

# Community Health Needs Assessment

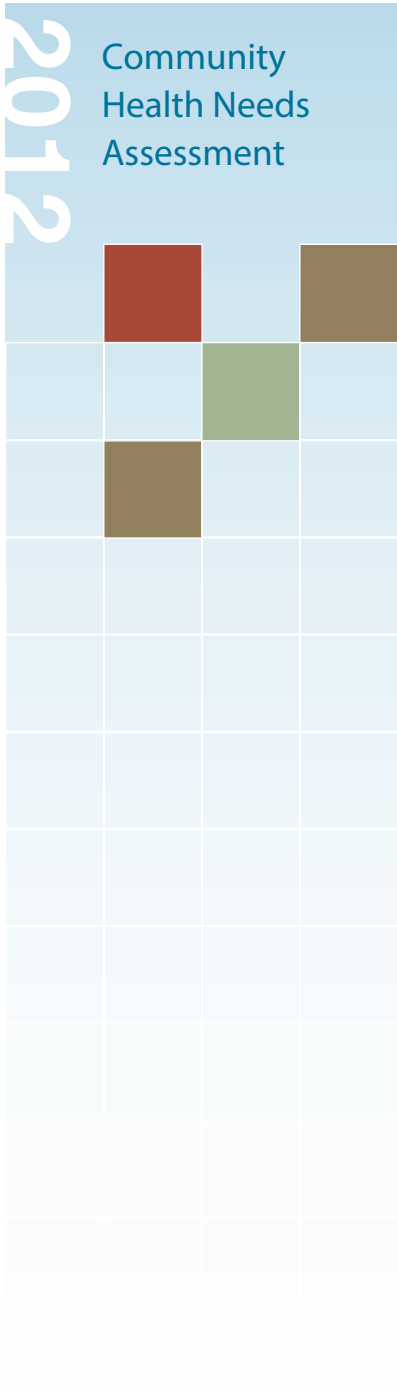
Fairfield Memorial Hospital | 2012



**FAIRFIELD MEMORIAL HOSPITAL**

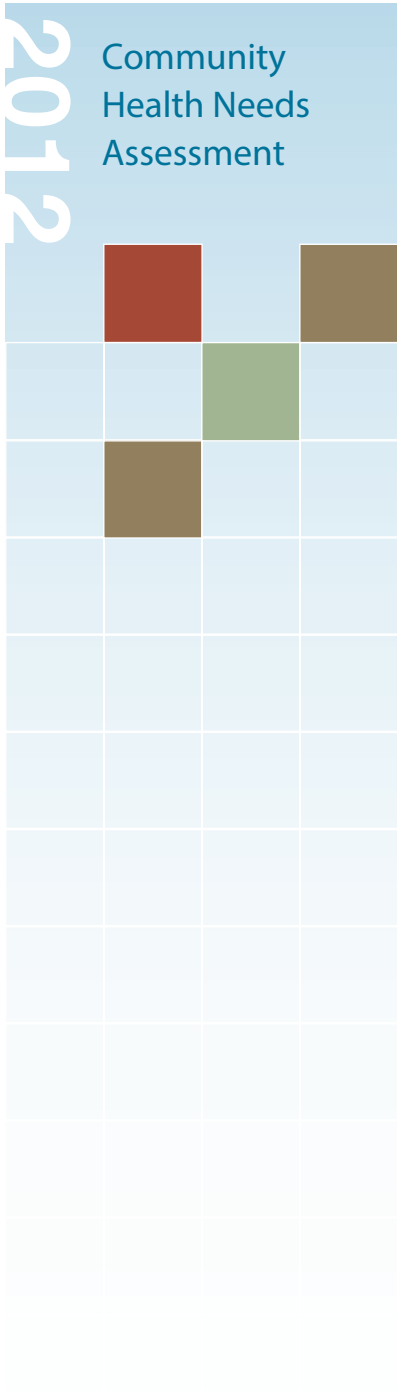
EXCELLENCE IN COMMUNITY HEALTHCARE





# Fairfield Memorial Hospital

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# TABLE OF CONTENTS

## Process

Purpose. . . . . 3  
 Scope of Assessment . . . . . 3  
 Methodology and Gaps Discussion . . . . . 4

## Community

Geographic Assessment Area Defined. . . . . 5  
 Demographic Profile . . . . . 6  
 Economic Profile . . . . . 7

## Input

Health Profiles from Existing Studies and other Secondary Data . . . . . 11  
 Primary Source Information . . . . . 15

## Prioritization

Reconciliation of Primary Source Information with Secondary Data . . . . . 19  
 Summary of Findings and Recommendations . . . . . 19

## Resource Inventory

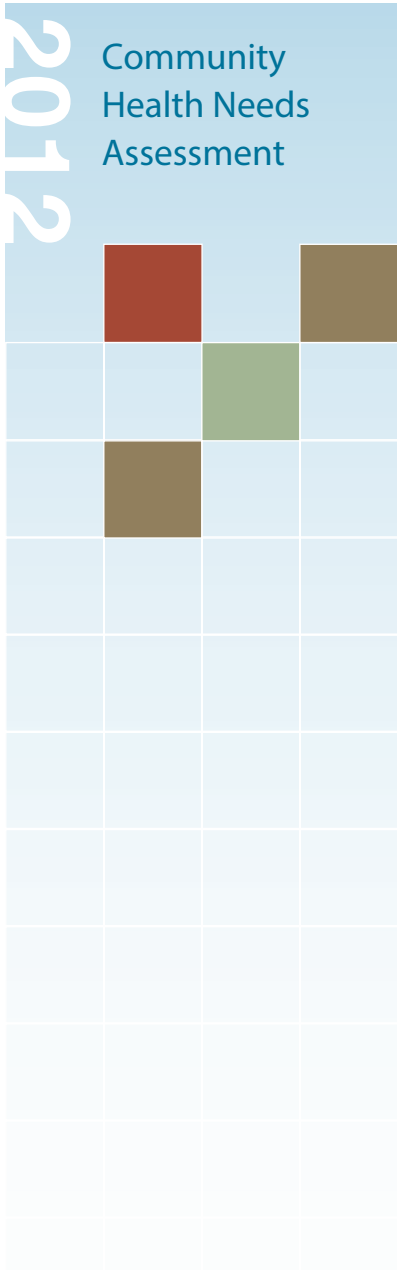
Fairfield Memorial Hospital. . . . . 20  
 Area Health Services Review . . . . . 20

## Remarks

Remarks . . . . . 23

## Appendix

Participants . . . . . 24  
 Collaborators. . . . . 25



## PROCESS

### Purpose

*Fairfield Memorial Hospital is dedicated to positively influencing the health of those they serve.* In the past, the hospital has employed many different methods to assess the health needs of the communities it serves and has adjusted its services to meet those identified needs. Recent changes to federal laws governing not-for-profit hospitals now require Fairfield Memorial Hospital to conduct a local Community Health Needs Assessment, following specific guidelines, every three years and to report the completion of the assessments as part of their corporate tax filings with the Internal Revenue Service.

**Fairfield Memorial Hospital is dedicated to positively influencing the health of those they serve.**

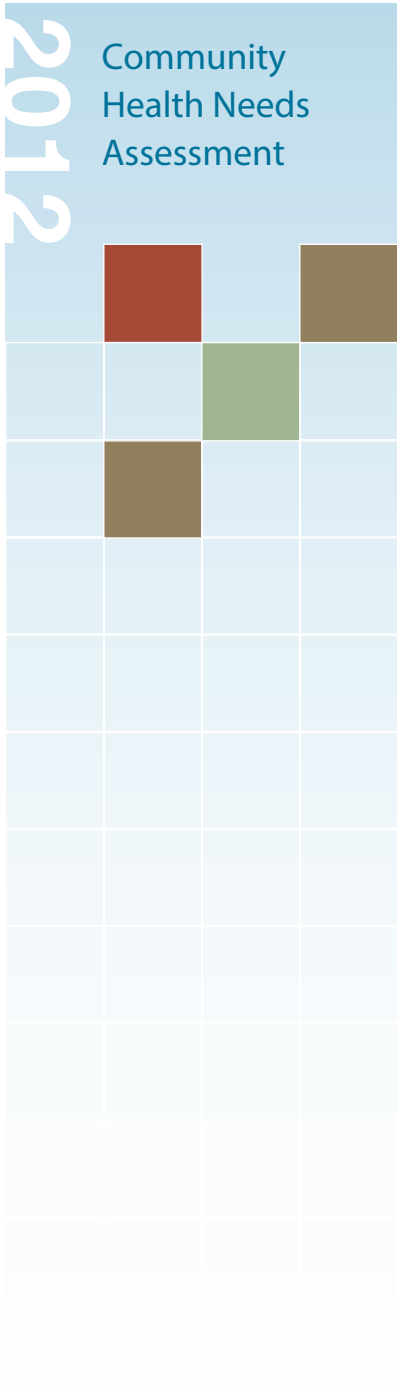
Assessing community health needs through a review of available health data and discussion with area health care partners, community leaders and representatives of the many groups served by the hospital give Fairfield Memorial Hospital and its health care partners the opportunity to identify and address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

### Scope of Assessment

Fairfield Memorial Hospital elected to conduct a Community Health Needs Assessment in years 2011-2012. The Community Health Needs Assessment was developed and conducted by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)3 corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies and improving health care services for member critical access hospitals and their rural communities. ICAHN, with 51 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 health care initiatives that will allow the hospital and its partners to best serve the emerging health needs of the Fairfield area.



