collaborative between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute. The program collects health data annually to bring awareness to the factors that influence health and strategies for improving the health of communities.

The table below includes select measures from the 2023 County Health Rankings & Roadmaps. Each county is ranked on Health Outcomes as well as Health Factors.

In comparison to the 2021 CHNA Report, Wabash County experienced a drop in its overall Health Outcomes ranking from #32 to #57, out of 102 counties. Other counties in the service area improved their Health Outcomes rankings with no significant changes to the Health Factors rankings.

Table 3: Service Area County Health Rankings – Select Measures

	Wabash County (IL)	Lawrence County (IL)	Edwards County (IL)	White County (IL)	IL
Health Outcomes					
Ranking (of 102)	57	93	88	89	
Length of Life					
Premature death	7,600	9,400	10,500	9,100	7,100
Quality of Life					
Poor to Fair Health	14%	16%	14%	15%	12%
Low Birthweight	8%	10%	8%	9%	8%
Health Factors					
Ranking (of 102)	45	90	34	81	
Health Behaviors					
Adult Smoking	20%	22%	20%	22%	13%
Adult Obesity	38%	39%	37%	36%	33%
Access to exercise opportunities	70%	39%	13%	7%	90%
Excessive drinking	18%	17%	18%	17%	15%
Alcohol-impaired driving deaths	33%	24%	0%	14%	29%
Sexually transmitted infections	208.3	197.7	375.3	265.9	542.3
Teen births	28	36	25	37	18

Source: County Health Rankings & Roadmaps (www.countyhealthrankings.org)

Across the service area counties and State of Illinois, the rate of obesity increased anywhere from 3 to 10 percentage points. Reported rates of excessive drinking declined at the State level as well as across the service area.

Within the service area, Wabash County has the lowest rate of premature deaths, though this rate is higher than the reported State rate. Wabash County also has significantly more access to exercise opportunities compared to other counties in the service area.

Clinical Care measures were also reviewed for the service area counties.

Table 4: Service Area County Health Rankings – Clinical Care Measures

	Wabash County (IL)	Lawrence County (IL)	Edwards County (IL)	White County (IL)	IL
Clinical Care					
Ranking (of 102)	62	41	39	86	
Uninsured	7%	6%	7%	8%	8%
Primary Care Physicians	2,798:1	3,867:1	-	3,341:1	1,232:1
Dentists	2,240:1	15,152:1	6,075:1	1,969:1	1,213:1
Mental Health Providers	320:1	261:1	1,519:1	766:1	344:1
Preventable Hospital Stays	3,549	3,151	2,115	3,442	3,310
Mammography Screening	41%	39%	37%	35%	37%
Flu Vaccinations	42%	51%	40%	42%	53%

Source: County Health Rankings & Roadmaps (www.countyhealthrankings.org)

Wabash County dropped in Clinical Care rankings from #32 in 2021 to #62 in 2023. While there was a decline in Preventable Hospital Stays (4,895 to 3,549), the ratio of Primary Care Physicians per population has increased from 1 physician per 2,310 population to 1 primary care physician per 2,798 population.

Lawrence County experienced the most significant improvement in Clinical Care rankings, from #92 in 2021 to #41 in 2023.

Preventable Hospital Stays declined across the service areas and State rate and the ratio of mental health providers to the population slightly improved across all areas as well.

MORTALITY RATES

Mortality rates from the National Center for Health Statistics indicates the service area population has an overall higher mortality rate as compared to the State of Illinois and the United States. Highlighted below are the highest mortality rates by health condition for the service area. White County’s overall adjusted death rate is the highest across the service area. Edwards County has a higher rate of death due to heart

disease and Lawrence County has the highest adjusted death rate for cancer, stroke and diabetes in the service area.

Table 5: Service Area Counties – Mortality Rates

Age Adjusted Death Rates	Wabash	Lawrence	Edwards	White	IL	USA
Total	749.4	942.2	805.3	1,020.7	785.7	731.9
Coronary Heart Disease	143.3	172.2	229.9	201.6	165.0	164.9
Cancer	157.3	194.4	151.9	179.8	155.3	149.4
COPD & Pneumonia	58.8	79.0	46.0	109.5	49.8	51.2
Accidents	35.8	54.9	57.8	65.8	45.5	50.3
Stroke	29.6	42.4	50.7	38.7	39.0	37.6
Diabetes	19.0	32.8	-	17.7	19.4	22.1

Source: U.S Department of Health & Human Services > National Institutes of Health > National Institute on Minority Health and Health Disparities; 2016-2020 Death Rate Report for IL by County (latest 5-year average)

CANCER INCIDENCE RATES

In the 2021 CHNA report, cancer rates were reported for 2014 – 2018. For this assessment, cancer incidence rates reported by the National Cancer Institute, State Cancer Profiles database includes data from 2016 – 2020. Due to changes in reporting, there appear to be more gaps in county-level cancer incidence rates for specific types of cancer.

