

# WABASH GENERAL HOSPITAL

## 2021 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 healthcare in Wabash and surrounding counties, and promote the general health of its residents.

## VALUES

### **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 September 2021, 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 2019 using inpatient origin reports from the Illinois Hospital Association. A combined quantitative and qualitative approach was used that incorporated hundreds of health indicators for the service area as well as sixteen (16) individual interviews, two (2) community focus groups and a focus group with the medical staff of WGH.

**Demographics** for the service area indicate the current population of about 35,252 is projected to remain fairly flat between now and 2025. Compared to the 2017 Service Area demographics data, it appears there has been significant growth (40.2%) in the population of females of child bearing age (ages 15-44). From 2017 to 2020, the service area's population of those age 65+ has grown about 5%.

## **Quantitative**

In a review of health outcomes statistics, Wabash County is relatively healthier than the other counties in the service area. While Wabash County experienced declines in their Health Outcomes Rankings, Wabash County still has a lower rate of premature deaths. While not close to the rate for the State of Illinois, Wabash County has a notably higher rate of sexually transmitted infections compared to the other counties in the service area. In Clinical Care measures, the service area counties have an uninsured rate of about 6.5%. Opportunities exist across the service area (and across the State), to improve preventative measures including mammography screenings and flu vaccinations.

Edwards County has a much higher rate of deaths due to strokes as well as an opioid fatality rate of 31.3 per 100,000 capita – much higher than neighboring counties.

Cancer incidence rates in Lawrence and White Counties are notably higher than the Illinois cancer rates for several conditions. The service area, as a whole, has a much higher incidence of lung cancer than the State levels.

### **Qualitative**

The feedback from individual interviews as well as the focus groups offered varied opinions to the general health of the community and areas of need. Several comments mentioned the effects of the COVID-19 pandemic including concerns that the vaccination rate was fairly low in Wabash County and that the ongoing pandemic was creating more anxiety and mental health concerns in children.

Similar to the last CHNA, community members identified a need for mental health services as well as substance abuse services. As a new facility is already in the planning stages, other identified health needs include dermatology, obstetrics and gynecology for pre- and post-delivery care, urology, expanding cardiology testing/services and ear, nose and throat services.

### **Prioritization of Needs**

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

- *Substance abuse services*
- *Mental health services*
- *Expansion of specialty services*
- *Early intervention and health literacy education*
- *Continue collaborating with and supporting community-based programs for wellness initiatives*



# 2019 COMMUNITY HEALTH NEEDS ASSESSMENT – RECAP

In 2019, Wabash General Hospital (WGH) completed a CHNA that helped validate their 2016 CHNA and carried forward, efforts to continuing addressing health needs for the community. Additional health needs were identified and prioritized in the 2019 CHNA and include:

2016 CHNA Prioritized Needs	2019 CHNA Prioritized Needs
<ul style="list-style-type: none"><li>• Wellness</li><li>• Pediatric Services</li><li>• Mental Health</li><li>• Access to Additional Specialists</li><li>• Expanded Services for the Elderly</li></ul>	<ul style="list-style-type: none"><li>• Substance abuse services</li><li>• Mental health services</li><li>• Expansion of primary care service</li><li>• Expansion of specialty services</li><li>• Lifestyle/dietary education focus (healthy living, diabetes)</li><li>• Continue collaborating with and supporting community-based programs</li></ul>

**Appendix A** includes the 2021 CHNA Implementation Plan for the prioritized health needs. Also included is **Appendix B**, the 2016-2019 CHNA Implementation Plan.

# METHODS AND DATA SOURCES

WGH engaged M13 Management Partners (Consultant) to assist with the completion of the 2021 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 2021 County Health Rankings used data from 2017-2019 for this measure.*
- *Poor to Fair Health – Percentage of adults reporting fair or poor health (age-adjusted). The 2021 County Health Rankings used data from 2018 for this measure.*
- *Low Birthweight - Percentage of live births with low birthweight (< 2,500 grams). The 2021 County Health Rankings used data from the National Center for Health Statistics – Natality files, 2013-2019, for this measure.*
- *Adult Smoking - Percentage of adults who are current smokers. The 2021 County Health Rankings used data from the Behavioral Risk Factor Surveillance System, 2018, 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/m<sup>2</sup>. The 2021 County Health Rankings used data from the United States Diabetes Surveillance System, 2017, for this measure*
- *Access to exercise opportunities - Percentage of population with adequate access to locations for physical activity. The 2021 County Health Rankings used data from Business Analyst, Delorme map data, ESRI, and U.S. Census Tigerline Files, 2010 & 2019, for this measure.*
- *Excessive drinking - Percentage of adults reporting binge or heavy drinking. The 2021 County Health Rankings used data from the Behavioral Risk Factor Surveillance System, 2018 for this measure.*

