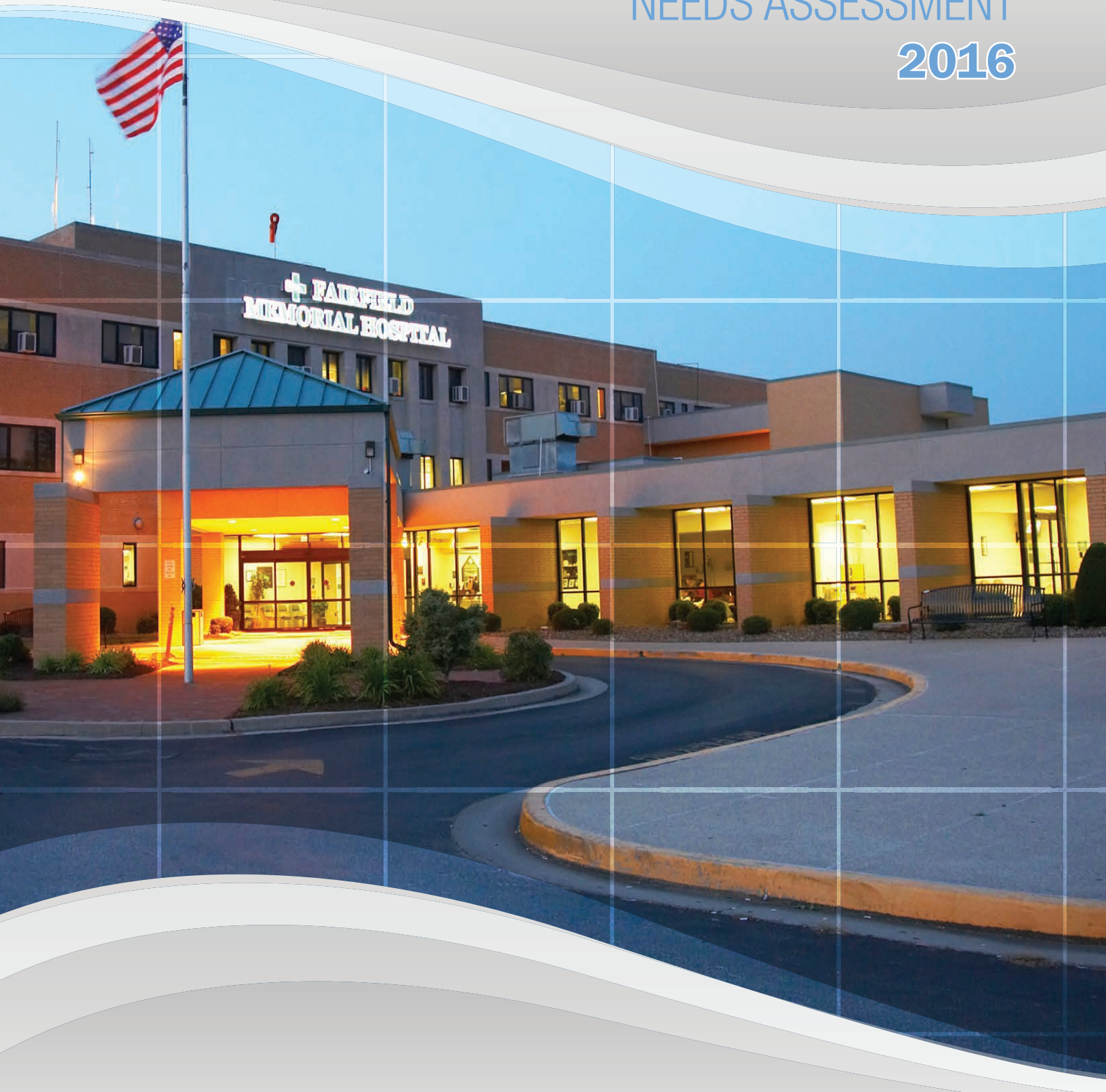
COMMUNITY HEALTH NEEDS ASSESSMENT 2016



A Collaborative Approach to Impacting Population Health
in Fairfield and Surrounding Areas

FAIRFIELD MEMORIAL HOSPITAL
COMMUNITY HEALTH NEEDS ASSESSMENT

TABLE OF CONTENTS

COMMUNITY HEALTH NEEDS ASSESSMENT

I. INTRODUCTION

Executive Summary

Fairfield Memorial Hospital conducted a Community Health Needs Assessment (CHNA) in the spring of 2016. The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This assessment process results in a CHNA report which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities.

The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN). ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access hospitals and their rural communities.

The process involved the review of several hundred pages of demographic and health data specific to the Fairfield Memorial Hospital service area. The secondary data and previous public health planning conclusions draw attention to several common issues of rural demographics and economics and draw emphasis to issues related to mental health services, wellness, obesity, physician and specialist supply, and related issues.

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

Two focus groups met on February 22, 2016 to discuss the overall state of health and the local delivery of healthcare and health-related services. They identified positive recent developments in local services and care and also identified issues or concerns that they felt still existed in the area.

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

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

Needs in three categories were identified as significant health needs and prioritized:

1. Mental health
2. Wellness
3. Cancer

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

Background

Fairfield Memorial Hospital (FMH) began in 1950. Upon its opening, Fairfield Memorial Hospital was equipped with 84 beds and was staffed with six resident physicians and 24 registered nurses. On July 1, 1968, Fairfield Memorial Hospital introduced Way-Fair to the community. At its opening, Way-Fair consisted of 63 beds; today, Way-Fair Nursing & Rehabilitation Center consists of 101 beds.

In 1966, Fairfield Memorial Hospital announced its expansion project, which consisted of attached offices adjoining the hospital, now known as the Mattie B. Rinard Building. In 1975, Fairfield Memorial Hospital opened its Intensive Care Unit. In 1998, the hospital completed a $4.1 million expansion project. This expansion included, but was not limited to, a new surgical and emergency department, along with expansion of the laboratory and imaging departments. Additionally, the entire second floor was converted to all-private rooms.

In August 2008, FMH opened Horizon Healthcare, a certified hospital-based rural health clinic, in a temporary building until the construction of the new FMH Medical Arts Complex was complete. In May 2011, FMH opened the Medical Arts Complex, a 25,468 square foot facility, which includes Horizon Healthcare, specialist suites, board room, and community/education rooms.

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This assessment process results in a CHNA Report which assists the hospital in planning, implementing, and evaluating hospital strategies and community benefit activities. The Community Health Needs Assessment was developed and conducted, in partnership with representatives from the community, by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies, and improving healthcare services for member critical access hospitals and their rural communities. ICAHN, with 54 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. Fairfield Memorial Hospital is a member of the Illinois Critical Access Hospital Network. The Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Fairfield and the surrounding area.

The population assessed was the identified service area comprised of Edwards, Gallatin, Hamilton, Saline, Wabash, Wayne, and White counties. Data collected throughout the assessment process was supplemented with:

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

Fairfield Memorial Hospital is a not-for-profit, 501(c)(3) hospital.

COMMUNITY HEALTH NEEDS ASSESSMENT POPULATION

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

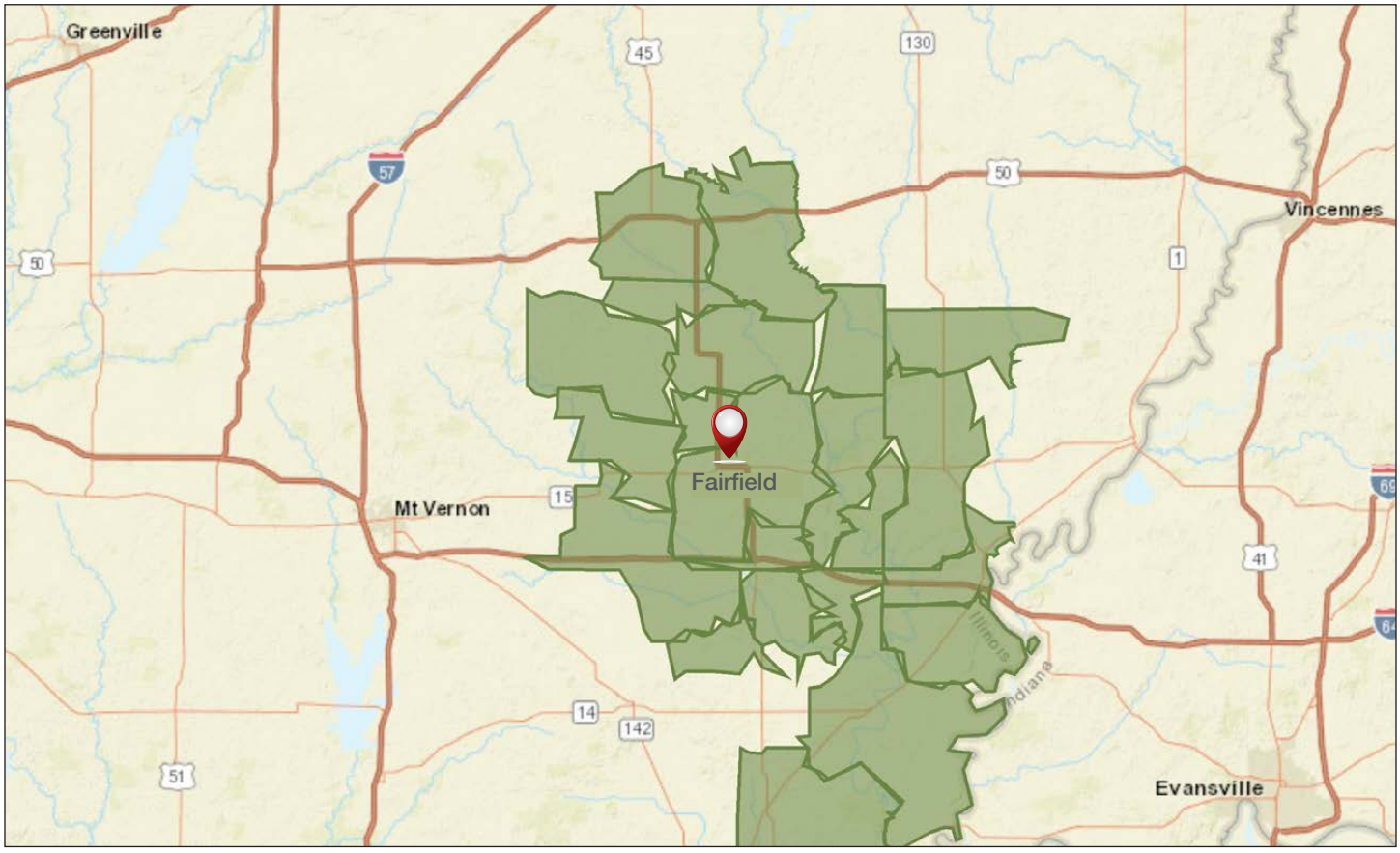
DEMOGRAPHICS

Fairfield Memorial Hospital's service area is comprised of approximately 1,303.37 square miles with a population of approximately 36,451 and a population density of 28 people per square mile. The service area consists of the following rural communities:

Cities and Towns
- Fairfield
- Carmi
- Albion
- Grayville

Villages and Unincorporated Communities
- Cisne
- Barnhill
- Burnt Prairie
- Ellery
- Golden Gate
- Mill Shoals
- Jeffersonville
- Sims
- Mount Erie
- Wayne City
- Enfield
- Johnsonville
- Norris City
- Crossville
- Rinard
- Springerton
- West Salem

Illustration 1. Fairfield Memorial Hospital Service Area



ESRI – 2016

The service area estimates reported in the following tables from Community Commons represent the zip codes identified as the hospital service area. The full county data for Edwards, Gallatin, Hamilton, Saline, Wabash, Wayne, and White counties are included in most tables for comparison.

