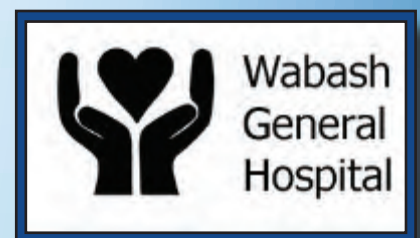




Community Health Needs Assessment

Wabash General Hospital | 2013





Wabash General Hospital

Community Health Needs Assessment

2013

DRAFT

Copyright ©2013 by the Illinois Critical Access Network (ICAHN). All rights reserved. The contents of this publication may not be copied, reproduced, replaced, distributed, published, displayed, modified, or transferred in any form or by any means except with the prior permission of ICAHN. Copyright infringement is a violation of federal law subject to criminal and civil penalties.



TABLE OF CONTENTS

Process

Purpose 3
Scope of Assessment 3
Methodology and Gaps Discussion 4

Community

Geographic Assessment Area Defined 5
Demographic Profile 6
Economic Profile 7

Input

Health Profiles from Existing Studies and other Secondary Data 10
Primary Source Information 16

Prioritization

Reconciliation of Primary Source Information with Secondary Data 20
Summary of Findings and Recommendations 20

Resource Inventory

Wabash General Hospital 21
Area Health Services Review 24

Appendix

Participants 26
Remarks 28
Collaborators 29



PROCESS

Purpose

The mission of Wabash General Hospital is to provide high quality, cost effective health care in Wabash County and its surrounding counties, and to promote the general health of its residents. In the past, Wabash General Hospital has employed many different methods to assess the health needs of the area it serves and has adjusted its services to meet those identified needs. Recent changes to federal laws governing not-for-profit hospitals require most hospitals to conduct local Community Health Needs Assessments every three years. As a district hospital, Wabash General Hospital is currently exempt from that requirement but has elected to conduct a Community Health Needs Assessment as a matter of best practice and to provide valuable information to the hospital as it plans for the future.

The mission of Wabash General Hospital is to provide high quality, cost effective health care and to promote the general health of its residents.

Assessing community health needs through a review of available health data and discussion with area health care partners, local officials, community leaders, and representatives of the many groups served by the hospital give Wabash General Hospital and its health care partners the opportunity to identify and address the area's most pressing health care needs.

Scope of Assessment

Wabash General Hospital elected to conduct a Community Health Needs Assessment in 2013. The Community Health Needs Assessment was developed and conducted 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 health care services for member critical access hospitals and their rural communities. ICAHN, with 52 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 health care initiatives that will allow the hospital and its partners to best serve the emerging health needs of Mt. Carmel and all of Wabash County.

Community Health Needs Assessment

2013



Community Health Needs Assessment

2013

Methodology and Gaps Discussion

The Community Health Needs Assessment was conducted through a consulting arrangement with the Illinois Critical Access Hospital Network. Terry Madsen, an ICAHN consultant, attorney, former educator, and community development specialist, consulted with hospital executive staff to define the community, scope of the project, and special needs and concerns. Internal contacts, possible local sources for secondary data, and key external contacts were identified, and a timeline was established.

Possible avenues for gathering primary data were reviewed, and it was determined to proceed with three focus groups – comprised of area health care professionals/ partners, local officials, and community leaders.

Potential information gaps were discussed related to residents living in poverty in the Wabash General Hospital primary service area. This assessment has explored the insular needs of the identified groups by specifically seeking input from persons with knowledge of the specific health concerns. Input was also sought from members of the community charged professionally with advancing the health and education of the community and all its members, including school officials and families.

As with many rural areas, secondary data is often a year or more out-of-date, which highlights the importance of historic trends in that data in the service area.

Secondary data from state, federal, and professional sources, which are cited in text, were reviewed by the consultant and compared to the primary data gathered. Identified needs were prioritized through that process and presented to hospital administration for review.

