

COMMUNITY HEALTH
NEEDS ASSESSMENT
2016



A Collaborative Approach to Impacting Population Health
in Mt. Carmel and Surrounding Areas

WABASH GENERAL HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT

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COMMUNITY HEALTH NEEDS ASSESSMENT

I. INTRODUCTION

Executive Summary

Wabash Hospital, conducted a Community Health Needs Assessment (CHNA) over a period of several weeks in the fall of 2016. The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. 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 in partnership with representatives from the community by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN). ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies and improving healthcare services for member critical access hospitals and their rural communities.

The process involved the review of several hundred pages of demographic and health data specific to the Wabash General Hospital service area. The secondary data and previous public health planning conclusions draw attention to several common issues of rural demographics and economies and draw emphasis to issues related to mental health services, wellness, access to dental care, physician and specialist supply, and related issues.

In addition, the process involved focus groups comprised of area healthcare providers and partners and persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health. Members of medically underserved, low-income, and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to healthcare due to geographic, language, financial, or other barriers.

Two focus groups met on October 11 and October 17 to discuss the overall state of health and the local delivery of healthcare, and health-related services. They identified positive recent developments in local services and care and also identified issues or concerns that they felt still existed in the area.

A third group comprised of members or representatives of the focus groups then met and considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health needs; the health disparities associated with the health needs; the importance the community places on addressing the health needs; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health needs.

As an outcome of the prioritization process, discussed above, several potential health needs or issues flowing from the primary and secondary data were not identified as significant current health needs and were not advanced for future consideration.

Five needs were identified as significant health needs and prioritized:

1. Wellness
2. Pediatric services
3. Mental health
4. Local access to additional specialists
5. Expanded services for the elderly

The consultant then compiled a report detailing key data and information that influenced the process and set out the conclusions drawn by the participants. This report was delivered to Wabash General Hospital in November, 2016.

Background

Wabash General Hospital was dedicated on June 3, 1951. The hospital had a bed capacity of 52 beds and 18 bassinets. In September of 1957, the residents of Wabash County gave approval by popular vote for Wabash General Hospital to switch from a county operation to the hospital district plan. Wabash General Hospital received full accreditation by the Joint Commission on Accreditation of Healthcare Organizations in 1954.

Various renovations and improvements were made to Wabash General Hospital, including the renovation of the dietary department in 1965, an intensive coronary care/recovery room in 1971, roof replacement, cafeteria redecoration, and repairing of the building's exterior in 1972. An ancillary building attached to the hospital was opened June 8, 1975, to house the radiology, lab, admitting, and emergency room departments. There were also two doctors' offices in the facility.

In February 1980, the Board began planning for a new 38,000 square foot, one-story facility. Groundbreaking for the new facility was held on August 22, 1982. Formal dedication of the new Wabash General Hospital occurred on October 16, 1983. On March 19, 1999, the hospital broke ground on a \$4.5 million renovation project. This project moved outpatient services to the front of the building, consolidated departments that were spread throughout the hospital, and provided for more efficient services for patients and visitors. There were approximately 8,000 square feet of new construction and 18,000 square feet of renovation completed. The ribbon-cutting ceremony was held on May 10, 2000.

On June 12, 2002 Wabash General Ambulance Service upgraded to paramedic status. In Mid-2003, Wabash General Hospital became designated as a critical access hospital. WGH added the stand-alone Convenient Care after hours clinic in 2007 in the multi-specialty clinic area. In 2007, WGH partnered with three other area hospitals to provide a mobile mammography service. In July of 2011, a new Medical Office Building was opened across the street from the main hospital building. This new construction was needed to house the growing Orthopedic Surgery & Sports Medicine Department. In addition, the Rehabilitation Services Department is located in this facility, with the exception of Cardiac Rehab, which remains inside the hospital building.

The south portico in 2013 made for much easier access to mammography, MRI, and PET-CT Scan units. A new south entrance to the hospital grounds was also added in the project. In January of 2014, WGH opened an Orthopedic Surgery & Sports Medicine Clinic in Fairfield, Illinois. In June of 2014, WGH opened an Orthopedic Surgery & Sports Medicine Clinic in Carmi, Illinois.

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The Community Health Needs Assessment was developed and conducted in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN). ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies and improving healthcare services for member critical access hospitals and their rural communities. ICAHN, with 55 member hospitals, is an independent network governed by a nine-member board of directors, with standing and project development committees facilitating the overall activities of the network. ICAHN continually strives to strengthen the capacity and viability of its members and rural health providers. Wabash General Hospital is a member of the Illinois Critical Access Hospital Network. The Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Mt. Carmel and the surrounding area.

The population assessed was the identified service area and Wabash, White, Wayne, Lawrence, Richland, and Edwards counties. Data collected throughout the assessment process was supplemented with:

- A local asset review
- Qualitative data gathered from broad community representation
- Focus groups, including input from local leaders, medical professionals, health professionals, and community members who serve the needs of persons in poverty and the elderly

Wabash General Hospital is a not-for-profit hospital.

COMMUNITY HEALTH NEEDS ASSESSMENT POPULATION

For the purpose of this CHNA, Wabash General Hospital defined its primary service area and populations as the general population within the geographic area in and surrounding the city of Mt. Carmel, defined in detail below. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance.

DEMOGRAPHICS

Wabash General Hospital's service area is comprised of approximately 1,568 square miles, with a population of approximately 68,577 and a population density of 44 people per square mile. The service area consists of the following rural communities:

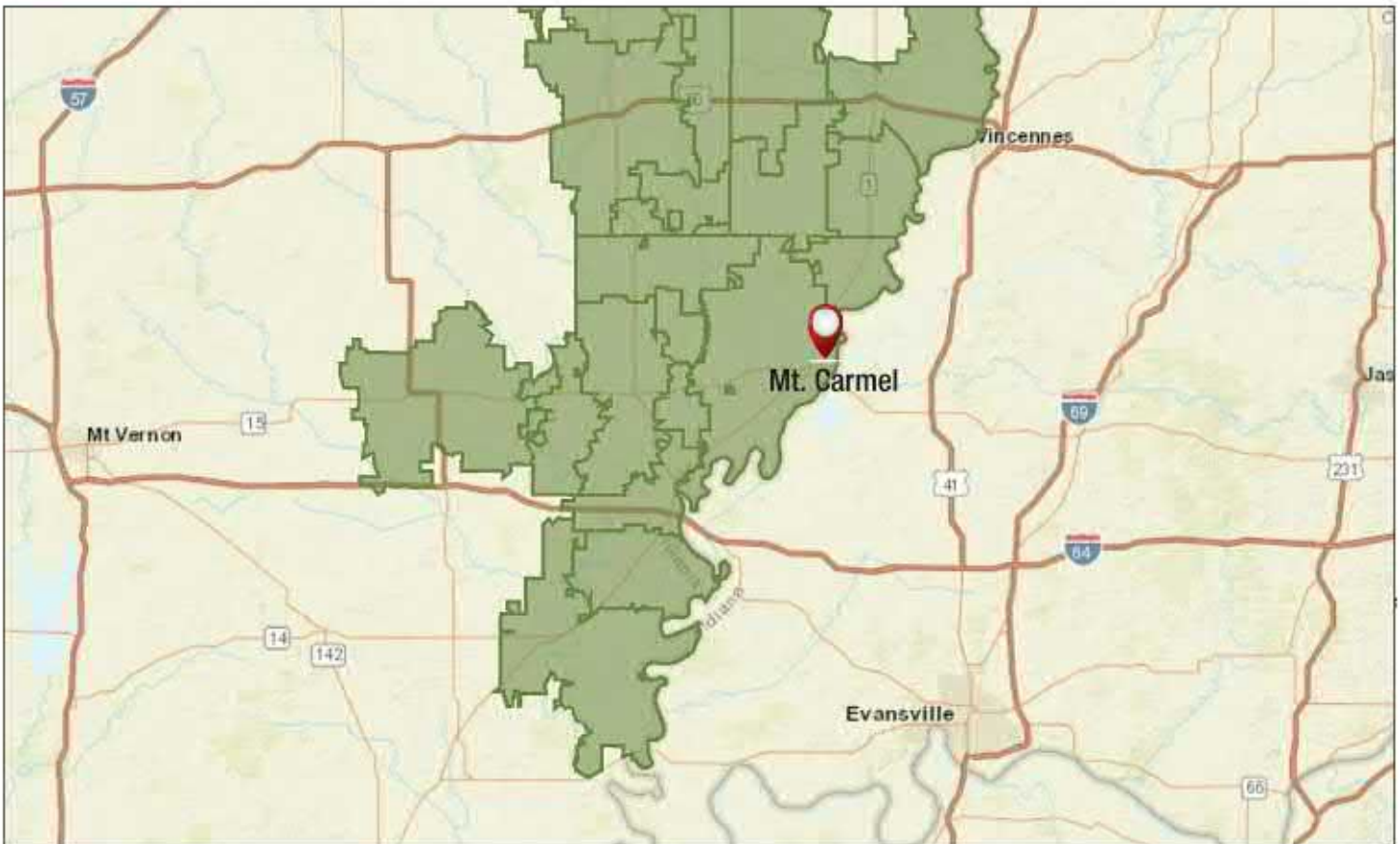
Cities and Towns

- Mt. Carmel
- Bridgeport
- Lawrenceville
- Olney
- St. Francisville
- Sumner
- Albion
- Carmi
- Fairfield
- Grayville

Villages and Unincorporated Communities

- Allendale
- Claremont
- Parkersburg
- Belmont
- Browns
- Ellery
- Keensburg
- Calhoun
- Dundas
- West Salem
- Bone Gap
- Crossville
- Golden Gate

Illustration 1. Wabash General Hospital Service Area



TOTAL POPULATION CHANGE, 2000-2010

According to the U.S. Census data, the population in the region fell from 69,557 to 68,999 between the years of 2000 and 2010, a 0.8% decrease.

Report Area	Total Population 2000 Census	Total Population 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	69,557	68,999	-558	-0.8%
Edwards County	6,971	6,721	-250	-3.59%
Lawrence County	15,452	16,833	1,381	8.94%
Richland County	16,149	16,232	84	0.52%
Wabash County	12,937	11,947	-990	-7.65%
Wayne County	17,151	16,760	-391	-2.28%
White County	15,371	14,665	-706	-4.59%
Illinois	12,416,145	12,830,632	414,487	3.34%
Total Area (Counties)	84,031	83,158	-873	-1.04%

Data Source: Community Commons

The Hispanic population increased in Edwards County by 27 (84.38%), increased in Lawrence County by 416 (303.65%), increased in Richland County by 7 (65.32%), increased in Wabash County by 63 (66.32%), increased in Wayne County by 73 (70.87%), and increased in White County by 55 (53.4%).

In Edwards County, additional population changes were as follows: White -4.47%, Black 200%, American Indian/Alaska Native 50%, Asian -21.43%, and Native Hawaiian/Pacific Islander -100%.

In Lawrence County, additional population changes were as follows: White -2.93%, Black 1,262.71%, American Indian/Alaska Native 80.95%, Asian 111.11%, and Native Hawaiian/Pacific Islander No Data.

In Richland County, additional population changes were as follows: White -0.36%, Black 65.96%, American Indian/Alaska Native 25%, Asian 29.35%, and Native Hawaiian/Pacific Islander -85.71%.

In Wabash County, additional population changes were as follows: White -8.56%, Black 50.98%, American Indian/Alaska Native -4.55%, Asian 20.69%, and Native Hawaiian/Pacific Islander -16.67%.

In Wayne County, additional population changes were as follows: White -2.97%, Black 61.54%, American Indian/Alaska Native 2.94%, Asian 22.41%, and Native Hawaiian/Pacific Islander 0%.

In White County, additional population changes were as follows: White -4.66%, Black 40%, American Indian/Alaska Native -11.32%, Asian 24%, and Native Hawaiian/Pacific Islander 500%.

