

WABASH GENERAL HOSPITAL

2019 Community Health Needs Assessment



Conducted By:



Management Partners
Healthcare Consulting | www.m13partners.com

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INTRODUCTION

Community Health Needs Assessment (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 with 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

Continuous Improvement

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

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 January 2019, WGH initiated the update to the Community Health Needs Assessment (CHNA) report in conjunction with the organization's strategic planning efforts. The service area was re-defined for the organization 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 twenty-five (25) individual interviews and three (3) community focus groups.

Demographics for the service area indicate the current population of about 35,820 is projected to shrink about 5.4% over the next 8 years (33,891). In addition to a contracting population, 19% of the service area's population is in the age 65+ cohort as compared to the 15% Nationally.

Quantitative

In a review of health outcomes statistics, Wabash County is relatively healthier than the other service area counties and the State of Illinois. Wabash County had a lower rate of premature deaths and a better ratio of primary care physicians and dentists per population than Edwards, Lawrence and White Counties. According to the County Health Rankings, Wabash County has a better ratio of mental health providers as compared to the State of Illinois overall.

Mortality rates for the service area are overall higher as compared to the State and U.S. figures. The rate of heart disease in Lawrence, Edwards and White Counties is significantly higher than the State and National rates. Cancer deaths for Wabash and White Counties are notably higher than the State and National rates as well.

Cancer incidence rates indicate White County is above the State cancer incidence rates in all nearly all cancers, with the exception of pancreatic cancer in men. The rate of pancreatic cancer for men in Wabash County

is the highest compared to the other service counties as well as the State. Lung cancer in Lawrence, Edwards and White is significantly higher than the State rate.

Qualitative

Feedback from the individual interviews as well as the focus groups was consistent in identifying the currently available health services for residents as well as perceived health needs for the community. Overwhelmingly, community members identified a need for mental health services as well as substance abuse services. Additionally, community members identified specific sub-specialties and additional services they felt were needed in the community including obstetrics, dermatology, gastroenterology, ENT, dental/oral surgery, additional services for the elderly and more pharmacy options.

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 primary care service*
- *Expansion of specialty services*
- *Lifestyle/dietary education focus (healthy living, diabetes management, etc.)*
- *Continue collaborating with and supporting community-based programs*

2016 COMMUNITY HEALTH NEEDS ASSESSMENT – RECAP

In 2016, Wabash General Hospital (WGH) completed a CHNA to identify and address the health needs of the service area. In 2016, the WGH CHNA Steering Group prioritized the following health needs:

Wellness

- *Education to assist parents with understanding the importance of parenting skills and 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 1) the risk of diabetes; 2) diabetes prevention; and 3) the patient’s role and responsibilities in managing diabetes*

Pediatric Services

- *Need for additional pediatric services, both physical and mental health.*

Mental Health

- *Access to outpatient mental health services including 1) local counseling; 2) telepsychiatry for broader audiences; and 3) adding a local psychiatrist*
- *Access to inpatient psychiatric care*
- *Opportunities for medical management of addiction recovery*

Local Access to Additional Specialists

- *Ear, Nose and Throat*
- *Pulmonology*
- *Urology (including access to pediatric urology)*
- *Endocrinology*

Expanded Services for the Elderly

- *Local access to adult day care and expanded services to assist the elderly living at home*

METHODS AND DATA SOURCES

WGH engaged M13 Management Partners (Consultant) to assist with the completion of the 2019 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 2019 County Health Rankings used data from 2015-2017 for this measure.*
- *Poor to Fair Health – Percentage of adults reporting fair or poor health (age-adjusted). The 2019 County Health Rankings used data from 2016 for this measure.*
- *Low Birthweight - Percentage of live births with low birthweight (< 2,500 grams). The 2019 County Health Rankings used data from 2011-2017 for this measure.*
- *Adult Smoking - Percentage of adults who are current smokers. The 2019 County Health Rankings used data from 2016 for this measure.*
- *Adult Obesity - Percentage of the adult population (age 20 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m². The 2019 County Health Rankings used data from 2015 for this measure*
- *Access to exercise opportunities - Percentage of population with adequate access to locations for physical activity. The 2019 County Health Rankings used data from 2010 & 2018 for this measure.*
- *Excessive drinking - Percentage of adults reporting binge or heavy drinking. The 2019 County Health Rankings used data from 2016 for this measure.*
- *Alcohol-impaired driving deaths - Percentage of driving deaths with alcohol involvement. The 2019 County Health Rankings used data from 2013-2017 for this measure.*