In general, Males in the service area counties of Wabash, Lawrence and White, experience a higher rate of cancer when compared to the State rate for Males. Lung cancer across the service area appears to contribute to this. Breast cancer rates in the service area trend lower than the State rate.

The Illinois Department of Public Health has identified the following cancers as “priorities” based upon the opportunity for prevention and early detection:

- *Female breast*
- *Cervical*
- *Colorectal*
- *Lung*
- *Prostate*
- *Skin*

Table 6: Service Area Counties – Cancer Incidence

Age Adjusted Cancer Incidence	Wabash		Lawrence		Edwards		White		Illinois	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
All Cancers	536.8	424.5	551.9	438.1	449.0	370.0	524.6	419.2	496.8	436.5
Prostate	121.2	-	125.6	-	89.0	-	96.5	-	115.1	-
Lung	88.2	47.9	84.8	63.6	106.7	-	88.5	54.1	66.4	54.1
Breast	-	115.8	-	137.1	-	104.4	-	117.3	-	132.6
Skin	-	-	32.6	-	-	-	-	-	27.5	19.2

Source: National Cancer Institute, State Cancer Profiles, 2016-2020

IL DEPARTMENT OF PUBLIC HEALTH – OVERDOSE DEATHS

From the qualitative feedback provided during interviews and focus groups, substance abuse continues to be a health concern in the service area.

The Illinois Department of Public Health (IDPH) releases a semiannual report on opioid overdoses. The latest report was published in October 2023 based on 2022 data.

In 2022, the Illinois Department of Public Health reported that Emergency Medical Services (EMS) responded to 21,922 opioid overdoses. Additionally, there were 3,261 opioid overdose deaths, representing a 8.2% increase from 2021.

Table 7: 2022 IL Opioid Fatality Rate

	Number of Opioid Fatalities	Opioid Fatality Rate per 100,000 capita by County
Wabash County (IL)	1	8.9
Lawrence County (IL)	2	13.2
Edwards County (IL)	0	0.0
White County (IL)	6	43.5

Source: IL Department of Public Health, Opioid Overdose Semiannual Report – October 2023

In the 2019 CHNA, Edwards County had the highest rate of opioid fatalities, however, the most recent report indicates there were zero opioid fatalities in Edwards County in 2022.

Across the service area, White County experienced the most opioid fatalities (6) in 2022, for a rate of 43.5 per 100,000 population.

RURAL HEALTH INFORMATION HUB

Based on January 2024 data sourced from the Health Resources & Service Administration (HRSA), the Rural Health Information Hub reports Wabash, Lawrence, Edwards, and White Counties are considered “whole county” shortage areas for primary care physicians, mental health providers and dentists.

The Rural Health Information Hub also provides data for measures that are defined as social determinants of health.

Table 8: Social Determinants of Health

	Wabash County (IL)	Lawrence County (IL)	Edwards County (IL)	White County (IL)	IL (non-metro)
SDOH					
18-24 Year Olds Without a High School Diploma	7.5%	31.8%	26.4%	22.4%	13.8%
Low Access to Healthy Food*	49.1%	16.8%	35.8%	-	45.3%
Median Household Income	\$54K	\$47K	\$55K	\$51K	\$54K
Population Without a High School Diploma	7.0%	14.8%	8.9%	11.5%	9.6%
Poverty	14.5%	19.2%	12.0%	15.7%	13.2%
Unemployment Rate	3.3%	5.6%	4.4%	3.9%	4.2%

Source: Rural Health Information Hub via data from the US Census ACS, 2012, 2017, and 2022 5-year estimates; USDA Economic Research Service, 2019 (low access to

health food), 2007-2022 (unemployment rate); and the US Census Small Area Income and Poverty Estimates, 2009-2021.

Across the service area, the percentage of 18-24 year olds without a high school diploma increased except for Wabash County, where there was a decline from 9.8% to 7.5%. And while the unemployment rate in the State and within the service area declined by nearly 50%, the rate of poverty has increased since the 2019 CHNA report.

QUALITATIVE FEEDBACK

Individual interviews (21), a medical staff focus group (8), and three community focus groups (19) were conducted as part of this process. In total, nearly 50 individuals, who are diverse and represent the broad interests of the community, participated in this portion of the qualitative feedback.