POPULATION BY AGE GROUPS

Population by gender was 51% male and 49% female, and the region has the following population numbers by age groups:

Report Area	Total Population	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-34
Service Area Estimates	68,577	4,043	10,436	5,122	8,571
Edwards County	6,687	424	1,148	483	676
Lawrence County	16,726	857	2,325	1,212	2,793
Richland County	16,144	966	2,657	1,273	1,778
Wabash County	11,730	673	1,827	989	1,318
Wayne County	16,627	1,035	2,723	1,233	1,839
White County	14,549	917	2,202	1,024	1,617
Illinois	12,868,747	810,671	2,244,295	1,253,226	1,781,319

Report Area Continued	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	7,867	10,057	9,278	13,203
Edwards County	804	966	958	1,228
Lawrence County	2,183	2,581	2,028	2,747
Richland County	1,821	2,340	2,144	3,165
Wabash County	1,263	1,767	1,724	2,169
Wayne County	1,920	2,298	2,270	3,309
White County	1,567	2,101	2,007	3,114
Illinois	1,699,140	1,823,332	1,560,481	1,696,283

Data Source: Community Commons

HIGH SCHOOL GRADUATION RATE

This indicator reports the average freshman graduate rate, which measures the percentage of students receiving their high school diploma within four years. This indicator is relevant because low levels of education are often linked to poverty and poor health.

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Service Area Estimates	No data	No data	No data
Edwards County	80	74	93.0
Lawrence County	10	168	79.9
Richland County	225	191	84.9
Wabash County	158	121	76.5
Wayne County	207	183	88.3
White County	201	162	80.8
Illinois	169,361	131,670	77.7

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION WITHOUT A HIGH SCHOOL DIPLOMA *(Ages 25 and Older)*

Within the service area, there are 7,139 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 14.58% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With No HS Diploma	% Population Age 25+ With No HS Diploma
Service Area Estimates	48,976	7,139	14.58%
Edwards County	4,632	579	12.5%
Lawrence County	12,332	Need Numbers	Need Numbers
Richland County	11,248	1,154	10.26%
Wabash County	8,241	835	10.13%
Wayne County	11,636	1,591	13.67%
White County	10,406	1,398	13.43%
Illinois	8,560,555	1,062,144	12.41%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION WITH ASSOCIATE'S LEVEL DEGREE OR HIGHER

In the service area, 27.99% of the population aged 25 and older, or 13,710 students have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With Associate's Degree or Higher	% Population Age 25+ With Associate's Degree or Higher
Service Area Estimates	48,976	13,710	27.99%
Edwards County	4,632	1,380	29.79%
Lawrence County	12,332	2,487	20.17%
Richland County	11,248	3,899	34.66%
Wabash County	8,241	2,792	33.88%
Wayne County	11,636	3,047	26.19%
White County	10,406	2,764	26.56%
Illinois	8,560,555	3,373,016	39.40%

Note: This indicator is compared with the state average. Data Source: Community Commons

POVERTY – CHILDREN BELOW 100% FPL

Poverty is considered a key driver of health status. Within the service area, 21.12% or 2,998 children are living in households with income below 100% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Population Under Age 18	Population Under Age 18 At or Below 100% FPL	% Population Under Age 18 At or Below 100% FPL
Service Area Estimates	14,192	2,998	21.12%
Edwards County	1,568	262	16.71%
Lawrence County	3,155	620	19.65%
Richland County	3,472	696	20.05%
Wabash County	2,473	406	16.42%
Wayne County	3,708	953	25.70%
White County	3,046	665	21.83%
Illinois	3,011,614	612,922	20.35%

Note: This indicator is compared with the state average. Data Source: Community Commons

POVERTY – CHILDREN BELOW 200% FPL

Within the service area, 48.76% or 6,920 children are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Population Under Age 18	Population Under Age 18 At or Below 200% FPL	% Population Under Age 18 At or Below 200% FPL
Service Area Estimates	14,192	6,920	48.76%
Edwards County	1,568	749	47.77%
Lawrence County	3,155	1,674	53.06%
Richland County	3,472	1,511	43.52%
Wabash County	2,473	1,111	44.93%
Wayne County	3,708	1,995	53.80%
White County	3,046	1,383	45.40%
Illinois	3,011,614	1,243,877	41.30%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION IN POVERTY (100% FPL and 200% FPL)

Poverty is considered a key driver of health status. Within the service area, 14.57% or 9,047 individuals are living in households with income below 100% of the Federal Poverty Level (FPL). This is higher than the Illinois statewide poverty level of 14.41%. Within the service area, 37.05% or 23,006 individuals are living in household with income below 200% of the Federal Poverty Level (FPL). This is higher than the Illinois statewide poverty level of 31.86%. This indicator is relevant because poverty creates barriers to access including health services, nutritional food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Below 100% FPL	Population Below 200% FPL
Service Area Estimates	62,100	9,048	23,006
Edwards County	6,652	830	2,489
Lawrence County	11,142	1,450	4,565
Richland County	15,815	2,369	5,710
Wabash County	11,608	1,549	3,911
Wayne County	16,502	2,533	6,152
White County	14,161	2,035	5,081
Illinois	12,566,139	1,810,470	4,004,005

Note: This indicator is compared with the state average. Data Source: Community Commons

INCOME – FAMILIES EARNING OVER \$75,000

In the service area, 31.63%, or 5,575 families report a total annual income of \$75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

Report Area	Total Families	Families With Income Over \$75,000	% Families With Income Over \$75,000
Service Area Estimates	17,628	5,575	31.63%
Edwards County	1,776	510	28.72%
Lawrence County	3,314	859	25.92%
Richland County	4,174	1,404	33.64%
Wabash County	3,285	1,187	36.13%
Wayne County	4,907	1,535	31.28%
White County	4,246	1,524	35.89%
Illinois	3,131,125	1,480,485	47.28%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION WITH ANY DISABILITY

Within the service area, 17.72% or 11,049 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.62% in Illinois. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status is Determined)	Total Population With a Disability	% Population With a Disability
Service Area Estimates	62,338	11,049	17.72%
Edwards County	6,652	1,042	15.66%
Lawrence County	11,169	2,053	18.38%
Richland County	15,943	2,769	17.37%
Wabash County	11,635	2,024	17.40%
Wayne County	16,552	2,671	16.14%
White County	14,212	2,636	18.55%
Illinois	12,690,056	1,347,468	10.62%

Note: This indicator is compared with the state average. Data Source: Community Commons

CHILDREN ELIGIBLE FOR FREE/REDUCED PRICE LUNCH

Within the service area, 5,097 public school students (50.4%) are eligible for free/reduced price lunch out of 10,113 total students enrolled. This is lower than the Illinois statewide free/reduced price lunch of 51.44%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Students	Number Free/Reduced Price Eligible	% Number Free/Reduced Price Eligible
Service Area Estimates	10,113	5,097	50.40%
Edwards County	960	366	38.13%
Lawrence County	2,285	1,224	53.57%
Richland County	2,423	1,307	53.94%
Wabash County	1,772	883	49.83%
Wayne County	2,549	1,228	48.18%
White County	2,592	1,316	50.77%
Illinois	2,049,231	1,044,588	51.44%

Note: This indicator is compared with the state average. Data Source: Community Commons

FOOD INSECURITY RATE

This indicator reports the estimated percentage of the population that experienced food insecurity at some point during the report year. Food insecurity is the household-level economic and social condition of limited or uncertain access to adequate food.

Report Area	Total Population	Total Food Insecure Population	% Food Insecure Population
Service Area Estimates	68,656	9,252	13.48%
Edwards County	6,695	870	12.99%
Lawrence County	16,702	2,380	14.25%
Richland County	16,213	2,290	14.12%
Wabash County	11,848	1,470	12.41%
Wayne County	16,674	2,200	13.19%
White County	14,630	1,920	13.12%
Illinois	12,882,135	1,755,180	13.62%

Note: This indicator is compared with the state average. Data Source: Community Commons

INCOME – PER CAPITA INCOME

The per capita income for the report area is \$22,010. This includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources. The per capita income in this report area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income (\$)	Per Capita Income (\$)
Service Area Estimates	68,577	\$1,509,436,992	\$22,010
Edwards County	6,687	\$146,416,096	\$21,895
Lawrence County	16,726	\$237,648,192	\$14,208
Richland County	16,144	\$387,384,608	\$23,995
Wabash County	11,730	\$287,298,496	\$24,492
Wayne County	16,627	\$397,332,992	\$23,896
White County	14,549	\$383,918,112	\$26,387
Illinois	12,868,747	\$386,312,175,616	\$30,019

Note: This indicator is compared with the state average. Data Source: Community Commons

INCOME – PUBLIC ASSISTANCE INCOME

This indicator reports the percentage of households receiving public assistance income. Public assistance income includes general assistance and Temporary Assistance to Needy Families (TANF). Separate payments received for hospital or other medical care (vendor payments) are excluded. This does not include Supplemental Security Income (SSI) or non-cash benefits, such as food stamps.

Report Area	Total Households	Households With Public Assistance Income	% Households With Public Assistance Income
Service Area Estimates	26,899	728	2.71%
Edwards County	2,747	58	2.11%
Lawrence County	4,981	73	1.47%
Richland County	6,576	316	4.81%
Wabash County	4,806	105	2.18%
Wayne County	7,047	155	2.20%
White County	6,300	125	1.98%
Illinois	4,778,633	120,020	2.51%

Note: This indicator is compared with the state average. Data Source: Community Commons

INSURANCE – POPULATION RECEIVING MEDICAID

This indicator reports the percentage of the population with insurance enrolled in Medicaid (or other means-tested public health insurance). This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Population (For Whom Insurance Status is Determined)	Population With Any Health Insurance	Population Receiving Medicaid	% Insured Population Receiving Medicaid
Service Area Estimates	62,338	56,429	12,644	22.41%
Edwards County	6,652	6,065	1,474	24.30%
Lawrence County	11,169	10,144	2,500	24.65%
Richland County	15,943	14,347	2,986	20.81%
Wabash County	11,635	10,496	1,829	17.43%
Wayne County	16,552	15,012	3,072	20.46%
White County	14,212	12,714	3,077	24.20%
Illinois	12,690,056	11,126,169	2,282,641	20.52%

Note: This indicator is compared with the state average. Data Source: Community Commons

INSURANCE – UNINSURED ADULTS

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of adults age 18 to 64 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Ages 18-64	Population With Medical Insurance	% Population With Medical Insurance	Population Without Medical Insurance	% Population Without Medical Insurance
Service Area Estimates	38,180	32,438	84.96%	5,742	15.04%
Edwards County	3,841	3,421	89.07%	420	10.93%
Lawrence County	8,297	7,395	89.13%	902	10.87%
Richland County	9,287	9,356	89.98%	931	10.02%
Wabash County	6,850	6,146	89.72%	704	10.28%
Wayne County	9,564	8,463	88.49%	1,101	11.51%
White County	8,056	7,143	88.67%	913	11.33%
Illinois	7,910,376	6,800,762	85.97%	1,109,614	14.03%

Note: This indicator is compared with the state average. Data Source: Community Commons

INSURANCE – UNINSURED CHILDREN

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of children under age 19 without health insurance coverage. This indicator is relevant because lack of insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Report Area	Total Population Under Age 19	Population With Medical Insurance	% Population With Medical Insurance	Population Without Medical Insurance	% Population Without Medical Insurance
Service Area Estimates	15,044	14,417	95.83%	628	4.17%
Edwards County	1,582	1,517	95.89%	65	4.11%
Lawrence County	3,225	3,104	96.25%	121	3.75%
Richland County	3,638	3,502	96.26%	136	3.74%
Wabash County	2,650	2,539	95.81%	111	4.19%
Wayne County	3,855	3,703	96.06%	152	3.94%
White County	3,201	3,078	96.16%	123	3.83%
Illinois	3,099,273	2,983,260	96.26%	116,013	3.74%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION RECEIVING SNAP BENEFITS

This indicator reports the estimated percentage of households receiving the Supplemental Nutrition Assistance Program (SNAP) benefits. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. When combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Households	Households Receiving SNAP Benefits	% Households Receiving SNAP Benefits
Service Area Estimates	26,899	3,374	12.54%
Edwards County	2,747	332	12.09%
Lawrence County	4,981	559	11.22%
Richland County	6,576	860	13.08%
Wabash County	4,806	527	10.97%
Wayne County	7,047	816	11.58%
White County	6,300	819	13.00%
Illinois	4,778,633	599,455	12.54%

Note: This indicator is compared with the state average. Data Source: Community Commons

POPULATION WITH LOW FOOD ACCESS

The indicator reports the percentage of the population living in census tracts designated as food deserts. A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Report Area	Total Population	Population With Low Food Access	% Population With Low Food Access
Service Area Estimates	68,998	11,972	17.35%
Edwards County	6,721	1,243	18.49%
Lawrence County	16,833	3,314	19.69%
Richland County	16,233	1,043	6.43%
Wabash County	11,947	1,915	16.03%
Wayne County	16,760	4,171	24.89%
White County	14,665	4,633	31.59%
Illinois	12,830,632	2,623,048	20.44%

Note: This indicator is compared with the state average. Data Source: Community Commons

LOW INCOME POPULATION WITH LOW FOOD ACCESS

This indicator reports the percentage of the population of low income residents that have low food access. It further focuses data provided for the entire population in the chart above.