## Methodology and Gaps Discussion

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

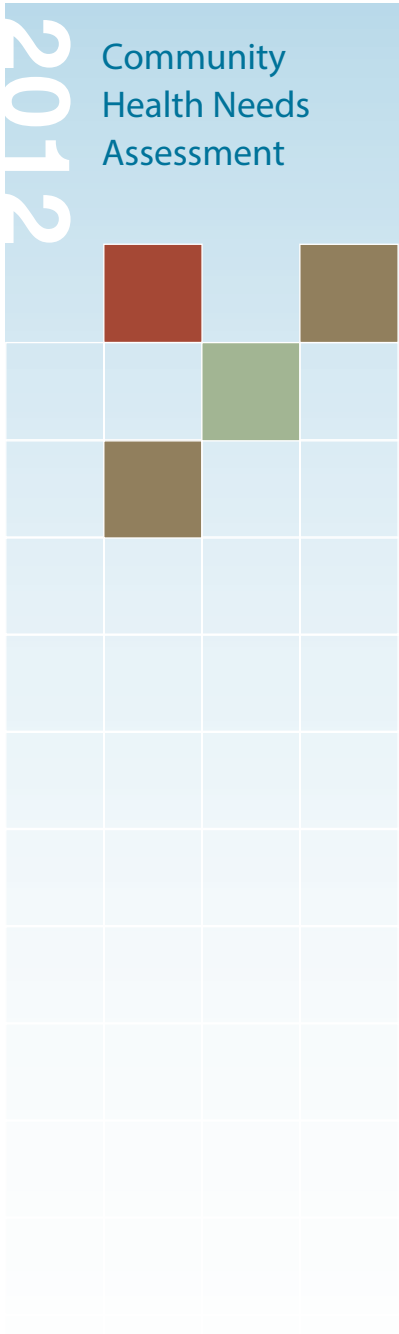
Possible avenues for gathering primary data were reviewed and it was determined to proceed with three focus groups – comprised of area health care professionals and partners, and officials, leaders and groups from within the community.

Potential information gaps exist in the service area due to the absence of population concentrations in Fairfield and the Fairfield Memorial Hospital service area that could represent target groups of concern in other locations. This assessment has addressed those gaps by including input from community members that are charged professionally with advancing the health and education of the community and all its members, including school officials dealing daily with area youth and families.

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

Secondary data from state and federal sources, which are cited in text, was reviewed by the consultant and compared to the primary data gathered. Secondary data reflects analysis of demographic data for the entire service area and local health statistics focusing on the primary service area in Wayne County, except where noted otherwise. Identified needs were prioritized through that process and presented to hospital administration for review.





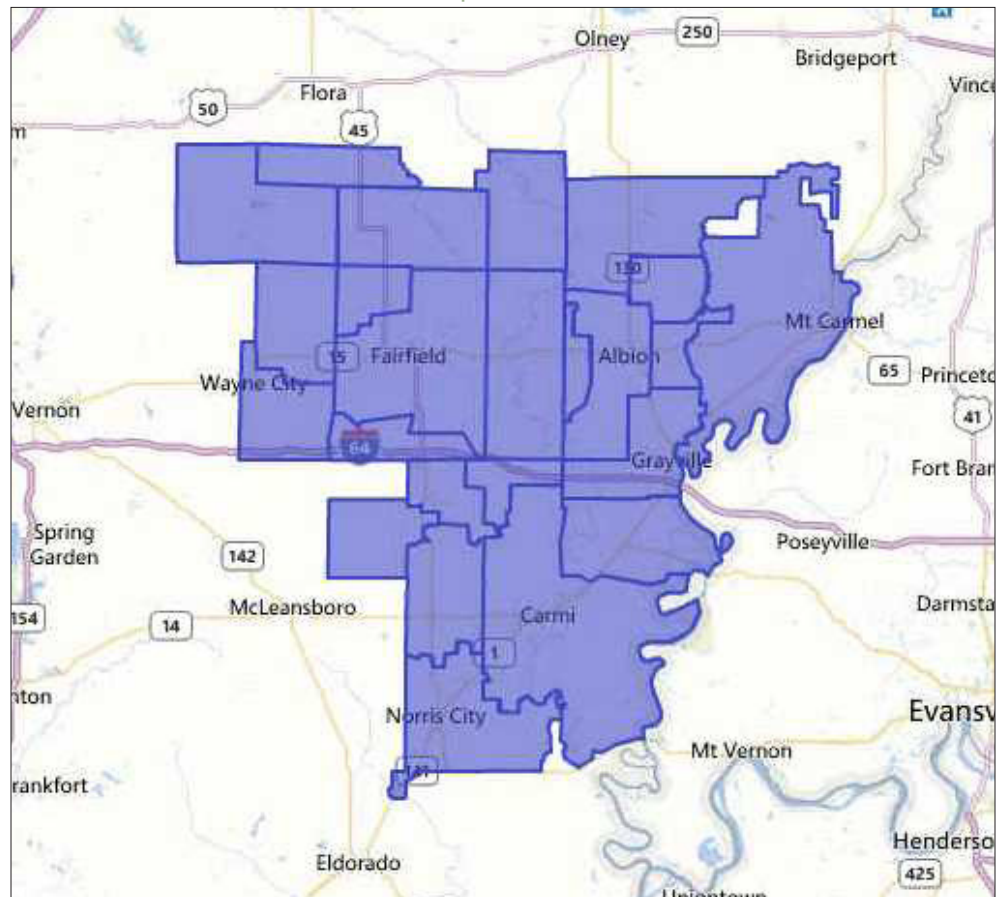
## COMMUNITY

### Geographic Assessment Area Defined

The Fairfield Memorial Hospital community was identified through a facilitated meeting with senior staff as a geographic area determined to be the current primary hospital catchment area, which includes all or portions of the zip code services areas surrounding Fairfield, Albion, Wayne City, Barnhill, Burnt Prairie, Mill Shoals, Carmi, Springerton, Enfield, Grayville, Crossville, Norris City, Mount Erie, Cisne, Golden Gate, Ellery, Johnsonville, Rinard, Sims, Geff, Mount Carmel, West Salem, Bone Gap and Browns. This geographic area definition of community is well-suited to Fairfield Memorial Hospital, a designated critical access hospital providing basic, primary care through inpatient care, ancillary services, clinics and specialty clinics to residents of a rural area.

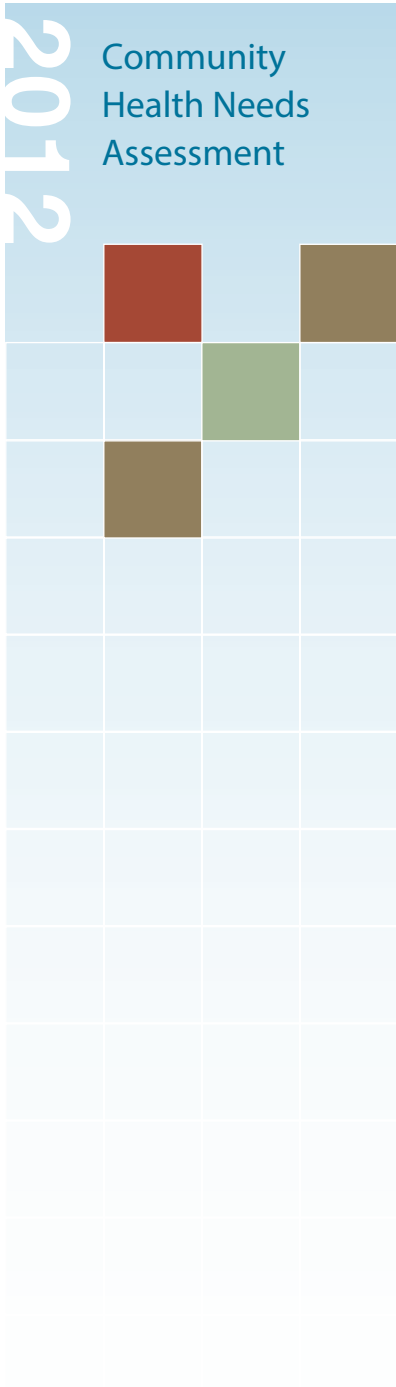
The Fairfield Memorial Hospital service area crosses four counties, but more than 65% of the patient base is located within Wayne County.