DRAFT



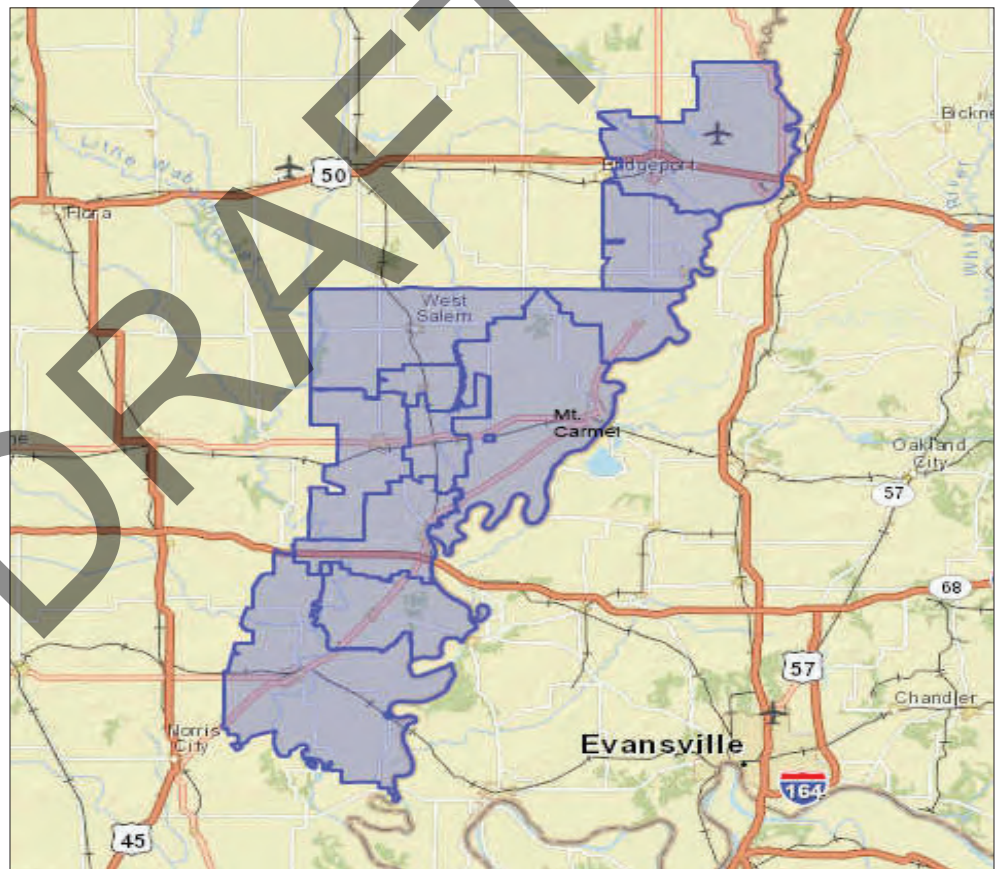
COMMUNITY

Geographic Assessment Area Defined

The Wabash General Hospital community was identified through a facilitated meeting with senior staff as a geographic area determined to be the current primary and secondary hospital service areas, which includes all or portions of the zip code service areas surrounding the communities of Mt. Carmel, Grayville, Carmi, Allendale, Albion, Belmont, West Salem, and Lawrenceville. This geographic area definition of community is well-suited to Wabash General Hospital, a designated critical access hospital providing basic, primary care through inpatient care, ancillary services, clinics, and specialty clinics to residents of a rural area.

Major medical centers in Champaign and other locations receive patients from the Wabash General Hospital service area.

Illustration 1. Wabash General Hospital Service Area



(ESRI, 2013)

Demographic Profile

Table 1. Population by Race – Wabash General Hospital Service Area

RACE and ETHNICITY	2012		2017	
	Number	Percent	Number	Percent
White	36,125	97.2%	35,428	96.7%
Black	241	0.6%	314	0.9%
American Indian	90	0.2%	92	0.3%
Asian	144	0.4%	147	0.4%
Pacific Islander	10	0.0%	10	0.0%
Other	166	0.4%	224	0.6%
Two or More Races	383	1.0%	406	1.1%
Hispanic Origin (any race)	519	1.4%	718	2.0%

The race and ethnicity makeup of the service area indicates that the numbers are typical of rural Illinois. There are no large changes in the profile projected over the next five years.

The broad demographic profile of the Wabash General Hospital service area was determined from data reported by the U.S. Census Bureau and the Environmental Systems Research Institute, Inc. (ESRI). The following chart and data profile trends in the demographic environment surrounding the Wabash General Hospital service area.

Table 2. Demographic Trends – Wabash General Hospital Service Area

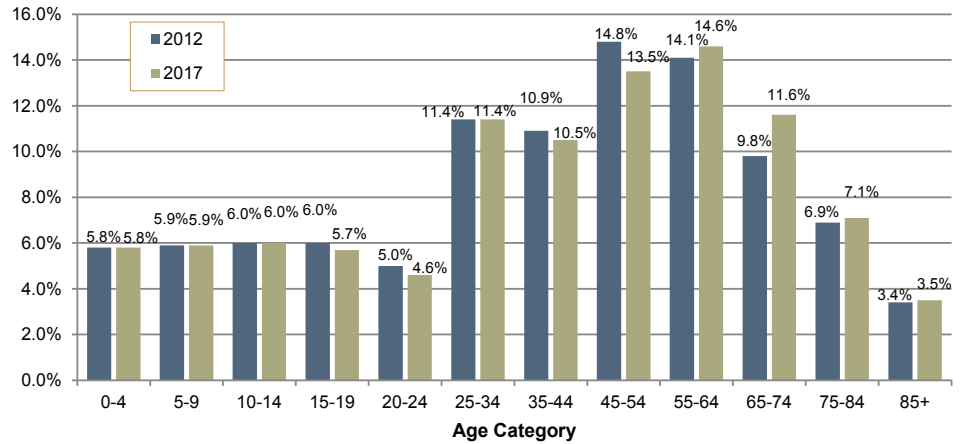
SUMMARY	2010	2012	2017
Population	37,112	37,159	36,621
Households	15,890	15,876	15,759
Families	10,344	10,285	10,154
Average Household Size	2.30	2.31	2.29
Owner Occupied Housing Units	11,801	11,647	11,625
Renter Occupied Housing Units	4,089	4,229	4,134
Median Age	43.5	44.1	45.3
TRENDS: 2011-2016 Annual Rate	AREA	U.S.	
Population	-0.29%	0.68%	
Households	-0.15%	0.74%	
Families	-0.26%	0.72%	
Owner Households	-0.04%	0.91%	
Median Household Income	1.96%	2.55%	

(ESRI, 2013)

The overall population of the service area is trending toward a slight decline with expected related trends in most demographic categories. The data does not explain the small temporary bump in population in 2012. The median age is projected to continue to increase over the next five years to 45.3 years of age.



Table 3. Population by Age – Wabash General Hospital Service Area



(ESRI, 2013)

The Wabash General Hospital service area is projected to gain population distribution in all groupings over age 55 and experience small declines in all other groups. This pattern is not unusual when compared similar trends in much of rural Illinois.