- *Sexually transmitted infections – Number of newly diagnosed chlamydia cases per 100,000 population. The 2019 County Health Rankings used data from 2016 for this measure.*
- *Teen births – Number of births per 1,000 female population ages 15-19. The 2019 County Health Rankings used data from 2011-2017 for this measure.*
- *Uninsured - Percentage of population under age 65 without health insurance. The 2019 County Health Rankings used data from 2016 for this measure.*
- *Primary Care Physicians - Ratio of population to primary care physicians. The 2019 County Health Rankings used data from 2016 for this measure.*
- *Dentists - Ratio of population to dentists. The 2019 County Health Rankings used data from 2017 for this measure.*
- *Mental Health Providers - Ratio of population to mental health providers. The 2019 County Health Rankings used data from 2018 for this measure.*
- *Preventable Hospital Stays - Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees. The 2019 County Health Rankings used data from 2016 for this measure.*
- *Mammography Screening - Percentage of female Medicare enrollees ages 65-74 that received an annual mammography screening. The 2019 County Health Rankings used data from 2016 for this measure.*
- *Flu Vaccinations - Percentage of fee-for-service (FFS) Medicare enrollees that had an annual flu vaccination. The 2019 County Health Rankings used data from 2016 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, 2011-2015

Rural Health Information Hub

United States Department of Agriculture, Economic Research Service

SERVICE AREA

The service area for WGH was redefined during the 2019 Strategic Planning process. In an analysis of inpatient origin by ZIP Code for 2018, the service area was defined to include 14 ZIP Codes across Wabash, Edwards, White and Lawrence Counties, where 77% of WGH’s inpatients reside.

Table 1: WGH Service Area by ZIP Code

ZIP Code	City	State	County	Discharges
62863	Mount Carmel	IL	Wabash	340
62806	Albion	IL	Edwards	37
62844	Grayville	IL	White	34
62439	Lawrenceville	IL	Lawrence	33
62476	West Salem	IL	Edwards	23
62410	Allendale	IL	Wabash	23
62417	Bridgeport	IL	Lawrence	14
62811	Bellmont	IL	Wabash	11
62460	Saint Francisville	IL	Lawrence	10
62818	Browns	IL	Edwards	8
62852	Keensburg	IL	Wabash	7
62466	Sumner	IL	Lawrence	5
62815	Bone Gap	IL	Edwards	5
62833	Ellery	IL	Edwards	5
Other ZIP Codes				169
TOTAL				724

SERVICE AREA DEMOGRAPHICS

Based on the most recent available U.S. Census data at the ZIP Code level, the population of the WGH service area is 35,820. Average income for this population is \$59,627, compared to the U.S. average income of \$81,283. Important to note, 19% (6,684) of the WGH service area is age 65+. As a comparison, the U.S. age 65+ cohort makes up 15% of the population.

Table 2: WGH Service Area Demographic Characteristics

DEMOGRAPHIC CHARACTERISTICS			
	Service Area	USA	Service Area 2017
2017 Total Population	35,820	321,004,407	Total Male Population 18,515
2025 Total Population	33,891	344,234,000	Total Female Population 17,305
% Change 2017-2025	-5.4%	7.2%	Females, Child Bearing Age (15-44) 5,703
Average Household Income	\$ 59,627	\$ 81,283	Population Age 65+ 6,684