Report Area	Total Population	Low Income Population With Low Food Access	% Low Income Population With Low Food Access
Service Area Estimates	68,998	4,876	7.07%
Edwards County	6,721	264	3.93%
Lawrence County	16,833	1,425	8.47%
Richland County	16,233	400	2.46%
Wabash County	11,947	569	4.76%
Wayne County	16,760	1,620	9.67%
White County	14,665	2,169	14.79%
Illinois	12,830,632	584,658	4.56%

Note: This indicator is compared with the state average. Data Source: Community Commons

UNEMPLOYMENT RATE

Total unemployment in the service area for the report month (July, 2016) was 2,076 or 6.7% of the civilian, non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	30,907	28,830	2,076	6.7%
Edwards County	3,049	2,888	161	5.3%
Lawrence County	6,279	5,805	474	7.5%
Richland County	7,340	6,888	452	6.2%
Wabash County	5,889	5,509	380	6.5%
Wayne County	7,676	7,048	628	8.2%
White County	7,214	6,754	460	6.4%
Illinois	6,684,462	6,310,455	374,007	5.6%

Note: This indicator is compared with the state average. Data Source: Community Commons

GROCERY STORE ACCESS

This indicator reports the number of grocery stores per 100,000 population. Grocery stores are defined as supermarkets and smaller grocery stores primarily engaged in retailing a general line of food such as canned and frozen foods, fresh fruits and vegetables, and fresh and prepared meats, fish, and poultry. Included are delicatessen-type establishments. Convenience stores and large general merchandise stores that also retail food, such as supercenters and warehouse club stores, are excluded. This indicator is relevant because it provides a measure of healthy food access and environmental influences on dietary behaviors.

Report Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	68,998	12	18.50
Edwards County	6,721	3	44.64
Lawrence County	16,833	0	0.00
Richland County	16,233	3	18.48
Wabash County	11,947	2	16.74
Wayne County	16,760	3	17.90
White County	14,665	5	34.09
Illinois	12,830,632	2,799	21.80

Note: This indicator is compared with the state average. Data Source: Community Commons

RECREATION AND FITNESS FACILITY ACCESS

This indicator reports the number per 100,000 population of recreation and fitness facilities as defined by North American Industry Classification System (NAICS) Code 713940. This indicator is relevant because access to recreation and fitness facilities encourages physical activity and other health behaviors.

Report Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	68,998	7	10.80
Edwards County	6,721	0	0.00
Lawrence County	16,833	0	0.00
Richland County	16,233	3	18.48
Wabash County	11,947	3	25.11
Wayne County	16,760	2	11.93
White County	14,665	1	6.82
Illinois	12,830,632	1,325	10.30

Note: This indicator is compared with the state average. Data Source: Community Commons

ACCESS TO PRIMARY CARE

This indicator reports the number of primary care physicians per 100,000 population. Doctors classified as "primary care physicians" by the AMA include: General Family Medicine MDs and DOs, General Practice MDs and DOs, General Internal Medicine MDs and General Pediatrics MDs. Physicians age 75 and over and physicians practicing sub-specialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Report Area	Total Population, 2013	Primary Care Physicians, 2013	Primary Care Physicians, Rate per 100,000 Population
Service Area Estimates	68,190	22	32.73
Edwards County	6,672	0	0.00
Lawrence County	16,558	4	24.20
Richland County	16,182	7	43.30
Wabash County	11,665	5	42.90
Wayne County	16,612	8	48.20
White County	14,549	4	27.50
Illinois	12,882,135	10,428	80.90

Note: This indicator is compared with the state average. Data Source: Community Commons

ACCESS TO DENTISTS

This indicator reports the number of dentists per 100,000 population. This indicator includes all dentists qualified as having a doctorate in dental surgery (D.D.S.) or dental medicine (D.M.D.), who are licensed by the state to practice dentistry and who are practicing within the scope of that license.

Report Area	Total Population, 2013	Dentists, 2013	Dentists, Rate per 100,000 Population
Service Area Estimates	68,190	15	22.25
Edwards County	6,672	1	15.00
Lawrence County	16,558	2	12.10
Richland County	16,182	4	24.70
Wabash County	11,665	3	25.70
Wayne County	16,612	4	24.10
White County	14,549	5	24.40
Illinois	12,882,135	8,865	68.80

Note: This indicator is compared with the state average. Data Source: Community Commons

ACCESS TO MENTAL HEALTH PROVIDERS

This indicator reports the rate of the county population and hospital service area to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental healthcare.

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Healthcare Provider (Rate Per 100,000 Population)
Service Area Estimates	No data	No data	No data	No data
Edwards County	6,617	4	1,654.3	60.4
Lawrence County	16,519	31	532.9	187.6
Richland County	16,061	42	382.4	261.5
Wabash County	11,549	33	350.0	285.7
Wayne County	16,543	10	1,654.3	60.4
White County	14,374	14	1,026.7	97.4
Illinois	12,806,917	23,090	554.7	180.2

Note: This indicator is compared with the state average. Data Source: Community Commons

PREVENTABLE HOSPITAL EVENTS

This indicator reports the discharge rate (per 1,000 Medicare enrollees) for conditions that are Ambulatory Care Sensitive (ACS). ACS conditions include pneumonia, dehydration, asthma, diabetes, and other conditions which could have been prevented if adequate primary care resources were available and accessed by those patients. This indicator is relevant because analysis of ACS discharges allows demonstrating a possible "return on investment" from interventions that reduce admissions (for example, uninsured or Medicaid patients) through better access to primary care resources.

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Service Area Estimates	12,106	1,141	94.3
Edwards County	1,411	112	79.7
Lawrence County	2,435	272	111.0
Richland County	2,867	275	96.2
Wabash County	1,986	173	87.5
Wayne County	3,074	254	82.7
White County	2,660	265	99.7
Illinois	1,420,984	92,604	65.2

Note: This indicator is compared with the state average. Data Source: Community Commons

Overall, the service area of Wabash General Hospital is similarly positioned in many key economic and other demographic indicators when compared not only to state and federal measures but also to the overall data from the counties touched

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

Wabash General Hospital led the planning, implementation, and completion of the Community Health Needs Assessment through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney, and former educator and community development specialist, met with hospital executive staff to define the community, scope of the project, and special needs and concerns. An internal working group, possible local sources for secondary data and key external contacts were identified, and a timeline was established.

Internal

Wabash Hospital undertook a three-month planning and implementation effort to develop the CHNA, identify, and prioritize community health needs for its service area. These planning and development activities included the following steps:

- The project was overseen at the operational level by the Executive Assistant, reporting directly to the CEO.
- Arrangements were made with ICAHN to facilitate two focus groups and a meeting to identify and prioritize significant needs. ICAHN was also engaged to collect, analyze, and present secondary data and to prepare a final report for submission to Wabash General Hospital.
- The Executive Assistant worked closely with ICAHN's consultant to identify and engage key community partners and to coordinate local meetings and group activities.

External

Wabash Hospital also leveraged existing relationships that provided diverse input for a comprehensive review and analysis of community health needs in the hospital's service area. These external steps included:

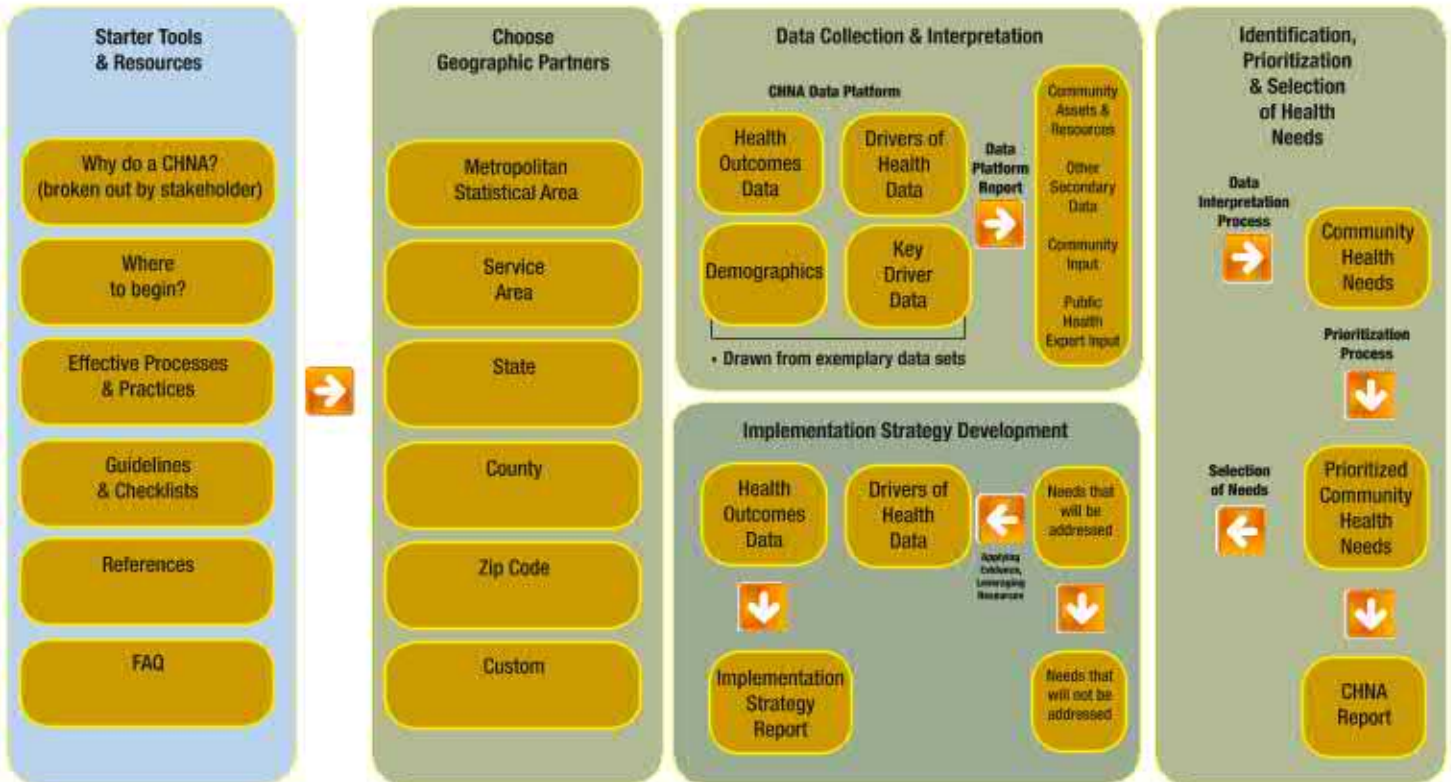
- The Executive Assistant secured the participation of a diverse group of representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out below in the quantitative data list.
- Participation included representatives of the county health department serving the area serving the great majority of the area served by the hospital.

III. DEFINING THE PURPOSE AND SCOPE

The purpose of the CHNA was to 1) evaluate current health needs of the hospital's service area, and 2) identify resources and assets available to support initiatives to address the health priorities identified.