Economic Profile

Table 4. Household Income Profiles – Wabash General Hospital Service Area

HOUSEHOLDS BY INCOME	2012		2017	
	Number	Percent	Number	Percent
<\$15K	2,752	17.3%	2,665	16.9%
\$15K-\$24K	2,503	15.8%	2,044	13.0%
\$25K-\$34K	2,185	13.8%	1,979	12.6%
\$35K-\$49K	2,553	16.1%	2,478	15.7%
\$50K-\$74K	2,974	18.7%	3,321	21.1%
\$75K-\$99K	1,362	8.6%	1,572	10.0%
\$100K-\$149K	1,020	6.4%	1,107	7.0%
\$150K-\$199K	246	1.5%	301	1.9%
\$200K+	281	1.8%	292	1.9%
Median Household Income	\$37,172		\$40,967	
Average Household Income	\$49,427		\$53,573	
Per Capita Income	\$21,231		\$23,173	

(ESRI, 2013)

Median household income for 2012 is reported at \$37,172 in the Wabash General Hospital service area, compared to \$50,502 in 2011 for all U.S. households. The median household income in Illinois was \$53,234 for 2011. Median household income in the service area is projected to be \$40,967 in five years. Median household income is the amount where one-half of the households in an identified area have a higher income and one-half of the households have a lower income. (ESRI, 2013, U.S. Census 2012)

Median home value in the area is \$78,691, compared to a median home value of \$167,749 for the U.S. In five years, median value is projected to increase to \$88,225. Both household income and home values are slightly lower than in many rural Illinois areas. (ESRI, 2013)



**Community Health
Needs Assessment**
2013

According to the Illinois Department of Employment Security, Local Employment Dynamics data, 190 new jobs were created in **Wabash County** during the second quarter of 2012. The average over Q2-2012 and the prior three quarters was 149 jobs created. That is the most recent data reported for the county. The average net job flow (jobs created – jobs lost) for the same period was 16 jobs created. *(IDES, May 2013)*

In **White County**, 271 new jobs were created during the second quarter of 2012. The average over Q2-2012 and the prior three quarters was 201 jobs created. The average net job flow (jobs created – jobs lost) for the same period was 6 jobs lost.

In **Lawrence County**, 296 new jobs were created during the second quarter of 2012. The average over Q2-2012 and the prior three quarters was 266 jobs created. That is the most recent data reported for the county. The average net job flow for the same period was 49 jobs created.

In **Edwards County**, 165 new jobs were created during the second quarter of 2012. The average over Q2-2012 and the prior three quarters was 99 jobs created. That is the most recent data reported for the county. The average net job flow for the same period was 20 jobs created.

These were weak numbers, but not uncommon, compared to many other rural Illinois counties. *(IDES, May 2013)*

The annual average unemployment rate for 2012 was 8.9% for Illinois and 8.1% for the U.S. The annual average unemployment rate for 2012 was 8.3% in Wabash County, 7.7% in White County, 8.4% in Lawrence County, and 8.2% in Edwards County.

Table 5. Collected Sales Tax Trends in the WGH Service Area

	Mt. Carmel	Carmi	Lawrenceville
FY 2013	\$1,077,982	\$1,699,957	\$787,119
FY 2012	\$1,067,558	\$1,478,742	\$769,773
FY 2011	\$ 954,323	\$ 955,520*	\$753,210

* Carmi instituted a non-home rule retail sales tax between FY2011 and FY2012

Table 6. Educational Attainment for Persons Over Age 25 – WGH Svc Area

In Wabash County in 2011, the educational attainment of the population aged 25 years or older in the area was distributed as follows:
88% had attained at least a high school diploma (87% statewide)
14% had attained a bachelor's degree or higher (31% statewide)

(ESRI 2013)



Low-income students are pupils, ages 3 to 17, inclusive, from families receiving public aid, living in institutions for neglected or delinquent children, being supported in foster homes with public funds, or eligible to receive free or reduced-price lunches. The percentage of low-income students is the count of low-income students divided by the total fall enrollment, multiplied by 100. A large portion of the service area is included in eight public school districts reflecting the following levels of low income students:

Percent Low-Income Students

District	2000	2012
Allendale CCSD 17	28.6	60.3
Wabash CUSD 348	29.8	43.7
Carmi White County CUSD	34.6	45.6
Grayville CUSD 1	37.1	44.5
Norris City Omaha Enfield CUSD 3	35.1	46.9
Lawrence County CUSD 20	33.2	48.8
Red Hill CUSD 10	45.2	53.6
Edwards County CUSD 1	26.8	32.7

The population of low income students for the state of Illinois went from 36.7% in 2000 to 49% of low income students in 2012. In 2000, the Grayville and Red Hill districts exceeded the state level. In 2012, Red Hill and Allendale had higher percentages than the state.

The Wabash General Hospital service area is experiencing typical unemployment numbers, slightly better overall than statewide. Sales tax revenue is rising modestly in Mt. Carmel and in sampled surrounding communities. Numbers of children eligible for free or reduced lunch are increasing and are slightly higher than is often found in rural areas. Median income and housing values are lower than state numbers and many rural areas. The service area seems to be in a similar overall economic position, reflecting some strengths and weaknesses, when compared to many rural communities in Illinois.

The service area's social and economic picture is influenced by the fact that nearly 80% of the land area in Wabash County consists of farms, according to 2007 data from the USDA. Forty-one percent of local farm operators work off-farm.

(Atlas of Rural and Small Town America, 2013)

The Wabash General Hospital service area is marked by small communities relying primarily on small businesses and industries, agriculture, and service providers for its local employment.

The overall demographic/economic profile of the Wabash General Hospital service area is typical of many rural Illinois communities. In the near term, the profile is expected to remain substantially similar in most categories reviewed for this assessment. This knowledge provides context for planning for the specific health needs identified in the following sections of this assessment.

INPUT

Health Profiles from Existing Studies and other Secondary Data

Secondary data reports and other resources were reviewed for this assessment in order to provide points of comparison for the primary facts and anecdotes offered through the primary information collection process. Those secondary sources included:

- Kaiser State Health Facts – The Kaiser Family Foundation
- Illinois County Health Rankings – Robert Wood Foundation
- State Cancer Profiles – The National Cancer Institute
- Community Health Status Indicators – U.S. Department of Health and Human Services
- Illinois Behavioral Risk Factor Surveillance System (IBRFSS), which provides health data trends through the Illinois Department of Public Health in cooperation with the Center for Disease Control and Prevention, Office of Surveillance, Epidemiology, and Laboratory Services
- County Health Rankings

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, 2012)

Wabash County is ranked 56 out of the 102 Illinois counties in the Health Outcomes Rankings released in March 2013. White County is ranked 70, Lawrence County is 89, and Edwards County is 100. The following chart highlights areas of interest to this report from the County Health Rankings. The categories selected for inclusion below are only a small part of the information that is analyzed by the County Health Rankings to reach the rankings set out above.