HOUSEHOLD INCOME DISTRIBUTION				EDUCATION LEVEL			
2017 Household Income	Income Distribution			2017 Adult Education Level	Education Level Distribution		
	HH Count	% of Total	USA % of Total		Pop Age 25+	% of Total	USA % of Total
<\$25K	3,640	25.1%	21.3%	Less than High School	1,091	4.3%	5.4%
\$25-50K	3,998	27.5%	22.5%	Some High School	2,377	9.4%	7.2%
\$50-75K	2,608	18.0%	17.7%	High School Degree	8,815	34.9%	27.3%
\$75-100K	2,146	14.8%	12.3%	Some College/Associates Degree	9,466	37.5%	29.1%
Over \$100K	2,120	14.6%	26.2%	Bachelor's Degree or Greater	3,484	13.8%	30.9%
Total	14,512	100.0%			25,233	100.0%	

RACE/ETHNICITY			
Race/Ethnicity	Race/Ethnicity Distribution		
	2017 Population	% of Total	USA % of Total
White	33,156	92.6%	73.0%
Black	1,564	4.4%	12.7%
Native American	57	0.2%	0.8%
Asian/Pacific Islander	252	0.7%	5.5%
All Others	791	2.2%	8.0%
	35,820	100.0%	

*Population projections for the service area calculated using U.S. Census Population Estimates at the County Level
 Source: U.S. Census Bureau, 2013-2017 American Community Survey 5-Year Estimates

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 County Health Rankings & Roadmaps.

Table 3: Service Area County Health Rankings – Select Measures

	Wabash County (IL)	Lawrence County (IL)	Edwards County (IL)	White County (IL)	IL
Health Outcomes					
Ranking (of 102)	23	84	25	88	
Premature death	5,700	8,200	6,200	9,400	6,600
Quality of Life					
Poor to Fair Health	15%	18%	14%	15%	17%
Low Birthweight	7%	8%	7%	9%	8%
Health Behaviors					
Adult Smoking	16%	19%	15%	16%	16%
Adult Obesity	32%	27%	30%	29%	29%
Access to exercise opportunities	72%	41%	42%	36%	91%
Excessive drinking	20%	21%	21%	20%	21%
Alcohol-impaired driving deaths	50%	48%	0%	19%	33%
Sexually transmitted infections	225.3	188.0	199.0	139.6	561.4
Teen births	36	44	40	51	23

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

The County Health Rankings define Premature Death as leading causes of death for those under the age of 75 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.

The rate of premature deaths in White County and Lawrence County are significantly higher than compared to the State. Within the service area, Wabash County appears to be the “healthiest” with lower rates of premature death and more access to exercise opportunities.

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

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

	Wabash County (IL)	Lawrence County (IL)	Edwards County (IL)	White County (IL)	IL
Clinical Care					
Ranking (of 102)	61	97	39	76	
Uninsured	6%	6%	6%	6%	7%
Primary Care Physicians	2,300:1	4,090:1	-	3,570:1	1,230:1
Dentists	2,300:1	16,170:1	6,490:1	2,320:1	1,310:1
Mental Health Providers	360:1	450:1	2,160:1	1,000:1	480:1
Preventable Hospital Stays	4,694	7,506	3,081	5,528	4,980
Mammography Screening	40%	37%	41%	42%	42%
Flu Vaccinations	34%	45%	37%	41%	45%

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

Based on these measures, Wabash County had the best ratio of primary care providers to the population in the service area and more surprisingly, has a better ratio of mental health providers to the population compared to the other counties as well as the State.

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. While there are fewer deaths from heart disease in Wabash County as compared to the other counties, State and Nationally, the rate of death as a result of cancer are much higher in Wabash and White Counties.

Table 5: Service Area Counties – Mortality Rates

Age Adjusted Death Rates	Wabash	Lawrence	Edwards	White	IL	USA
Total	797.0	933.4	850.7	919.6	785.7	731.9
Coronary Heart Disease	107.0	213.7	222.2	249.9	163.3	165.0
Cancer	175.7	146.5	#N/A	224.2	157.9	152.5
COPD & Pneumonia	65.9	74.5	58.0	80.00	53.2	55.2
Accidents	46.2	56.2	66.6	48.7	44.4	49.4
Stroke	39	62.2	51.0	38.6	38.9	37.6
Diabetes	16.4	30.0	24.6	22.7	19.2	21.5
Homicide	#N/A	#N/A	#N/A	#N/A	9.0	6.2
Suicide	9.5	12.3	14.2	13.4	12.1	12.0

All Other Causes

Source: 2017 National Center for Health Statistics, Stats of the State of Illinois
Italicized values were labeled as "unreliable" from the data source.