An online community survey was also made available for the broader community to participate. The survey consisted of 33 questions and there were 34 responses to the survey.

INDIVIDUAL INTERVIEWS (21)

- *Amanda Hershey, WGH Director of Physician Offices*
- *Becky Henton, WGH Director of Rehabilitation Services*
- *Brian Holcomb, WGH Emergency Medical Services Director*
- *Bridget Shepherd, WGH Executive Director of Human Resources*
- *Doug McPherson, WGH Board Member*
- *Eldo Deisher, WGH Vice President of Emergency Services*
- *John Evans, WGH Board Member*
- *Johnny Trimble, WGH Director of Oncology*
- *Kandy Robinson, WGH Director of Laboratory*
- *Katheryn McWhirter, WGH VP of Quality*
- *Kim Pearson, WGH EVP of Clinical Services/Chief Nursing Officer*
- *Lynn Leek, WGH EVP of Finance/Chief Financial Officer*
- *Mark Crummley, WGH Director of Emergency Department*

- *Mark Lockard, WGH Direct of Pharmacy*
- *Matt Militoni, WGH Director of Orthopedics*
- *Matthew Miller, WGH Director of Information Technology – Clinical Informatics Nurse*
- *Nate Stevenson, WGH Board Member*
- *Rob Coleman, WGH Board Member*
- *Toni Brines, WGH Board Member*
- *Tyler Ditch, WGH Controller*
- *William Easton, WGH Board Member*

MEDICAL STAFF FOCUS GROUP PARTICIPANTS (8)

- *Donald Bisby, DPM, Podiatry*
- *Lauren Croft, MD, FAAP, Pediatrics*
- *Julko Fullop, MD, Orthopedic Surgery*
- *Siddharth Jani, MD, FACP, Internal Medicine*
- *Lawrence Jennings, MD, Internal Medicine*
- *Levi McDaniel, MD, Internal Medicine*
- *Justin Miller, MD, Orthopedic Surgery*
- *Laura Ziglar, MD, General Surgery*

COMMUNITY FOCUS GROUP PARTICIPANTS (19)

- *Bill Stinson, Country Financial and WCHC Board*
- *Blake Witsman, Premium Rock Bit & Premium Fitness*
- *Craig Newman, Mt. Carmel Area Economic Alliance & WCHC Board*
- *Debbie Dee, WCHC Board*
- *Don Price, First National Bank of Allendale & Mt. Carmel*
- *Erica Kiefer, Retired Educator, Board of WCHC*
- *Janice Alka, School Board Member*
- *Joe Judge, Mayor, Mt. Carmel*
- *Judy Wissel, Administrator of WCHC*
- *Kevin Madden, General Manager, WSJD*
- *Mark Brines, WCHC Board*
- *Matt Fowler, President, Wabash Community College*
- *Mike McWilliams, Mt. Carmel Chief of Police and WCHC Board*

- *Mike White, Former Board Member WGH*
- *Ryan Turner, City Manager, Mt. Carmel*
- *Scott West, County Commissioner*
- *Shelia Wallace, First Mid Bank & Trust*
- *Stephanie Kolb, Certified School Nurse*
- *Susan Zimmerman, Mt. Carmel City Commissioner*
- *Tim Hocking, Board Chair, County Commissioner*

Both the individual interviews and focus groups collected feedback on perceived health needs of the community. For the focus groups, sessions were designed to facilitate individual feedback, small group discussion as well as discussion as a large group.

The groups were asked to **confirm an existing list of and identify additional available health services in the community.** The list of health services has been included in the report section titled “Inventory of Select Community Health Services.”

Next, participants were asked about their **overall perception of the community’s health.** The majority of respondents indicate the community’s health is “poor,” due to the lack of access to fresh foods/grocery options, rates of obesity, substance abuse and low community engagement in taking advantage of available wellness programs and services.

Some of the more positive comments included:

- *We have activities for all ages.*
- *Wabash County is fortunate to have the services [we have] available for a community our size.*
- *Outstanding service providers.*
- *Excellent facilities and efforts to promote good health.*

Those who see the community health as “average,” provided feedback that included the following:

- *I believe there are resources available, but the community is slow to react.*
- *Lack of access to services due to socioeconomic status.*
- *Improving slowing but still below average nationally. Lack of education, resources and low-income areas.*

Participants were also asked about **health or environmental concerns** in the area:

- *Powerplant (cancer rates, fertility issues)*
- *Farming (heavy machinery accidents, chemicals/pesticides)*
- *Mining*
- *Lead exposure*
- *Radon*
- *Screen-time (impacts to vision and sleep, sedentary lifestyle)*
- *Vaping*