Table 8. Health Rankings by County – Wabash/White/Illinois

Observation	Wabash	White	Illinois
Adults reporting no leisure time physical activity	30%	29%	25%
Adult obesity	29%	33%	27%
Children under 18 living in poverty	21%	23%	21%
Teen birth rate (per 1,000 females, ages 15-19)	39	53	38
Low birth weight (less than 2500 grams)	7%	7%	8%
Motor vehicle crash rate (per 100,000)	18	14	10
Percentage of all restaurants that are fast food	47%	39%	50%
Daily fine particulate matter (micrograms/cubic meter)	13%	13%	12%

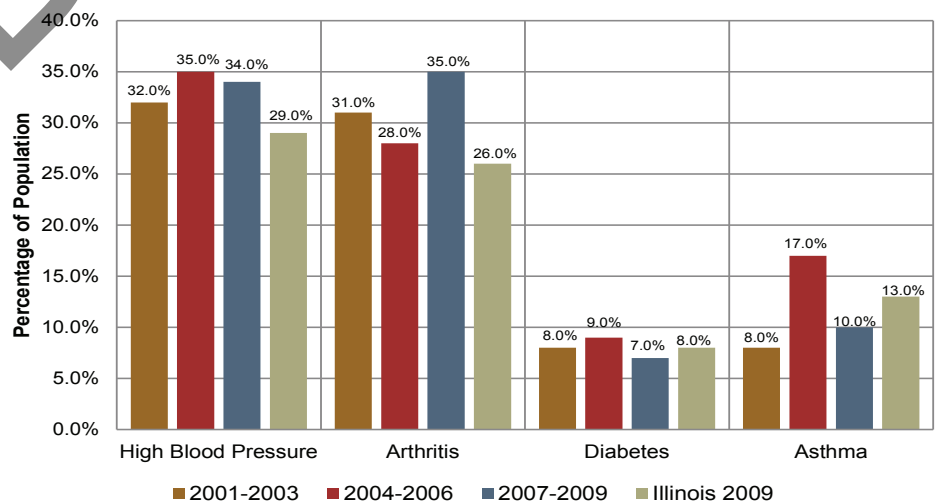
Table 9. Health Rankings by County – Lawrence/Edwards/Illinois

Observation	Lawrence	Edwards	Illinois
Adults reporting no leisure time physical activity	29%	27%	25%
Adult obesity	30%	28%	27%
Children under 18 living in poverty	21%	17%	21%
Teen birth rate (per 1,000 females, ages 15-19)	40	35	38
Low birth weight (less than 2500 grams)	8%	8%	8%
Motor vehicle crash rate (per 100,000)	19	34	10
Percentage of all restaurants that are fast food	35%	88%	50%
Daily fine particulate matter (micrograms/cubic meter)	13%	13%	12%

The Illinois Behavioral Risk Factor Surveillance System provides health data trends through the Illinois Department of Public Health in cooperation with the Center 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 health care needs.

Table 10. Diagnosed Disease Factors – Wabash County



Community Health Needs Assessment

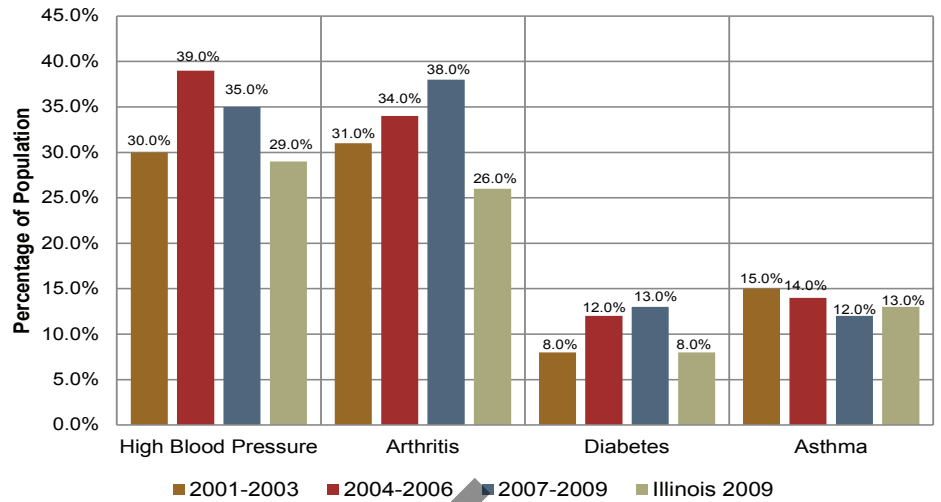
2013



Community Health Needs Assessment

2013

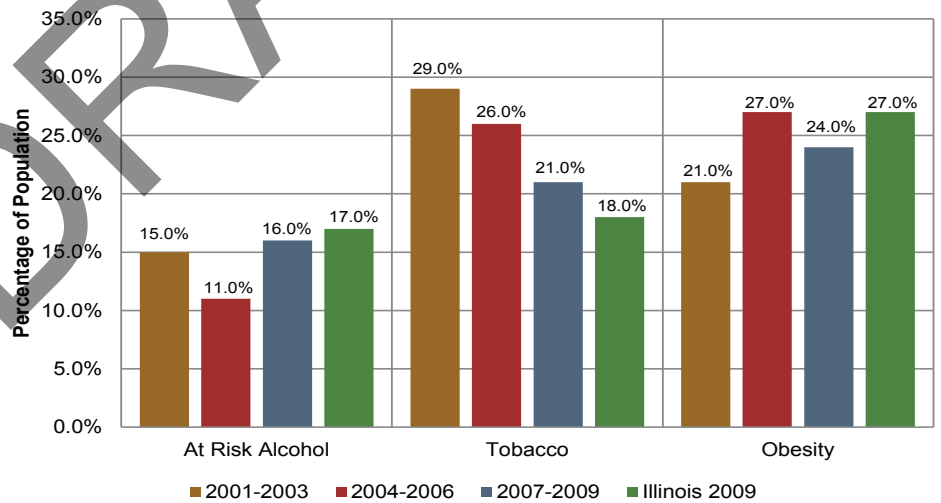
Table 10a. Diagnosed Disease Factors – Surrounding Counties