CANCER INCIDENCE RATES

In reviewing cancer incidence data among men and women for the service area compare to the State of Illinois, almost all cancers have a higher incidence rate in the service area as compared to the State. White County’s cancer incidence rates are notably higher than the State rates, especially for prostate and lung cancers in men.

Table 6: Service Area Counties – Cancer Incidence

Age Adjusted Cancer Incidence	Wabash		Lawrence		Edwards		White		Illinois	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
All Cancers	576.5	418.9	544.4	444.2	544.4	489.3	571.8	479.2	516.3	441.1
Prostate	95.4	-	118.7	-	105.7	-	129.8	-	114.9	-
Lung	80.0	63.5	104.5	66.0	91.7	81.2	119.5	53.1	77.8	57.5
Breast	1.9	102.0	-	96.7	-	124.0	-	139.2	1.4	131.7
Female Genitalia	-	6.7	-	3.4	-	6.1	-	8.6	-	7.7
Skin	8.0	5.2	14.6	14.3	20.6	10.5	25.1	22.7	23.6	15.9
Pancreas	21.7	18.9	10.6	13.2	16	3.4	13.1	14.4	15.3	11.6
All Other Sites	59.8	56.4	59.3	68.7	79.6	109.3	59.9	64.9	55.9	59.0

Source: Illinois Department of Public Health, Cancer in Illinois Statistics, 2011-2015

RURAL HEALTH INFORMATION HUB

A growing concern nationwide is overdose deaths due to an increased use of opioids and other drugs. The Rural Health Information Hub provides national data on overdose deaths at the county level.

Table 7: Overdose Deaths per 100,000 Population

Overdose Deaths per 100,000	
Wabash County (IL)	12.0
Lawrence County (IL)	16.0
Edwards County (IL)	22.0
White County (IL)	16.0
IL (nonmetro)	13.8
IL (metro)	15.6

Source: Rural Health Information Hub, 2016

Within the service area, Edwards County has a significantly higher rate of overdose deaths compared to the other counties as well as the State's nonmetro and metro rates for this measure.

Based on 2017 sourced data from the Health Resources & Service Administration (HRSA), the Rural Health Information Hub reports Wabash, Lawrence, Edwards, and White Counties all have parts of the counties that is considered a shortage area for primary care providers.

In a review of the Health Professional Shortage Areas for Mental Health, less than 10 counties in Illinois are noted as **not** having a shortage of mental health providers. All service area counties are labeled as "whole county is shortage area" for mental health providers.

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

Table 8: Social Determinants of Health

	Wabash County (IL)	Lawrence County (IL)	Edwards County (IL)	White County (IL)	IL (non-metro)
SDOH					
18-24 Year Olds Without a High School Diploma	9.8%	29.5%	5.3%	15.5%	15.3%
Low Access to Healthy Food*	49.1%	16.8%	35.8%	39.5%	42.5%
Median Household Income	\$53K	\$45K	\$49K	\$48K	\$51K
Personal Income \$100K and Over	16.3%	12.8%	16.7%	13.5%	17.1%
Personal Income Under \$25K	28.0%	23.9%	22.2%	25.7%	24.7%
Population Without a High School Diploma	10.4%	17.2%	10.4%	10.3%	11.3%
Poverty	13.8%	17.3%	10.9%	15.3%	14.1%
Unemployment Rate	5.1%	6.1%	4.7%	4.9%	5.0%

Source: Rural Health Information Hub via data from the US Census ACS, 2011 and 2017 5-year estimates; USDA Economic Research Service, 2015 (low access to health food); and the US Census Small Area Income and Poverty Estimates, 2009-2017.

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.

Wabash County residents have lower access to healthy foods as measured by residents' proximity to the nearest supermarket (more than 10 miles).

Due to age of data, information was not pulled from the Illinois Behavioral Risk Factor Surveillance System.