TOTAL POPULATION CHANGE, 2000-2010

According to U.S. Census data, the population in the region fell from 37,806 people to 36,471 between the years 2000 and 2010, a 3.53% decrease.

Report Area	Total Population 2000 Census	Total Population 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	37,806	36,471	-1,335	-3.53%
Edwards County	6,971	6,721	-250	-3.59%
Gallatin County	6,445	5,589	-856	-13.28%
Hamilton County	8,621	8,457	-164	-1.9%
Saline County	26,733	24,913	-1,820	-6.81%
Wabash County	12,937	11,947	-990	-7.65%
Wayne County	17,151	16,760	-391	-2.28%
White County	15,371	14,665	-706	-4.59%
Illinois	12,416,145	12,830,632	414,487	3.34%
Total Area (Counties)	94,229	89,502	-4,727	-5.02%

Data Source: Community Commons

The Hispanic population increased in Edwards County by 27 (84.38%), increased in Gallatin County by 10 (17.86%), increased in Hamilton County by 50 (90.91%), increased in Saline County by 82 (31.78%), increased in Wabash County by 63 (66.32%), increased in Wayne County by 73 (70.87%), and increased in White County by 55 (53.4%).

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

In Gallatin County, additional population changes were as follows: White -13.68%, Black -29.41%, American Indian/Alaska Native -69.57%, Asian 25%, and Native Hawaiian/Pacific Islander -100%.

In Hamilton County, additional population changes were as follows: -1.95%, Black -46.55%, American Indian/Alaska Native -9.09%, Asian 72.73%, and Native Hawaiian/Pacific Islander 0%.

In Saline County, additional population changes were as follows: White -7.9%, Black -8.29%, American Indian/Alaska Native 12.82%, Asian 90.57%, and Native Hawaiian/Pacific Islander 325%.

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

POPULATION BY AGE GROUPS

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

Report Area	Total Population	Ages 0-4	Ages 5-17	Ages 18-24	Ages 25-34
Service Area Estimates	36,451	2,321	5,761	2,608	4,058
Edwards County	6,687	424	1,148	483	676
Gallatin County	5,439	312	823	394	559
Hamilton County	8,371	479	1,450	585	939
Saline County	24,876	1,476	4,116	2,158	2,858
Wabash County	11,730	673	1,827	989	1,318
Wayne County	16,627	1,035	2,723	1,233	1,839
White County	14,549	917	2,202	1,024	1,617
Illinois	12,868,747	810,671	2,244,295	1,253,226	1,781,319

Report Area Continued	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	4,078	5,232	4,938	7,455
Edwards County	804	966	958	1,228
Gallatin County	629	740	793	1,189
Hamilton County	939	1,140	1,170	1,669
Saline County	2,749	3,474	3,377	4,668
Wabash County	1,263	1,767	1,724	2,169
Wayne County	1,920	2,298	2,270	3,309
White County	1,567	2,101	2,007	3,114
Illinois	1,699,140	1,823,332	1,560,481	1,696,283

Data Source: Community Commons

HIGH SCHOOL GRADUATION RATE

This indicator is relevant because research suggests education is one of the strongest predictors of health.

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rate
Service Area Estimates	No data	425	No data
Edwards County	80	74	93%
Gallatin County	73	65	89.1%
Hamilton County	101	97	95.5%
Saline County	328	257	78.3%
Wabash County	158	121	76.5%
Wayne County	207	183	88.3%
White County	201	162	80.8%
Illinois	169,361	131,670	77.7%

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

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

Within the service area, there are 3,407 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 13.23% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With No HS Diploma	% Population Age 25+ With No HS Diploma
Service Area Estimates	25,761	3,407	13.23%
Edwards County	4,632	579	12.5%
Gallatin County	3,910	708	18.11%
Hamilton County	5,857	773	13.2%
Saline County	17,126	2,504	14.62%
Wabash County	8,241	835	10.13%
Wayne County	11,636	1,591	13.67%
White County	10,406	1,398	13.43%
Illinois	8,560,555	1,062,144	12.41%

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

POPULATION WITH ASSOCIATE'S LEVEL DEGREE OR HIGHER

Within the service area, 26.84% of the population aged 25 and older, or 6,915 people, have obtained an Associate's level degree or higher. This indicator is relevant because educational attainment has been linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With Associate's Degree or Higher	% Population Age 25+ With Associate's Degree or Higher
Service Area Estimates	25,761	6,915	26.84%
Edwards County	4,632	1,380	29.79%
Gallatin County	3,910	757	19.36%
Hamilton County	5,857	1,440	24.59%
Saline County	17,126	4,215	24.61%
Wabash County	8,241	2,792	33.88%
Wayne County	11,636	3,047	26.19%
White County	10,406	2,764	26.56%
Illinois	8,560,555	3,373,016	39.4%

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

POVERTY – CHILDREN BELOW 200% FPL

Poverty is considered a key driver of health status. Within the service area, 49.82% or 3,963 children are living in households with income below 200% of the Federal Poverty Level (FPL). This indicator is relevant because poverty creates barriers to access including health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Population Under Age 18	Population Under Age 18 at or Below 200% FPL	% Population Under Age 18 at or Below 200% FPL
Service Area Estimates	7,955	3,963	49.82%
Edwards County	1,568	749	47.77%
Gallatin County	1,124	476	42.35%
Hamilton County	1,877	730	38.89%
Saline County	5,295	2,706	51.1%
Wabash County	2,473	1,111	44.93%
Wayne County	3,708	1,995	53.8%
White County	3,046	1,383	45.4%
Illinois	3,011,614	1,243,877	41.3%

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

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

Poverty is considered a key driver of health status. Within the service area, 14.48% or 5,198 individuals are living in households with income below 100% of the Federal Poverty Level (FPL). This is slightly higher than the statewide poverty levels of 14.41%. Within the service area, 36.89% or 20,179 individuals are living in household with income below 200% of the Federal Poverty Level (FPL). This is higher than the statewide poverty levels of 31.86%. This indicator is relevant because poverty creates barriers to access including health services, nutritional food, and other necessities that contribute to poor health status.

Report Area	Total Population	Population Below 100% FPL	Population Below 200% FPL
Service Area Estimates	35,903	5,198	13,243
Edwards County	6,652	830	2,489
Gallatin County	5,420	907	2,101
Hamilton County	8,235	1,371	3,000
Saline County	24,079	5,125	10,640
Wabash County	11,608	1,549	3,911
Wayne County	16,502	2,533	6,152
White County	14,161	2,035	5,081
Illinois	12,566,139	1,810,470	4,004,005

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

INCOME – FAMILIES EARNING OVER $75,000

In the service area, 32.5% or 3,422 families report a total annual income of $75,000 or greater. Total income includes all reported income from wages and salaries as well as income from self-employment, interest or dividends, public assistance, retirement, and other sources.

Report Area	Total Families	Families With Income Over $75,000	% Families With Income Over $75,000
Service Area Estimates	10,530	3,422	32.5%
Edwards County	1,776	510	28.72%
Gallatin County	1,614	418	25.9%
Hamilton County	2,299	774	33.67%
Saline County	6,497	1,188	27.98%
Wabash County	3,285	1,187	36.13%
Wayne County	4,907	1,535	31.28%
White County	4,246	1,524	35.89%
Illinois	3,131,125	1,480,485	47.28%

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

POPULATION WITH ANY DISABILITY

Within the service area, 16.98% or 6,114 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.62%. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Report Area	Total Population (For Whom Disability Status is Determined)	Total Population With a Disability	% Population With a Disability
Service Area Estimates	36,004	6,114	16.98%
Edwards County	6,652	1,042	15.66%
Gallatin County	5,431	1,099	20.24%
Hamilton County	8,283	1,364	16.47%
Saline County	24,276	5,072	20.89%
Wabash County	11,635	2,024	17.4%
Wayne County	16,552	2,671	16.14%
White County	14,212	2,636	18.55%
Illinois	12,690,056	1,347,468	10.62%

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

CHILDREN ELIGIBLE FOR FREE/REDUCED PRICE LUNCH

Within the service area, 2,910 public school students (47.7%) are eligible for free/reduced price lunch out of 6,101 total students enrolled. This is lower than the statewide free/reduced price lunch of 51.44%. This indicator is relevant because it assesses vulnerable populations which are more likely to have multiple health access, health status, and social support needs. Additionally, when combined with poverty data, providers can use this measure to identify gaps in eligibility and enrollment.

Report Area	Total Students	Number Free/Reduced Price Lunch Eligible	% Free/Reduced Price Lunch Eligible
Service Area Estimates	6,101	2,910	47.7%
Edwards County	960	366	38.13%
Gallatin County	771	416	53.96%
Hamilton County	1,243	657	52.86%
Saline County	4,387	2,650	60.41%
Wabash County	1,772	883	49.83%
Wayne County	2,549	1,228	48.18%
White County	2,592	1,316	50.77%
Illinois	2,049,231	1,044,588	50.97%

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

FOOD INSECURITY RATE

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

Report Area	Total Population	Food Insecure Population, Total	% Food Insecure Population
Service Area Estimates	36,331	4,772	13.13%
Edwards County	6,695	870	12.99%
Gallatin County	5,516	810	14.68%
Hamilton County	8,413	1,160	13.79%
Saline County	24,950	4,010	16.07%
Wabash County	11,884	1,470	12.37%
Wayne County	16,674	2,200	13.19%
White County	14,630	1,920	13.12%
Illinois	12,882,135	1,755,180	13.62%

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

INCOME – PER CAPITA INCOME

The per capita income for the report area is $24,479. This includes all reported income from wages and salaries as well as income from self-employment, interest, or dividends, public assistance, retirement, and other sources. The per capita income in this service area is the average (mean) income computed for every man, woman, and child in the specified area.

Report Area	Total Population	Total Income ($)	Per Capita Income ($)
Service Area Estimates	36,451	$892,304,096	$24,479
Edwards County	6,687	$146,416,096	$21,895
Gallatin County	5,439	$124,501,000	$22,890
Hamilton County	8,371	$193,869,504	$23,159
Saline County	24,876	$529,723,904	$21,294
Wabash County	11,730	$287,298,496	$24,492
Wayne County	16,627	$397,332,992	$23,896
White County	14,549	$383,918,112	$26,387
Illinois	12,868,747	$386,312,175,616	$30,019

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

INCOME – PUBLIC ASSISTANCE INCOME

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

Report Area	Total Households	Households With Public Assistance Income	% Households With Public Assistance Income
Service Area Estimates	15,560	313	2.01%
Edwards County	2,747	58	2.11%
Gallatin County	2,351	16	0.68%
Hamilton County	3,499	29	0.83%
Saline County	10,070	210	2.09%
Wabash County	4,806	105	2.18%
Wayne County	7,047	155	2.2%
White County	6,300	125	1.98%
Illinois	4,778,633	120,020	2.51%

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

INSURANCE – POPULATION RECEIVING MEDICAID

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

Report Area	Total Population For Whom Insurance Status is Determined	Population With Any Health Insurance	Population Receiving Medicaid	Percent of Insured Population Receiving Medicaid
Service Area Estimates	36,004	32,696	7,419	22.69%
Edwards County	6,652	6,065	1,474	24.3%
Gallatin County	5,431	4,788	1,370	28.61%
Hamilton County	8,243	7,340	1,866	25.42%
Saline County	24,276	21,265	7,086	33.32%
Wabash County	11,635	10,496	1,829	17.43%
Wayne County	16,552	15,012	3,072	20.46%
White County	14,212	12,714	3,077	24.2%
Illinois	12,690,056	11,126,169	2,282,641	20.52%