(Illinois Behavioral Risk Factor Surveillance System, 2010)

Since 2003, reports of diagnosis of high blood pressure and arthritis in Wabash County have exceeded the state level, and reports of diagnosis of asthma and diabetes have varied but were both below state levels in 2009. White, Edwards, and Lawrence counties all exceeded state levels in 2009 for diagnosis of high blood pressure, and arthritis. Two of the three counties also exceeded levels for asthma and diabetes.

Table 11. Health Risk Factors – Wabash County

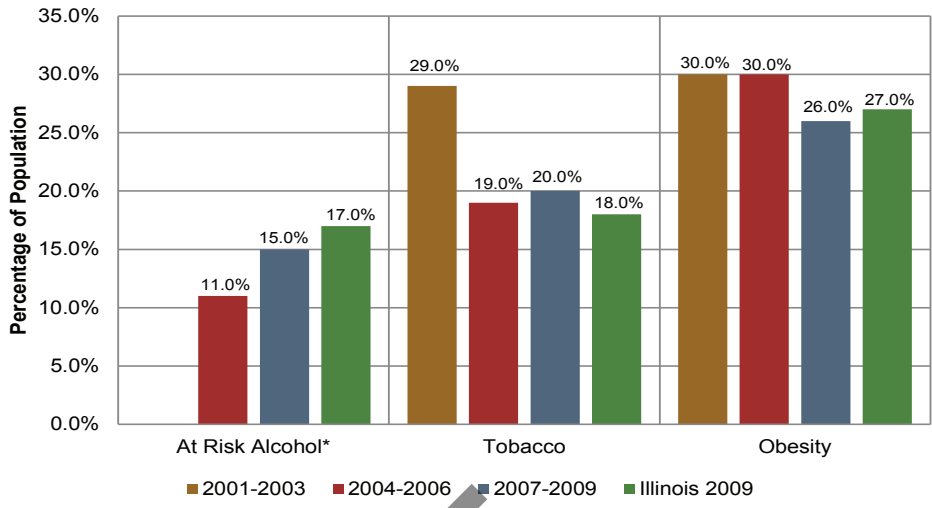




Community Health Needs Assessment

2013

Table 11a. Health Risk Factors – Surrounding Counties



* Insufficient sampling was available from White County for reliable data on alcohol risk. (IBRFSS, 2012)

The percent of persons at risk for acute or binge drinking was below the state level in 2009. Tobacco use exceeded the state level. The rate of persons reporting obesity dropped below the state level in the IBRFSS in 2009 but exceeds the state rate in the more recent data available from the County Health Rankings.

All of the counties in the service area exceeded the rate for obesity in the County Health Rankings. All three counties exceeded state levels for tobacco use and obesity. None of the counties in the service area exceeded the state level for persons at risk for alcohol abuse through binge drinking.

DRAFT



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

Disease Type	Wabash	White	Edwards	Lawrence
Diseases of the Heart	28	57	22	51
Malignant Neoplasms	25	58	14	30
Lower Respiratory Diseases	7	15	5	9
Cardiovascular Diseases (Stroke)	4	10	3	14
Accidents	9	7	6	13
Alzheimer's Disease	3	11	0	17
Diabetes Mellitus	3	10	1	2
Nephritis and Nephrosis	8	3	2	4
Influenza and Pneumonia	2	4	0	8
Septicemia	3	2	3	5
Intentional Self Harm (Suicide)	3	2	0	2
Chronic Liver Disease, Cirrhosis	5	0	1	2
All Other Causes	28	39	17	39
Total Deaths	128	218	74	196

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

The State Cancer Profiles compiled by the National Cancer Institute list Wabash County and Benton County at Level 8 for all cancers, which means that the cancer rate overall is similar the U.S. rate and is falling over the recent past.

The State Cancer Profiles compiled by the National Cancer Institute list Lawrence 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 list White County and Edwards 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.

(National Cancer Institute, 2010)

Community Health Needs Assessment

2013



Community Health Needs Information from Previous Studies

Every health department in Illinois conducts an IPLAN (Illinois Project for Local Assessment of Needs) on a rotating basis. The IPLAN helps to identify local health concerns on a countywide basis and establishes plans to address them. Wabash County Health Department conducted and published a thorough IPLAN in 2013.

The IPLAN identifies the following as the leading health concerns facing Wabash County:

1. Drug and Alcohol Abuse
2. Violence
3. Overweight and Obesity

Synthesized Secondary Data

The demographics for Wabash General Hospital service area reflect slightly lower income and housing values when compared to many other rural areas and Illinois overall.

Wabash County reports a higher percent of population diagnosed with arthritis and high blood pressure than state averages but lower percentages diagnosed with diabetes and asthma. The declining diabetes rate is uncommon in Illinois. Diseases of the heart and cancer are the two leading causes of death throughout the service area.

Death from motor vehicle crashes is reported as being higher throughout the service area than the statewide rate. Adults reporting no leisure time physical activity and adult obesity exceed state levels throughout the service area, according to the County Health Rankings data. The teen birth rate exceeded the state rate in three of the four counties that comprise the bulk of the service area. Daily fine particulate matter exceeded the state level throughout the service area.