**Illustration 1.** Fairfield Memorial Hospital Service Area



(ESRI - 2012)

*Fairfield Memorial Hospital is a designated critical access hospital providing basic, primary care through inpatient care, ancillary services, clinics and specialty clinics to residents of a rural area.*



## Demographic Profile

The racial makeup of the service area is typical of rural Illinois. There are no significant changes in the race profile projected over the next five years.

**Table 1. Population by Race – Fairfield Memorial Hospital Service Area**

RACE and ETHNICITY	2011		2016	
	Number	Percent	Number	Percent
White	46,805	97.7%	45,935	97.6%
Black	199	0.4%	213	0.5%
American Indian	112	0.2%	112	0.2%
Asian	188	0.4%	193	0.4%
Pacific Islander	12	0.0%	12	0.0%
Other	166	0.3%	177	0.4%
Two or More Races	410	0.9%	424	0.9%
Hispanic Origin (any race)	539	1.1%	568	1.2%

(ESRI – 2012)

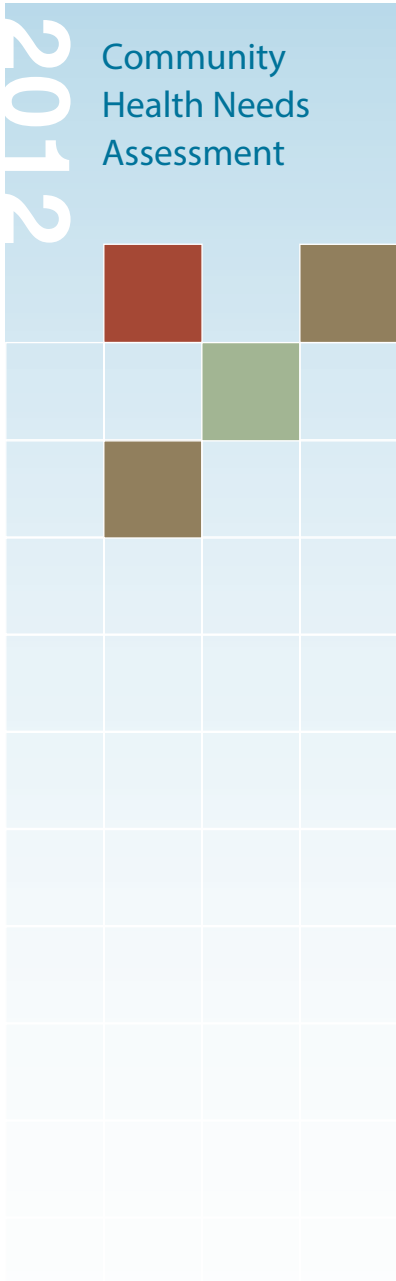
The broad demographic profile of the Fairfield Memorial Hospital service area was determined from data reported by the U.S. Census Bureau and the Environmental Systems Research Institute, Inc. (ESRI) The following chart and data profile trends in the demographic environment surrounding the Fairfield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

**Table 2. Demographic Trends – Fairfield Memorial Hospital Service Area**

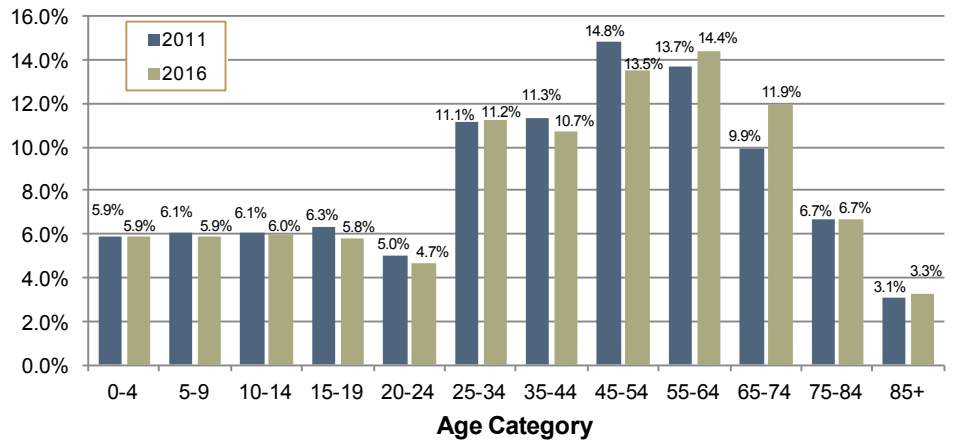
SUMMARY	2010	2011	2016
Population	48,071	47,892	47,066
Households	20,489	20,412	20,139
Families	13,634	13,581	13,267
Average Household Size	2.32	2.32	2.31
Owner Occupied Housing Units	15,775	15,554	15,418
Renter Occupied Housing Units	4,713	4,858	4,721
Median Age	43.4	43.6	44.8
TRENDS: 2011-2016 Annual Rate	AREA	U.S.	
Population	-0.35%	0.67%	
Households	-0.27%	0.71%	
Families	-0.47%	0.57%	
Owner Households	-0.18%	0.91%	
Median Household Income	1.91%	2.75%	

(ESRI – 2012)

The overall population of the service area is trending toward a modest decrease with expected related decreases in most demographic categories. The median age is projected to continue to increase over the next five years to 44.8. The median household income is projected to increase but at a rate below the national trend.



**Table 3. Population by Age – Fairfield Memorial Hospital Service Area**



(ESRI – 2012)

The service area is projected to see increases in each age group over 55, except the 75-84 age group, which will remain steady, and decreases in all other groups except the 25-34 age group, which will increase slightly, and the 0-4 age group, which will remain unchanged. This trend is very similar to many rural communities in Illinois.

### Economic Profile

**Table 4. Household Income Profiles – Fairfield Memorial Hospital Service Area**

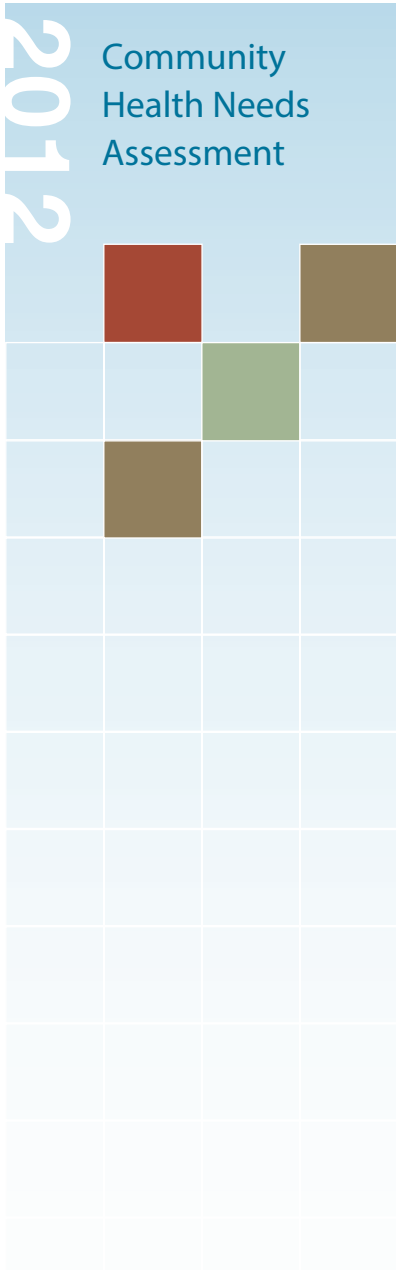
HOUSEHOLDS BY INCOME	2011		2016	
	Number	Percent	Number	Percent
<\$15K	3,362	16.5%	3,275	16.3%
\$15K-\$24K	3,227	15.8%	2,626	13.0%
\$25K-\$34K	3,059	15.0%	2,864	14.2%
\$35K-\$49K	3,318	0.2%	2,925	14.5%
\$50K-\$74K	3,786	18.5%	4,332	21.5%
\$75K-\$99K	1,874	9.2%	2,166	10.8%
\$100K-\$149K	1,296	6.3%	1,408	0.7%
\$150K-\$199K	281	1.4%	329	1.6%
\$200K+	209	1.0%	214	1.1%

Median Household Income	\$36,850	\$40,508
Average Household Income	\$48,095	\$51,730
Per Capita Income	\$20,603	\$22,245

(ESRI – 2012)

Median household income in the Fairfield Memorial Hospital service area for 2011 was \$36,850, compared to \$54,442 for all U.S. households. Median household income is projected to be \$40,508 in 2016. Median household income in the service area was \$31,280 in 2000 and \$27,459 in 1990. The median household income in Illinois was \$50,761 for 2011. Median household income is the amount where one-half of the households in the county have a higher income and one-half of the households have a lower income. (ESRI, 2012)





According to the Illinois Department of Employment Security, Local Employment Dynamics data, 235 new jobs were created in Wayne County during the third quarter of 2011. The average over Q3 2011 and the prior three quarters was 208. That is the most recent data reported for the county. The average net job flow (jobs created - jobs lost) for the same period was 18. (IDES, 2012)

Wayne County's unemployment rate in June 2012 was 8.7 percent, compared to 8.8 percent unemployment for 2011. In June 2012 the unemployment rate for Illinois was 9.3 percent and the U.S. was 8.4 percent. (IDES, June, 2012)

**Table 5. Collected Sales Tax Trends – Fairfield Memorial Hospital Service Area**

	<u>Albion</u>	<u>Carmi</u>	<u>Fairfield</u>
<b>FY 2011</b>	\$248,151	\$955,520	\$1,310,980
<b>FY 2010</b>	\$234,529	\$919,715	\$1,182,074
<b>FY 2009</b>	\$234,886	\$928,471	\$1,255,270

(ESRI – 2012)

Sales tax revenues in the FMH service area are recovering from a general economic downturn that occurred in fiscal year 2010.