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

POPULATION RECEIVING SNAP BENEFITS

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

Report Area	Total Households	Households Receiving SNAP Benefits	% Households Receiving SNAP Benefits
Service Area Estimates	15,560	1,899	12.2%
Edwards County	2,747	332	12.09%
Gallatin County	2,351	382	16.25%
Hamilton County	3,499	502	14.35%
Saline County	10,070	2,149	21.34%
Wabash County	4,806	527	10.97%
Wayne County	7,047	816	11.58%
White County	6,300	819	13%
Illinois	4,778,633	599,455	12.54%

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

POPULATION WITH LOW FOOD ACCESS

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

Report Area	Total Population	Population With Low Food Access	% Population With Low Food Access
Service Area Estimates	36,470	9,412	25.81%
Edwards County	6,721	1,243	18.49%
Gallatin County	5,589	4,856	86.88%
Hamilton County	8,457	1,735	20.52%
Saline County	24,913	7,778	31.22%
Wabash County	11,947	1,915	16.03%
Wayne County	16,670	4,171	25.02%
White County	14,665	4,633	31.59%
Illinois	12,830,632	2,623,048	20.44%

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

LOW INCOME POPULATION WITH LOW FOOD ACCESS

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

Report Area	Total Population	Low Income Population With Low Food Access	% Low Income Population With Low Food Access
Service Area Estimates	36,470	3,858	10.58%
Edwards County	6,721	264	3.93%
Gallatin County	5,589	1,824	32.64%
Hamilton County	8,457	564	6.67%
Saline County	24,913	3,701	14.86%
Wabash County	11,947	569	4.76%
Wayne County	16,760	1,620	9.67%
White County	14,665	2,169	14.79%
Illinois	12,830,632	584,658	4.56%

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

UNEMPLOYMENT RATE

Total unemployment in the report area for the current month was 1,443 or 8.4% of the civilian, non-institutionalized population age 16 and older (non-seasonally adjusted). This indicator is relevant because unemployment creates financial instability and barriers to access including insurance coverage, health services, healthy food, and other necessities that contribute to poor health status.

Report Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	17,182	15,739	1,443	8.4%
Edwards County	2,983	2,764	219	7.3%
Gallatin County	2,555	2,308	247	9.7%
Hamilton County	4,629	4,272	357	7.7%
Saline County	10,828	9,726	1,102	10.2%
Wabash County	5,705	5,320	385	6.7%
Wayne County	7,676	6,943	733	9.5%
White County	7,230	6,674	556	7.7%
Illinois	6,619,887	6,173,016	446,871	6.8%

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

GROCERY STORE ACCESS

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

Report Area	Total Population	Number of Establishments	Establishments, Rate Per 100,000 Population
Service Area Estimates	36,471	11	31.45
Edwards County	6,721	3	44.64
Gallatin County	5,589	0	0
Hamilton County	8,457	3	35.47
Saline County	24,913	8	32.11
Wabash County	11,947	3	25.11
Wayne County	16,760	4	23.87
White County	14,665	5	34.09
Illinois	12,830,632	2,850	22.2

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

RECREATION AND FITNESS FACILITY ACCESS

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

Report Area	Total Population	Number of Establishments	Establishments, Rate Per 100,000 Population
Service Area Estimates	36,471	1	2.74
Edwards County	6,721	0	0
Gallatin County	5,589	0	0
Hamilton County	8,457	0	0
Saline County	24,913	0	0
Wabash County	11,947	2	16.74
Wayne County	16,760	2	11.93
White County	14,665	0	0
Illinois	12,830,632	1,313	10.2

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

ACCESS TO PRIMARY CARE

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

Report Area	Total Population, 2012	Primary Care Physicians, 2012	Primary Care Physicians, Rate Per 100,000 Population
Service Area Estimates	36,163	10	27.65
Edwards County	6,684	0	0
Gallatin County	5,430	1	18.4
Hamilton County	8,370	1	11.9
Saline County	24,946	19	76.2
Wabash County	11,727	4	34.1
Wayne County	16,574	7	42.2
White County	14,568	4	27.5
Illinois	12,875,255	10,168	79

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

ACCESS TO DENTISTS

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

Report Area	Total Population, 2013	Dentists, 2013	Dentists, Rate Per 100,000 Population
Service Area Estimates	36,167	9	24.88
Edwards County	6,672	1	15
Gallatin County	5,415	0	0
Hamilton County	8,368	1	12
Saline County	24,939	10	40.1
Wabash County	11,665	3	25.7
Wayne County	16,612	4	24.1
White County	14,549	5	34.4
Illinois	12,882,135	8,865	68.8

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

PREVENTABLE HOSPITAL EVENTS

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

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
Service Area Estimates	6,864	609	88.84
Edwards County	1,411	112	79.7
Gallatin County	1,018	107	106.1
Hamilton County	1,383	155	112.5
Saline County	4,446	499	112.4
Wabash County	1,986	173	87.5
Wayne County	3,074	254	82.7
White County	2,660	265	99.7
Illinois	1,420,984	92,604	65.2

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

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

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

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

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

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

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

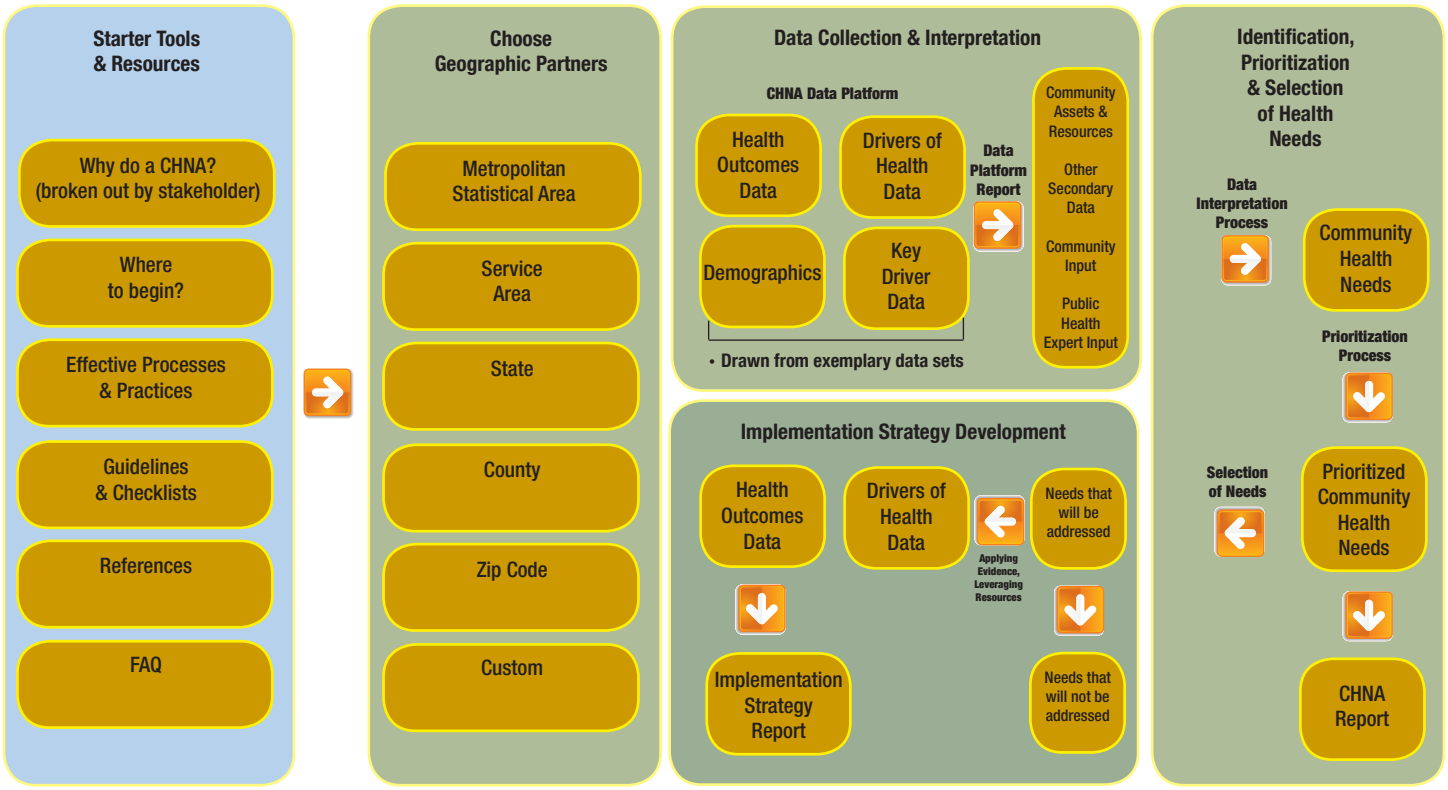
- The Administrative Assistant secured the participation of a diverse group of representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out below in the quantitative data list.
- Participation included representatives of the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

III. DEFINING THE PURPOSE AND SCOPE

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

IV. DATA COLLECTION AND ANALYSIS

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



DESCRIPTION OF DATA SOURCES

Quantitative

The following quantitative sources were reviewed for health information:

Source and Description

Behavioral Risk Factor Surveillance System – *The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Centers for Disease Control and Prevention (CDC), state health departments, and other health agencies to monitor modifiable risk factors for chronic diseases and other leading causes of death.*

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

Centers for Disease Control and Prevention – *Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system.*

County Health Rankings – *Each year, the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.*

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

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

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

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

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

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

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

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

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

SECONDARY DATA DISCUSSION

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

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

Wayne County is ranked 82nd out of the 102 Illinois counties in the *Rankings* released in April 2016. White County is ranked 83rd out of the 102 Illinois counties in the *Rankings* released in April 2016. Edwards County is ranked 90th out of the 102 Illinois counties in the *Rankings* released in April 2016. Hamilton County is ranked 84th out of the 102 Illinois counties in the *Rankings* released in April 2016.

HEALTH RANKING OBSERVATIONS

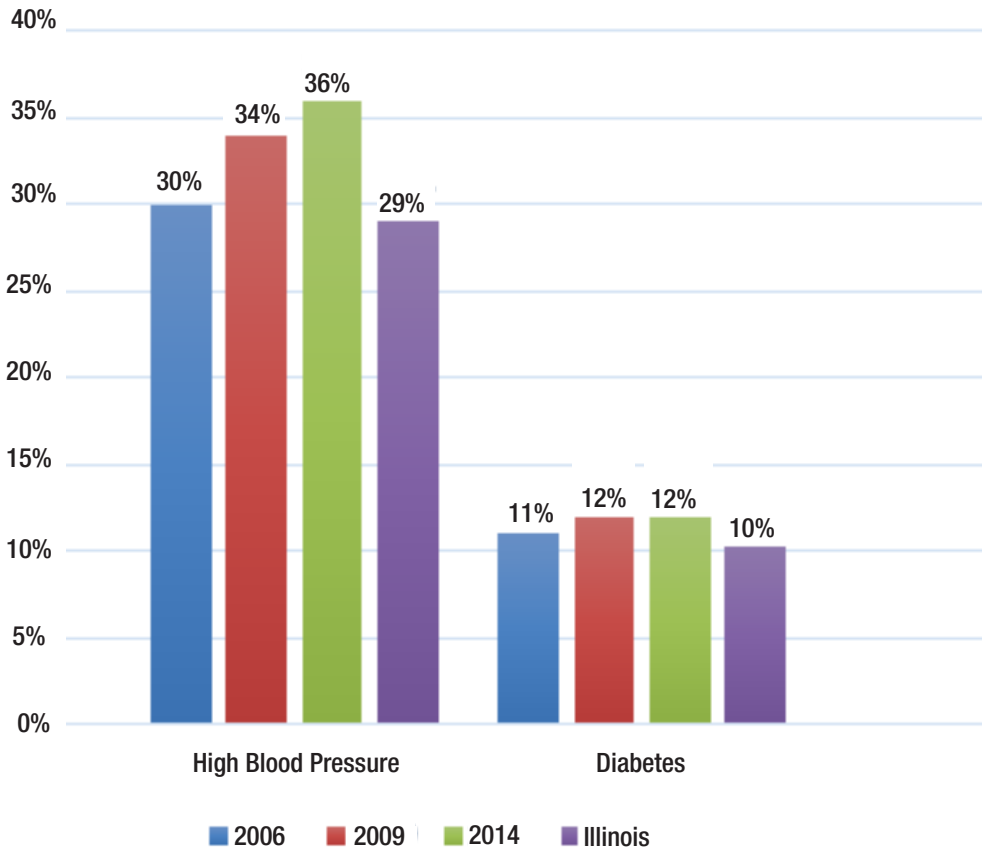
Table 1. Health Ranking Observations – Wayne, White, Edwards, and Hamilton Counties