What can be done to **improve health and quality of life (well-being) in the community?** Sample responses included:

- *Addressing the homeless population*
- *Addressing mental health and substance abuse*
- *Safe House for addicts who need a sober environment*
- *Indoor exercise/walking space*
- *Health clinics within the schools*
- *Dermatology services*

Finally, participants were asked what **health care services currently not provided, need to be available in this community?** **Mental health and substance abuse services** remains the top priority for community members. Other health services mentioned include:

- *Hospice/palliative care services*
- *Elder care*
- *Memory care*
- *Audiology/hearing aid services*

COMMUNITY HEALTH NEEDS ASSESSMENT ONLINE SURVEY (34)

An online survey was also developed and deployed to community members via social media and sharing through local community partners. The survey was open from August 2023 to October 2023 and included 33 questions.

There were 34 survey respondents, with the majority being Female and living in Wabash County. 97% of the respondents identified as Caucasian/White and most survey respondents were in the age range of 35 – 65+.

The majority (94%) of those who responded to the survey indicate have a healthcare provider they see regularly. Care is mostly received in a primary care provider office and most (90%) describe their overall health as either “excellent” or “good.”

Survey respondents indicate the most serious health issues facing the community are:

- *Mental health*
- *Overweight/obesity*
- *Substance abuse*
- *Alcohol abuse*

The summary report of online survey results can be found in **Appendix C** – Community Health Needs Assessment Online Survey Results

PRIORITIZATION OF HEALTH NEEDS

In consideration of the quantitative as well as qualitative feedback, the following community health needs were identified and prioritized:

- *Mental health services*
- *Substance abuse services*
- *Continued expansion of specialty services*
 - *Dermatology*
 - *Urology*
 - *Ear, Nose, and Throat*
- *Continue collaboration with and supporting community-based programs for wellness initiatives.*

INVENTORY OF SELECT COMMUNITY HEALTH SERVICES

Acorn Estates Assisted Living Facility

Addus Home Care

Agency on Aging

Air Evac Life Team

Alcoholics Anonymous

Alka Family Chiropractic Center

All Things in Common (ATIC)

Anytime Fitness

Beall Woods State Park

B&D Independence

Brown Bag Buddies

Caring Closet

Carle Clinic (Olney)

City Park

Comprehensive Dental Care

Counsel on Aging

Fairfield Memorial Hospital
(Wayne County)

Farm Bureau (safety training)

Food Pantries through local churches

Guardian Center

Hamilton Memorial Hospital

Help at Home

Hope Pregnancy & Resource Center

Joyful Speech

Susan G. Komen Greater Evansville

Lake Froman

Lawrence County Memorial Hospital

Lincoln Park

Lunch Wagon

Meals on Wheels

Mount Carmel Massage Therapy

Oakview Heights Continuous Care and Rehabilitation

Oakview Villa

Opportunities for Access

Pharmacies

Premium Fitness	Wabash County Health Department
Project Success	
Rides Mass Transit District	Wabash County Housing Authority
Safe Haven (women's shelter)	Wabash County Medical Center
School nurses	Wabash County Youth Center
Senior Center	Wabash County Emergency Management Agency (WEMA)
Stopping Woman Abuse Now (SWAN)	Wabash General Hospital
The Smile Center	Wabash Rally Against Cancer (WRAC)
Tristate Clinic of Chiropractic	Wabash Valley Youth in Action
Villas of Hollybrook Assisted Living & Memory Care	Wednesday's Child
Wabash Area Development, Inc.	
Wabash Area Vocational Enterprises (WAVE)	

DOCUMENTING AND COMMUNICATING RESULTS

Per IRS guidelines, this CHNA report will be made available to the general public via the WGH website – www.wabashgeneralhospital.com

A hard copy of this report may be reviewed at the hospital by making a request at the Information Desk located at the Main Entrance of WGH.

WGH will also provide in its annual IRS Schedule H (Form 990) the URL of the webpage on which it has made the CHNA Report and Implementation Strategy widely available to the public. WGH will include a report of the actions taken during the fiscal year to address the significant health needs identified through its most recent CHNA, and provide reasoning for the health indicators identified but not addressed by the organization.

APPROVAL

The 2023 Wabash General Hospital Community Health Needs Assessment was approved by the Wabash General Hospital Board of Directors on _____[DATE].