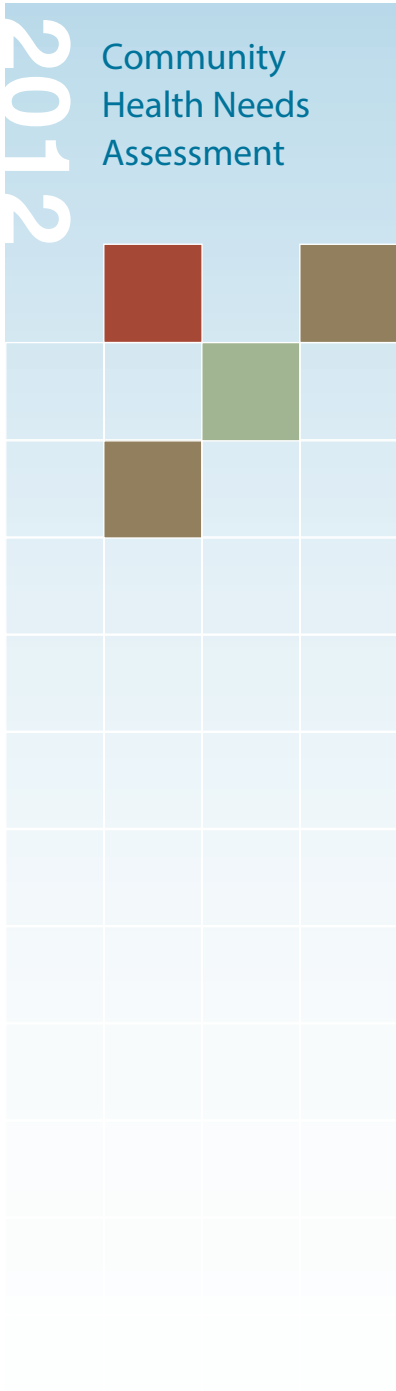
**Table 6. Educational Attainment for Persons over Age 25 - FMH Service Area**

In 2011, the educational attainment of the population aged 25 years or older in the area was distributed as follows:
19.9 percent had not earned a high school diploma (14.8% in the U.S.)
34.5 percent were high school graduates only (29.6% in the U.S.)
11.5 percent had completed an Associate's degree (7.7% in the U.S.)
7.9 percent had a Bachelor's degree (17.7 % in the U.S.)
3.9 percent earned a Master's/Professional/Doctorate degree (10.4% in U.S.)

(ESRI - 2012)

The percent of post high school attainment in the service area is higher than for the United States overall in the category of associate's degrees but lower for bachelor's degrees and graduate or professional degrees.

Census data indicates a small area immediately east, west and south of Fairfield with a concentration of over 20% of residents with an education level of less than high school graduate. This number could suggest an area of concern for access to health care.



Low-income students are pupils age 3 to 17, inclusive, from families receiving public aid, living in institutions for neglected or delinquent children, being supported in foster homes with public funds, or eligible to receive free or reduced-price lunches. The percentage of low-income students is the count of low-income students, divided by the total fall enrollment, multiplied by 100.

The majority of the service area is included in nine public school districts reflecting the following levels of low income students:

Percent Low-Income Students		
District	2000	2011
Fairfield Comm. HS Dist. 225	15.5	33.9
Fairfield PSD 112	37.0	56.0
Geff CCSD 14	29.4	28.6
Jasper CCSD 17	30.3	47.1
New Hope CCSD 6	25.0	27.4
North Wayne CUSD 200	34.7	46.2
Wayne City CUSD 100	29.0	48.7

The population of low income students for the state of Illinois went from 36.7 percent in 2000 to 48.1 percent in 2011. Two districts in Wayne County exceed the state level. The Geff District has seen low income numbers decrease slightly over the period.

The Fairfield Memorial Hospital service area is experiencing slowly recovering employment numbers and stable sales tax revenue. The numbers of children eligible for free or reduced lunch are generally increasing. The service area is in a similar economic position to many rural communities in Illinois today.

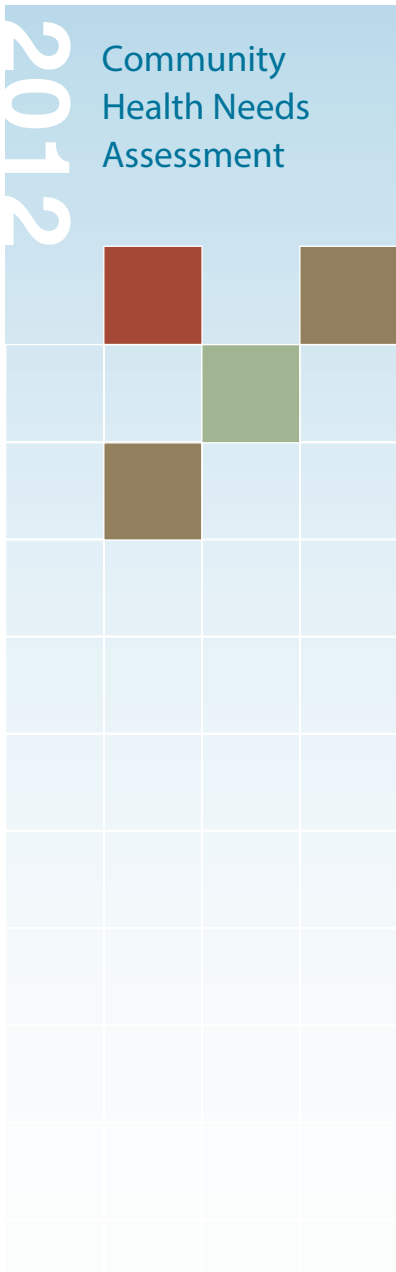


Table 7. Employment by Industry – Fairfield Memorial Hospital Service Area

CATEGORY	EMPLOYED	% OF WORKING POPULATION
Manufacturing	4,397	19.4%
Health care and social assistance	2,723	12.0%
Retail trade	2,496	11.0%
Educational services	1,684	7.4%
Transportation and warehousing	1,309	5.8%
Other services, except public administration	1,211	5.3%
Accommodation and food services	1,189	5.3%
Construction	1,178	5.2%
Agriculture, forestry, fishing and hunting	1,081	4.8%
Mining, quarrying, and oil/gas extraction	963	4.3%
Public administration	809	3.6%
Finance and insurance	765	3.4%
Wholesale trade	665	2.9%
Professional, scientific and technical services	645	2.8%
Administrative and support and waste management s	548	2.4%
Information	370	1.6%
Utilities	354	1.6%
Arts, entertainment and recreation	126	0.6%
Real estate, rental and leasing	106	0.5%
Management of companies and enterprises	20	0.1%
<b>TOTALS:</b>	<b>22,639</b>	<b>100.0%</b>

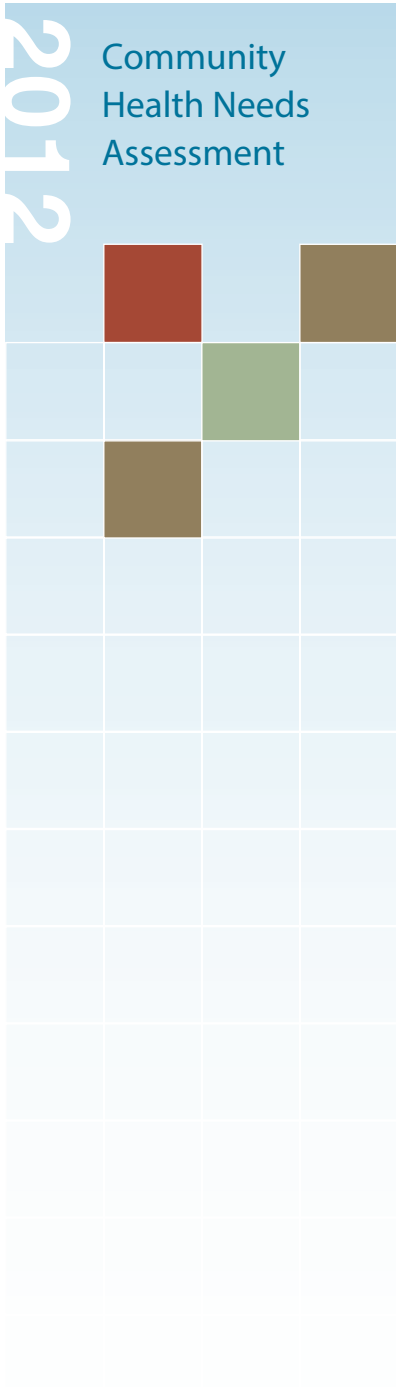
ESRI - 2012, American Communities Survey Estimates - 2009 (estimates are of varying reliability)

The FMH service area enjoys diverse employment opportunities overall. The second largest employment group is health care and social assistance. Fairfield Memorial Hospital and its supporting services and partners are included in this group. Fairfield Memorial Hospital plays an important role in the health and economic vitality of the service area.