Observation	Wayne County	White County	Edwards County	Hamilton County	Illinois
Adults reporting poor or fair health	14%	13%	14%	15%	17%
Adults reporting no leisure time physical activity	28%	25%	27%	27%	22%
Adult obesity	31%	31%	32%	29%	27%
Children under 18 living in poverty	23%	22%	17%	21%	20%
Uninsured	13%	12%	11%	13%	15%
Teen birth rates (ages 15-19)	42/1,000	57/1,000	45/1,000	42/1,000	33/1,000
Alcohol-impaired driving deaths	32%	18%	20%	86%	36%
Unemployment	6.7%	6.0%	6.8%	5.9%	7.1%

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

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

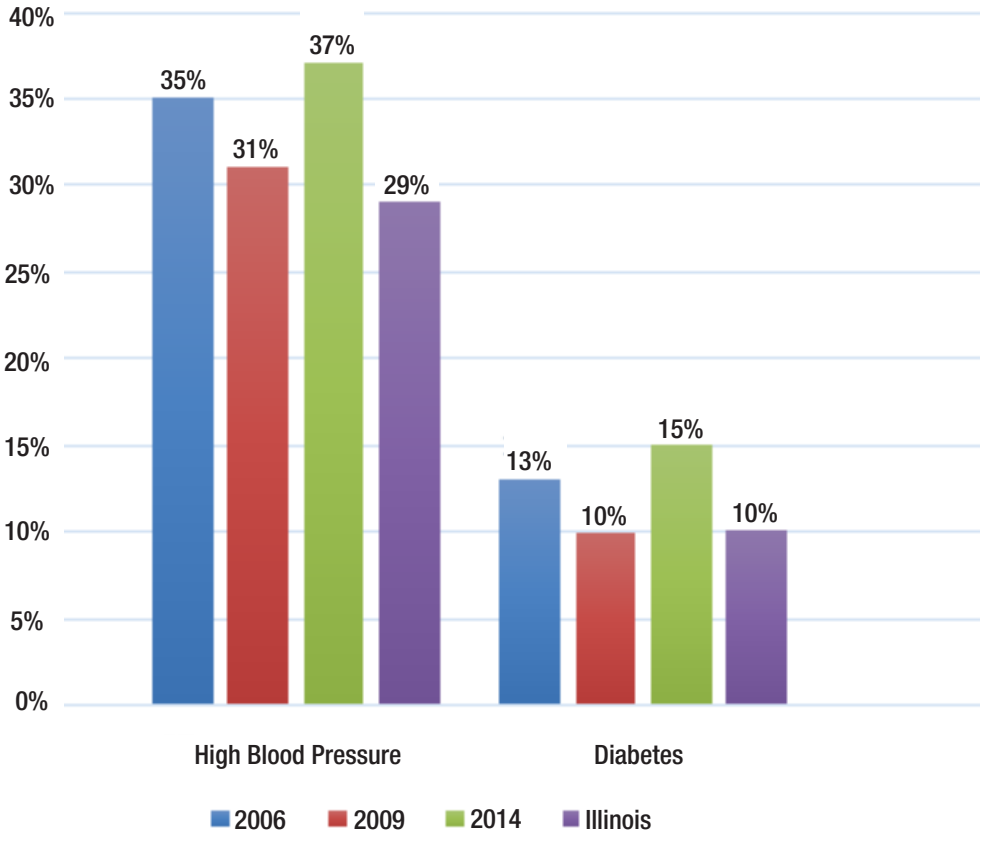
Table 2. Diagnosed Disease Factors – Wayne County



IBFRSS, 2016 Report

Diagnosis of high blood pressure is above the state level and has increased over the recent past.
Diagnosis of diabetes has increased to above the state level in the recent past.

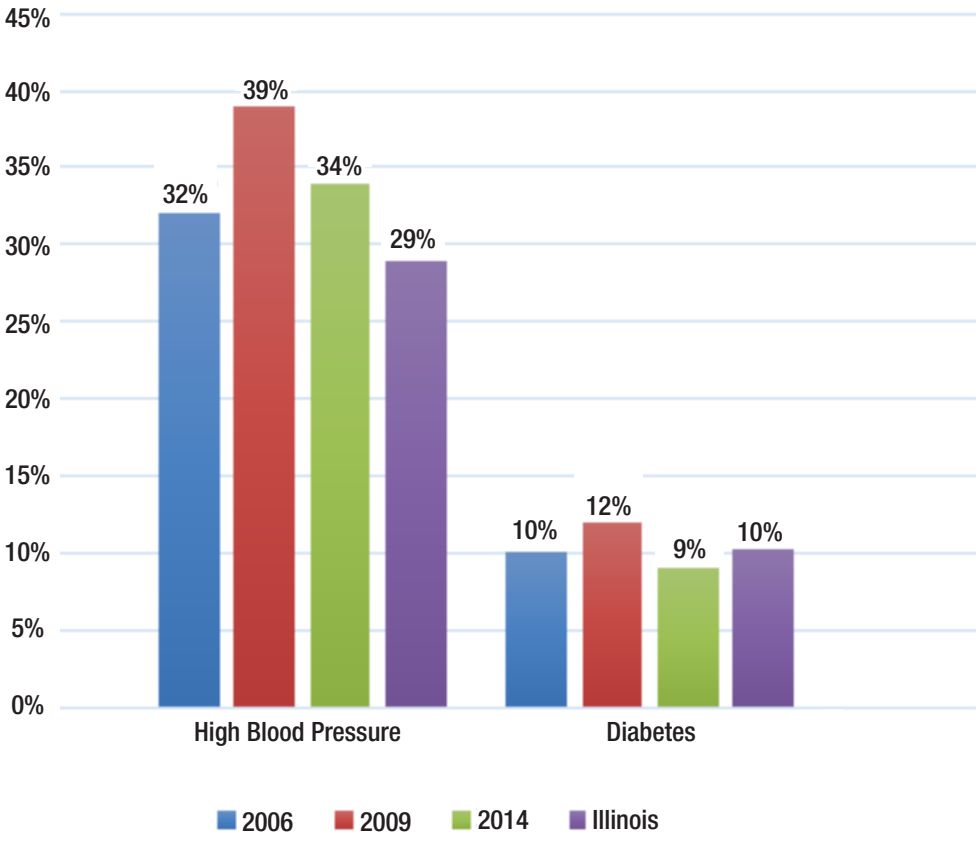
Table 3. Diagnosed Disease Factors – White County



IBFRSS, 2016 Report

Diagnosis of high blood pressure and diabetes is above the state level. Diagnosis of diabetes has remained above the state level, except in 2009 when it was equal to the state level.

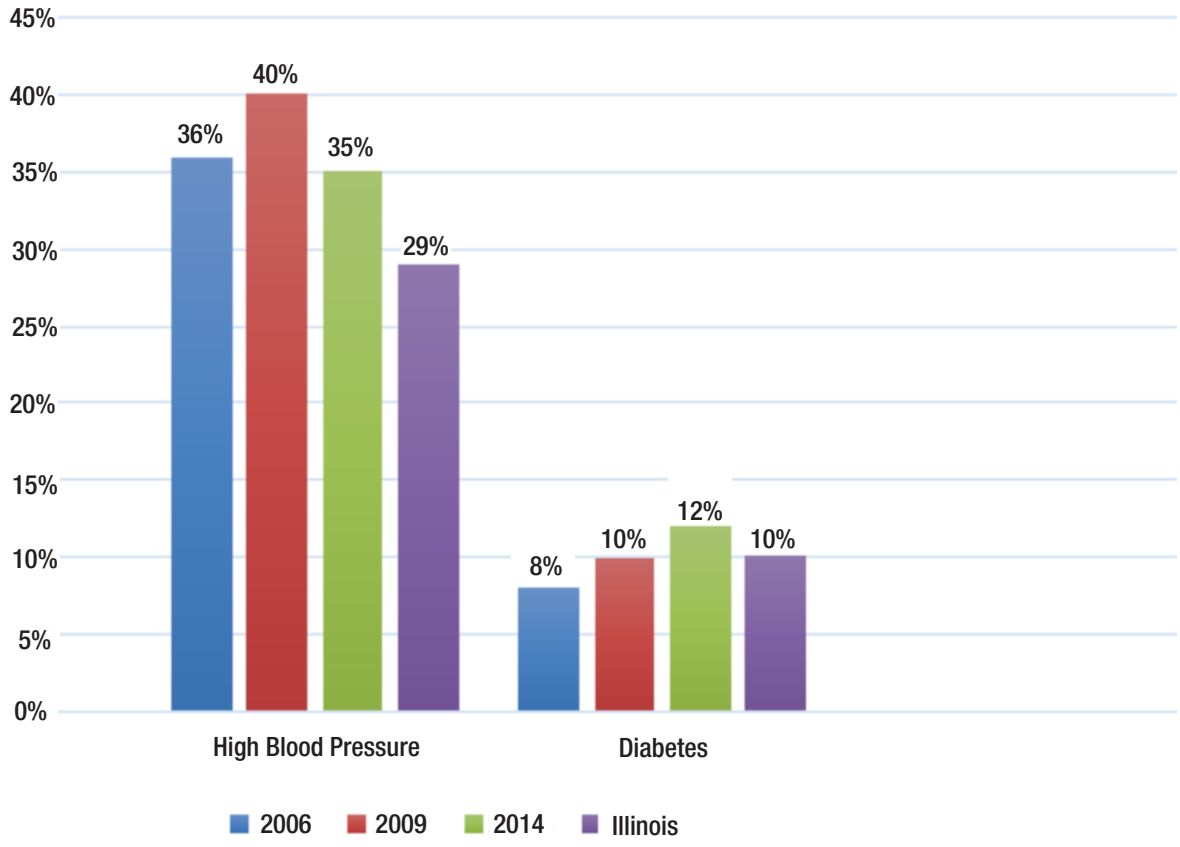
Table 4. Diagnosed Disease Factors – Edwards County



IBFRSS, 2016 Report

Diagnosis of high blood pressure is above the state level but has decreased over the recent past. It still remains above the state level, despite the decrease. Diagnosis of diabetes is similar to the state level and has decreased to below the state level in the recent past.