QUALITATIVE FEEDBACK

Since WGH conducted the CHNA process alongside the strategic planning process, the Consultant was able to collect qualitative feedback from individuals as well as three (3) community focus groups. The qualitative feedback was collected during a series of meetings in January 2019 and we had participation by a diverse group of individuals who represent the broad interests of the community.

INDIVIDUAL INTERVIEWS

- *Diane DeStephano, WGH Nurse Practitioner (Grayville)*
- *Karissa Turner, WGH President & CEO*
- *Larry Briggs, WGH Board Member*
- *Mary Beth Mohrman, WGH Auxiliary President*
- *Rob Coleman, WGH Board Chairman*
- *Bridget Shepherd, WGH Executive VP of Human Resources*
- *Andrew Kleinschmidt, WGH VP of Professional Services*
- *Doug McPherson, WGH Board Member*
- *Steve McGill, WGH CFO*
- *Kleven Israelsen, D.O., Emergency Medicine Physician*
- *Valerie Anderson, WGH Nurse Practitioner (Albion)*
- *Levi McDaniel, M.D., WGH Internal Medicine*
- *Danielle Stevens, WGH Executive VP of Business Development*
- *John Evans, WGH Board Member*
- *Katheryn McWhirter, WGH VP of Quality*
- *Mike White, WGH Ex-Officio Board Member*
- *Lynn Leek, WGH Controller*
- *Kim Pearson, WGH Chief Nursing Officer*
- *Eldo Deisher, WGH Vice President of Emergency Services*
- *Julko Fullop, M.D., WGH Orthopedic Surgery*
- *Lawrence Jennings, M.D., WGH Internal Medicine*
- *Maqbool Ahmed, Oncology & Hematology*
- *Tamara Gould, WH COO*

- *Nate Stevenson, WGH Board Member*
- *Toni Brines, WGH Board Member*

COMMUNITY FOCUS GROUP PARTICIPANTS

- *Leann Lear, WGH Director of Physician offices*
- *Kevin Madden, WSJD radio*
- *Matt Militoni, Oakview Villa Nursing Home*
- *Lesley Hipsher, Wabash County Chamber of Commerce*
- *Shawn Keepes, Keepes Funeral Home*
- *Charlie Abell, CVS Pharmacist*
- *Matt Fowler, Dean of Wabash Valley College*
- *Chuck Bleyer, Superintendent District #348*
- *Kelly Schroeder, Managing Broker of Mundy Insurance*
- *Shawn Storckman, Agent with Sara Storckman Realty*
- *Ryan Turner, Chief of Police, Mt. Carmel Police Department*
- *Mark Zimmerman, Illinois State Trooper*
- *Susan Zimmerman, Youth in Action*
- *Judy Wissel, Wabash County Health Department*
- *Rudy Witsman, Mt. Carmel City Clerk*
- *Duane Lear, Edwards County Commissioner*
- *Donna Hodgson, First Bank*
- *Steve Burton, President of Wabash Container Corporation*
- *Bill Hudson, Mt. Carmel (IL) Mayor*
- *Tim Hocking, Wabash County Commissioner*
- *Cassandra Goldman, Wabash County State's Attorney*
- *Eldo Deisher, WGH Vice President of Emergency Services*
- *Greg Winemiller, WGH Ambulance Director*
- *Rob Dean, Wabash County Commissioner*
- *Pat Harlson, Representative from Safe Haven*
- *Meredith Miller, Colyer Coffeehouse (Albion/Edwards County)*
- *Don Price, President of First National Bank*
- *J. Derek Morgan, Wabash County Sheriff*
- *Mark Pettigrew, B & D Independence*
- *Brandon Hodgson, Agent, DHI Realty Team*

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*
 - *Inpatient beds*
 - *Surgical services*
 - *Outpatient care*
 - *Oncology/chemotherapy services*
 - *Orthopedics/athletic trainers/physical therapy*
- *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*
- *Wellness Services*
 - *Fitness facilities*
 - *Weight Watchers*
- *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 "very good," with only four (4) individuals stating it is "mixed."