The service area’s social and economic picture is influenced by the fact that nearly 73% of the land area in Wayne County consists of farms, according to 2007 data from the USDA. (Atlas of Rural and Small Town America, 2011) Forty-five percent of local farm operators work off-farm.

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

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



Community Health Needs Assessment

# INPUT

## Health Profiles from Existing Studies and other Secondary Data

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

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

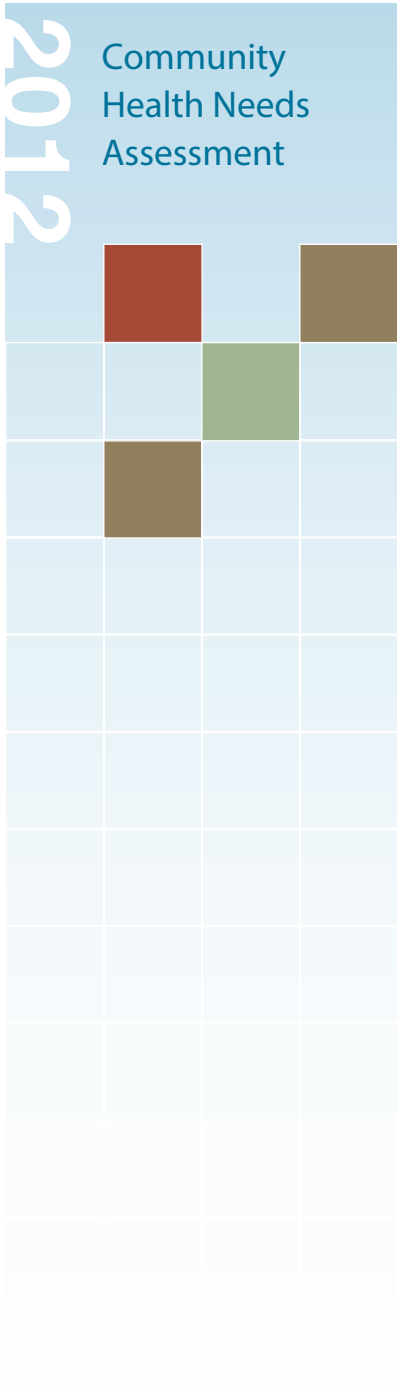
The *County Health Rankings* rank the health of nearly every county in the nation and show that much of what affects health occurs outside of the doctor's office. The *County Health Rankings* confirm the critical role that factors such as education, jobs, income, and environment play in how healthy people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

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

(County Health Rankings and Roadmaps, 2012)

Wayne County is ranked 36 out of 102 the Illinois counties in the *Rankings* released in April 2012.

	Wayne	Illinois
Adults reporting poor or fair health	15%	16%
Adults reporting no leisure time physical activity	28%	25%
Adult obesity	29%	27%
Children under 18 living in poverty	23%	19%

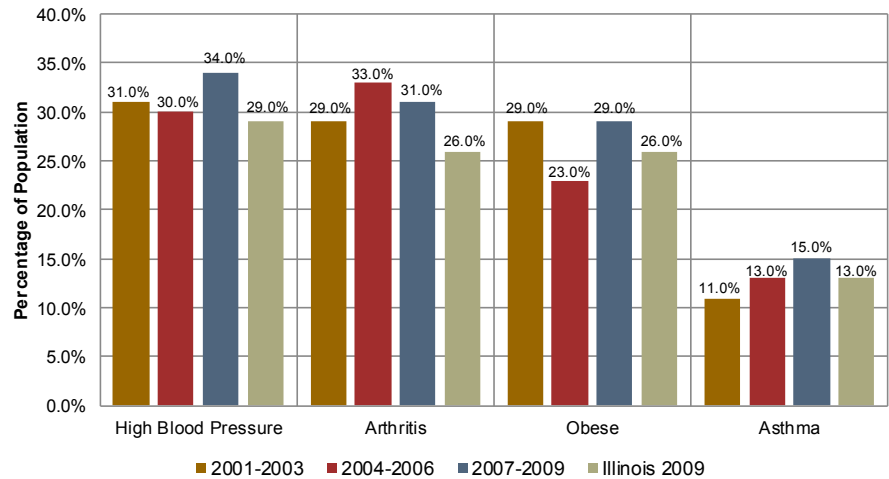


The *County Health Rankings* also report a teen birth rate for Wayne County of 47 per 1,000 females (ages 13-19) compared to the statewide rate of 40/1,000 and the national benchmark of 22/1,000. The *Rankings* show a motor vehicle crash death rate of 21 per 100,000 population in Wayne County compared to a rate of 11/100,000 statewide.

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

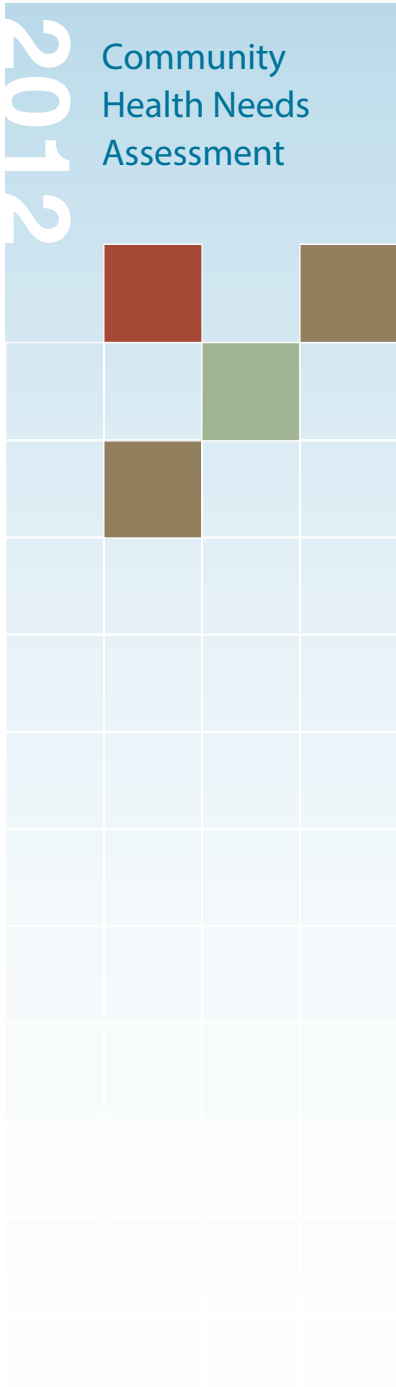
The following table reflects longitudinal information from the IBRFSS that indicate areas of likely health care needs:

**Table 8. Health Risk Factors – Wayne County**



*Illinois Behavioral Risk Factor Surveillance System, 2012)*

Since 2003, reports of diagnosis of high blood pressure and arthritis have varied but have consistently exceeded the state level, and reports of diagnosis of asthma have risen to exceed state levels. Diagnoses of asthma have increased to overtake the state rate by 2009. Obesity reports have varied and exceeded the state level in 2009.



The Illinois Department of Public Health releases countywide mortality tables from time to time. The most recent available table for Wayne County, showing the causes of death within the county is set out as Table 9.

**Table 9. Mortality by Disease Type, 2008 – Wayne County**

<b>Disease Type</b>	<b>Number of Deaths</b>
Diseases of the Heart	65
Malignant Neoplasms	41
Cerebrovascular diseases (stroke)	17
Lower Respiratory Diseases	24
Accidents	8
Alzheimer’s disease	1
Diabetes mellitus	1
Influenza and Pneumonia	12
Nephritis, Nephrotic Syndrome, and Nephrosis	5
Septicemia	4
Intentional Self Harm (Suicide)	2
Chronic Liver Disease, cirrhosis	3
All other causes	38
<b>Total Deaths</b>	<b>221</b>

*IDPH - 2008*

The mortality numbers are much as one would expect with diseases of the heart, cancer and lower respiratory diseases as leading factors.