IV. DATA COLLECTION AND ANALYSIS

The overarching framework used to guide the CHNA planning and implementation is consistent with the Catholic Health Association's (CHA) Community Commons CHNA flow chart shown below:



DESCRIPTION OF DATA SOURCES

Quantitative

The following quantitative sources were reviewed for health information:

Source and Description

Behavioral Risk Factor Surveillance System – *The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Centers 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.*

US Census – *National census data is collected by the US Census Bureau every 10 years.*

Centers for Disease Control and Prevention – *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.*

Community Commons – *Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.*

Illinois Department of Employment Security – *The IDES is the state's employment agency. It collects and analyzes employment information.*

National Cancer Institute – *The National Cancer Institute coordinates the National Cancer Program, which conducts and supports research, training, health information dissemination, and other programs with respect to the cause, diagnosis, prevention, and treatment of cancer, rehabilitation from cancer, and the continuing care of cancer patients and the families of cancer patients.*

Illinois Department of Public Health – *The IDPH is the state agency responsible for preventing and controlling disease and injury, regulating medical practitioners, and promoting sanitation.*

HRSA – *The Health Resources and Services Administration of the U.S. Department of Health and Human Services develops health professional shortage criteria for the nation and uses that data to determine the location of Health Professional Shortage Areas and Medically Underserved Areas and Populations.*

Local IPLANs – *The Illinois Project for Local Assessment of Needs (IPLAN) is a community health assessment and planning process that is conducted every five years by local health jurisdictions in Illinois.*

Environmental Systems Research Institute – *ESRI is an international supplier of Geographic Information System (GIS) software, web GIS, and geodatabase management applications. ESRI allows for specialized inquiries at the zip code, or other defined, level.*

Illinois State Board of Education – *The ISBE administers public education in the state of Illinois. Each year, it releases school 'report cards' which analyze the make-up, needs, and performance of local schools.*

U.S. Department of Agriculture – *USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability.*

SECONDARY DATA DISCUSSION

The *County Health Rankings* rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people are and how long they live.

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The *Rankings*, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. (*County Health Rankings and Roadmaps, 2016*)

Wabash County is ranked 68th out of the 102 Illinois counties in the *Rankings* released in April 2016. Wayne County is ranked 82nd, White County is ranked 83rd, Edwards County is ranked 90th, Lawrence County is ranked 59th, and Richland County is ranked 61st.

HEALTH RANKING OBSERVATIONS

Table 1. Health Ranking Observations for Wabash, Wayne, White, Edwards, Lawrence, and Richland Counties

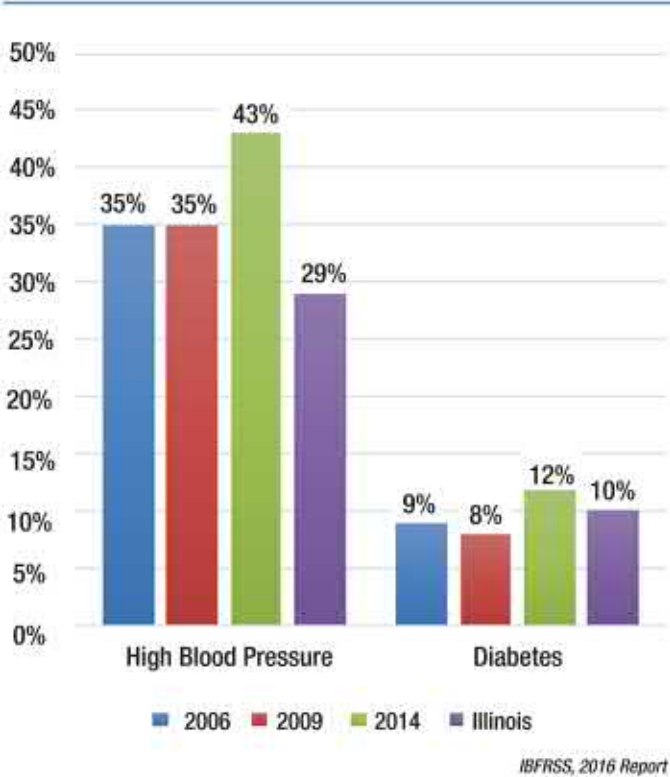
Observation	Wabash County	Wayne County	White County	Edwards County	Lawrence County	Richland County	Illinois
Adults reporting poor or fair health	13%	14%	13%	14%	15%	14%	17%
Adults reporting no leisure time physical activity	28%	28%	25%	27%	26%	29%	22%
Adult obesity	33%	31%	31%	32%	32%	31%	27%
Children under age 18 living in poverty	21%	23%	22%	17%	24%	22%	20%
Uninsured	12%	13%	12%	11%	12%	12%	15%
Teen birth rate (ages 15-19)	48/1,000	42/1,000	57/1,000	45/1,000	43/1,000	44/1,000	33/1,000
Alcohol-impaired driving deaths	25%	32%	18%	20%	24%	25%	36%
Unemployment	6.1%	6.7%	6.0%	6.8%	7.6%	6.8%	7.1%

HEALTH DATA TRENDS

The Illinois Behavioral Risk Factor Surveillance System provides health data trends through the Illinois Department of Public Health in cooperation with the Centers for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services.

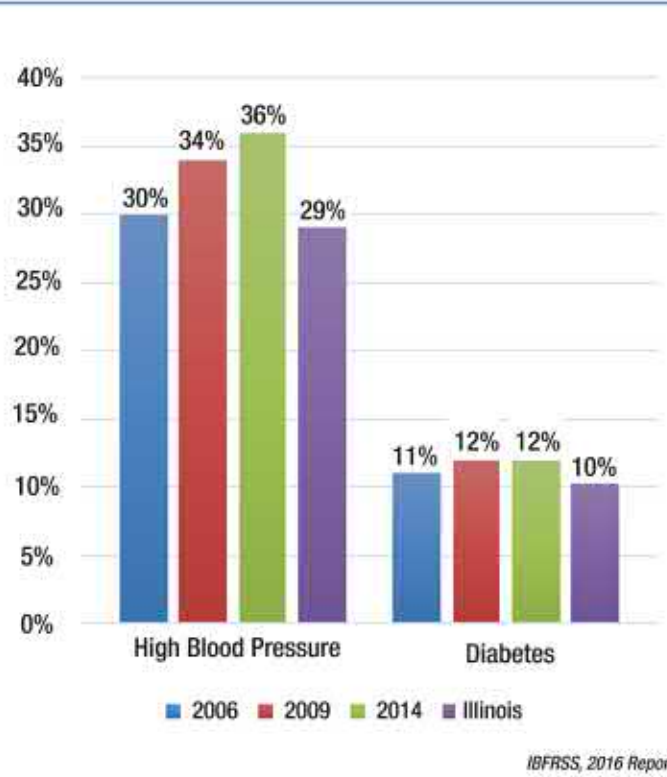
The following tables reflect information from the IBRFSS that indicate areas of likely healthcare needs.

Table 2. Diagnosed Disease Factors – Wabash County



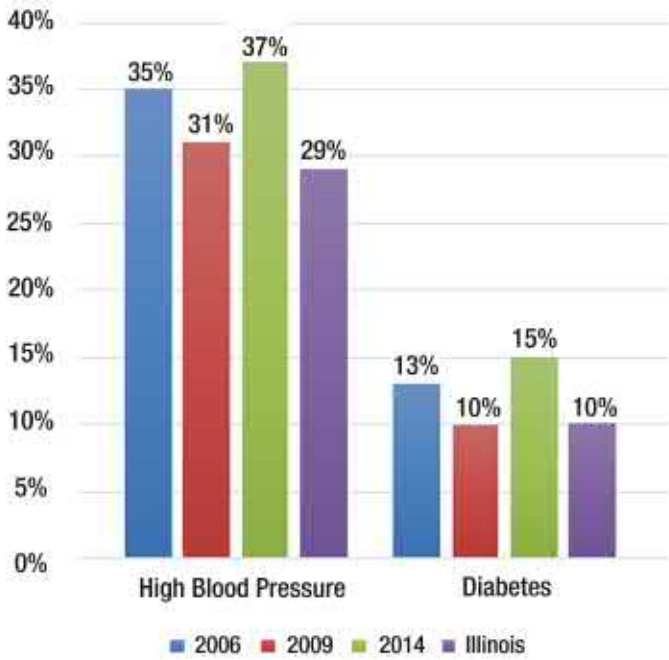
Diagnosis of high blood pressure remains above the state level. Diagnosis of diabetes has increased and is above the state level.

Table 3. Diagnosed Disease Factors – Wayne County



Diagnosis of high blood pressure and diabetes remains above the state level.

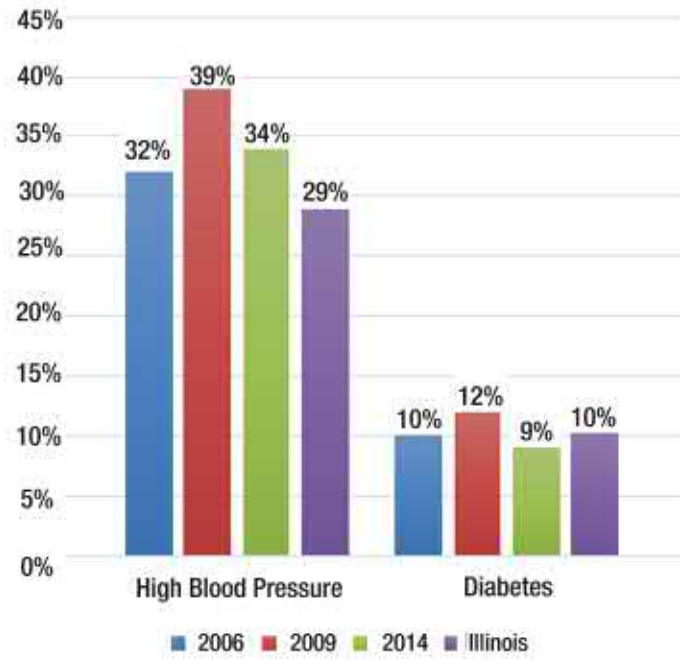
Table 4. Diagnosed Disease Factors – White County



IBFRSS, 2016 Report

Diagnosis of high blood pressure is above the state level and is increasing. Diagnosis of diabetes has increased and is above the state level.

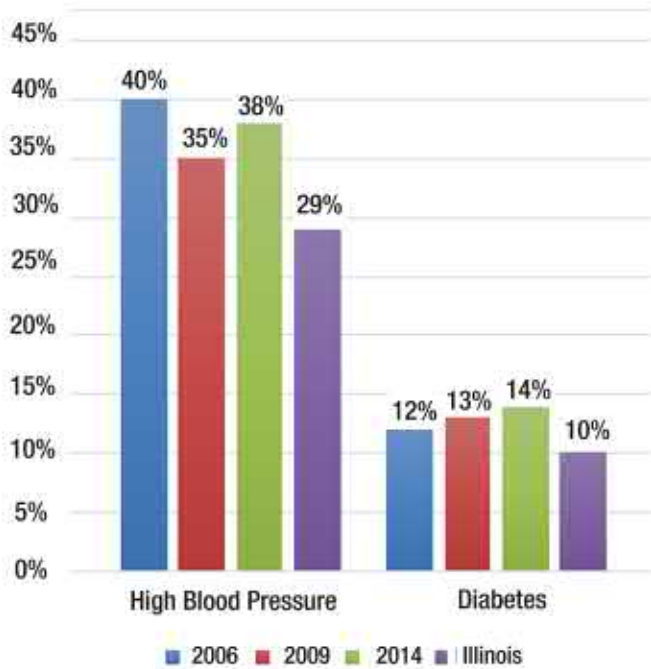
Table 5. Diagnosed Disease Factors – Edwards County



IBFRSS, 2016 Report

Diagnosis of high blood pressure is above the state level. Diagnosis of diabetes was above the state level in 2009, but is now slightly lower than state level.