Summary

The secondary data and previous planning conclusions draw attention to several common issues or rural demographics and economies and draw emphasis to issues related to wellness and wellness education, risky behavior, and possible environmental concerns.

Primary Source Information

Focus Group #1 – Health Care Professionals and Partners

A focus group comprised of health care professionals and partners met on June 13, 2013. The group included a representative of the Wabash County Health Department, a senior care administrator, physicians, a pharmacist, and others.

The focus group session opened with the identification of several positive events that took place within the Wabash General Hospital service area during the past five years.

The following developments were cited:

- Orthopedic services at Wabash General Hospital
- Quality of the facilities at the Wabash General Hospital campus
- Recruitment of specialists
- Marketing from Wabash General Hospital has kept the community informed regarding local programs and services
- Sports medicine program at Wabash General Hospital
- Planning for support services for area wide sports medicine program with high schools
- Partnership among Wabash General Hospital and three other hospitals to provide mobile MRI and mammography
- Transition to critical access hospital status at Wabash General Hospital
- Scholarship program at Wabash General Hospital to encourage young adults to return to local health care professions has impacted 30 participants over 20 years
- Oncology services at Wabash General Hospital
- Quality of physicians and availability of internal medicine practitioners
- Orthopedic care for seniors impact senior care facilities
- Assisted living program at Oakview Villas
- Paramedic ambulance services on a 24/7 basis, managed by Wabash General Hospital
- Health occupations programs at high school and the junior college

The group then discussed a wide variety of health needs and concerns in several general categories including:

- Diabetes education
- Mental health
 - Once a week psychiatrist access at the health department for clients
 - Tele-psychiatry for children at the health department for clients
 - Little access to psychiatric services or counseling for adults and youth
- Access to care for underinsured and uninsured
- Substance abuse
 - Methamphetamines
 - Synthetics
 - Alcohol – youth and adults
 - Smoking
 - Prescription drugs
 - “Doctor shopping” for multiple prescriptions
 - Sale or theft of prescription drugs



Community Health Needs Assessment

2013

- Child abuse and child sexual abuse by known or domestic offenders
- Domestic violence services
- Pediatrician and pediatric services
- Services and education for homebound elderly, including fall prevention
- Expanded wellness education and care
- Planning to replace aging physicians
- Address economic issues through cooperative community and economic development
- Soft skills for employment for young adults and adults
- Planning for recruiting specialists and specialty services
- Jobs
- Expansion of Convenient Care
- Planning to address the needs of an aging population – geriatric care
- Comprehensive long-term vision for local health care

Focus Group #2 – Community Leaders and Organizations

A focus group comprised of community leaders and representatives of community organizations also met on June 13, 2013. The group included community and business leaders. The group first discussed positive developments in the Wabash General Hospital service area in the recent past. They identified the following changes:

- Orthopedic surgery department at Wabash General Hospital
- Cooperative program among area hospitals to provide digital mammography
- Critical access hospital designation for Wabash General Hospital
- Ability to encourage young medical professionals to return to the community to practice
- Health occupations program at the high school
- Wabash General Hospital as an employer and economic engine
- Local availability of chemotherapy and oncology services
- Education about Wabash General Hospital and its services helps keep community informed
- Grant to Project Success to address youth's use of alcohol and other substances
- Quality and availability of local primary care physicians
- Electronic health records
- Quality of the physical plant at Wabash General Hospital
- Forward-looking leadership team at Wabash General Hospital
- Wabash General Hospital has enjoyed strong support from the county board
- Convenient Care
- Community awareness of competence of local orthopedic care
- Image of Wabash General Hospital in the community has been enhanced and the view of the hospital is very positive
- Pro-active board at Wabash General Hospital willing to make necessary investments in infrastructure



Community Health Needs Assessment

2013

Through a facilitated identification process, the group next developed a list of observed or perceived weaknesses, both current and threatened for the future, in delivery of health care in the Wabash General Hospital service area.

- Plan for continuity of primary care physicians and services
- Pediatrician
- Better community information from Wabash General Hospital about why decisions are made about services
- Education for teens and young adults about the responsibilities of having children
- Better collaboration among health care providers to educate the public about available services
- Dialysis (nearest is 12 miles, but nearest in Illinois is two hours away)
- General surgeons
- Mental health services
 - Transfer out of Wabash General Hospital to inpatient mental health care can take 24 hours
 - Counseling for substance abuse, domestic violence, and suicide
- Planning for replacement of physicians
- Senior transitional care and assisted living
- Urologist
- Extended hours at Convenient Care
- Financial support for growth at Wabash General Hospital
- More opportunities for recreation and exercise
- More preventative education and care
- Education about personal responsibility for individual health
- Planning for health needs of aging population

Focus Group #3 – Community Officials

A focus group comprised of community officials met on the evening of June 13, 2013. The group included the chairman of the Wabash County Board, the Mt. Carmel mayor, and others. The final focus group session opened with the identification of several positive events that took place within the Wabash General Hospital service area during the past five years. The following developments were cited:

- Local access to MRI
- Increasing availability of local services
- Wabash General Hospital has done a good job of recruiting health care professionals back into the community
- Emergency services overall from the ambulance to the emergency room and beyond if necessary
- Public perception of Wabash General Hospital has improved significantly
- Rehabilitation department at Wabash General Hospital
- Local availability of oncology services
- Addition of the sports medicine program
- Wabash General Hospital is an important community development and local economic partner



Community Health Needs Assessment

2013

The group then discussed a wide variety of health needs and health related concerns in several general categories including:

- Ambulance service to outlying communities takes time, and there are no local first responders
- Local services for delivering babies
- Planning for sustaining services in face of the economy of the area
- Pediatrics
- Mental health services
 - Access to psychiatrists and psychiatric services
 - Time for post-WGH transfer to tax local law enforcement
- Cardiac disease prevention and care
- Family practitioners
- Security at Wabash General Hospital to ease need for law enforcement
- Substance abuse, including methamphetamines, alcohol, synthetic drugs, and the theft and sale of prescription drugs
- Cancer
- Planning for the possibility of fracking (hydraulic fracturing) and the population it will bring
- Planning to sustain emergency medical services and paramedic staffing
- Planning for mass casualty events

DRAFT



PRIORITIZATION

Reconciliation of Primary Source Information with Secondary Data

The facilitated primary information gathering process resulted in the discovery of issues subsequently prioritized during discussion by participants and repetition among groups to a list of concerns largely common to the overarching categories of delivery of mental health services including prevention of substance abuse and access to mental health care, access to care for the underinsured and uninsured, access to wellness education and opportunities for physical activity for all residents, teen pregnancy, services for the elderly, and addressing provision of local health care at all levels in an increasingly challenging economy. The areas chosen were consistent with the needs identified from the secondary information collected and observed.