The State Cancer Profiles compiled by the National Cancer Institute list 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.

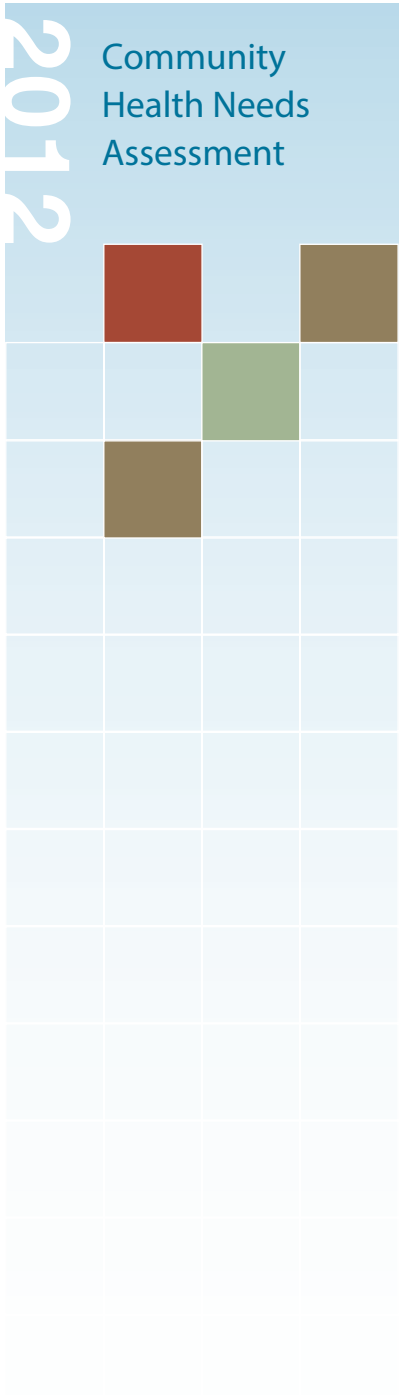
Wayne County is a health professional shortage area for low income medical, dental and mental health, according to the U.S. Department of Health and Human Services, Health Resources and Services Administration.

**Synthesized Secondary Data**

The demographics for Fairfield Memorial Hospital’s service area reflect similar overall demographics when compared to other rural areas and Illinois overall. Significant growth is not projected in any demographic category during the next five years. The population is aging slowly.

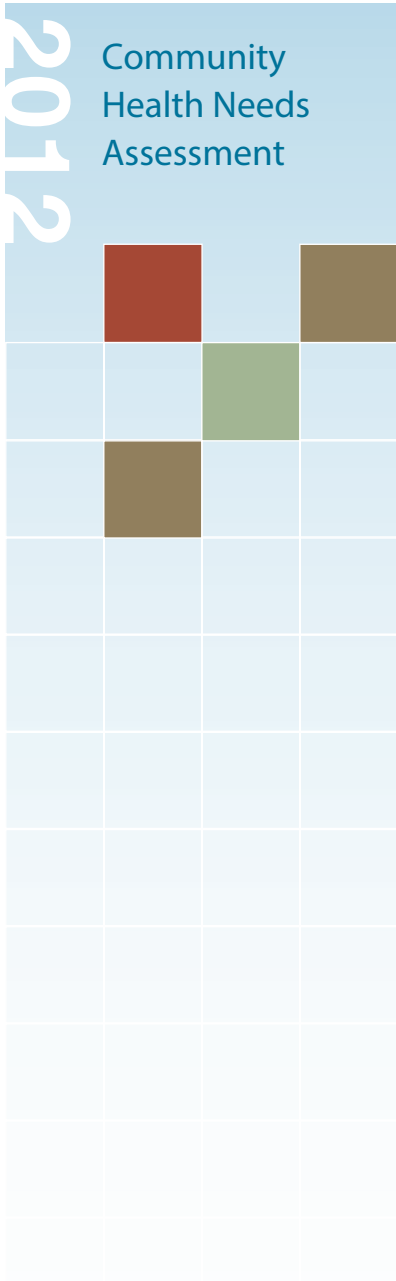
Wayne County reports a higher percent of population diagnosed with arthritis and high blood pressure than state levels. Diseases of the heart and cancer are the two leading causes of death by a wide margin. Although cancer, in all forms is a leading cause of death, the cancer rate has been reported to be stable over recent years. Teen pregnancy is high compared to the national benchmark and the statewide rate. The motor vehicle crash death rate is nearly twice the state rate.





### Summary

The secondary data and previous planning conclusions draw attention to several common issues or rural demographics and economies of the day and draw emphasis to health issues related to youth and risky behavior.



## Primary Source Information

### Focus Group #1 – Community Officials and Employers

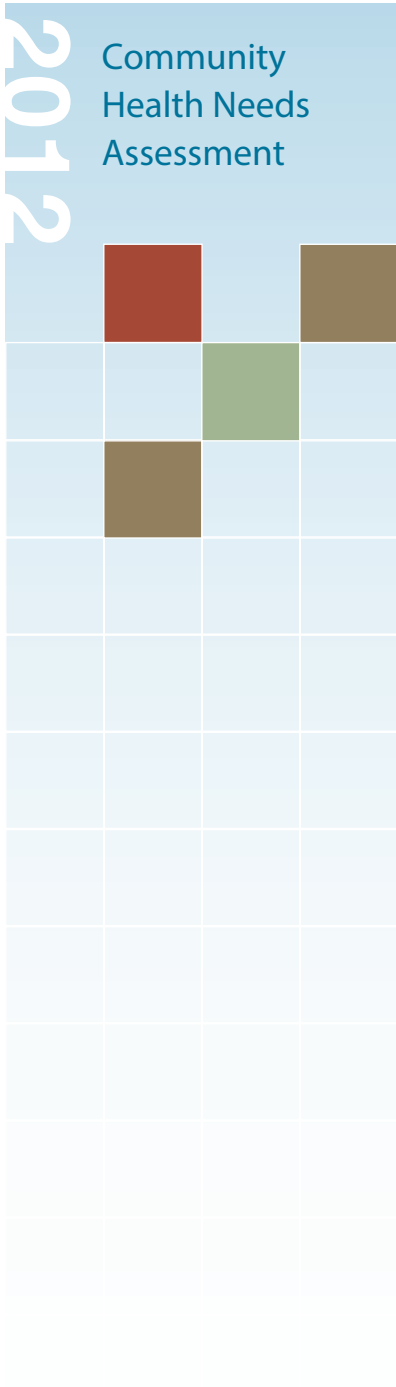
A focus group comprised of community leaders and elected officials met on March 28, 2012. The group included school officials, community leaders, the Wayne County sheriff and others.

The group first discussed positive developments in the Fairfield service area in the recent past. They identified the following changes:

- ER services at hospital have improved significantly
  - Attitude
  - qualifications
- Diversity of services at the hospital have expanded
  - dialysis
  - heart group
  - oncology
- Addition of wider spectrum of doctors
- “Growing Local” doctors’ initiative
- The renovations to FMH and overall complex, modern and up-to-date services
- First Christian Church’s Backpack Food Program serving 60 youth per week
- Kids in Motion summer program

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

- More partnering with schools and hospital
  - there are 740 students Pre-K – 8
- Psychologist to work with youth and family – depression, anger management
  - Southeastern Illinois Mental Health Services is too busy
- Wellness education for families and low income residents
- Orthopedic surgeon
- Wound care (closest is Centralia)
- Mental health
  - delay in getting folks through to another facility
- Security at hospital – currently no designated security
- Hospital-run ambulance should be explored
  - ambulances are not always well-staffed
  - Wayne County ambulance service staff lacks local orientation
- Completion of E911
- Leasing of the cafeteria/kitchen at hospital - is there a nutrition issue?
- Streets (infrastructure) around the hospital need improvements as result of building
- Substances
  - cannabis
  - synthetics – K2, spice, bath salts
  - meth (ability to address and protect kids in meth houses, etc.)