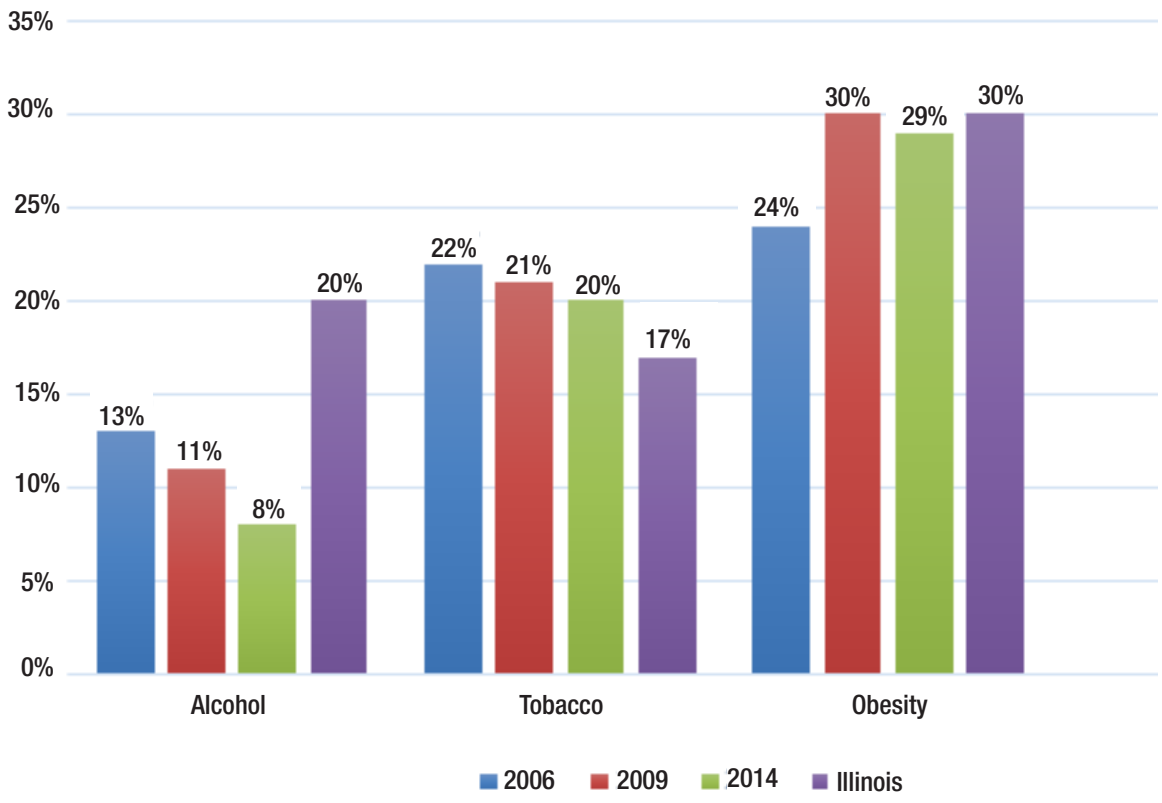
Table 5. Health Risk Factors – Hamilton County



IBFRSS, 2016 Repor

Diagnosis of high blood pressure is above the state level and has decreased over the recent past. It still remains above the state level. Diagnosis of diabetes is above the state level in the recent past, was equal to the state level in 2009, and was actually below the state level in 2006.

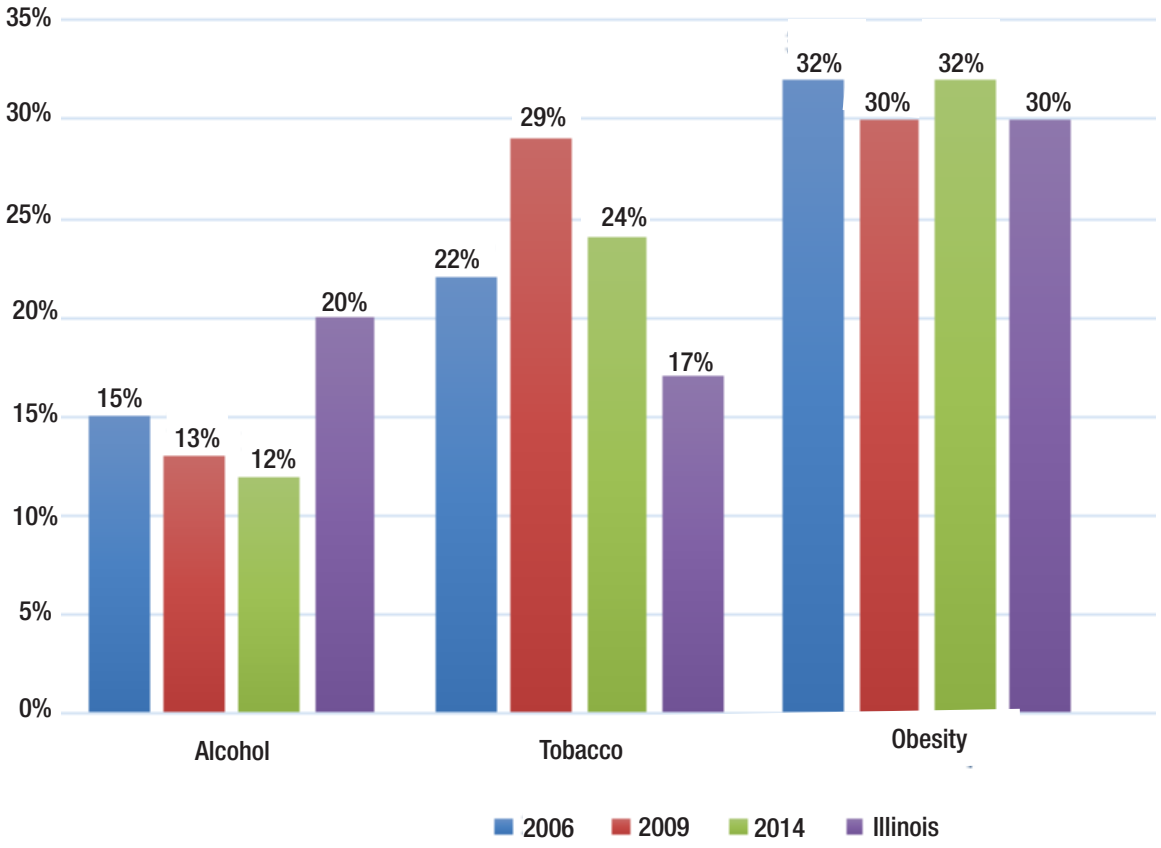
Table 6. Health Risk Factors – Wayne County



IBFRSS, 2016 Report

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

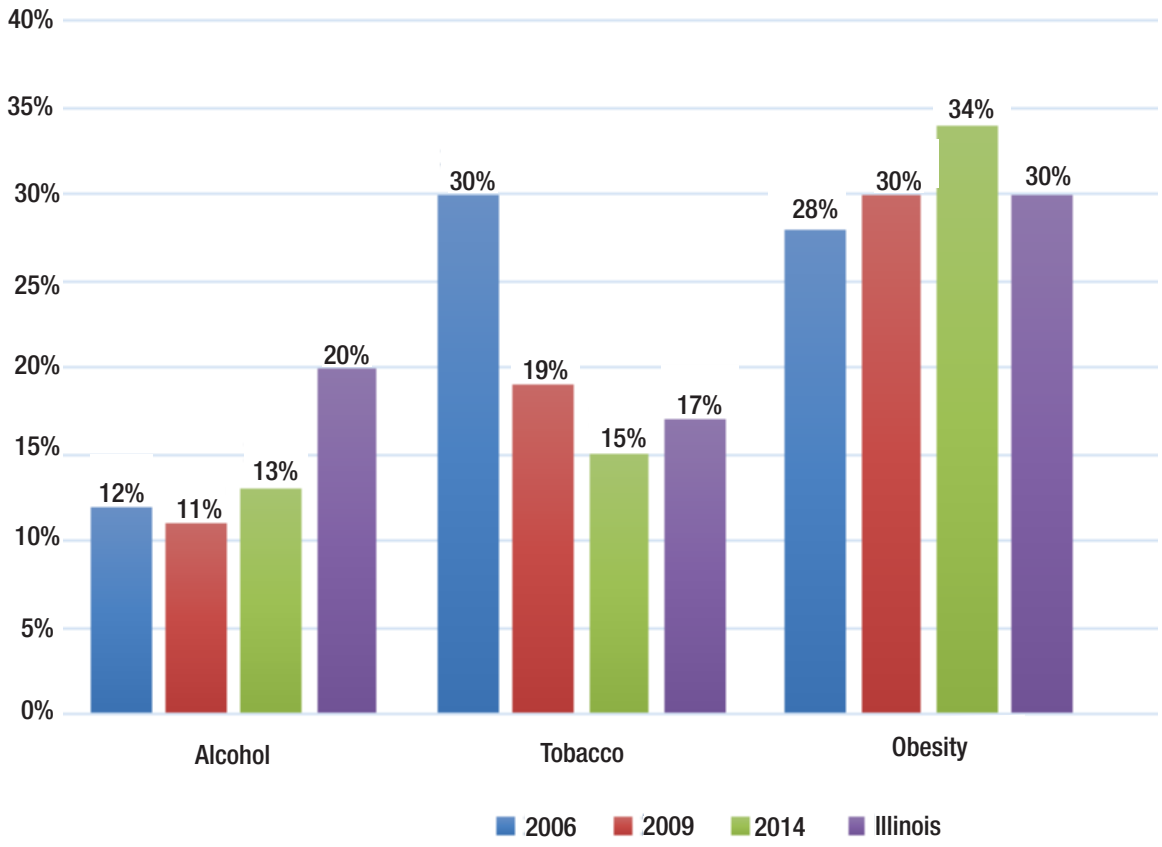
Table 7. Health Risk Factors – White County



IBFRSS, 2016 Report

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

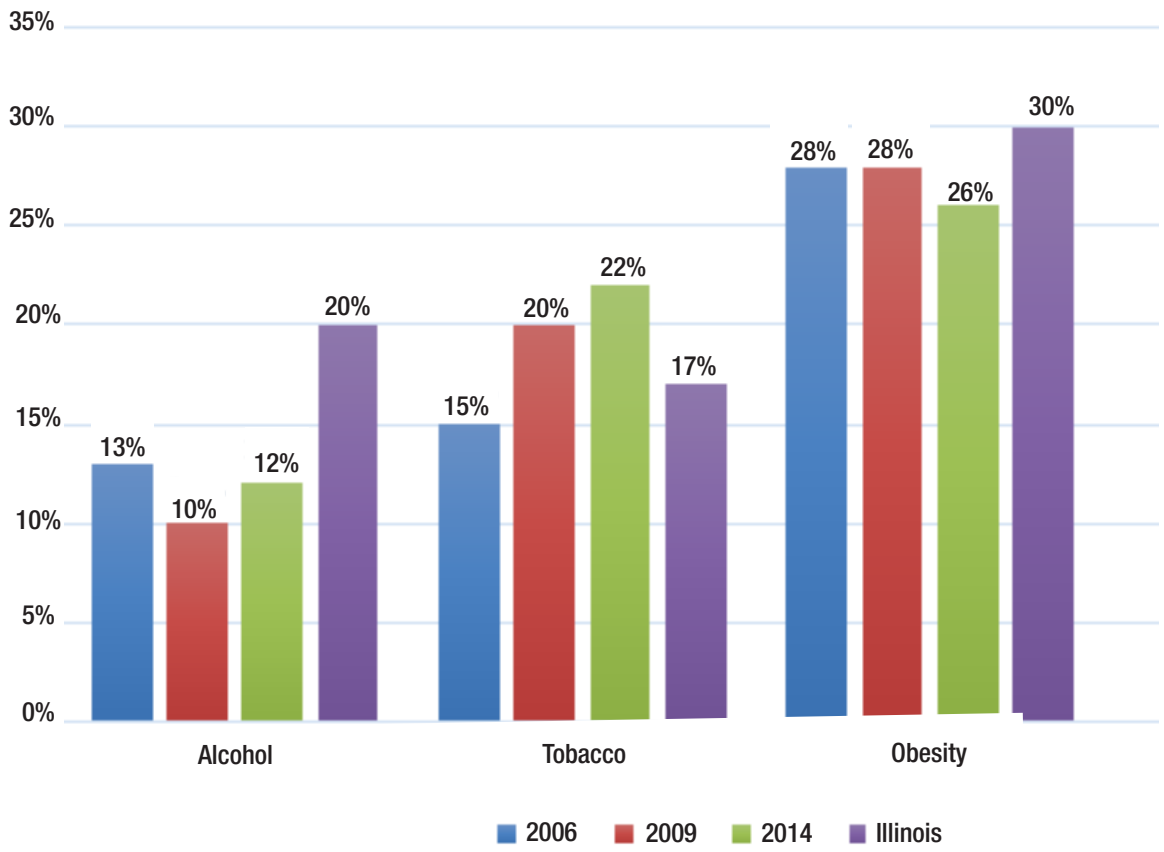
Table 8. Health Risk Factors – Edwards County



IBFRSS, 2016 Report

Alcohol use remains below the state level. Tobacco use has drastically decreased to below the state level. The rate of persons reporting obesity is above the state level in the recent past, was equal to the state level in 2009, and was below the state level in 2006.