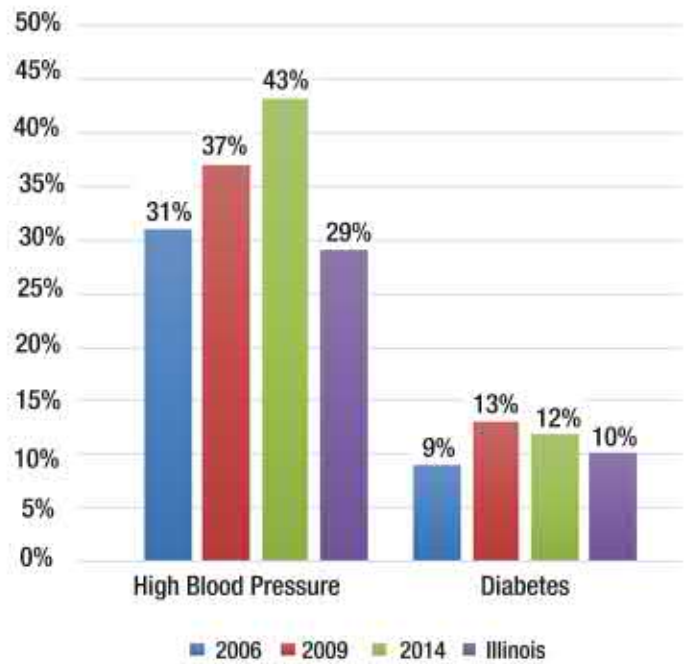
Table 6. Diagnosed Disease Factors – Lawrence County



IBFRSS, 2016 Report

Diagnosis of high blood pressure remains above the state level. Diagnosis of diabetes has increased and is above the state level.

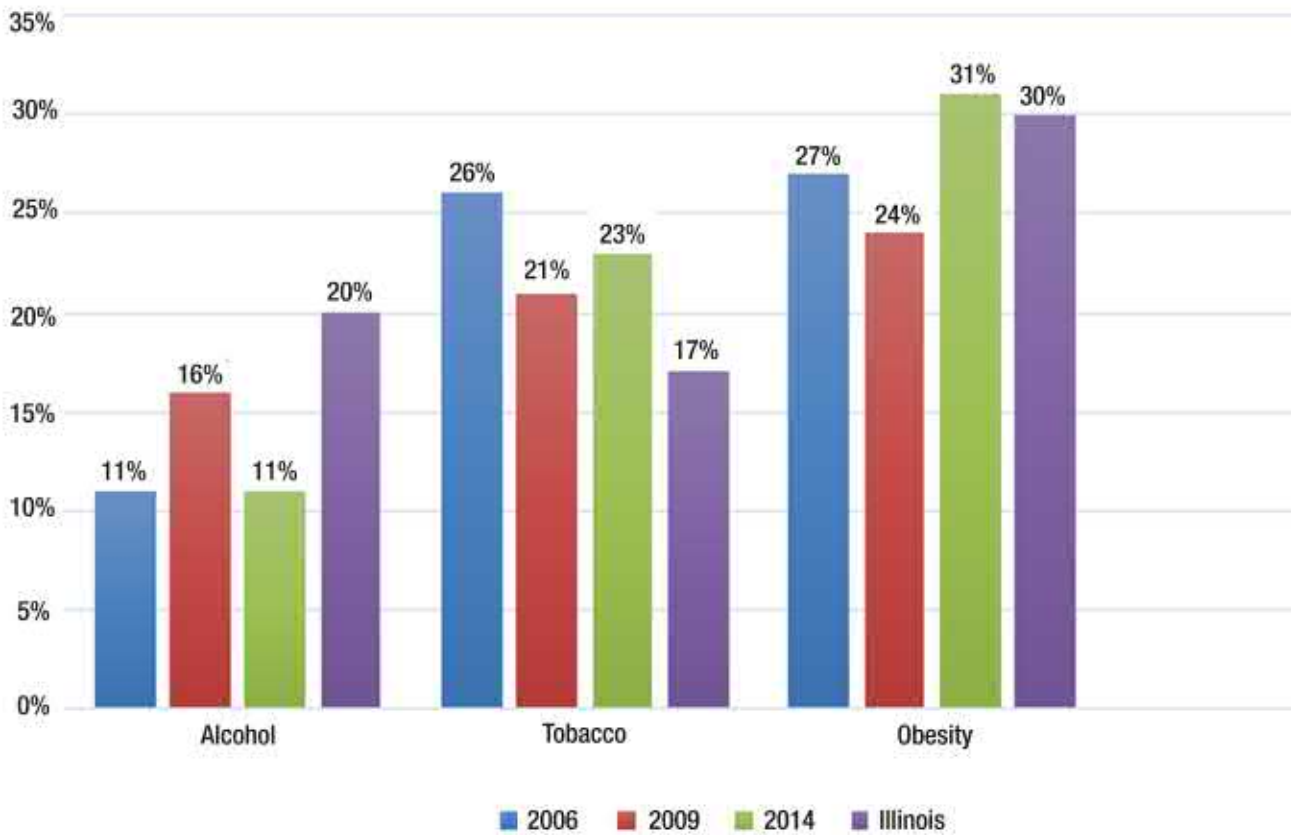
Table 7. Diagnosed Disease Factors – Richland County



IBFRSS, 2016 Report

Diagnosis of high blood pressure remains above the state level. Diagnosis of diabetes was below the state level in 2006 but has been above the state level since 2009.

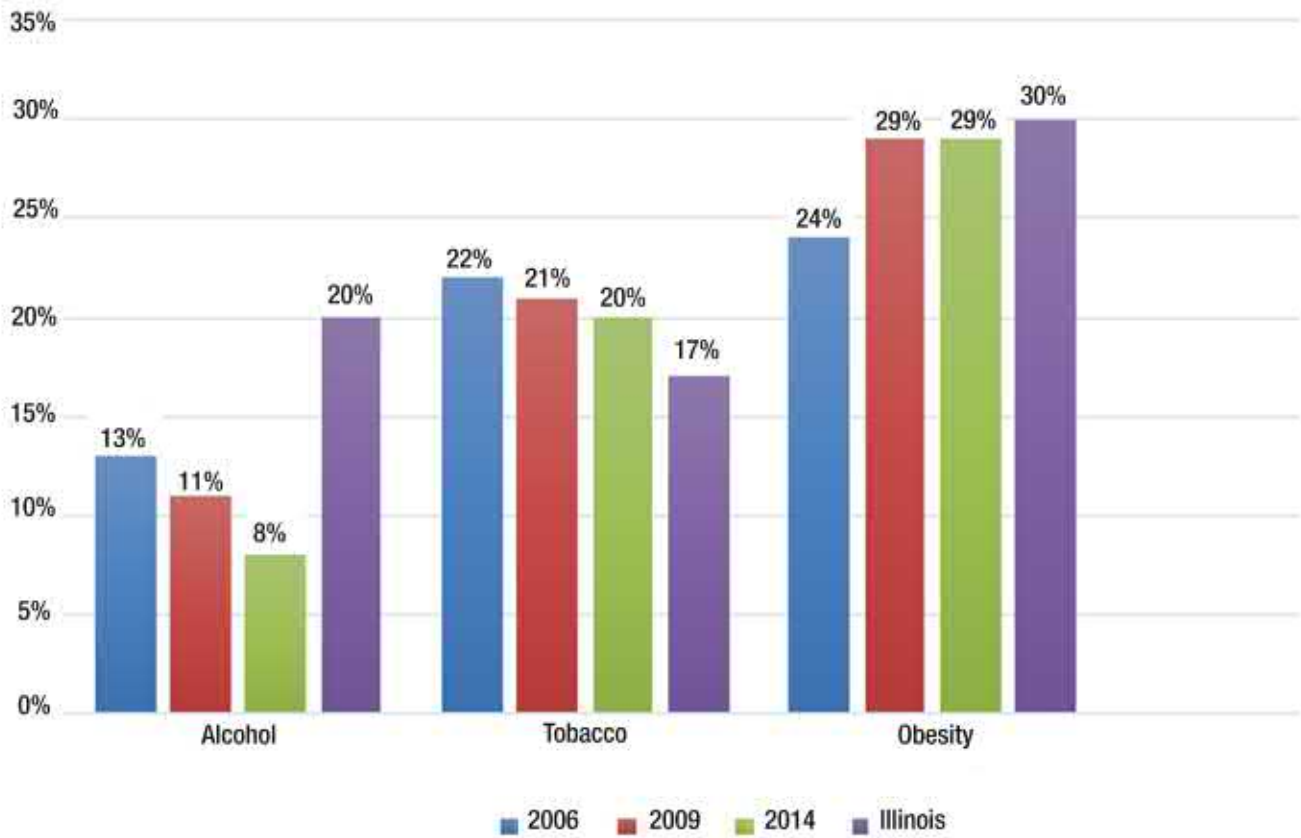
Table 8. Health Risk Factors – Wabash County



IBFRSS, 2016 Report

Alcohol use is below the state level. Tobacco use is above the state level. The rate of persons reporting obesity has increased and is just above the state level in the IBFRSS and the more recent data from the *County Health Rankings*.

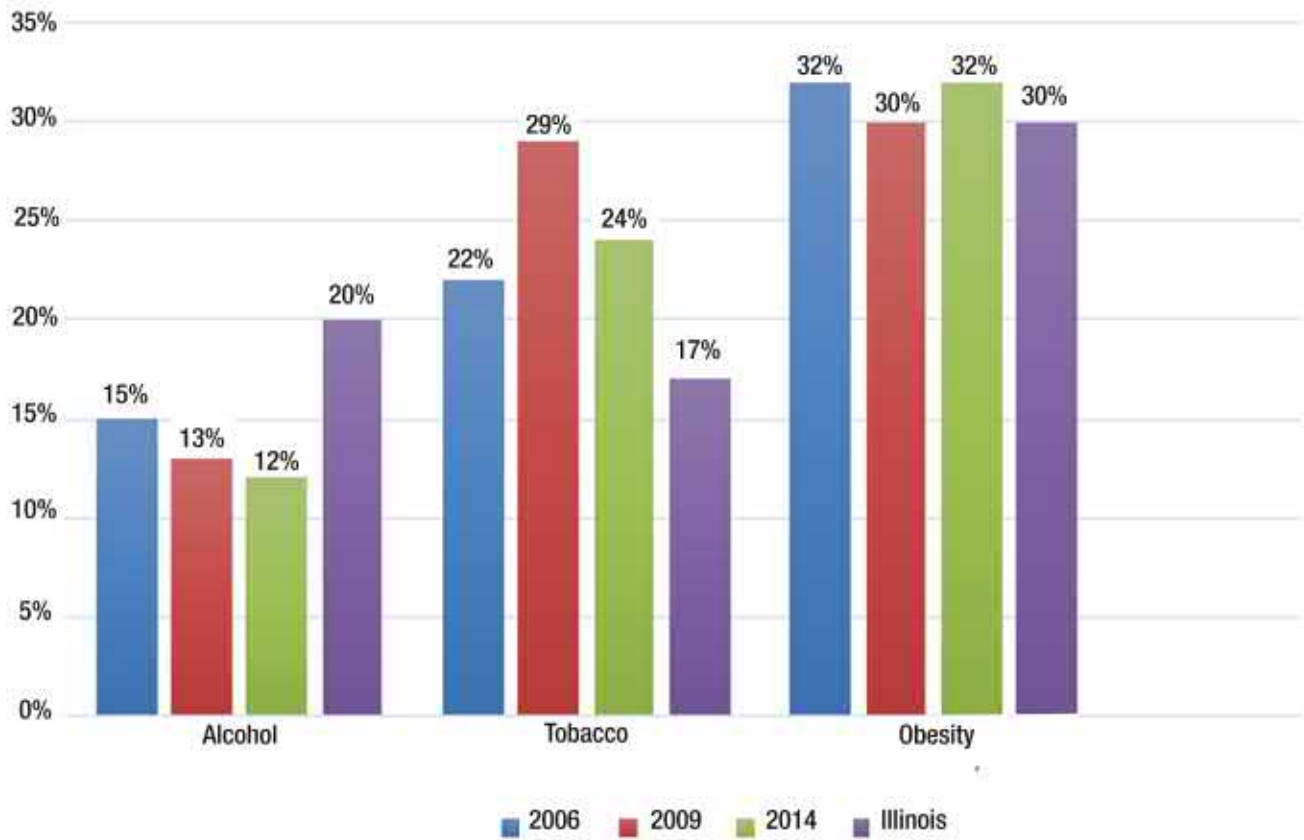
Table 9. Health Risk Factors – Wayne County



IBFRSS, 2016 Report

Alcohol use has decreased and remains well below the state level. Tobacco use has decreased but remains above the state rate. The rate of persons reporting obesity has increased and is similar to the state level in the IBFRSS and the more recent data from the *County Health Rankings*.