- *Alcohol-impaired driving deaths - Percentage of driving deaths with alcohol involvement. The 2021 County Health Rankings used data from the Fatality Analysis Reporting System, 2015-2019, for this measure.*
- *Sexually transmitted infections – Number of newly diagnosed chlamydia cases per 100,000 population. The 2021 County Health Rankings used data from the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, 2018, for this measure.*
- *Teen births – Number of births per 1,000 female population ages 15-19. The 2021 County Health Rankings used data from the National Center for Health Statistics - Natality files, 2013-2019, for this measure.*
- *Uninsured - Percentage of population under age 65 without health insurance. The 2021 County Health Rankings used data from the Small Area Health Insurance Estimates, 2018, for this measure.*
- *Primary Care Physicians - Ratio of population to primary care physicians. The 2021 County Health Rankings used data from the Area Health Resource File/American Medical Association, 2018, for this measure.*
- *Dentists - Ratio of population to dentists. The 2021 County Health Rankings used data from the Area Health Resource File/National Provider Identification file, 2019, for this measure.*
- *Mental Health Providers - Ratio of population to mental health providers. The 2021 County Health Rankings used data from the CMS, National Provider Identification, 2020, for this measure.*
- *Preventable Hospital Stays - Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. The 2021 County Health Rankings used data from the Mapping Medicare Disparities Tool, 2018, for this measure.*
- *Mammography Screening - Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. The 2021 County Health Rankings used data from the Mapping Medicare Disparities Tool, 2018, for this measure.*
- *Flu Vaccinations - Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. The 2021 County Health Rankings used data from the Mapping Medicare Disparities Tool, 2018, for this measure.*

## **Health Resources & Services Administration (HRSA)**

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

### **Illinois Department of Public Health, Cancer in Illinois Statistics, 2014-2018**

***Rural Health Information Hub***

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

## SERVICE AREA

The service area for WGH was re-evaluated in 2021 based on patient origin for inpatient discharges. Based on the data, the 2021 WGH service area is unchanged from the 2019 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 as of 04/01/2020 of the WGH service area is 35,252. Average income for this population is \$48,887, compared to the U.S. average income of \$92,324. 19.9% (7,002) of the WGH service area population is age 65+. As a comparison, the U.S. age 65+ cohort makes up 16.9% of the population and it projected to be 19.0% of the population in 2025.



**Table 2: WGH Service Area Demographic Characteristics**

<b>DEMOGRAPHIC CHARACTERISTICS</b>			
	<b>Service Area</b>		<b>USA</b>
<b>2020 Total Population</b>	35,252		334,503,458
<b>2025 Total Population</b>	35,539		347,334,912
<b>% Change 2020-2025</b>	0.81%		3.84%
<b>Average Household Income</b>	\$	48,887	\$ 92,324

	<b>Service Area 2017</b>	<b>Service Area 2020</b>	<b>% Change</b>
<b>Total Male Population</b>	18,515	18,207	-1.7%
<b>Total Female Population</b>	17,305	17,045	-1.5%
<b>Females, Child Bearing Age (15-44)</b>	5,703	7,994	40.2%
<b>Population Age 65+</b>	6,684	7,002	4.8%

<b>HOUSEHOLD INCOME DISTRIBUTION</b>			
	<b>Income Distribution</b>		
			<b>USA</b>
<b>2019 Household Income</b>	<b>HH Count</b>	<b>% of Total</b>	<b>% of Total</b>
<\$25K	2,242	20.9%	18.1%
\$25-50K	4,476	41.6%	20.3%
\$50-75K	2,287	21.3%	17.4%
\$75-100K	973	9.1%	12.8%
Over \$100K	770	7.2%	31.4%
<b>Total</b>	<b>10,748</b>	<b>100.0%</b>	