APPENDIX A – 2023 CHNA IMPLEMENTATION PLAN

Identified Health Need Goals

Mental health services	<ul style="list-style-type: none"> • <i>Expand access to mental health service by hiring additional trained professionals</i> • <i>Expand access to mental health services by offering services at the schools</i> • <i>Expand access by offering additional locations</i>
Substance abuse services	<ul style="list-style-type: none"> • <i>Expand or partner substance abuse services to surrounding counties</i>
Expansion of specialty services	<ul style="list-style-type: none"> • <i>Continue expanding specialty services to include consideration of dermatology, urology and otolaryngology.</i>
Continue collaborating with and supporting community-based programs	<ul style="list-style-type: none"> • <i>Continue to support FQHC and partner on funding opportunities that will allow them to expand access.</i> • <i>Continue to support wellness activities in the community</i> • <i>Continue to support food access in the community</i>

APPENDIX B – 2021 - 2023 CHNA IMPLEMENTATION PLAN

Identified Health Need	Goals	Results
Substance abuse services	<ul style="list-style-type: none"> Expand substance abuse services to surrounding counties Focus on identifying funding opportunities for Edwards County to expand services. 	<ul style="list-style-type: none"> Vaping presentation at surrounding high schools Ambulance Department received grant to provide Narcan
Mental Health	<ul style="list-style-type: none"> Expand access to mental health service by hiring additional trained professionals Expand access to mental health services by offering services at the school Expand education to the community about mental health services offered We will have LCHD provide mental health first aid training to staff. 	<ul style="list-style-type: none"> Added PMHNP Completed training with AHEC Provided mental health education on our social media
Expansion of Specialists	<ul style="list-style-type: none"> Oncology ENT Urology Cardiology 	<ul style="list-style-type: none"> Added Dr. Jordan (fulltime) Added Dr. Ni Added Chiropractor Added infusion chairs Added spine surgery service line
Wellness: Expand access to healthy foods	<ul style="list-style-type: none"> Continue community garden Support local food pantries Support farmers market 	<ul style="list-style-type: none"> Community garden maintained yearly Provide donations to area food banks and food support programs
Wellness: Lifestyle/dietary education focus (healthy living, diabetes management)	<ul style="list-style-type: none"> Provide health education to students in district 348 along with Edwards Co. Continue to provide educational videos 	<ul style="list-style-type: none"> Vaping presentation at surrounding schools Host lunch and learns to community

	<p><i>through social media channels</i></p> <ul style="list-style-type: none"> • <i>Continue the health extravaganza.</i> 	<ul style="list-style-type: none"> • <i>Offer MyChart self-scheduling for mammograms</i> • <i>Provide sun safety education at Wabash County Safety Day</i> • <i>Stroke Support Group</i> • <i>Developmental Play Group</i> • <i>Provided lifestyle and nutrition education on social media</i> • <i>Provide back to school physical and sport physicals</i> • <i>Provide free foot care clinics</i> • <i>Provide free skin check days</i>
<p>Wellness: Focus on early intervention programs/services</p>	<ul style="list-style-type: none"> • <i>Increase annual wellness visits and preventive services in the community.</i> • <i>Market the importance of annual screenings to prevent chronic illness.</i> • <i>Convert primary health clinics to a Patient Centered Medical Home model.</i> 	<ul style="list-style-type: none"> • <i>Added chronic care managers to each primary care location</i> • <i>RHCs designed as PCMH</i> • <i>HRSA grant for Comprehensive Rural Health</i>
<p>Continue collaborating with and supporting community-based programs</p>	<ul style="list-style-type: none"> • <i>Continue to support FQHC and partner on funding opportunities that will allow them to expand access.</i> 	<ul style="list-style-type: none"> • <i>Applied for grants which would allow WCHC to offer additional services</i> • <i>WGH continues to financially support FQHC</i>

APPENDIX C – COMMUNITY HEALTH NEEDS ASSESSMENT ONLINE SURVEY RESULTS

Community Health Needs Assessment Online Survey Summary

Wabash General Hospital
October 2023

Overview

- As part of the 2023 Wabash General Hospital Community Health Needs Assessment, an online survey was used to collect the feedback of community members.
- The survey was live from August 2023 – October 2023
- The survey consisted of 33 questions, inclusive of demographic questions.

Survey Questions

Questions that indicate "select all" or "pick items" have prefilled options along with an "Other" option

1. Do you have a physician, nurse practitioner, or physician assistant you see regularly for health care needs?
2. Where do you receive your medical care (select all that apply)?
3. How would you describe your overall health?
4. How would you describe your mental health?
5. Please choose the health challenges you face (select all that apply).
6. Are you receiving the medical care you need?
7. What issues prevent you from accessing the care you need (select all that apply)?
8. Which of the following preventative procedures have you had in the past 12 months (select all that apply)?
9. Please choose all the statements that apply to you. (list of health behaviors)
10. Where do you get most of your health information? (select all that apply)
11. Are you active in a community of faith or church?
12. On a typical day, how would you rate your level of stress?
13. How do you cope with stress?
14. In the past 12 months, have you felt unsafe in any way?
15. Do you see affordable housing/utilities as an issue in your area?
16. As far as your living situation, do any of the following apply to you?