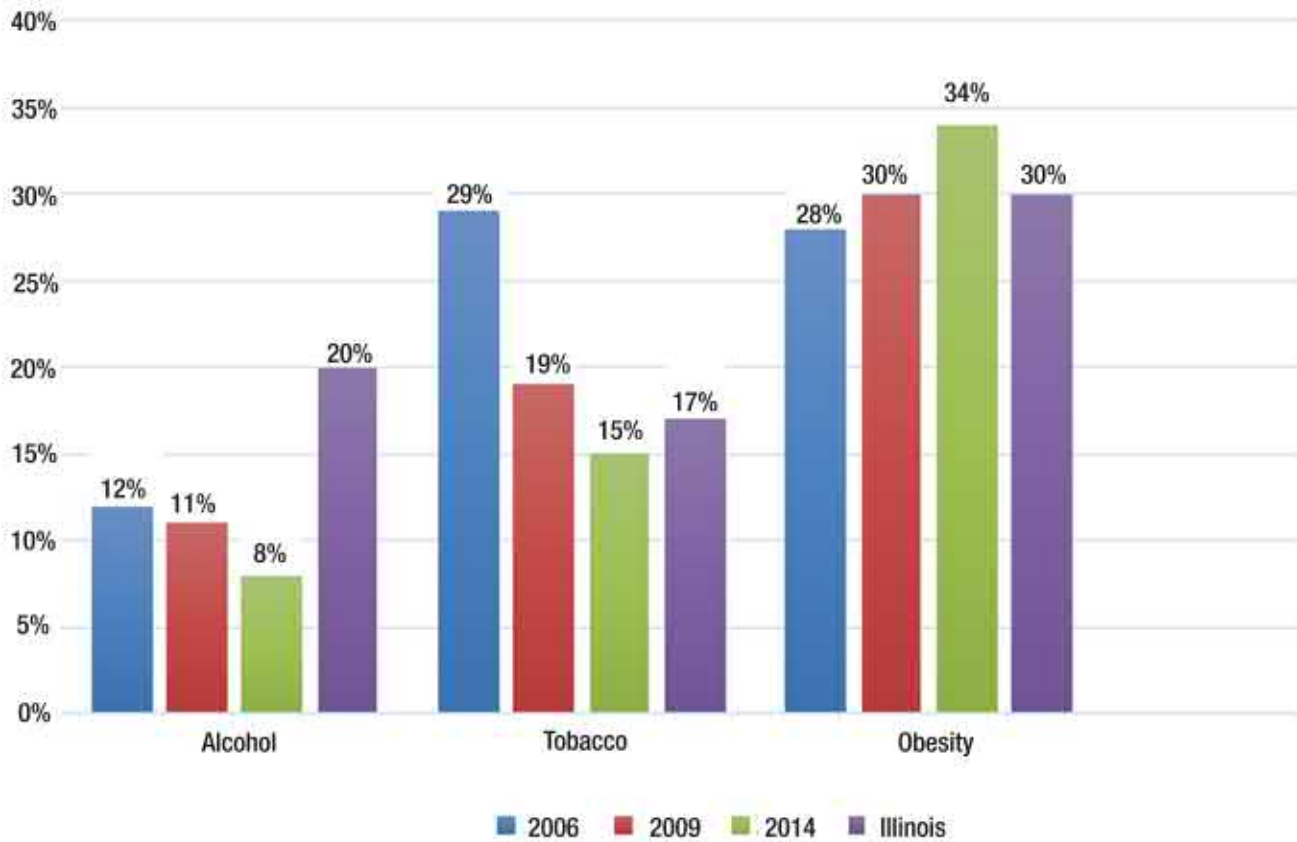
Table 10. Health Risk Factors – White County



IBFRSS, 2016 Report

Alcohol use has decreased and remains below the state level. Tobacco use remains above the state rate. The rate of persons reporting obesity has remained steady and is just above the state level in the IBFRSS and the more recent data from the *County Health Rankings*.

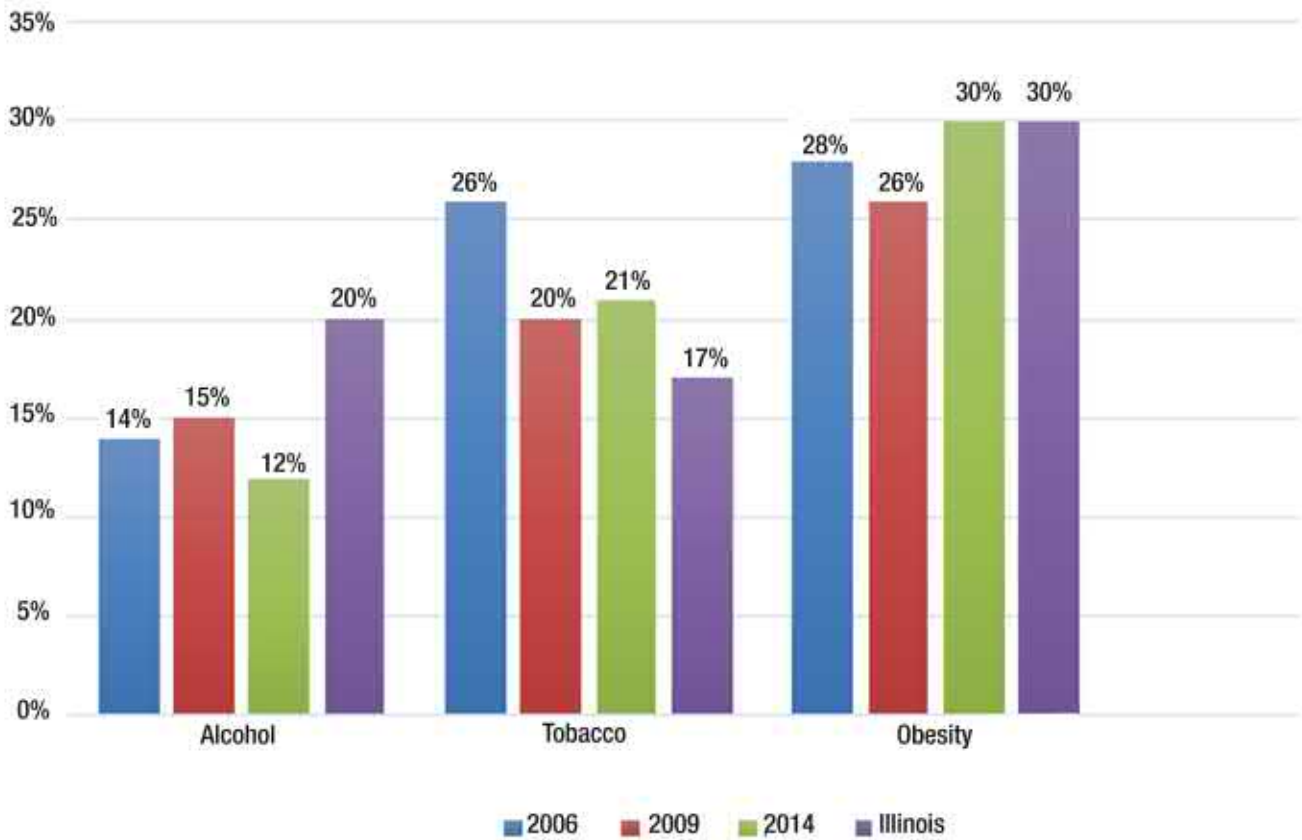
Table 11. Health Risk Factors – Edwards County



IBFRSS, 2016 Report

Alcohol use has decreased and remains below the state level. Tobacco use has decreased and is below the state rate. The rate of persons reporting obesity has increased and is above the state level in the IBRFSS and the more recent data from the *County Health Rankings*.

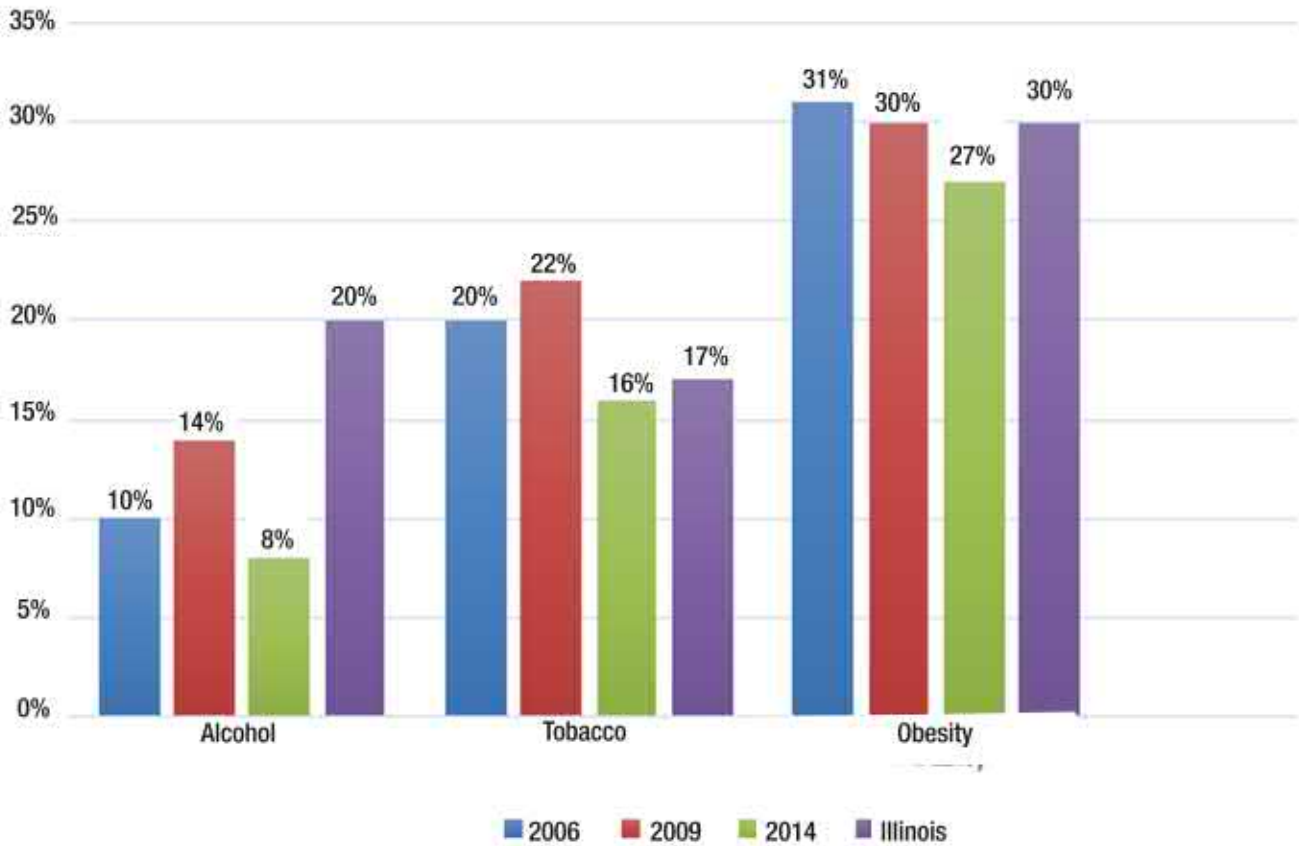
Table 12. Health Risk Factors – Lawrence County



IBFRSS, 2016 Report

Alcohol use has decreased and remains below the state level. Tobacco use has decreased but remains above the state level. The rate of persons reporting obesity has increased and is similar to the state level in the IBRFSS and the more recent data from the *County Health Rankings*.

Table 13. Health Risk Factors – Richland County



IBFRSS, 2016 Report

Alcohol use has decreased and remains below the state level. Tobacco use has decreased and is just below the state rate. The rate of persons reporting obesity has decreased and is below the state level in the IBFRSS and the more recent data from the *County Health Rankings*.