<b>EDUCATION LEVEL</b>			
	<b>Education Level Distribution</b>		
			<b>USA</b>
<b>2019 Adult Education Level</b>	<b>Pop Age18+</b>	<b>% of Total</b>	<b>% of Total</b>
Less than High School	1,524	5.4%	5.7%
Some High School	2,132	7.6%	5.8%
High School Degree	9,243	32.9%	27.6%
Some College/Associates Degree	11,074	39.5%	30.3%
Bachelor's Degree or Greater	4,086	14.6%	30.6%
	<b>28,059</b>	<b>100.0%</b>	

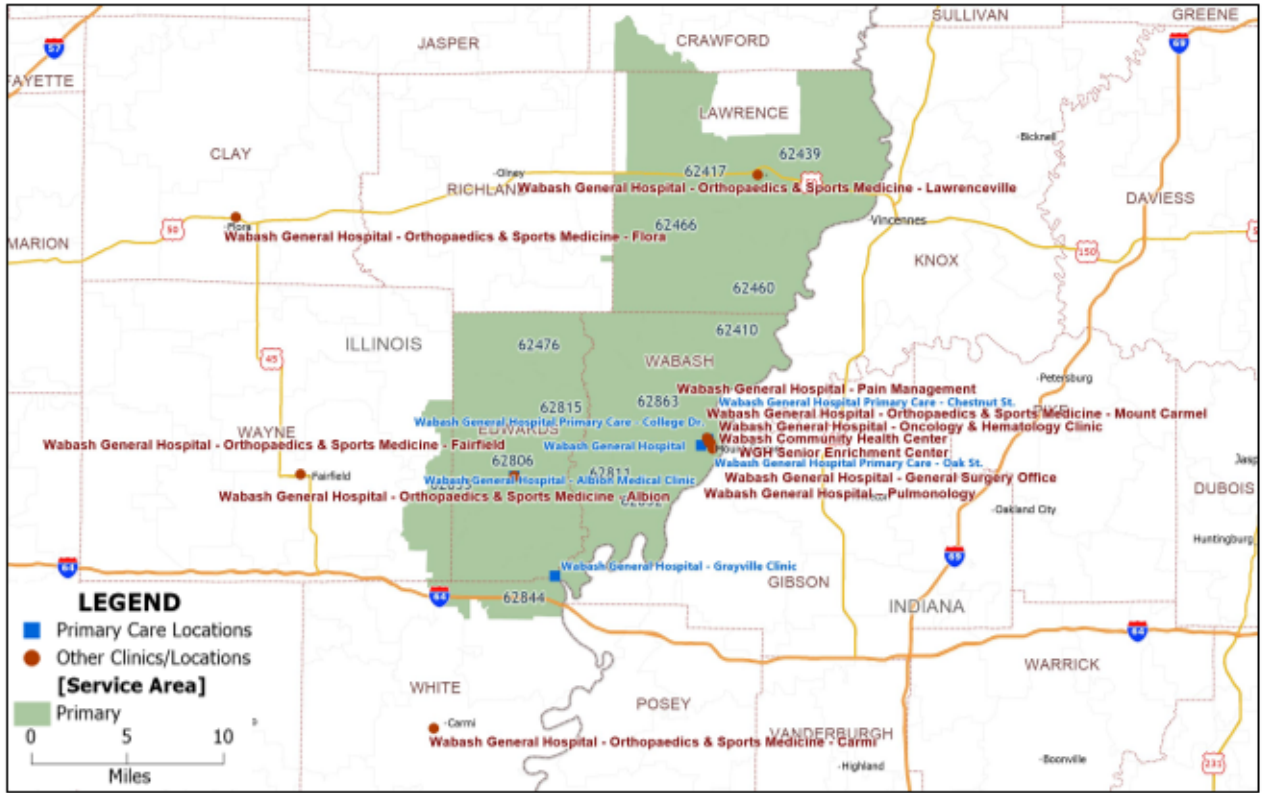
<b>RACE/ETHNICITY</b>			
	<b>Race/Ethnicity Distribution</b>		
			<b>USA</b>
<b>Race/Ethnicity</b>	<b>2019 Population</b>	<b>% of Total</b>	<b>% of Total</b>
White	32,628	92.6%	72.0%
Black	1,475	4.2%	12.8%
Native American	160	0.5%	0.9%
Asian/Pacific Islander	217	0.6%	5.9%
All Others	772	2.2%	8.4%
	<b>35,252</b>	<b>100.0%</b>	