Some samples of specific "very good" comments in regards to the perception of community health included:

- *For our smaller population, I feel we offer a wide range of healthcare. Health department has been able to remain open, offering services to lower income. In addition, nursing home facility with existing and new facility under construction. Addition of oncology some years ago at hospital along with all new doctors including pediatrics.*
- *Very good overall access to meet initial, immediate healthcare needs. Critical access hospital offers referrals to higher level care when needed. Some see WGH as merely a "band aid station" because they can't offer some more advanced services (e.g. cardiac)*
- *Wabash County is fortunate to have the quality of healthcare for a community this size. Our professionals are well thought of regionally and hospital leadership does an outstanding job of recruitment for the future.*
- *We have an overall good health care perception - WGH is trying to be competitive with services (specialty clinics). There are programs to help young, homeless women, to help keep them off the street.*

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

- *As with most communities - believe there are resources available for individuals to choose healthy lifestyles. However, there are still a segment involved with negative health habits - smoking, diet, substance use/abuse. Seems to be an increase with more incidents of mental health issues.*
- *Good and bad - obesity, cancer, poverty, aging population. People seem to be either connected and engaged in healthcare system all the way or not at all.*
- *I would say that the community is pretty split. You have the extreme fitness and then those that do nothing. Healthwise, I think the community is lower income and it may just be more prevalent but they seem to not bother with or take advantage of the health opportunities.*
- *Elderly community with high medical needs. Shrinking community due to Illinois politics. I would say the community is overweight due to lack of healthy establishments to eat.*

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

- *Powerplant (21)*
 - *Coal burning; air pollution*
- *Farming (8)*
 - *Accidents*
 - *Pesticides/ammonia exposure*
- *Substance Abuse (6)*
 - *Opioids*
 - *Methamphetamine*
 - *Alcohol*
- *Cancer Rates (5)*
 - *Perception that cancer rates are higher in Wabash County*
- *River Contamination (3)*

- Possible contamination due to powerplant other companies located along the river
- Oil Industry (3)
 - Oil field explosions/accidents
- Poverty (1)
- Domestic Violence (1)
- Earthquakes (1)

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

- Market with fresh produce
- Bicycle trails
- More wellness education and programs
- Sports and activities for kids
- Start a community paramedicine program to support recently discharged patients.

Finally, participants were asked what **health care services currently not provided, need to be available in this community**? The majority of individuals said there is a need for **mental health services along with substance abuse services**. Other health services mentioned include:

- Obstetrics
- Dermatologist
- Gastroenterologist
- Pharmacy
- More services for the elderly
- Dental/Oral Surgery
- Ear, Nose and Throat Specialist (Otolaryngology)

PRIORITIZATION OF HEALTH 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 primary care service*
- *Expansion of specialty services*
- *Lifestyle/dietary education focus (healthy living, diabetes management, etc.)*
- *WGH to continue collaborating with and supporting community-based programs*

INVENTORY OF SELECT COMMUNITY HEALTH SERVICES

Addus Home Care	Oakview Heights Continuous Care and Rehabilitation
Air Evac Life Team	Oakview Villa
Alka Family Chiropractic Center	Opportunities for Access
Anytime Fitness	Premium Fitness
Beall Woods State Park	Project Success
B&D Independence	Rides Mass Transit District
City Park	Safe Haven
Comprehensive Dental Care	The Smile Center
Guardian Center	Tristate Clinic of Chiropractic
Hamilton Memorial Hospital	Wabash County Health Department
Hope Pregnancy & Resource Center	Wabash County Housing Authority
Joyful Speech	Wabash County Youth Center
Susan G. Komen Greater Evansville	Wabash General Hospital
Lake Froman	Wabash Rally Against Cancer (WRAC)
Lawrence County Memorial Hospital	Wabash Valley Youth in Action
Lincoln Park	Wednesday's Child
Mount Carmel Massage Therapy	

DOCUMENTING AND COMMUNICATING RESULTS

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

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

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

APPROVAL

The 2019 Wabash General Hospital Community Health Needs Assessment was approved by the Wabash General Hospital Board of Directors on the **23rd** day of, **September** 2019.

APPENDIX A – 2016-2019 CHNA IMPLEMENTATION PLAN

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