Table 9. Health Risk Factors – Hamilton County



IBFRSS, 2016 Report

Alcohol use remains below the state level. Tobacco use has increased to above the state level in both 2009 and 2014, but was actually below the state level in 2006. The rate of persons reporting obesity has remained stable and is similar to the state level in the IBRFSS and the more recent data from the *County Health Rankings.*

ADDITIONAL DIAGNOSED DISEASE FACTOR

Disease Factor	Wayne County, 2014	White County, 2014	Edwards County, 2014	Hamilton County, 2014	Illinois, 2014
COPD	5.8%	10.9%	4.7%	9.3%	5.8%

IBFRSS, 2016 Report

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

TEEN BIRTHS

The indicator reports the rate of total births to women ages 15-19 per 1,000 female population. This indicator is relevant because in many cases, teen parents have unique social, economic, and health support services. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Report Area	Female Population, Ages 15-19	Births to Mothers, Ages 15-19	Teen Birth Rate, Per 1,000 Population
Service Area Estimates	Suppressed	Suppressed	Suppressed
Edwards County	216	9	41.3
Gallatin County	168	8	46.4
Hamilton County	256	11	44
Saline County	762	42	54.5
Wabash County	390	17	43.4
Wayne County	489	22	44.8
White County	447	24	54.5
Illinois	448,356	15,692	35

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

LOW BIRTH WEIGHT

This indicator reports the percentage of total births that are low birth weight (Under 2500g or about 5.5 lbs). This indicator is relevant because low birth weight infants are at high risk for health problems. This indicator can also highlight the existence of health disparities.

Report Area	Total Live Births	Low Weight Births (Under 2,500 grams)	Low Weight Births, Percent of Total
Service Area Estimates	Suppressed	Suppressed	Suppressed
Edwards County	504	42	8.4%
Gallatin County	448	31	6.9%
Hamilton County	623	51	8.2%
Saline County	2,170	189	8.7%
Wabash County	1.036	87	8.4%
Wayne County	1,386	108	7.8%
White County	1,211	99	8.2%
Illinois	1.251,656	105,139	8.4%

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

DEPRESSION (Medicare Population)

This indicator report the percentage of the Medicare fee-for-service population with depression.

Report Area	Total Medicare Beneficiaries	Beneficiaries With Depression	Percent With Depression
Service Area Estimates	7,967	1,065	13.37%
Edwards County	1,278	131	10.3%
Gallatin County	1,315	206	15.7%
Hamilton County	1,731	120	6.9%
Saline County	5,814	1,088	18.7%
Wabash County	2,289	342	14.9%
Wayne County	3,453	447	12.9%
White County	3.524	521	14.8%
Illinois	1,623,784	239,311	14.7%

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

CANCER PROFILES

The State Cancer Profiles compiled by the National Cancer Institute lists Wayne County at Level 6 for all cancers which means that the cancer rate overall is similar to the U.S. rate and is stable over the recent past. This is confirmed by the local cancer data set out on pages below.

Cancer Incidence – Breast

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

Report Area	Female Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Edwards County	545	6	110
Gallatin County	398	3	75.2
Hamilton County	625	5	80
Saline County	1,879	20	106.4
Wabash County	802	9	112.2
Wayne County	1,208	15	124.1
White County	1,100	13	118.1
Illinois	732,106	9,349	127.7

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

Cancer Incidence – Colon and Rectum

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

Report Area	Sample Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Edwards County	945	4	42.3
Gallatin County	952	6	63
Hamilton County	1,204	9	74.7
Saline County	3,354	21	62.6
Wabash County	1,594	10	62.7
Wayne County	2,457	10	40.7
White County	2,398	10	41.7
Illinois	1,359,829	6,364	46.8

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

Cancer Incidence – Prostate

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

Report Area	Sample Population (Male)	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Edwards County	409	6	146.5
Gallatin County	428	4	93.4
Hamilton County	536	8	149.2
Saline County	1,557	20	128.4
Wabash County	825	8	96.9
Wayne County	1,140	14	122.7
White County	1,047	13	124.1
Illinois	631,965	8,778	138.9

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

Cancer Incidence – Lung

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

Report Area	Total Population	Average New Cases Per Year	Annual Incidence Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Edwards County	967	8	82.7
Gallatin County	839	9	107.2
Hamilton County	1,176	9	76.5
Saline County	3,489	32	91.7
Wabash County	1,659	16	96.4
Wayne County	2,511	22	87.6
White County	2,280	21	92.1
Illinois	1,346,397	9,344	69.4

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

MORTALITY

Mortality – Cancer

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Edwards County	6,674	19	278.7	**191.1**
Gallatin County	5,519	18	329.8	**212.7**
Hamilton County	8,414	29	349.4	**238.9**
Saline County	24,938	67	270.3	**192.6**
Wabash County	11,843	33	282	**198.1**
Wayne County	16,677	45	268.6	**180.9**
White County	14,642	54	366.1	**232.2**
Illinois	12,850,811	24,263	188.8	**176.5**

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

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

Mortality – Heart Disease

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Edwards County	6,674	21	308.66	**207.2**
Gallatin County	5,519	23	409.52	**280.6**
Hamilton County	8,414	41	487.31	**301.2**
Saline County	24,938	77	309.57	**215.5**
Wabash County	11,843	34	290.48	**185.7**
Wayne County	16,677	48	287.82	**185.9**
White County	14,642	53	359.23	**200.3**
Illinois	12,850,811	24,877	193.58	**177.4**

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

Mortality – Ischaemic Heart Disease

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

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Edwards County	6,674	16	239.7	**162.8**
Gallatin County	5,519	16	289.9	**197.1**
Hamilton County	8,414	21	254.4	**166.9**
Saline County	24,938	45	179.6	**126.2**
Wabash County	11,843	19	163.8	**108.1**
Wayne County	16,677	27	160.7	**104.4**
White County	14,642	38	258.2	**147.9**
Illinois	12,850,811	14,927	116.2	**106.5**

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

Cancer Incidence – Lung Disease

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Edwards County	6,674	5	71.92	**50.4**
Gallatin County	5,519	5	94.23	**58.9**
Hamilton County	8,414	7	85.58	**51.1**
Saline County	24,938	24	97.84	**68.8**
Wabash County	11,843	11	92.89	**65.4**
Wayne County	16,677	16	94.74	**61.4**
White County	14,642	17	114.74	**65.7**
Illinois	12,850,811	5,353	41.65	**39.5**

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

Mortality – Stroke

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

Report Area	Total Population	Average Annual Deaths, 2007-2011	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Edwards County	6,674	4	56.9	**No data**
Gallatin County	5,519	5	90.6	**59.4**
Hamilton County	8,414	6	68.9	**42.5**
Saline County	24,938	19	74.6	**50.4**
Wabash County	11,843	6	52.4	**34.6**
Wayne County	16,677	15	89.9	**57.9**
White County	14,642	9	60.1	**33**
Illinois	12,850,811	5,322	41.4	**38.2**

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

Infant Mortality

This indicator reports the rate of deaths to infants less than one year of age per 1,000 births. This indicator is relevant because high rates of infant mortality indicate the existence of broader issues pertaining to access to care and maternal and child health.

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate Per 1,000 Births
Service Area Estimates	Suppressed	Suppressed	**Suppressed**
Edwards County	355	5	**14.5**
Gallatin County	300	1	**3.1**
Hamilton County	475	7	**14.7**
Saline County	1,570	17	**10.6**
Wabash County	775	5	**6.8**
Wayne County	1,015	8	**7.8**
White County	890	6	**6.8**
Illinois	879,035	6,065	**6.9**

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

Mortality – Premature Death

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

Report Area	Total Population 2008-2010 Average	Total Premature Deaths	Total Years of Potential Life Lost 2008-2010 Average	Years of Potential Life Lost, Rate Per 100,000 Population
Service Area Estimates	Suppressed	Suppressed	Suppressed	**Suppressed**
Edwards County	6,618	35	760	**11,483**
Gallatin County	5,528	41	680	**12,293**
Hamilton County	8,425	41	766	**9,087**
Saline County	24,981	158	2,622	**10,496**
Wabash County	11,834	48	909	**7,683**
Wayne County	16,651	84	1,296	**7,785**
White County	14,663	77	1,160	**7,908**
Illinois	12,869,257	42,933	853,004	**6,628**

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

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

Disease Type	Wayne County	White County	Edwards County	Hamilton County
Diseases of the Heart	42	48	22	39
Malignant Neoplasms	42	50	21	31
Lower Respiratory Systems	19	5	1	3
Cardiovascular Diseases (Stroke)	18	15	4	5
Accidents	6	7	3	2
Alzheimer's Disease	3	2	0	2
Diabetes Mellitus	1	2	**0**	**3**
Nephritis, Nephrotic Syndrome, and Nephrosis	4	8	2	8
Influenza and Pneumonia	5	8	1	2
Septicemia	2	4	1	1
Intentional Self-Harm (Suicide)	6	0	0	1
Chronic Liver Disease, Cirrhosis	0	0	1	1
All Other Causes	56	42	11	16

IDPH, 2011 Data

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

DESCRIPTION OF DATA SOURCES

Qualitative Sources

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

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

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

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

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

CHNA Steering Committee Member and Area of Expertise

Clark Griffith, Director, Wayne County Health Department
Jennifer Bowers, PTA, Director, Therapy Services, Fairfield Memorial Hospital
Lance Endsley, PharmD, Pharmacist, Fairfield Memorial Hospital
Katherine Bunting, Ph.D., CEO, Fairfield Memorial Hospital

Others providing input included through the focus groups included:

Diana Zurliene, local school administrator
Mike Everett, Sheriff, Wayne County
Dale Warren, Board Member, Housing Authority
Patrick Molt, MD, local surgeon
Heather Burklow, Administrator, Way-Fair Rehab

FOCUS GROUP – FMH COMMUNITY LEADERS

Two focus groups were convened at Fairfield Memorial Hospital on February 22, 2016. The first group was made up of community leaders including the Wayne County Sheriff and an elementary school superintendent, who is also a member of the County Board of Health. The group was first asked to report any positive changes they have observed in the delivery of healthcare and services over the past two to three years. They responded with the following:

- New dietary department at Fairfield Memorial Hospital
- Fairfield Memorial Hospital has maintained and improved services in the face of difficult state and national funding support issues
- There is an excellent relationship between law enforcement and Fairfield Memorial Hospital
- New behavioral health center that is already being expanded
- Wound therapy
- New pain clinic and a new policy limiting access to prescription drugs for patients discharged from the emergency room are reducing drug seeking
- Two new physicians have been recruited and six more who have committed to return to Fairfield Memorial Hospital to practice are in various stages of medical school
- Planning is ongoing for urgent care services to round out the continuum of care offered by Fairfield Memorial Hospital and its partners
- Generally improved community outreach by Fairfield Memorial Hospital
- Improved outreach to seniors by Fairfield Memorial Hospital