ADDITIONAL DIAGNOSED DISEASE FACTORS

Disease Factor	Wabash County, 2014	Wayne County, 2014	White County, 2014	Edwards County, 2014	Lawrence County, 2014	Richland County, 2014	Illinois, 2014
COPD	11.4%	5.8%	10.9%	4.7%	9.4%	8.6%	5.8%

IBFRSS, 2016 Report

In 2016, the IBFRSS released additional diagnosed disease factors. These new measures can be seen in the table above. There are no linear comparisons available for these new factors.

TEEN BIRTHS

The indicator reports the rate of total births to women between the ages of 15-19 per 1,000 female population. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices. "Suppressed" indicates that data for the specified area was too small for accurate analysis or involved numbers that could put privacy at risk.

Report Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Teen Birth Rate (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Edwards County	216	9	41.3
Lawrence County	439	17	39.8
Richland County	512	21	41.5
Wabash County	390	17	43.4
Wayne County	489	22	44.8
White County	447	24	54.5
Illinois	448,356	15,692	35.0

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

LOW BIRTH WEIGHT

This indicator reports the percentage of total births that are low birth weight (under 2,500 grams). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Report Area	Total Live Births	Low Weight Births (Under 2,500 grams)	Low Weight Births, Percent of Total
Service Area Estimates	Suppressed	Suppressed	Suppressed
Edwards County	504	42	8.4%
Lawrence County	1,127	91	8.1%
Richland County	1,302	108	8.3%
Wabash County	1,036	87	8.4%
Wayne County	1,386	108	7.8%
White County	1,211	99	8.2%
Illinois	11,251,656	105,139	8.4%

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

CANCER PROFILES

The State Cancer Profiles compiled by the National Cancer Institute list Edwards County and White County at Level 4 for all cancers, which means that the cancer rate overall is above the U.S. rate and is stable over the recent past. The State Cancer Profiles compiled by the National Cancer Institute lists Wayne County at Level 6 for all cancers which means that the cancer rate overall is similar to the U.S. rate and is stable over the recent past. The State Cancer Profiles compiled by the National Cancer Institute lists Lawrence County, Richland County, and Wabash County at Level 8 for all cancers which means that the cancer rate overall is similar to the U.S. rate and is falling over the recent past.

Cancer Incidence – Breast

The indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of breast cancer adjusted to

Report Area	Female Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Edwards County	540	7	129.5
Lawrence County	1,042	9	86.3
Richland County	1,163	14	120.3
Wabash County	786	9	114.4
Wayne County	1,165	15	128.7
White County	1,067	13	121.8
Illinois	741,081	9,523	128.5

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Cancer Incidence – Colon and Rectum

The indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of colon and rectum cancer adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions.

Report Area	Sample Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Edwards County	950	5	52.6
Lawrence County	2,132	10	46.9
Richland County	2,453	12	48.9
Wabash County	1,685	9	53.4
Wayne County	2,352	8	34.0
White County	2,257	10	44.3
Illinois	1,382,781	6,264	45.3

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Cancer Incidence – Prostate

The indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of prostate cancer adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions.

Report Area	Male Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Edwards County	436	6	137.5
Lawrence County	942	12	127.3
Richland County	1,096	14	127.7
Wabash County	730	7	95.8
Wayne County	1,141	14	122.6
White County	1,035	13	125.6
Illinois	650,000	8,372	128.8

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Cancer Incidence – Lung

The indicator reports the age adjusted incidence rate (cases per 100,000 population per year) of lung cancer adjusted to 2000 U.S. standard population age groups (under age 1, 1-4, 5-9, ..., 80-84, 85 and older). This indicator is relevant because cancer is a leading cause of death, and it is important to identify cancers separately to better target interventions.

Report Area	Estimated Total Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Edwards County	1,014	9	88.7
Lawrence County	2,154	19	88.2
Richland County	2,328	19	81.6
Wabash County	1,637	15	91.6
Wayne County	2,466	22	89.2
White County	2,216	18	81.2
Illinois	1,370,544	9,306	67.9

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

MORTALITY

Mortality – Cancer

This indicator reports the rate of death due to malignant neoplasm (cancer) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because cancer is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Edwards County	6,662	20	297.20	205.2
Lawrence County	16,651	38	229.41	180.5
Richland County	16,176	42	259.65	176.7
Wabash County	11,744	35	296.32	208.3
Wayne County	16,628	45	269.43	179.5
White County	14,564	51	352.93	224.1
Illinois	12,867,528	24,326	189.05	173.9

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Red numbers indicate rates that exceed state levels. The green highlights that the indicated service area is below the state level.

Mortality – Heart Disease

Within the service area, the rate of death due to heart disease per 100,000 population is 212.54. Figures are reported as crude rates, and as rates age-adjusted to the year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Edwards County	6,662	20	306.21	202.9
Lawrence County	16,651	41	243.82	184.4
Richland County	16,176	45	278.19	169.8
Wabash County	11,744	35	301.43	193.0
Wayne County	16,628	48	289.88	185.3
White County	14,564	52	358.43	198.0
Illinois	12,867,528	24,895	193.47	174.5

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Coronary Heart Disease

The Healthy People 2020 target is less than or equal to 103.4. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because heart disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Edwards County	6,662	15	231.15	154.3
Lawrence County	16,651	27	162.15	122.7
Richland County	16,176	30	187.94	115.2
Wabash County	11,744	20	172.00	112.6
Wayne County	16,628	29	172.00	111.8
White County	14,564	34	234.83	133.3
Illinois	12,867,528	14,592	113.40	102.3

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Healthy People is a federal health initiative which provides science-based, 10-year national objectives for improving the health of all Americans. For three decades, Healthy People has established benchmarks and monitored progress over time in order to encourage collaborations across communities and sectors, empower individuals toward making informed health decisions, and measure the impact of prevention activities. Healthy People 2020 (HP2020) continues in this tradition with the launch on December 2, 2010 of its ambitious, yet achievable, 10-year agenda for improving the nation's health.

Mortality – Lung Disease

This indicator reports the rate of death due to chronic lower respiratory disease per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to the year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because lung disease is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Edwards County	6,662	4	60.04	42.6
Lawrence County	16,651	15	90.08	68.6
Richland County	16,176	12	75.42	48.3
Wabash County	11,744	12	98.77	67.6
Wayne County	16,628	17	103.44	67.3
White County	14,564	17	118.10	66.9
Illinois	12,867,528	5,429	42.12	39.2

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Stroke

The Healthy People 2020 target is less than or equal to 33.8. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because stroke is a leading cause of death in the United States.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Edwards County	6,662	4	66.04	44.5
Lawrence County	16,651	10	60.06	44.5
Richland County	16,176	9	58.11	32.7
Wabash County	11,744	6	52.79	33.9
Wayne County	16,628	15	90.21	57.2
White County	14,564	10	65.92	36.1
Illinois	12,867,528	5,368	41.72	37.9

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Premature Death

This indicator reports Years of Potential Life Lost (YPLL) before age 75 per 100,000 population for all causes of death, age-adjusted to the 2000 standard. YPLL measures premature death and is calculated by subtracting the age of death from the 75-year benchmark. This indicator is relevant because a measure of premature death can provide a unique and comprehensive look at overall health status.

Report Area	Total Population 2008-2010 Average	Total Premature Deaths 2008-2010 Average	Total Years of Potential Life Lost 2008-2010 Average	Years of Potential Life Lost, Rate Per 100,000 Population
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Edwards County	6,721	34	651	9,692
Lawrence County	16,833	79	1,181	7,014
Richland County	16,233	74	1,119	6,896
Wabash County	11,947	65	1,010	8,454
Wayne County	16,760	79	1,461	8,715
White County	14,665	82	1,344	9,166
Illinois	12,830,632	43,349	809,525	6,309

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

Mortality – Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S.

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Edwards County	6,662	5	75.05	67.1
Lawrence County	16,651	11	64.86	62.5
Richland County	16,176	9	53.17	39.0
Wabash County	11,744	9	73.23	58.0
Wayne County	16,628	7	39.69	34.6
White County	14,564	11	74.16	62.9
Illinois	12,867,528	4,361	33.89	32.7

Note: This indicator is compared with the state average. Data Source: Community Commons, 2016

MORTALITY – WABASH, WAYNE, WHITE, EDWARDS, LAWRENCE, AND RICHLAND COUNTIES

The Illinois Department of Public Health releases countywide mortality tables from time to time. The most recent table available for Wabash, Wayne, White, Edwards, Lawrence, and Richland counties, showing the causes of the death, is set out below.

Disease Type	Wabash County	Wayne County	White County	Edwards County	Lawrence County	Richland County
Diseases of the Heart	4	42	48	22	37	39
Malignant Neoplasms	36	42	50	21	40	44
Lower Respiratory Systems	7	19	5	1	13	8
Cardiovascular Diseases (Stroke)	13	18	15	4	15	12
Accidents	6	6	7	3	11	6
Alzheimer's Disease	3	3	2	0	16	0
Diabetes Mellitus	2	1	2	0	12	4
Nephritis, Nephrotic Syndrome, and Nephrosis	3	4	8	2	6	1
Influenza and Pneumonia	4	5	8	1	8	4
Septicemia	1	2	4	1	5	4
Intentional Self-Harm (Suicide)	2	6	0	0	0	0
Chronic Liver Disease, Cirrhosis	1	0	0	1	1	2
All Other Causes	41	56	42	11	57	56
Total Deaths	153	204	191	67	221	180

IDPH, 2011 Data

The mortality numbers are much as one would expect with diseases of the heart and cancer as the leading causes of death in each county. These numbers are consistent with the mortality reports from other rural Illinois counties.

QUALITATIVE SOURCES

Qualitative data was reviewed in the CHNA process to help validate the selection of health priorities. In alignment with IRS Treasury Notice 2011-52,2 and the subsequent final rules reported at 79 FR 78953, the qualitative/primary data received and reviewed included primary input from (1) At least one state, local, tribal, or regional governmental public health department (or equivalent department or agency) with knowledge, information, or expertise relevant to the health needs of the community] and, (2) members of medically underserved, low-income, and minority populations in the community, or individuals or organizations serving or representing the interests of such populations. The organizations and persons that participated are detailed below.

No written comments were received concerning the hospital facility's most recently conducted CHNA nor on the most recently adopted implementation strategy. A method for retaining written public comments and responses exists, but none were received.

Data was also gathered representing the broad interests of the community.

The hospital took into account input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health (local, regional, state and/or tribal). Members of medically underserved, low-income, and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at-risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to healthcare due to socioeconomic factors such as geographic, language, financial, etc.