Source: U.S. Census Bureau, 2019: American Community Survey 5-Year Estimates Subject Tables

\*Population projections for the service area calculated using the IL Department of Commerce and Economic Opportunity Population Estimates at the County Level and CDC WONDER, National Population Projections 2014-2060 Results



# 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 2021 County Health Rankings & Roadmaps. Each county is ranked on Health Outcomes as well as Health Factors.

In comparison to the 2019 CHNA Report, all counties except White County, declined in their Health Outcomes ranking. White County improved its ranking from #88 to #85. Interestingly, all counties except White County improved their Health Factors ranking between 2019 and 2021, even with increases in the rate of Adult Smoking and Adult Obesity across all counties.

**Table 3: Service Area County Health Rankings – Select Measures**

	Wabash County (IL)	Lawrence County (IL)	Edwards County (IL)	White County (IL)	IL
<b>Health Outcomes</b>					
<b>Ranking (of 102)</b>	<b>32</b>	<b>92</b>	<b>71</b>	<b>85</b>	
<b>Length of Life</b>					
Premature death	5,300	8,900	8,900	8,500	6,600
<b>Quality of Life</b>					
Poor to Fair Health	17%	20%	16%	18%	16%
Low Birthweight	7%	10%	8%	9%	8%
<b>Health Factors</b>					
<b>Ranking (of 102)</b>	<b>29</b>	<b>93</b>	<b>19</b>	<b>63</b>	
<b>Health Behaviors</b>					
Adult Smoking	21%	24%	21%	23%	16%
Adult Obesity	28%	30%	30%	29%	30%
Access to exercise opportunities	72%	41%	42%	36%	91%
Excessive drinking	22%	21%	23%	21%	22%
Alcohol-impaired driving deaths	33%	38%	0%	7%	31%
Sexually transmitted infections	226.3	185.6	123.3	150.7	604.0
Teen births	32	43	29	43	19

Source: County Health Rankings & Roadmaps ([www.countyhealthrankings.org](http://www.countyhealthrankings.org))

The County Health Rankings define Premature Death as leading causes of death for those under the age of 75 per 100,000 population within the categories of malignant neoplasms, diseases of the heart, accidents (unintentional injuries), chronic lower respiratory diseases and intentional self-harm (suicide). This data is age-adjusted to ensure it is comparable across counties. For 2021, the County Health Rankings used data from 2017-2019.

The rate of premature deaths in Lawrence, Edwards and White Counties are significantly higher than compared to the State. Within the service area, Wabash County has the lowest rate of premature death and 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
<b>Clinical Care</b>					
<b>Ranking (of 102)</b>	<b>32</b>	<b>92</b>	<b>45</b>	<b>85</b>	
Uninsured	6%	7%	6%	7%	8%
Primary Care Physicians	2,310:1	3,940:1	-	3,420:1	1,320:1
Dentists	2,300:1	15,680:1	6,400:1	2,260:1	1,400:1
Mental Health Providers	340:1	420:1	1,600:1	850:1	380:1
Preventable Hospital Stays	4,895	5,863	4,011	5,915	4,236
Mammography Screening	43%	39%	43%	38%	42%
Flu Vaccinations	34%	48%	36%	43%	48%

Source: County Health Rankings & Roadmaps ([www.countyhealthrankings.org](http://www.countyhealthrankings.org))

Compared to 2019 measures, there are improvements in the ratios of the population to primary care physicians, dentists and mental health providers ratios across the service area counties. There are opportunities to improve screening procedures as well as flu vaccinations.

## **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. This is especially true for deaths related to cancer in heart disease and cancer in Lawrence and White Counties. Deaths due to strokes were nearly twice the rate in Edwards County compared to surrounding counties.