Summary of Findings and Recommendations

The items set forth below are those which found consistent identification and, ultimately, prioritization in the primary information gathering process and which are supported by the secondary information related to demographics and health status.

1. Mental health services

This issue was raised in the focus groups with regard to services available through Wabash General Hospital and also, in the community in general. The related issue of substance abuse was a priority issue of the Wabash County IPLAN. The need in this area was also supported in the secondary data related to risky behavior.

2. Basic wellness services, education, and access for all residents

Wellness education and care issues were raised in the focus groups with regard to all age groups and for the underinsured and uninsured. This is consistent with the secondary data related to obesity, risky behavior, lack of physical activity, low birth weight, and teen pregnancy numbers.

3. Teen pregnancy

A higher than expected teen pregnancy rate was identified as an issue in both the secondary data and the focus groups.

4. Violence

Violence was identified in the 2013 IPLAN as a priority health concern. The need to better address domestic violence was raised in one focus group.

5. Addressing access to quality, local health care

This issue was raised in several contexts related to access to specialists and services providing for prompt and qualified ambulance services throughout the service area, meeting current and future needs of uninsured and underinsured residents, and sustaining Wabash General Hospital as an economic engine for the area.

RESOURCE INVENTORY

Wabash General Hospital

Wabash General Hospital is a critical access hospital offering a wide range of services and care to portions of four counties. Wabash General Hospital provides general medical and surgical care for inpatient, outpatient, emergency room patients, and participates in the Medicare and Medicaid programs. Services include:

- Ambulance care
 - o Ambulance service emergency and routine ambulance transports
 - o Licensed paramedics
 - o Certified ambulances
 - o Advanced life support rescue services
- Case management
- Dietetics
 - o Registered dietitian
 - o “Heart Healthy” items available in the cafeteria
 - o Nutrition assessment services
 - o Personalized counseling for in-patients and outpatients
 - o Meal service available daily in the cafeteria for the public
- Emergency care
 - o Emergency physicians on duty 24 hours a day, 7 days a week
 - o Convenient Care clinic
 - Walk-in and scheduled care for minor illnesses and injuries
 - Monday – Friday 6 p.m.-9 p.m., Saturday and Sunday 10 a.m.-10 p.m.
- Laboratory
 - o Immunology/serology
 - o Clinical chemistry
 - o Anatomic pathology
 - o Microbiology testing
 - o Phlebotomy
 - o Certified breath alcohol testing site
 - o DOT and non-DOT drug screen collection site
 - o Transfusion services
 - o Urinalysis
 - o Hematology testing
 - o Reference testing
- Medical/surgical
 - o Nursing services
- Oncology
 - o Chemotherapy
 - o Phlebotomy services
 - o Intravenous iron infusion, immunoglobulin, and antibiotic treatments
- Monitored Care Unit
- Pharmacy



Community Health Needs Assessment

2013

- Radiology
 - o Digital diagnostic X-ray
 - o CT – 20 multi-slice scanner-3D reconstruction possible with all scans
 - o Ultrasound – 3D/4D imaging
 - o MRI
 - o Digital mammography
 - o Bone density
 - o Nuclear medicine
- Rehabilitation
 - o Physical therapy
 - o Occupational therapy
 - o Speech therapy
 - o Cardiac rehab
 - o Athletic training
 - Offered to surrounding schools and colleges
 - On/off field injury evaluations accessible 7 days per week
 - Athletic training coverage for practices and competitions
 - On-site rehabilitation and treatments, including modalities
 - Off-season strength and conditioning program
 - Injury taping education clinic opportunities
 - Accessible referral to orthopedic surgeon and area physicians
- Respiratory care
 - o Arterial blood gas sampling and analysis
 - o Complete respiratory care including oxygen therapy, aerosol therapy, MDI therapy, and vest therapy
 - o State-of-the-art ventilator care including CPAP, BiPAP, and full invasive ventilator support
 - o Cardiac monitoring including EKG, Holter monitoring, cardiac event monitoring, and stress testing
 - o Flow-volume loop pulmonary function testing with bronchodilators
 - o Pulse oximetry and ambulation saturation studies
 - o Smoking cessation, lung health education, and counseling
- Surgery
 - o Types of cases
 - General
 - Laparoscopic
 - Endoscopic
 - Gynecological
 - Podiatric
 - Orthopedic
 - o General surgical procedures including breast biopsies, laparotomy, mastectomies, hernia repairs, cholecystectomy, and bowel procedures
 - o Orthopedic surgical procedures including arthroscopic procedures, knee and hip replacements, and fracture care
 - o Variety of podiatry procedures
 - o Pre- and post-surgery education that pertains to the particular surgical procedure