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

- Youth and family counseling, especially in areas of anger management and family living
- Expanded outreach to seniors, especially seniors living alone
- Stress counseling for people in poverty and those facing financial changes and challenges
- Substance abuse prevention
  - Methamphetamines
  - Synthetics
  - Heroin
  - Alcohol
  - Prescription drug seeking
  - Access to local services for detox, rehabilitation, and addiction recovery
- Nutrition for youth, including access to food
- Access to primary care for underinsured and uninsured
- Local access to mental health services in face of dwindling resources and state and federal support
- Law enforcement is forced to deal with mental health needs because there is no other place to send persons in need of care
- Cancer
- Obesity
- Heart disease

FOCUS GROUP – FMH MEDICAL PROFESSIONALS

The second focus group included medical professionals from the hospital service area including a pharmacist, a physician, and others.The group was first asked to report any positive changes they have observed in the delivery of healthcare and health services over the past two to three years. They responded with the following:

- New facilities at Fairfield Memorial Hospital
- New physician
- Fairfield Memorial Hospital has survived and managed to grow despite state funding cuts
- Pain clinic
- Wound services
- Orthopedic services
- Behavioral health clinic
- Frontier College has expanded
- Health Department has expanded its role with schools establishing health committees to work on nutrition and physical fitness
- Health Department has begun to offer immunizations beyond underinsured and uninsured
- Expanded cardiac rehabilitation at Fairfield Memorial Hospital
- Pulmonary rehabilitation at Fairfield Memorial Hospital
- Balance clinic at Fairfield Memorial Hospital
- Homegrown professional recruitment program is drawing commitments from medical students

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

- Access to preventative health services, including weight control and smoking cessation
- Mental health services, including access to psychiatrists and counselors
- Access to dental health, especially for patients on Medicaid
- Substance abuse prevention
  - Synthetics
  - Prescription drugs
  - Methamphetamines
  - Heroin
  - Alcohol
- Space for enhanced services in behavioral health and urgent care
- The economy of the community is struggling

V. IDENTIFICATION AND PRIORITIZATION OF NEEDS

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

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

VI. DESCRIPTION OF COMMUNITY HEALTH NEEDS IDENTIFIED AND PRIORITIZED

The CHNA Steering Committee, comprised of representatives from both focus groups, met on May 9, 2016 to identify and prioritize significant health needs. The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included Community Commons, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, *County Health Rankings and Roadmaps,* National Cancer Institute, and other resources. Following the review, the group identified and then prioritized the following as being the significant health needs facing the Fairfield Memorial Hospital service area.

1. MENTAL HEALTH

The group identified access to care issues for persons of all ages with behavioral healthcare needs. The area is experiencing a shortage of psychiatrists and counselors which is impacting all potential patients and particularly, Medicaid patients and youth. The findings reflected the focus groups' concerns of identification of the need for counseling for youth on issues of anger management and family issues and the need to address stress and related issues for those facing financial change and challenges. The group also identified the need for increased local substance abuse prevention and access to services for rehabilitation and recovery.

2. WELLNESS

The group identified related needs around heart disease and diabetes and the underlying issues of obesity and nutrition and categorized them as wellness needs. It was felt that there was a need for increased education in all of these areas along with opportunities for recreation, exercise and healthy foods, and lifestyles. Specific needs were seen as:

- Addressing nutrition needs for youth
- Developing opportunities for recreation and physical activity
- Help for coping with stress

3. CANCER

The steering committee identified issues surrounding cancer as a significant local health need. The group noted high levels of cancer generally in, and surrounding, the service area and expressed concern over both the causes of the high rates and the availability and use of services to address cancer. The group saw specific needs to:

- Attempt to identify the causes of cancer locally
- To provide information about cancer and cancer prevention, and screenings to the community

VII. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

RESOURCES WITHIN OR AFFILIATED WITH FAIRFIELD MEMORIAL HOSPITAL

- Behavioral health therapy program
- Cardiac rehabilitation
- Cardiopulmonary
  - Stress test
  - Pulmonary Function Testing (PFT)
  - Holter Monitor
  - EEGs (Electroencephalography)
  - ECG or EKG (Electrocardiography)
  - Oxygen management
  - Nebulizer therapy
  - BiPap/CPAP administration
  - Ventilator management
- DaVita Dialysis
- Diabetes education
  - Individual education sessions
  - Group classes
  - Diabetic support groups
  - Diabetic health fairs
- Diagnostic imaging
  - Bone density
  - CT
  - Digital mammography
  - General x-ray
  - MRI
  - Nuclear medicine
  - PET/CT
  - Ultrasound
- Emergency services
- Home Health Care
  - Skilled nursing care
  - Therapy services
- Horizon Health Care
  - Hospital based rural health clinic
  - Services include:
    - Acute health problems (pediatric through geriatric)
    - Chronic health problems (pediatric through geriatric)
    - Well/preventative visits (infants through geriatric)
    - Lab testing
    - Behavioral therapy
    - Work-related physicals and injury cases
    - DOT physicals and drug screens
    - Upper Gastrointestinal Endoscopy (EGD)
    - Colonoscopy
    - Joint injections
    - Treatment of skin lesions
    - Colposcopy
    - Contraceptive planning
    - Skilled nursing home physician services
    - Nursing facility physician services
    - Utilize and refer to specialist and other facilities as needed
    - Tobacco cessation

- Illinois wound care specialists
- Intensive Care Unit
- Laboratory
  - Complete menu of cardiac testing
  - BNP determination
  - In-house thyroid testing
  - Therapeutic drug testing
  - Microbiology
  - Transfusion services
  - Standard testing capacities
- Medical Surgical Unit
- Nutrition services
- Pain Center of Fairfield Memorial Hospital
  - Services patients with chronic pain caused by a wide variety of medical issues, such as:
    - Headaches
    - Cancer-related pain
    - Peripheral neuropathy
    - Myofascial pain syndrome
    - Complex regional pain syndrome
    - Traumatic/sports injuries
    - Spinal spasticity
    - Post herpetic neuralgia
    - Back/neck pain
    - Arthritis
    - Pancreatitis
    - Work comp injuries
    - Trigeminal neuralgia
    - Shingles
    - Spinal stenosis
    - Spinal headaches
- Pain management procedures
  - Nerve blocks
  - Epidural injections
  - Spinal cord stimulation
  - Intrathecal morphine and baclofen pumps
  - Joint injections
  - Botox radiofrequency
  - Supartz/Synvisc injections
- Senior Life Solutions
- Skilled Care Unit
  - Physician services
  - 24-hour pharmacy services
  - Physical therapy
  - Occupational therapy
  - Speech language pathology
  - Respiratory therapy
  - Skilled nursing services
  - Medication
  - Blood transfusion
  - Wound care (severe or multiple wounds)
  - Discharge planning (begins upon admission and continues throughout the stay)
  - Daily activities
- Sleep studies

- Social services
  - Discharge planning may include referrals for:
    - Home care services
    - Rehabilitation therapy
    - Skilled care/nursing home placement
    - Medical equipment
    - Financial assistance
    - Community resources
  - Patient and family education
  - Advanced directives
  - Patient advocacy
  - Counseling
  - Skilled care unit
- Surgical services
  - General surgery
  - Gynecology
  - Otolaryngology
  - Urology
  - Endoscopy
  - Opthalmology
  - Podiatry
  - Endoscopy procedures
  - Bone marrow aspirations
  - Paracentesis
  - CAT scan biopsy
  - Angiography
  - Esophageal motility studies
  - Ambulatory pH studies
  - Intravenous infusions
  - General anesthesia
  - Spinal and epidural anesthesia
  - Pain management
  - Intravenous sedation
  - Thyroid and parathyroid surgery
  - Breast surgery
  - Abdominal surgery
- Therapy serices
  - Physical therapy
  - Occupational therapy
  - Speech language pathology (speech therapy)
  - Industrial rehabilitation
  - Functional movement screenings
  - Occupational/Physical Performance Testing (O/PPT)
  - Balance recovery program

COMMUNITY ORGANIZATIONS, HEALTH PARTNERS AND GOVERNMENT AGENCIES

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

- Wayne County Health Department
- Fairfield Chamber of Commerce
- Churches
- Schools
- Kingdom Kids
- Kids In Motion
- Wayne County Sheriff
- Courts
- Department of Children and Family Services
- Foster families
- Susan G. Komen Foundation
- Wayne County Farm Bureau

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

The Community Health Needs Assessment process identified needs common to the overarching categories of wellness education and services, addressing access to quality local healthcare, mental health services, transportation, and information and translation for non-English speaking patients. The process prioritized those needs based on primary and secondary data gathered into the five needs statements below. The logic model addresses these needs and sub-issues:

1. WELLNESS EDUCATION AND SERVICES

Wellness education and care issues were raised in the focus groups as an access issue for the elderly. Education about nutrition, diet, and access to healthy foods were discussed in the focus groups and supported by the secondary data.

2. MENTAL HEALTH ISSUES

This issue was raised in the focus groups with regard to access to consultations at Fairfield Memorial Hospital and for post-hospital placement and addressing substance abuse. These needs were also supported in the secondary data related to risky behavior.

3. PREVENTION AND TREATMENT OF SUBSTANCE ABUSE

This is also an area that requires the cooperation of healthcare providers and the community to address. This issue is intertwined with the need for improved mental health services.

4. RETENTION AND RECRUITMENT OF MEDICAL SPECIALISTS

While general satisfaction with available medical services was expressed, the focus groups also identified needs/wants for specific local specialists. Areas discussed included elder care, orthopedic surgery, rheumatology, psychiatry/psychology, and wound care.

WELLNESS EDUCATION AND SERVICES

LONG TERM OBJECTIVE 1.1

Increased opportunities for wellness education and care for the elderly (demonstrated by increasing the number of seniors reached by wellness education and baseline care programs) by 20% over Year One

Year Two Outcomes

- Increased opportunities for wellness education and care for the elderly demonstrated by increasing the number of seniors reached by wellness education and baseline care programs by 10% over Year One

Year One Activities

- Explore home visit program for seniors
- Explore home follow-up visit by a nurse after inpatient discharge
- Explore senior wellness education outreach utilizing the hospital website

Year Two Activities

- Begin to implement senior home care visits as indicated
- Begin to implement home nurse follow-up visits for seniors that have been discharged from inpatient care
- Begin education outreach program utilizing the Fairfield Memorial Hospital website and other appropriate resources

Year Three Outcomes

- Senior Home Care (Care Check Program) is implemented and FMH is seeing an average of 15 patients a month.
- The website for Fairfield Memorial Hospital is updated daily with educational and informational material. Several community members call to add information they deem important to the FMH website. The number of viewers to the FMH website is over 3,000 per week.