**Table 5: Service Area Counties – Mortality Rates**

Age Adjusted Death Rates	Wabash	Lawrence	Edwards	White	IL	USA
<b>Total</b>	<b>732.5</b>	<b>945.9</b>	<b>742.1</b>	<b>977.8</b>	<b>720.5</b>	<b>728.8</b>
Coronary Heart Disease	160.7	198.6	173.7	208.8	165.8	166.0
Cancer	164.7	201.6	144.9	193.8	161.7	155.5
COPD & Pneumonia	54.1	73.3	32.8	101.1	52.1	53.8
Accidents	31.3	55.3	46.3	50.0	39.8	45.7
Stroke	25.5	36.7	63.2	42.2	37.8	37.3
Diabetes	20.6	38.5	-	19.8	18.8	21.2
Homicide	-	-	-	-	7.9	6.0
Suicide	-	-	-	20.5	10.8	13.6

Source: U.S. Department of Health & Human Services > National Institutes of Health > National Institute on Minority Health and Health Disparities; 2014 -2018 Death Rate Report for IL by County (latest 5-year average)

## CANCER INCIDENCE RATES

In reviewing cancer incidence data among men and women for the service area compare to the State of Illinois, the highlighted cells in Table 6 indicate where the cancer incidence rate is higher than the comparative State level. Lawrence and White Counties have the most cancer incidence rates above the State level. Lung cancer occurs at a higher rate in the overall service area counties compared to the State.

**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
<b>All Cancers</b>	<b>511.6</b>	<b>399.7</b>	<b>541.6</b>	<b>442.2</b>	<b>389.7</b>	<b>429.4</b>	<b>549.0</b>	<b>481.2</b>	<b>503.6</b>	<b>444.5</b>
Prostate	88.1	-	121.7	-	102.3	-	109.3	-	111.5	-
Lung	80.4	61.7	91.0	67.8	69.1	71.9	107.2	69.6	71.8	56.7
Breast	4.6	103.3	-	111.9	-	111.1	-	133.0	1.3	133.7
Ovarian	-	7.9	-	3.1	-	-	-	6.4	-	10.9
Skin	19.4	2.7	28.7	24.7	14.0	23.5	27.8	14.4	26.2	18.1
Pancreas	11.6	15.2	8.0	16.5	14.1	3.9	19.3	19.3	15.9	12.1
<b>All Other Sites</b>	<b>66.1</b>	<b>50.1</b>	<b>65.6</b>	<b>66.4</b>	<b>35.7</b>	<b>62.1</b>	<b>50.7</b>	<b>60.1</b>	<b>54.8</b>	<b>58.3</b>

Source: Illinois Department of Public Health, Cancer in Illinois Statistics, 2014-2018



## IL DEPARTMENT OF PUBLIC HEALTH – OVERDOSE DEATHS

From the qualitative feedback provided during interviews and focus groups, substance abuse was noted as a growing health concern in the service area. In 2019, Overdose Deaths per 100,000 of the Population from The Rural Health Information Hub was reported. This information was dated 2016 and unfortunately, has not been updated since.

The Illinois Department of Public Health (IDPH) releases a semiannual report on opioid overdoses. The report published in August 2021 is based on 2020 data.

**Table 7: 2020 IL Opioid Fatality Rate**

Opioid Fatality Rate per 100,000 capita by County	
Wabash County (IL)	8.7
Lawrence County (IL)	6.3
Edwards County (IL)	31.3
White County (IL)	0.0

*Source: IL Department of Public Health, Opioid Overdose Semiannual Report – August 2021*

Within the service area, Edwards County has a significantly higher rate of overdose deaths compared to the other counties. Per the IDPH report, 2020 saw an increase of 32.7% deaths from opioid overdoses compared to 2019. Opioid overdose deaths peaked in May 2020 and then decreased in the following months through the calendar year.