Community Health Needs Assessment

2013

- o Laparoscopic procedures including gall bladder and appendix removal;
also, hernia and hiatal hernia repairs
- o Other features
 - Same day surgery unit
 - C-arm compatible OR table
 - Medivator system for scopes
 - Pathology available for frozen section
 - PCA for pain control
 - 2 surgery suites and 1 endoscopy suite
 - 1 sterile processing room
 - 8 recovery room areas
 - 1 central supply
- Swing bed
 - o Qualifying medical criteria
 - Daily physical, occupational, and/or speech therapy
 - Intravenous (IV) or nutritional therapy
 - Specialized care for complex wounds that are not healing well
 - o Services
 - Respiratory therapy
 - Physical therapy
 - Occupational therapy
 - Speech therapy
 - Skilled nursing care
 - Discharge planning
 - Pharmacy
 - Dietary
 - Activities
- Sleep Study
 - o Sleep diagnostic lab
 - Sleep apnea
 - Snoring
 - Restless leg syndrome
 - Insomnia
 - Narcolepsy



Community Health Needs Assessment

2013

Area Health Services Review

Physicians and Providers

Cardiology

M.D. Jordan, M.D., FACC

Dentistry

D.R. Miller, DDS, FAGD

G. Andrew Fischer, D.M.D

J. W. Henning, DDS

General Surgery

Vahe G. Kerlakian, M.D.

William R. Hardy, M.D.

Hematology

Maqbool Ahmed, M.D.

Internal Medicine

Ketan C. Vyas, M.D.

Lawrence P. Jennings, M.D.

Narendra Anadkat, M.D.

S. Jani, M.D., FACP

Laparoscopic Surgery

Vahe G. Kerlakian, M.D.

William M. Hardy, M.D.

Obstetrics-Gynecology

Herman L. Reid, III, M.D.

Oncology

Maqbool Ahmed, M.D.

Podiatry

Richard J. Loesch, D.P.M.

Psychotherapy

James B. O'Neal, MS, LSW, LCPC

Radiology

H. Youseff, M.D.

Sleep Medicine

S. Jani, M.D. FACP

Sports Medicine

Karsten B. Slater, M.D.



**Community Health
Needs Assessment**

2013

Senior Care

Oakview Villas, Mt. Carmel

Assisted/supportive living

Enfield Rehabilitation and Health Care Center, Enfield

Skilled nursing, respite care, hospice care, short- and long-term care, and rehabilitation services

Meadowood, Grayville

Long-term care, short-term rehabilitative care, adult day care, and independent living

Lawrence Community Health Care Center, Lawrenceville

Skilled and intermediate nursing care and rehabilitation services

The United Methodist Village, Lawrenceville

Skilled nursing, alzheimer's care, respite care, rehabilitation services, assisted living, and independent living

DRAFT



APPENDIX

Focus Group Participants

Dr. Anadkat, M.D.
Internist

Dr. Jani, M.D.

Dr. Jennings, M.D.
Internist

Mark Brewster, CEO
Oakview Villas

Andrew Kleinschmidt, Director of Rehab Services
Wabash General Hospital

Mark Lochard, Pharmacist
Mt. Carmel

Bridget Shepard, Director of Human Resources
Wabash General Hospital

Tamara Gould, Nurse Executive
Wabash General Hospital

Jay Purvis, CEO
Wabash General Hospital

Phil Dewolf, Pharmacist
Mt. Carmel

Patty Skaggs, Director
Wabash County Health Department

Steve McGill, CFO
Wabash General Hospital

Robin Dean, Manager
Old National Bank

Mike White, Businessman
Mt. Carmel



Community Health Needs Assessment

2013

Rob Coleman, President and CEO

First National Bank

Don Price, Relationship Banker

First Bank of Carmi

John Evans

Mt. Carmel

Toni Brines, Broker

Edward Jones

Steve Burton

Wabash Container

Ben Ross, Director

Mt. Carmel Area Economic Alliance

Joe Keeling, Sheriff

Wabash County

Tim Buss, Superintendent

Wabash CUSD 348

Ryan Turner, Detective

Mt. Carmel Police Department

Rudy Whitsman, City Council

Mt. Carmel

Greg Hart, Officer

Mt. Carmel Police Department

Bill Hudson, Mayor

Mt. Carmel

Rob Dean, Chairman

Wabash County Board

DRAFT



**Community Health
Needs Assessment**

2013

REMARKS

The Wabash General Hospital Community Health Needs Assessment was conducted in 2013. The process followed interim IRS guidelines allowing for a more confident focus of effort and resources.

ICAHN is grateful to Wabash General Hospital staff for their participation in the development of this project, which will benefit many of their ICAHN partners in the years to come.

ICAHN and Wabash General Hospital are grateful to the health care professionals, community leaders, and citizens who offered their thoughtful input for the assessment.

This report was submitted to the administration of Wabash General Hospital in August, 2013, subject to further revision reflecting data updates or changes in local circumstances prior to widespread publication.

DRAFT



COLLABORATORS

The Wabash General Hospital Community Health Needs Assessment was developed and conducted 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 health care services for member critical access hospitals and their rural communities. ICAHN, with 52 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.

Terry Madsen, M.A., J.D., former community development specialist, and University of Illinois Extension educator, was the lead collaborator for this project. Mr. Madsen is a former member of the City Council and Commissioner for Public Health and Safety for the City of Princeton, Illinois, which owns a critical access hospital. He has participated in specialized training in community needs assessment, community organization, diversity, ethics, community, and youth development and project evaluation.

Through ICAHN, Mr. Madsen has direct access to data services and specialized production equipment as well as educational, management, and marketing support from in-house staff and consultants.

Curt Zimmerman, ICAHN Director of Business Services and Development, and Stephanie Cartwright, ICAHN Communications and Media Specialist, provide technical support, design/lay-out direction, proofreading, and editorial support for the Community Health Needs Assessment projects through ICAHN and Mr. Madsen.



NOTES

Community Health Needs Assessment

2013

DRAFT

DRAFT

Community Health Needs Assessment | 2013

Wabash General Hospital | 1418 College Drive | Mt. Carmel, IL 62863 | 618.262.8621 | www.wabashgeneral.com

Copyright© 2013 of Illinois Critical Access Hospital Network (ICAHN)