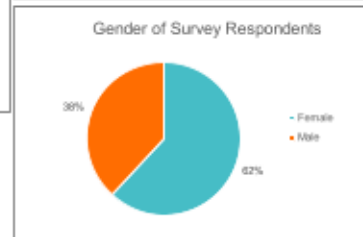
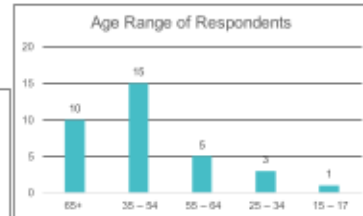
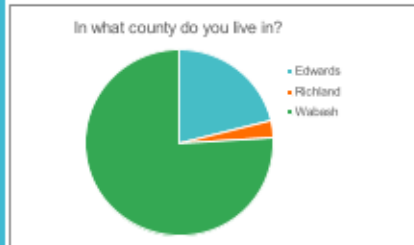
Survey Questions

Questions that indicate "select all" or "pick items" have prefilled options along with an "Other" option

17. What is your regular source of transportation?
18. Do you regularly have access to fresh fruits and vegetables?
19. Have either you or an immediate family member been diagnosed with any of the following health conditions?
20. Within the last 3 years, have you or someone you know been affected by opioid substance abuse?
21. On a typical day, how many cigarettes do you smoke (actual or electronic/vapor)?
22. What type of insurance do members of your household have?
23. Please select the top 3 health challenges our community faces.
24. Pick 3 items needed to improve the health of our community.
25. What is your age?
26. What is your gender?
27. How would you describe your race/ethnicity?
28. What is your employment status?
29. What is your annual household income?
30. How would you describe the current health of your personal financial situation?
31. What is the highest level of education you have attained?
32. In which county do you live?
33. Do you have any children under the age of 18 living with you?

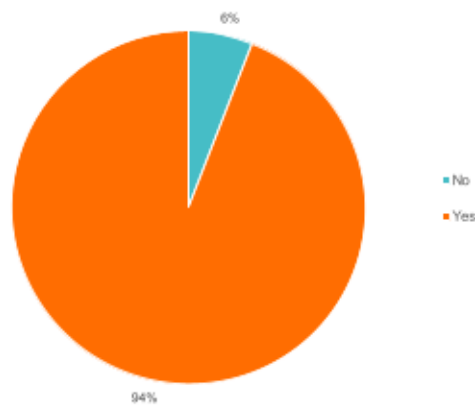
Demographics of Survey Respondents

- 34 Survey Respondents
- 97% of the 34 respondents identified as Caucasian/White; 1 individual identified as biracial

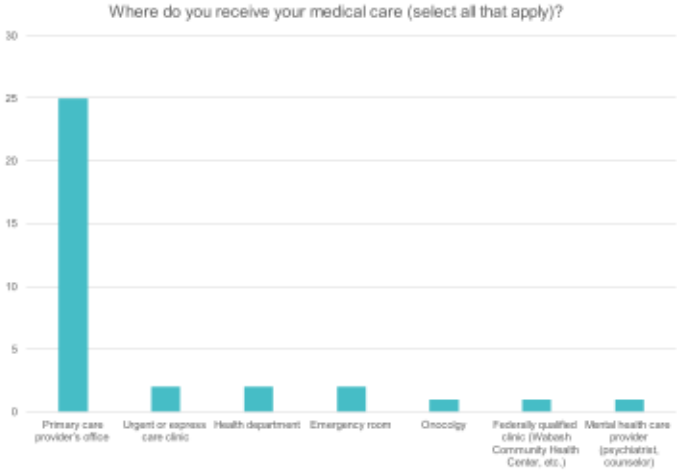


Do you have a physician, nurse practitioner or physician assistant you see regularly?