## RURAL HEALTH INFORMATION HUB

Based on January 2022 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)
<b>SDOH</b>					
18-24 Year Olds Without a High School Diploma	9.8%	37.3%	10.7%	18.5%	14.9%
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	9.4%	15.1%	8.0%	10.1%	10.7%
Poverty	13.5%	18.4%	11.8%	14.5%	13.2%
Unemployment Rate	8.3%	8.7%	8.2%	7.6%	7.7%

*Source: Rural Health Information Hub via data from the US Census ACS, 2009, 20014, and 2019 5-year estimates; USDA Economic Research Service, 2019 (low access to health food), 2007-2020 (unemployment rate); and the US Census Small Area Income and Poverty Estimates, 2009-2019.*

Lawrence County has a much higher percentage of 18-24 year olds without a high school diploma compared to the other service area counties as well as the State of Illinois non-metro benchmark and a corresponding lower median household income compared to the surrounding counties.

Wabash County residents have lower access to healthy foods as measured by residents' proximity to the nearest supermarket (more than 10 miles). This was also mentioned in the interviews with community members as there are limited grocery store options with fresh food in the community.

# QUALITATIVE FEEDBACK

Since WGH conducted the CHNA process alongside the strategic planning process, the Consultant was able to collect qualitative feedback from sixteen (16) individuals as well as two (2) community focus groups and one (1) focus group with members of the WGH Medical Staff. The qualitative feedback was collected during a series of meetings in September 2021 and there was participation by a diverse group of individuals who represent the broad interests of the community.

## INDIVIDUAL INTERVIEWS

- *Karissa Turner, WGH President & Chief Executive Officer*
- *Bridget Shepherd, WGH Executive VP of Human Resources*
- *Eldo Deisher, WGH Vice President of Emergency Services*
- *Lynn Leek, WGH Chief Financial Officer*
- *Andrew Kleinschmidt, WGH VP of Professional Services*
- *Rob Coleman, WGH Board Chairman*
- *Doug McPherson, WGH Board Member*
- *Bill Easton, WGH Board Member*
- *Katheryn McWhirter, WGH VP of Quality*
- *Rachel Metz, PA-C, Pediatrics*
- *Karin Hodgson, WGH Auxiliary President*
- *Toni Brines, WGH Board Member*
- *Diane DeStephano, WGH Nurse Practitioner (Grayville)*
- *Kim Pearson, WGH Chief Nursing Officer*
- *Nate Stevenson, WGH Board Member*
- *John Evans, WGH Board Member*

## MEDICAL STAFF FOCUS GROUP PARTICIPANTS

- *Lauren Croft, MD, FAAP, Pediatrics*
- *Julko Fullop, MD, Orthopedic Surgery*
- *Lawrence Jennings, MD, Internal Medicine*
- *Levi McDaniel, MD, Internal Medicine*

- *Laura Ziglar, MD, General Surgery*

## **COMMUNITY FOCUS GROUP PARTICIPANTS**

- *Chris Lavelly - Principal, St. Mary's Catholic School*
- *Mike McWilliams - Chief of Police, Mount Carmel*
- *Sheila Wallace - Vice President, First Mid-Bank & Trust*
- *Leeann Lear - LCSW, Wabash Community Health Center*
- *Dr. Chuck Bleyer - Superintendent, Wabash County Schools*
- *Craig Newman - President, Economic Alliance; WCHC Board*
- *Kevin Madden, General Manager, WSJD Radio*
- *Kevin Schuh, Financial Advisor, Edward Jones*
- *David James, President/COO, Mt. Carmel Public Utility Company*
- *Aaron Croft, Dean of Students, Mt. Carmel High School*

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 **identify available health services in the community**. Responses included:

- *Wabash General Hospital*
- *Wabash Community Health Center (FQHC)*
- *Carle Clinic (Olney)*
- *Emergency Services*
  - *Ambulance*
  - *WGH Emergency Room*
  - *Convenient Care (urgent care)*
- *Health Department*
  - *Counseling services*
- *Primary Care Services*
  - *Physicians*
  - *Health screenings*
  - *Preventative care*

- *Diagnostic/Testing Services*
  - *Lab services*
  - *Radiology services (X-Ray, CT Scan, MRI, Mammography)*
- *Dental Services*
  - *Dental safari – school-based services*
- *Wellness Services*
  - *Gyms/fitness facilities*
- *Nurses in local schools*
- *Home Health Services*
- *Pharmacy*
- *Eye Doctors*
- *Nursing Home*
- *Assisted Living*
- *Community Based Organizations Serving At-Risk Groups*
  - *Hope Pregnancy Center*
  - *Wabash Area Development, Inc. (WADI)*
  - *Guardian Center (child advocacy)*
- *Chiropractors*
- *RIDES Mass Transit*

Next, participants were asked about their **overall perception of the community's health**. The majority of respondents indicate the community's health is "average," giving it a letter grade of a "C."