Community Health Needs Assessment

- o care and services for children of abusers
- o “shake and bake” meth production is also present
- o prescriptions
  - abuse
  - sale
  - theft
  - “pharm” parties

- Cancer – general
- Diabetes
- Cardiovascular
- Dysfunctional families
- Nutrition
- Overall wellness
- Homelessness, including children and families, and children alone – numbers are small

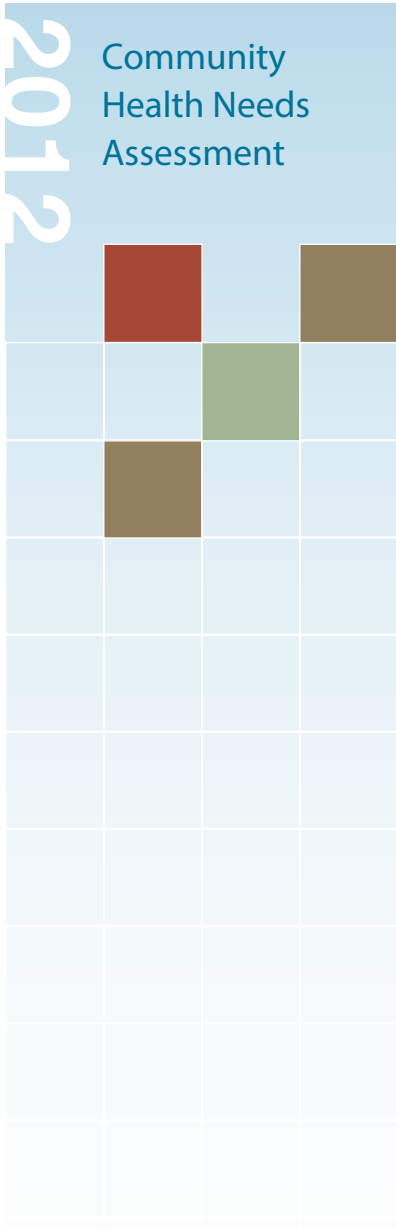
**Focus Group #2 – Health Care Professionals and Partners**

A focus group comprised of health professionals and partners met on March 29, 2012. The group included a representative of the health department, a nursing rehab center and others. The second focus group session opened with the identification of several positive events that took place within the Fairfield service area during the past five years. The following developments were cited:

- RIDES Mass Transit is providing transportation to services in and out of the area
- Physicians are locating in communities throughout the service area
- 911 has been implemented and is on the way to E911
- Availability of immunizations at pharmacies and other sites
- Diabetes education program developed at FMH
- RN and dietitian services at FMH have improved
  - o classes on site and in community
  - o one-on-one and support groups
  - o education and screening programs
- Expansion at FMH in both facilities and services
- Expansion of faith-based family life centers to include physical activity opportunities
- Availability of physicians and specialists have expanded
- Smoking cessation program at FMH has been developed
- Weight management programs
- Health careers training

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

- Pharmaceutical management and consultation could be better
- Dental services for underinsured and uninsured
- Family counseling services have been cut
- Substances – there is a need for prevention and rehab



- o faith-based/court ordered program has problems with mixing those who want to be there with those who don't
- o alcohol – youth and adult
- o methamphetamines
- o prescriptions
  - selling prescriptions is a local problem (Vicodin sells locally for \$10 per pill)
  - abuse of pain meds by patients is a problem
  - prevention awareness, education and professional participation are lacking
  - VA sends three month supplies of meds leading to sales
  - synthetics, including bath salts, K2, etc.
  - cannabis
  - huffing
- There is no local substance treatment for youth – Mount Vernon inpatient is closest or Detox in Evansville, IN
- Lack of alternative opportunities for youth for recreation, socialization
- There is a shortage of jobs and that impacts health and wellness
- Rheumatologists
- Wellness education
- Opportunities for fitness
- Obesity
- Education in the schools – addressing nutrition issues in schools
- Diabetes and obesity in youth
- Cancer – general
- Multiple sclerosis
- Cardiovascular and all cardiovascular factors - smoking, exercise, sociological factors
- Suicide - young adults (primarily male)

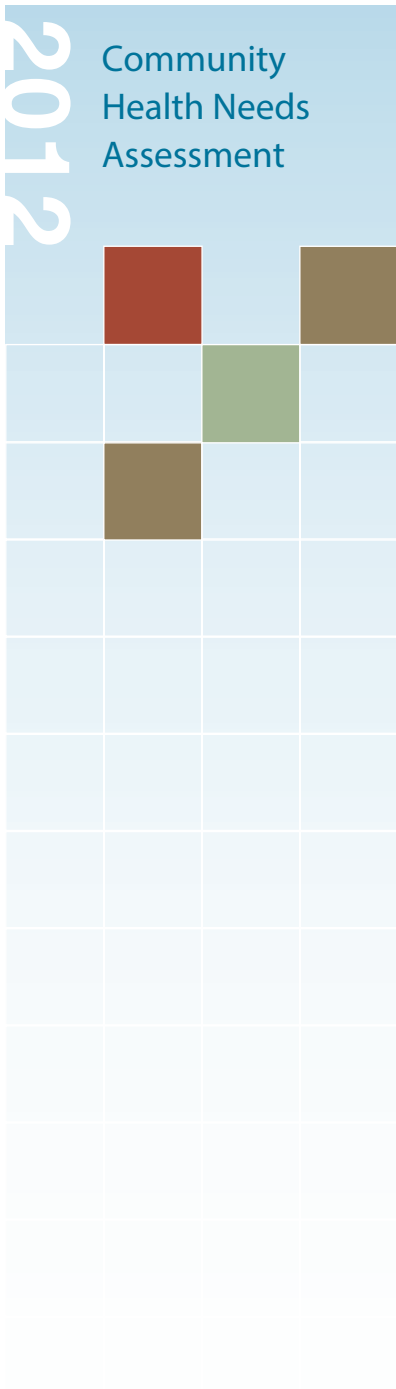
### Focus Group #3 - Community Leaders and Groups

A focus group comprised of community leaders and business representatives met on March 29, 2012. The group included representatives of local businesses, RIDES Mass Transit and individual community leaders:

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

The following developments were cited:

- Expansion at hospital
- Air evac helicopter at Mt. Vernon
- Specialty care
- Dialysis
- Heart group expansion
- Hospital as economic driver
- RIDES
- Medical arts facility

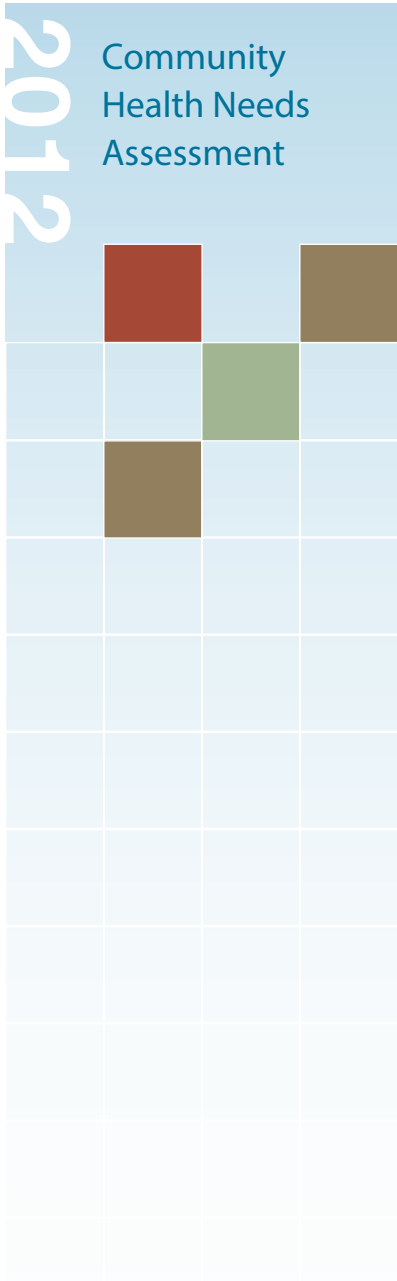


## Community Health Needs Assessment

- The emergency room has improved significantly:
  - more convenient
  - stability of doctors provides familiarity
  - attitude seems better
- “Grow your own” program for medical students
- Electronic medical records
- Senior life solutions program
- Frontier College health careers program

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

- No baby deliveries
- No local wound care
- Mental health
  - there is no regular psychiatrist
  - counseling is difficult to find
- Wellness education needs to be expanded
- Opportunities for physical exercise need to be expanded – pool and gym
- No dementia or Alzheimer’s’ care locally – Olney is closest (45 minutes)
- Orthopedic care/surgeon
- Elder care
- Substance prevention and education
- Cancer education
- Homelessness
  - transient
  - locally based but floating from place to place
- Employment – there is no local placement or referral
- Substances
  - abuse of prescriptions
  - sale and resale of prescriptions
  - theft
- “pharm” parties
  - methamphetamines
  - cough syrup
  - huffing
  - synthetics, including bath salts, K2, spice
  - marijuana
- Diet, nutrition, exercise are lifestyle issues that lead to:
  - diabetes
  - obesity
  - cardiovascular diseases
- Cancer – generally (concern was voiced over possible impact of agribusiness)



## PRIORITIZATION

### Reconciliation of Primary Source Information with Secondary Data

The facilitated primary information gathering process resulted in the discovery of issues subsequently prioritized during discussion by participants and repetition among groups to a list of concerns largely common to the overarching categories of delivery of mental health services, prevention of substance abuse, issues falling under wellness education and services for all ages. The areas chosen were consistent with the needs identified from the secondary information collected which included evidence of risky behavior and diagnosis of high blood pressure.