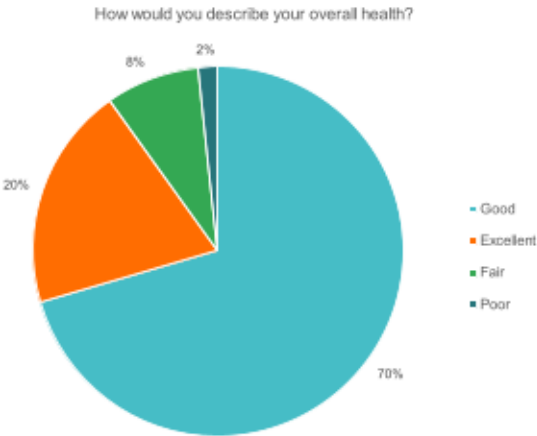
Do you have a physician, nurse practitioner or physician assistant you see regularly?



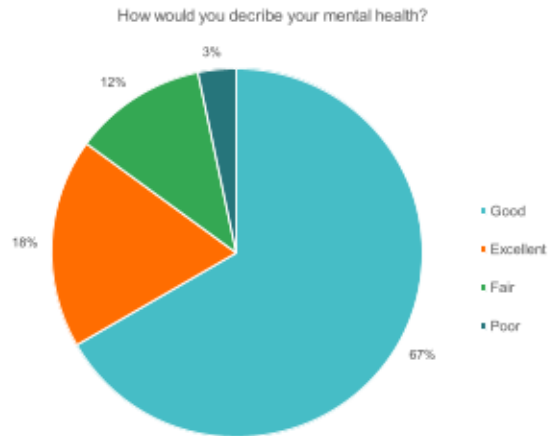
Where do you receive your medical care (select all that apply)?



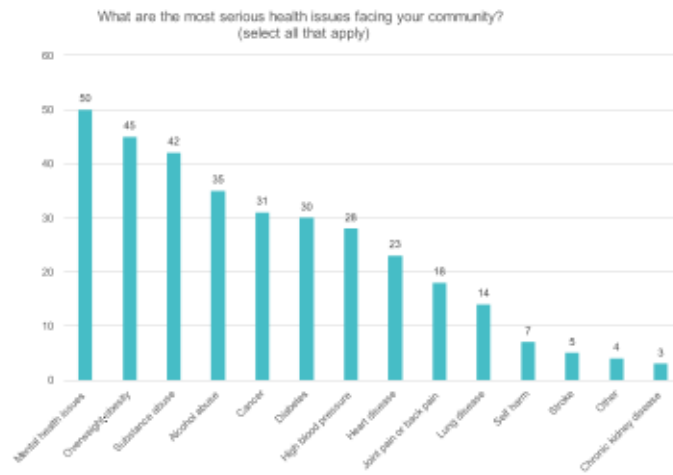
How would you describe your overall health?



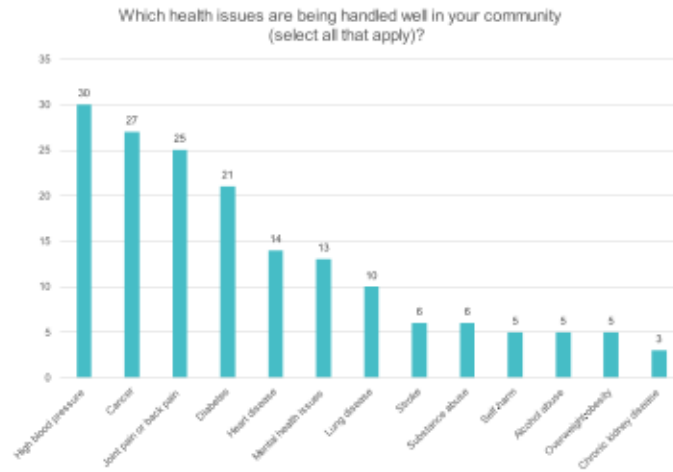
How would you describe your mental health?



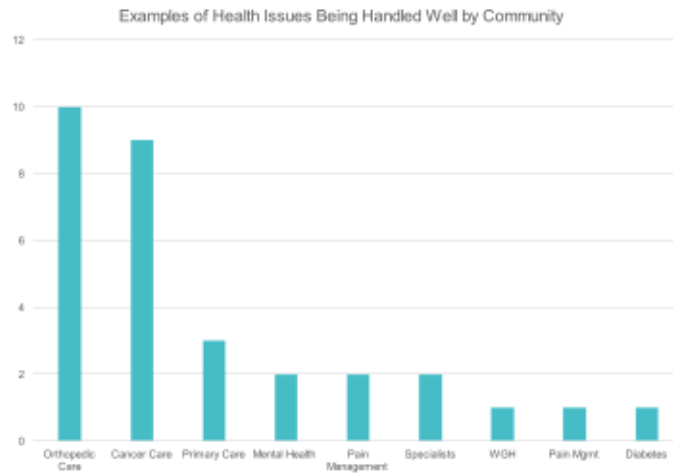
What are the most serious health issues facing your community (select all that apply)?