Some of the more positive comments included:

- *Our older population is healthier than it's been in the past.*
- *We've had a shift in the population to be more focused on physical activity but we still have a long way to go.*
- *We're very fortunate to have walking trails, the new pickle ball courts and improvements at our local parks.*

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

- *I've noticed a lot more childhood obesity.*



- *Mental health of children has declined due to pandemic.*
- *There are parental barriers for children who are referred for mental health services.*
- *Smoking has declined by vaping is prevalent.*
- *We're behind the 8-ball and the pandemic and changing masking policies has not helped.*
- *We're above the standard when looking at Southern Illinois but the community is becoming lazy with only small pockets committed to health.*
- *We suffer from a lack of education to utilize appropriate health services.*
- *There's a clear impact of socioeconomic status on accessing health.*
- *We had issues with accessing healthy foods and there are transportation needs that are not well addressed.*

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

- *Powerplant (smoke stacks, by-products, poor air quality)*
- *Farming chemicals/pesticides*
- *Vaping*
- *After effects of former coal mining industry*
- *Recreational vehicle accidents*
- *Lower vaccination rates for COVID (Wabash County)*
- *Gambling machines*
- *Access to (and/or affordability of) healthier foods (fruits and vegetables)*
- *One grocery store (more expensive; access is an issue for those who used to walk to the other grocery store)*
- *Prevalence of fast food – cheap and easy access, free Wi-Fi*
- *Vacant and run-down properties – potential for injuries*
- *Legalization of marijuana*



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

- *Early health literacy education (within schools)*
- *Outdoor activity space (bike/walking paths)*
- *Health fairs for preventive screenings*
- *Medicare assistance program (support WCHC)*
- *WGH – add Intensive Care Unit*
- *Access to better internet (rural community challenge)*
- *Business coalition to address drug issues*
- *Providers supporting health education*
- *After school/mentoring programs*
- *Adding more early childcare services*
- *Expand Youth in Action programs*
- *More volunteers to support service organizations*
- *Local college is planning to update/build new sports facilities*

Finally, participants were asked what **health care services currently not provided, need to be available in this community**? **Mental health and substance abuse services** was mentioned several times with an understanding that planning is underway for a dedicated facility. Other health services mentioned include:

- *Dermatology*
- *Obstetrics and Gynecology for pre- and post-delivery care*
- *Urology*
- *Cardiology testing/services*
- *Ear, Nose and Throat*
- *Rehab services (post-joint replacement)*
- *Drug rehab services (long-wait times; insurance challenges)*
- *Suboxone services*
- *Weight loss programs/physical therapy*
- *Dialysis services*

# PRIORITIZATION OF HEALTH NEEDS

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

- *Continue supporting the development of the mental health and substance abuse facility in Mt. Carmel*
- *Expansion of specialty services*
  - *Dermatology*
  - *Urology*
  - *Ear, Nose, and Throat*
  - *Obstetrics and Gynecology for pre- and post-delivery services*
  - *Expand cardiology testing and services*
- *Early intervention and health literacy education*
- *Continue collaborating 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

Alka Family Chiropractic Center

Anytime Fitness

Beall Woods State Park

B&D Independence

Brown Bag Buddies

Caring Closet

City Park

Comprehensive Dental Care

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

Mount Carmel Massage Therapy

Oakview Heights Continuous Care and Rehabilitation

Oakview Villa

Opportunities for Access

Premium Fitness

Project Success

Rides Mass Transit District

Safe Haven

Stopping Woman Abuse Now (SWAN)

The Smile Center

Tristate Clinic of Chiropractic

Villas of Hollybrook Assisted Living & Memory Care

Wabash Area Development, Inc.

Wabash County Health  
Department

Wabash County Housing  
Authority

Wabash County Medical Center

Wabash County Youth Center

Wabash General Hospital

Wabash Rally Against Cancer  
(WRAC)

Wabash Valley Youth in Action

Wednesday's Child

## 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](http://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 2021 Wabash General Hospital Community Health Needs Assessment was approved by the Wabash General Hospital Board of Directors on the **28<sup>th</sup>** day of, **March** 2022.