Members of the CHNA Steering Committee, those who both participated in focus groups and the needs identification and prioritization process, were chosen based on their unique expertise and experience, informed perspectives and involvement with the community. The CHNA Steering Committee members included:

CHNA STEERING COMMITTEE MEMBER AND AREA OF EXPERTISE

Dr. Narendra Anadkat, Internal Medicine
 Cindy Poland, Wabash County Health Department
 Mike White, Businessman
 Rob Dean, Commissioner, Wabash County
 Jay Purvis, President & CEO, Wabash General Hospital
 Steve McGill, VP of Finance/CFO, Wabash General Hospital
 Karissa Turner, VP of Hospital Operations, Wabash General Hospital
 Tamara Gould, VP of Clinical Operations, Wabash General Hospital
 Bridget Shepard, VP of Human Resources, Wabash General Hospital
 Danielle Stevens, Executive Assistant/Credentialing, Marketing & PR Coordinator, Wabash General Hospital

OTHERS PROVIDING INPUT THROUGH THE FOCUS GROUPS INCLUDED:

Dr. S.B. Jani, Internal Medicine
 Dr. Lawrence Jennings, Internal Medicine
 Dr. Thomas Selby, Family Practice
 Dr. Justin Miller, Orthopedic Surgeon
 Mark Lockard, Pharmacist, Wabash General Hospital
 Andrew Kleinschmidt, Physical Therapist, Wabash General Hospital
 Don Price, President, First National Bank
 John Evans, President, B&D Independence
 Toni Brines, Advisor, Edward Jones Financial
 Ben Ross, Area Economic Alliance
 Derek Morgan, Sheriff, Wabash County
 Tim Buss, Superintendent, Wabash CUSD #348
 Ryan Turner, Detective
 Rudy Whitsman, City Administrative Assistant
 John Lockard, Chief of Police, Mt. Carmel Police Department
 Bill Hudson, Mayor

FOCUS GROUP – WGH MEDICAL PROFESSIONALS AND PARTNERS

Two focus groups were convened at Wabash General Hospital on October 11, 2016. The first group, comprised of medical professionals and partners met in the morning. The group was first asked to report any positive changes they have observed in the delivery of healthcare and services over the past three years. They responded with the following:

- Satellite orthopedic clinics
- 340B drug pricing
- Physician recruitment by Wabash General Hospital
- Wabash General Hospital has built a solid base of primary care physician and support
- Expanded operating rooms
- Wellness physician assistant at Wabash General Hospital
- Patient Care Coordinator at Wabash General Hospital
- Strong quality ranking on patient safety at Wabash General Hospital
- New emergency room providers are offering better coverage and services
- Hospitalist program at Wabash General Hospital
- New family practice physician that sees pediatric patients
- Expanded sports medicine programs at area schools
- New ambulance

The group was then asked to identify needs and concerns regarding the delivery of healthcare and services and health issues in the community. They responded with the following:

- Mental health services
 - Access to psychiatrists
 - Access to counselors
 - Access to child psychiatric services
 - Access to transfer beds for patients requiring in-patient mental health services
- Diabetes educator
- Community development/job development to provide employment opportunities and stop out-migration
- Substance abuse
 - Methamphetamines
 - Opiates and opioids
- Social worker at Wabash General Hospital that can give guidance on insurance and Medicaid and Medicare and coordinate services
- Local pediatric Ear/Nose/Throat and urology services
- Local specialists
- Education to the community about the importance of taking personal responsibility for healthcare
- Access to bariatric services
- Access to nutrition counseling and services, including education and follow-up
- Accountability for self-responsibility for patients
- Family education for parents
- Services and education for grandparents raising grandchildren
- Local pain clinic
- Dental care
- Childhood obesity
- Funding and resources for wellness initiatives

FOCUS GROUP – WGH COMMUNITY PARTNERS

A group of community leaders met at noon. The group was first asked to report any positive changes they have observed in the delivery of healthcare and services over the past three years. They responded with the following:

- Wabash General Hospital's scholarship program for local high school students
- Orthopedic services
- New physicians
- Saturday sports clinic hours at the orthopedic clinic
- Expanded emergency room and convenient care at Wabash General Hospital
- Wabash General Hospital's initiative in rehabilitating old buildings in the community for expanded healthcare needs
- Expanded oncology services
- Wabash General Hospital has doubled operating room capacity
- Expansion of services from Wabash General Hospital and its providers to areas beyond Mt. Carmel
- Athletic trainers from Wabash General Hospital at school sporting events
- Physician succession planning at Wabash General Hospital
- Pediatrician
- Wellness initiatives at Wabash General Hospital
- Success of the Farmer's Market
- Physician awareness and monitoring of potential prescription abuse

The group was then asked to identify needs and concerns regarding the delivery of healthcare and services and health issues in the community. They responded with the following:

- Meeting the costs of promoting wellness
- Mental health
 - Transfer beds for behavioral mental health and substance abuse patients
 - Services for substance abusers who are also suffering from behavioral mental health services
- Substance abuse prevention
 - Methamphetamines – high grade drugs, sourced from Mexico
 - Synthetic drugs
 - Prescription drugs – Opioids and opiates
 - Patient abuse
 - Patient selling or giving drugs away
 - Theft from patients
 - Parents using children's prescriptive drugs
 - Education and services for seniors
- Expanded collaboration between Wabash General Hospital and school physical education programs
- Address responsibility of non-compliant patients
- Local urology, pulmonology, and ear, nose, and throat services
- Adult day care
- Planning for maintaining and expanding local health facilities
- Encourage physicians to better monitor prescription abuse
- Encourage physicians to maintain awareness of developments in medically assisted substance rehabilitation and recovery
- Local services for both adult and youth victims of sexual abuse
- Expansion of convenient care hours
- Education for the community of the value of health as opposed to valuing the absence of pain or symptoms of illness and the importance of taking responsibility for the health of self and family. Begin a community-wide effort to change the culture
- Access to dental care for the underinsured and uninsured – especially youth
- Assistance for seniors with medication scheduling
- Assist seniors with avoiding over-medication from different providers

V. IDENTIFICATION AND PRIORITIZATION OF NEEDS

As part of the identification and prioritization of health needs, the CHNA Steering Committee considered the qualitative and quantitative data gathered and estimated feasibility and effectiveness of possible interventions by the hospital to impact these health priorities; the burden, scope, severity, or urgency of the health needs; the health disparities associated with the health needs; the importance the community places on addressing the health needs; and other community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health needs. The identification and prioritization group included steering committee members, including the administrator of the Wabash County Health Department.

As an outcome of the prioritization process, discussed above, several potential health needs or issues flowing from the primary and secondary data were not identified as significant current health needs and were not advanced for consideration for the Implementation Strategy.

VI. DESCRIPTION OF COMMUNITY HEALTH NEEDS IDENTIFIED AND PRIORITIZED

The steering group, comprised of representatives from both groups, including a representative of the Wabash County Health Department, met on October 17, 2016 to identify and prioritize significant health needs. The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included Community Commons, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, *County Health Rankings and Roadmaps*, National Cancer Institute, and other resources. Following the review, the group identified and then prioritized the following as being the significant health needs facing the Wabash General Hospital service area.

1. WELLNESS

The group identified the following needs that they generally defined as being related to wellness:

- Education to assist parents with understanding the importance of parenting skills and then in developing parenting skills
- Education for youth about the risks of obesity
- Access to opportunities – both facilities and transportation – for youth for recreation and exercise
- Education about
 - The risk of diabetes
 - Diabetes prevention
 - The patient's role and responsibilities in managing diabetes

2. PEDIATRIC SERVICES

The group identified the need for additional pediatric services, both physical and mental health and prioritized that need as their second significant need.

3. MENTAL HEALTH

Several access needs were identified under Mental Health, including:

- Access to outpatient mental health services, including:
 - Local counseling
 - Telepsychiatry for broader audiences
 - Local psychiatrist
- Access to in-patient psychiatric care
- Opportunities for medical management of addiction recovery

4. LOCAL ACCESS TO ADDITIONAL SPECIALISTS

The group identified the need for local access to specialists and specified;

- Ear, nose and throat
- Pulmonology
- Urologist – including access to pediatric urology
- Endocrinologist

5. EXPANDED SERVICES FOR THE ELDERLY

The group identified the need for expanded services for the elderly, including local access to adult day care and expanded services to assist the elderly with living at home.

These needs were all supported by input from both groups and secondary data.

VII. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

RESOURCES WITHIN OR AFFILIATED WITH WABASH GENERAL HOSPITAL

Ambulance services

Case management

Convenient Care Clinic

Dietetics

- Registered dietitian to assist with nutrition information, including foods for a healthy lifestyle
- "Heart Healthy" items available in the cafeteria
- Nutrition assessment services available
- Personalized counseling for inpatients and outpatients
- Meal service available daily in the cafeteria for the public
- 24-hour vending service available

Emergency care

General surgery

- Colonoscopy (lower GI endoscopy)
- Gastroscopy (upper GI endoscopy or EGD)
- Hernia repairs
- Laparoscopic cholecystectomy
- Excisions of skin lesions
- Breast biopsies
- Appendectomy

Laboratory

- Immunology/serology
- Clinical chemistry
- Anatomic pathology
- Microbiology testing
- Phlebotomy
- Certified breath alcohol testing site
- DOT and non-DOT drug screen collection site
- Transfusion services
- Urinalysis
- Hematology testing
- Reference testing

Medical/Surgical

Monitored Care Unit

Oncology and hematology

Orthopedic and sports medicine

- General orthopedics
- Joint replacement
- Orthopedic and arthroscopic surgery
- Sports medicine
- Trauma and fractures
- Work-related injuries
- Knee replacement

Pharmacy

Primary Care

Radiology

- Digital diagnostic x-ray
- CT – 20 multi-slice scanner – 3D reconstruction possible with all scans
- Ultrasound – 3D/4D imaging
- Ultrasound – echo's
- MRI
- Digital mammography
- Bone density
- Nuclear medicine
- PET scan

Rehab services

- Physical therapy
- Occupational therapy
- Speech therapy
- Cardiac rehabilitation
- Women's health
 - Urinary incontinence
 - Pelvic pain
 - Constipation
 - Pregnancy
 - Postpartum-related problems

Respiratory care

- Arterial blood gas sampling and analysis
- Complete respiratory care including oxygen therapy, aerosol therapy, MDI therapy, and Vest therapy
- State-of-the-art ventilator care including CPAP, BIPAP, and full invasive ventilator support
- Cardiac monitoring including EKG, Holter monitoring, cardiac event monitoring, and stress testing
- Flow-volume loop pulmonary function testing with bronchodilators
- Pulse oximetry and ambulation saturation studies
- Smoking cessation and lung health education and counseling

Sleep study

Surgery

- General
- Laparoscopic
- Endoscopic
- Gynecological
- Orthopedic

Swing bed

COMMUNITY ORGANIZATIONS, HEALTH PARTNERS, AND GOVERNMENT AGENCIES

Organizations identified through the process that were current or potential partners for addressing health needs and related issues include:

- Wabash County Health Department
- Wabash County Sheriff
- Mt. Carmel Police Department
- City of Mt. Carmel
- Churches
- Wabash CUSD #348
- Wabash Area Economic Alliance

VIII. STEPS TAKEN SINCE THE LAST CHNA TO ADDRESS IDENTIFIED NEEDS

Organizations identified through the process that were current or potential partners for addressing health needs and related issues include:

1. Wabash General Hospital hired a Patient Care Coordinator that will follow-up with patients who have chronic conditions.
2. Wabash General Hospital hired a Wellness PA that will provide services to employees and plans to expand her services.
3. Wabash General Hospital offers "Lunch and Learn" sessions for community members that have questions about certain medical conditions.
4. Wabash General Hospital offers a wide variety of athletic training services to Wabash and surrounding counties. Injury prevention is a primary focus of these services.
5. Wabash General Hospital has a Susan Komen grant to provide free mammography services to women that do not have access to insurance coverage.
6. Wabash General Hospital offers health screenings for the local school district.
7. Wabash General Hospital added a new family practice physician and internal medicine physician to provide more access to healthcare services.
8. Wabash General Hospital started a hospitalist service to provide high quality care to patients.
9. Wabash General Hospital purchased a new ambulance.
10. Wabash General Hospital expanded its OR capacity.
11. Wabash General Hospital upgraded mammography services to a 3D unit.
12. Wabash General Hospital expanded orthopedic clinics into 3 additional counties.
13. Wabash General Hospital started offering functional capacity exams.
14. All of Wabash General Hospital's employed physicians are now board certified.
15. Wabash General Hospital hired a new ED group for the ED and convenient care clinic to provide stability.
16. Wabash General Hospital expanded the in-house pharmacy and started participation in the 340B drug pricing program.
17. Wabash General Hospital started offering a balance screening for its patients, offered free sports physicals for local athletes, and started a joint camp program.
18. Wabash General Hospital purchased a primary care practice and plans to expand.

IX. DOCUMENTING AND COMMUNICATING RESULTS

This CHNA Report will be available to the community on the hospital's public website: www.wabashgeneral.com. A hard copy may be reviewed at the hospital by inquiring at the information desk at the main entrance.

The hospital 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 as well as a description of the actions taken during the taxable year to address the significant health needs identified through its most recent CHNA, as well as the health indicators that it did not address and why.

Approval

This Community Health Needs Assessment of Wabash General Hospital was approved by the Wabash Hospital Board of Directors on the ---- day of, -----, 2016.

X. REFERENCES

- *County Health Rankings, 2016*
- *Community Commons, 2016*
- Illinois Department of Employment Security, 2016
- National Cancer Institute, 2015 (data through 2011)
- Illinois Department of Public Health, 2016
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2016
- Illinois Public Health Department, IPLAN
- ESRI, 2016
- Illinois State Board of Education, Illinois Report Card, 2015-16
- USDA, Atlas of Rural and Small Town America

Support documentation on file and available upon request.

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