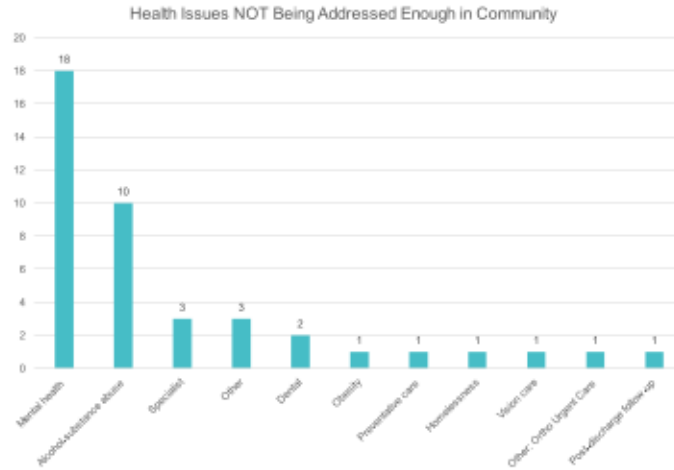
Which health issues are being handled well in your community (select all that apply)?



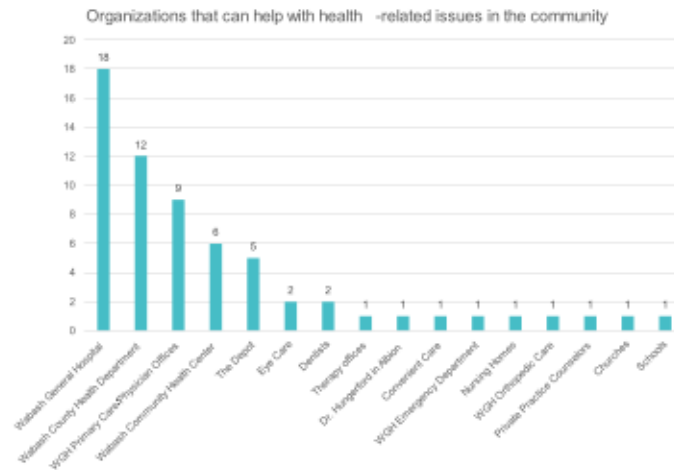
Please provide examples of health issues that are being handled well by the community.



Which important health issues are NOT being addressed enough in your community?



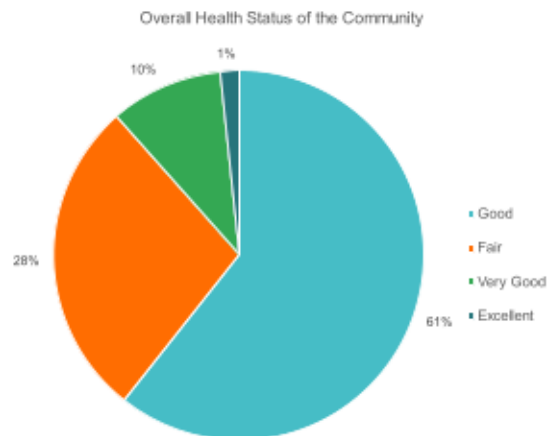
Where are some of the places you know that can help with health-related issues in your community?



What issues prevent you or family members from accessing the care you need (select all that apply)?

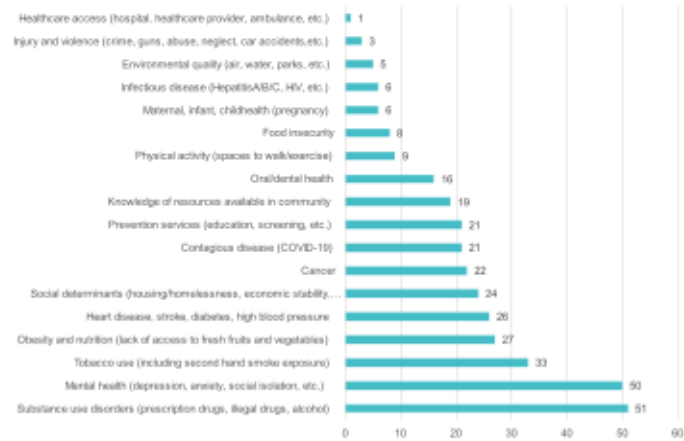


What is your perception of the overall health status of your community?



Please select the health challenges our community faces (select all that apply).

Health Challenges in the Community



Pick three (3) items needed to improve the health of our community.

Top Things to Improve the Health of Community