# APPENDIX A – 2021 CHNA IMPLEMENTATION PLAN

## Identified Health Need Goals

<b>Substance abuse services</b>	<ul style="list-style-type: none"> <li>• <i>Expand substance abuse services to surrounding counties</i></li> <li>• <i>We will focus on identifying funding opportunities for Edwards Co. to expand services.</i></li> </ul>
<b>Mental health services</b>	<ul style="list-style-type: none"> <li>• <i>Expand access to mental health service by hiring additional trained professionals</i></li> <li>• <i>Expand access to mental health services by offering services at the school</i></li> <li>• <i>Expand education to the community about mental health services offered</i></li> <li>• <i>We will have LCHD provide mental health first aid training to staff.</i></li> </ul>
<b>Expand access to healthy food</b>	<ul style="list-style-type: none"> <li>• <i>Continue community garden</i></li> <li>• <i>Support local food pantries</i></li> <li>• <i>Support farmers market</i></li> </ul>
<b>Lifestyle/dietary education focus (healthy living, diabetes)</b>	<ul style="list-style-type: none"> <li>• <i>Provide health education to students in district 348 along with Edwards Co.</i></li> <li>• <i>Continue to provide educational videos through social media channels</i></li> <li>• <i>Continue the health extravaganza.</i></li> </ul>
<b>Continue collaborating with and supporting community-based programs</b>	<ul style="list-style-type: none"> <li>• <i>Continue to support FQHC and partner on funding opportunities that will allow them to expand access.</i></li> </ul>
<b>Expansion of specialty services</b>	<ul style="list-style-type: none"> <li>• <i>Continue to expand Oncology services along with additional specialties ENT, Urology, Cardiology</i></li> </ul>
<b>Focus on early intervention programs/services</b>	<ul style="list-style-type: none"> <li>• <i>Increase annual wellness visits and preventive services in the community.</i></li> <li>• <i>Market the importance of annual screenings to prevent chronic illness.</i></li> <li>• <i>Convert primary health clinics to a Patient Centered Medical Home model.</i></li> </ul>



# APPENDIX B – 2016-2019 CHNA IMPLEMENTATION PLAN

Identified Health Need	Goals	Results
<b>Wellness</b>	<ul style="list-style-type: none"> <li>• <i>Educating youth about the risks of obesity</i></li> <li>• <i>Diabetes education</i></li> </ul>	<ul style="list-style-type: none"> <li>• Community Garden</li> <li>• Diabetes Prevention Program</li> <li>• Diabetes Self-Management Program (in development)</li> </ul>
<b>Pediatrics Services</b>	<ul style="list-style-type: none"> <li>• <i>Expansion of pediatric services</i></li> </ul>	<ul style="list-style-type: none"> <li>• Addition of Dr. Lauren Croft, Pediatrician to WGH Medical Staff</li> </ul>
<b>Mental Health</b>	<ul style="list-style-type: none"> <li>• <i>Access to inpatient and outpatient mental health services</i></li> <li>• <i>Explore options for substance abuse treatment</i></li> </ul>	<ul style="list-style-type: none"> <li>• WGH provided scholarship funds to support Leann Lear to train as a psychiatric nurse practitioner</li> </ul>
<b>Expansion of Specialists</b>	<ul style="list-style-type: none"> <li>• <i>ENT</i></li> <li>• <i>Pulmonology</i></li> <li>• <i>Urology</i></li> <li>• <i>Endocrinology</i></li> </ul>	<ul style="list-style-type: none"> <li>• Added Dr. Muhammad Habib, Pulmonologist</li> <li>• Added pain management services</li> </ul>
<b>Additional Services for the Elderly</b>	<ul style="list-style-type: none"> <li>• <i>Adult day care</i></li> <li>• <i>Assisted Living</i></li> </ul>	<ul style="list-style-type: none"> <li>• WGH partners with Oakview Heights for lab, x-ray, and Medical Director</li> <li>• Community added The Villas of Holly Brook for assisted living and adult day care services.</li> </ul>