LONG TERM OBJECTIVE 1.2

Increased education to the general population about nutrition and diet as demonstrated by a 400% increase in participation in nutrition education programs

Year Two Outcomes

- Increased education to the general population about nutrition and diet as demonstrated by a 100% increase in participation in nutrition education programs

Year One Activities

- Continue active participation in countywide obesity coalition, facilitated by the Wayne County Health Department
- Explore expanding the wellness program for middle school to other grades and other schools
- Continue to support Kids in Motion summer camp program

Year Two Activities

- Encourage expansion of the outreach of the Obesity Coalition as appropriate
- Begin to implement expansion of the wellness program for middle school
- Continue, and expand as feasible, the Kids in Motion summer camp program

Year Three Outcomes

- The FMH dietitian writes an article each month for several publications on various topics, including proper nutrition and obesity
- Assisting with Kids in Motion, a non-profit agency to help feed children and provide exercise activities to children during the summer months when school is not in session
- FMH has instated a low sodium initiative for both the community and the hospital cafeteria
- FMH is negotiating a contract to provide nutritious food for the “Meals on Wheels” program for the community

LONG TERM OBJECTIVE 1.3
Create awareness of access to healthy foods issues in the service area

Year Two Outcomes
- Since the focus groups met as part of the Community Health Needs Assessment, Fairfield Memorial Hospital will continue to collaborate with the Wayne County Health Department initiatives

Year Three Outcomes
- Fairfield Memorial Hospital is still engaged with the continuation and collaboration with the Wayne County Health Department initiatives

MENTAL HEALTH SERVICES

LONG TERM OBJECTIVE 2.1
Increased access to consultations for mental health services at Fairfield Memorial Hospital as demonstrated by new services offered via a new partnership with a mental health services provider *(Dr. Johnson)*

Year Two Outcomes
- Increased access to consultations for mental health services at Fairfield Memorial Hospital as demonstrated by new services offered via a new partnership with a mental health services provider

Year One Activities
- Provide free space in Senior Life Solutions to offer mental health outpatient services and inpatient consultation as needed
- Continue to explore access to tele-psychiatry

Year Two Activities
- Continue relationship with Southeastern Illinois Counseling Center
- Continue to explore access to tele-psychiatry and begin those services if feasible

Year Three Outcomes
- The relationship with Southeastern Illinois Counseling Center has lapsed as the state of Illinois failed to reimburse the Counseling Center, and there are no longer any counselors at the center
- Thus, Fairfield Memorial Hospital has started a Behavioral Health Clinic that accepts all patients requiring counseling services regardless of their ability to pay. This service is full, seeing 9-10 patients per day.

LONG TERM OBJECTIVE 2.2
Increased options for post-emergency room mental health placement
(This problem requires solutions beyond the scope of influence or control of Fairfield Memorial Hospital. It is beyond the reach of Fairfield Memorial Hospital and its medical and financial resources. Fairfield Memorial Hospital will continue to support and encourage the appropriate providers as they seek to improve their ability to provide these services.)

PREVENTION AND TREATMENT OF SUBSTANCE ABUSE

LONG TERM OBJECTIVE 3.1
Address substance abuse issues by becoming actively involved with local prevention groups and by partnering to provide expanded mental health services with Southeastern Illinois Counseling Center

Year Two Outcomes
- Address substance abuse issues by becoming actively involved with local prevention groups

Year One Activities
- Continue to make available free meeting space for substance abuse support groups
- Explore active involvement with community groups addressing substance issues
- Provide space for mental health outpatient services

Year Two Activities
- Continue to make available free meeting space for substance abuse support groups
- Assume active role with community groups addressing substance issues
- Provide space for mental health outpatient services

Year Three Outcomes
- All activities of Year One and Year Two remain in place with community involvement

RETENTION AND RECRUITMENT OF MEDICAL SPECIALISTS

LONG TERM OBJECTIVE 4.1
Create a plan to recruit and sustain specialist services as demonstrated by recruitment efforts

Year Two Outcomes
- Demonstrate an ongoing evaluation of specialist service needs and indicated recruitment

Year One Activities
- Explore recruitment of cardiology, orthopedic services and wound care clinics

Year Two Activities
- Continue to evaluate and recruit specialists

LONG TERM OBJECTIVE 4.2
Maintain current level of general practice providers

Year Two Outcomes
- Maintain current level of general practice providers

Year One Activities
- Continue to monitor level of general practice providers and recruit if it becomes necessary

Year Two Activities
- Continue to monitor level of general practice providers and recruit if it becomes necessary

Year Three Outcomes
- Fairfield Memorial Hospital currently employs four primary care physicians, four midlevel providers, and six emergency department physicians. Five providers are under contract to return to Fairfield Memorial Hospital upon completion of their residencies.

LONG TERM OBJECTIVE 4.3
Plan for sustaining local access to healthcare for all populations as demonstrated by evidence of exploring partnerships and critical access hospital opportunities

Year Two Outcomes
- Begin planning for sustaining local access to healthcare for all populations as demonstrated by evidence of exploring partnerships and critical access hospital opportunities

Year One Activities
- Explore developments and options for critical access hospitals under federal legislation
- Explore partnerships

Year Two Activities
- Continue to explore developments and options for critical access hospitals under federal legislation
- Continue to explore partnerships

Year Three Outcomes
- Continue to explore developments and options for critical access hospitals under federal legislation
- Continue to explore partnerships
- FMH has signed an affiliation with Deaconess Hospital in Evansville, IN, for regional and tertiary coverage

Fairfield Memorial Hospital's executive staff will evaluate achievement of activities and meeting the appropriate specified outcomes on an annual basis and will report their findings, regarding the progress of the Implementation Strategy to the Board of Directors for appropriate response or action and for use in reporting progress to regulators as required.

IX. DOCUMENTING AND COMMUNICATING RESULTS

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

The hospital will also provide in its annual IRS Schedule H (Form 990) the URL of the webpage on which it has made the CHNA Report and Implementation Strategy widely available to the public as well as a description of the actions taken during the taxable year to address the significant health needs identified through its most recent CHNA, as well as the health indicators that it did not address and why.

Approval

This Community Health Needs Assessment of Fairfield Memorial Hospital was approved by the Fairfield Memorial Hospital Board of Directors on the ____ day of June, 2016.

X. REFERENCES

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

Support documentation on file and available upon request.

IMPLEMENTATION STRATEGY

IMPLEMENTATION STRATEGY

The CHNA Steering Committee, comprised of representatives from both focus groups, including the local Public Health Administrator, met on May 9, 2016 to identify and prioritize significant health needs. The group reviewed notes from the focus groups and summaries of data reviewed by the consultant which included Community Commons, ESRI, Illinois Department of Public Health, CDC, USDA, Illinois Department of Labor, HRSA, *County Health Rankings and Roadmaps*, National Cancer Institute, and other resources. Following the review, the group identified and then prioritized three significant health needs facing the Fairfield Memorial Hospital service area.

- **Katherine Bunting,** Ph.D.**,** CEO, Fairfield Memorial Hospital
- **Dana Taylor,** LCSW, ACSW, Director of Organizational Development, Fairfield Memorial Hospital
- **Ann Ignas,** Chief Nurse Executive, Fairfield Memorial Hospital
- **Melody Morgan,** CPA, Chief Financial Officer, Fairfield Memorial Hospital
- **Robert Musoiu,** HR Director, Fairfield Memorial Hospital
- **Bonnie Stilley,** Director, Horizon Healthcare (rural health clinic)

The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents. They discussed steps taken to address the previous Community Health Needs Assessment. They also considered internal and external resources potentially available to address the current prioritized needs.

The group then considered each of the prioritized needs. For each of the six categories, actions the hospital intends to take were identified along with the anticipated impact of the actions, the resources the hospital intends to commit to the actions, and the external collaborators the hospital plans to cooperate with to address the need. The plan will be evaluated by periodic review of measurable outcome indicators in conjunction with annual review and reporting.

Process by which needs will be addressed:

1. MENTAL HEALTH

The group identified access to care issues for persons of all ages with behavioral healthcare needs. The area is experiencing a shortage of psychiatrists and counselors which is impacting all potential patients and particularly, Medicaid patients and youth. The findings reflected the focus groups' concerns of identification of the need for counseling for youth on issues of anger management and family issues and the need to address stress and related issues for those facing financial change and challenges. The group also identified the need for increased local substance abuse prevention and access to services for rehabilitation and recovery.

Actions the hospital intends to take to address the health need:

- Explore a second full time mental health counselor
- Partner with local courts to create a strategic referral program without regard to ability to pay
- Develop tele-health for psychiatry
- Develop tele-health pharmacy for consultation with mental health medication sub-specialties
- Educate the community about mental health issues and available mental health services for all ages
- Develop lunchtime grab-and-go programs for psych-education on topics of local interest for youth and adults, including stress and anger management
- Develop one means of measuring new persons reached with services.

Anticipated impact of these actions:

- Increased access to mental health services for all ages and income levels
- Reduced stress
- Improved coping mechanisms that may impact substance abuse, acting out, and other issues

Programs and resources the hospital plans to commit to address the health need:

- Administration
- Director of Therapy Services
- Director of Physician Services

Planned collaboration between the hospital and other facilities or organizations:

- Schools
- Courts
- Department of Children and Family Services
- Foster care
- County Health Department
- Sheriff

2. WELLNESS

The group identified related needs around heart disease and diabetes and the underlying issues of obesity and nutrition and categorized them as wellness needs. It was felt that there was a need for increased education in all of these areas along with opportunities for recreation, exercise, and healthy foods and lifestyles. Specific needs were seen as addressing nutrition needs for youth and developing opportunities for recreation and physical activity.

The group also saw a need for targeted advocacy to make education, screenings, and other resources available to segments of the population where they are needed most. Finally, the group identified a need for better access to primary care for underinsured and uninsured.

Actions the hospital intends to take to address the health need:

- Continue the new care coordination program for Medicare for encouragement of physical activity
- Partner with Kingdom Kids to provide dietary education to families and funds to support healthy meals and food for youth
- Continue partnership with Kids in Motion program
- Continue and expand health fairs for screenings
- Expand periodic reduced-cost lab tests, including free mammography and colon screenings
- Develop education program about chronic illness and the need for physical activity, healthy diets, and screenings
- Continue corporate health and safety education and health screening programs

Anticipated impact of these actions:

- Increased access to screenings for the community in general and especially for the underinsured and uninsured
- Improved early intervention rates based on increased screenings
- Increased access to healthy food for youth
- Increased resources for healthy lifestyle education
- Reduced incidents of chronic disease resulting from increasing persons living healthy lifestyles

Programs and resources the hospital plans to commit to address the health need:

- Administration
- Marketing
- Care Coordinator
- Dietitian
- Physical Therapy Department
- Diabetic education
- Lab

Planned collaboration between the hospital and other facilities or organizations:

- Kingdom Kids
- Kids In Motion

3. CANCER

The steering committee identified issues surrounding cancer as a significant local health need. The group noted high levels of cancer generally in, and surrounding, the service area and expressed concern over both the causes of the high rates and the availability and use of services to address cancer. The group saw specific needs to:

- Attempt to identify the causes of cancer locally
- To provide information about cancer and cancer prevention, and screenings to the community

Actions the hospital intends to take to address the health need:

- Start a cancer support group for patients, family, and other caregivers
- Develop and present education about local cancer services
- Attempt to expand local availability of services from cancer specialists
- Continue and expand access to screenings including mammography, prostate screening, and colon screening
- While Fairfield Memorial Hospital is not positioned to undertake the research necessary to attempt to identify the causes of cancer locally, the hospital will attempt to partner with Wayne County Health Department and the Wayne County Farm Bureau to identify appropriate resources to attempt to explain the local cancer rates

Anticipated impact of these actions:

- Expanded screenings are expected to lead to earlier detection, which may lead to decreased incidence of mortality due to cancer
- Increased awareness of cancer risks and the need for screening and risk avoidance with younger audiences
- Better understanding of available local services
- Improved patient and caregiver support to aid in reducing stress and informed decision-making

Programs and resources the hospital plans to commit to address the health need:

- Administration
- Certified cancer nurse
- Oncologists
- Family practice providers and ancillary departments including lab, dietitian, tele-radiology, and ultrasonographers

Planned collaboration between the hospital and other facilities or organizations:

- Oncology group
- Susan G. Komen Foundation, Race for the Cure

Committed Resources

In addition to staff and facility resources, Fairfield Memorial Hospital has budgeted a percent increase in spending for discretionary community benefit activities that will help support this Implementation Strategy.

Approval

The Fairfield Memorial Hospital Board of Directors reviews on an annual basis the prior fiscal year's Community Benefit Role and approves the Implementation Strategy for addressing priorities identified in the most recent Community Health Needs Assessment and other plans for community benefit.

This Implementation Strategy for the Community Needs Assessment of Fairfield Memorial Hospital was approved by the Fairfield Memorial Hospital Board of Directors on this ___ day of June, 2016.

NOTES