Countywide secondary data for Wayne County for 2009 from the National Cancer Institute suggests cancer levels are stable in the service area, although mortality tables indicate that it is the second most common cause of death, and the primary information gathering process resulted in discussion of concerns over cancer in general and also possible environmental impact on local cancer rates.

### Summary of Findings and Recommendations

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

#### 1. Wellness education and services for all ages

This was identified as a need for improved information to the community about the services available at Fairfield Memorial Hospital and for better availability of information on wellness education and care opportunities for the community in general and for underinsured and uninsured populations.

#### 2. Improved availability of mental health services

A variety of concerns related to emergency care and short-term and long-term follow-up for persons with a wide range of mental health issues were raised in the focus groups. This is a need occurring at many levels in the community, at Fairfield Memorial Hospital, and outside of the control or influence of either.

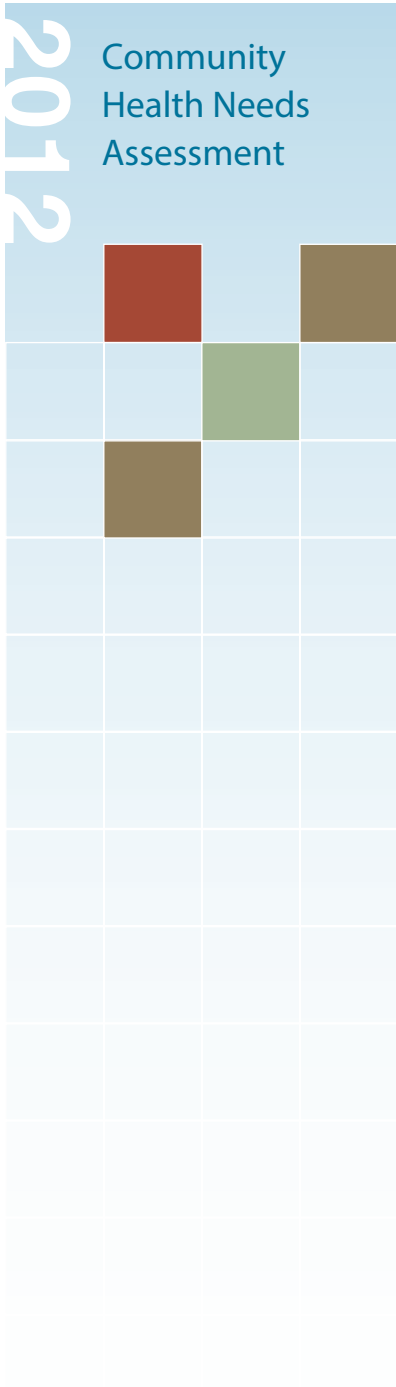
#### 3. Prevention and treatment of substance abuse

This is also an area that requires the cooperation of health care 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.





# RESOURCE INVENTORY

## Fairfield Memorial Hospital

Fairfield Memorial Hospital offers numerous services, including:

- 30-bed skilled care unit
- Home health services
- 24-hour emergency care
- Intensive Care Unit
- Designated Comfort Care rooms
- Surgical services
- Diagnostic imaging (CT scanning/radiology)
- Cardiac rehabilitation
- Sleep studies
- 24-hour laboratory services
- Chemotherapy
- Diabetes education
- Physical therapy
- Occupational therapy
- Speech language pathology
- Respiratory therapy

Services provided in the Mattie B. Rinard Medical Center and Fairfield Memorial Hospital Medical Arts Complex include:

- DaVita dialysis
- FMH Senior Life Solutions (an intensive outpatient geriatric psychiatric unit)
- Heartcare
- Cancer care specialists
- Urology care

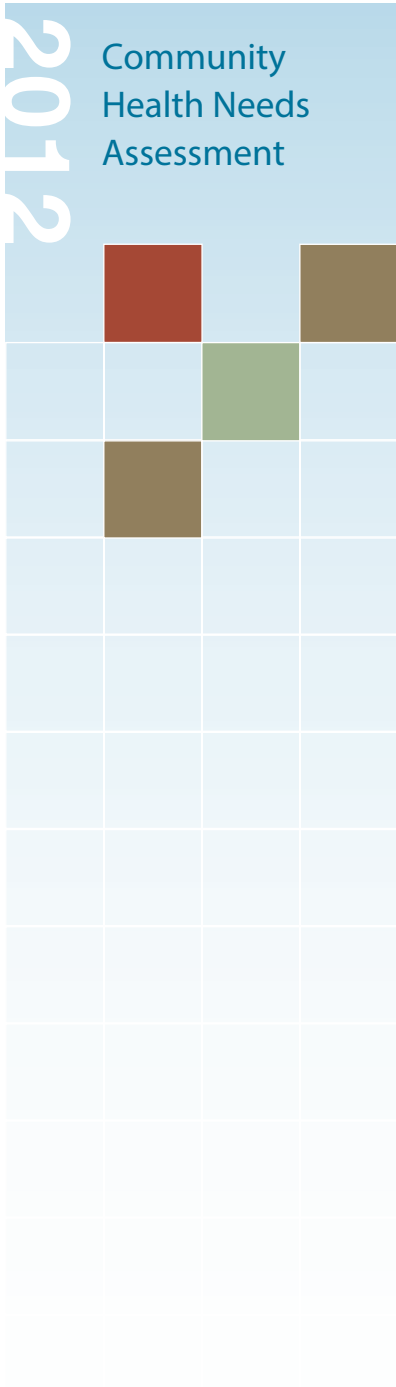
## Area Health Services Review

### Clinics

#### Horizon Health Care

#### Fairfield Memorial Hospital

- Acute health problems – pediatric through geriatric
- Chronic health problems – pediatric through geriatric
- Well/preventative visits – infant through geriatric
- Lab testing
- Work-related physicals and injury cases
- DOT physicals and drug screens
- Upper gastrointestinal endoscopy (EGD)



## Community Health Needs Assessment

- Colonoscopy
- Weight management program
- Joint injections
- Treatment of skin lesions
- Contraceptive planning
- Skilled nursing home physician services
- Nursing facility physician services
- Utilize and refer to specialist and other facilities as needed
- Tobacco Cessation

### **Cisne Medical Center, Cisne, IL**

- Low income clinic offering
  - Dental care services
  - Enabling services
  - Obstetrical and gynecological care
  - Other professional services
  - Primary medical care

### **Nursing Homes**

#### **Way-Fair Nursing & Rehabilitation Center, Fairfield**

- Nursing care
- Rehabilitation services

#### **Cisne Rehabilitation and Health Care Center, Cisne**

- Nursing care
- Rehabilitation services
- Alzheimer's' care

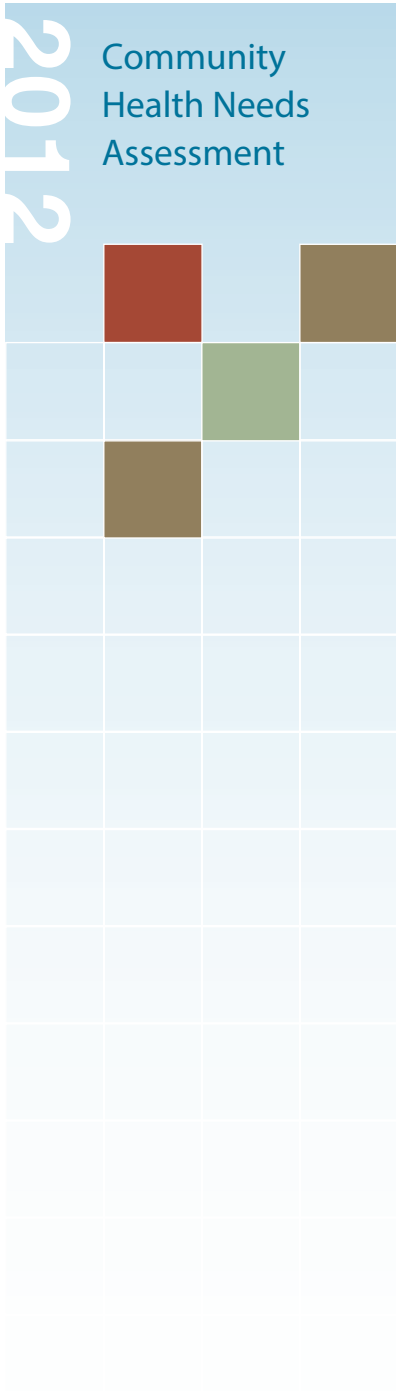
#### **Rest Haven Manor, Albion**

- Nursing care
- Resident counseling services

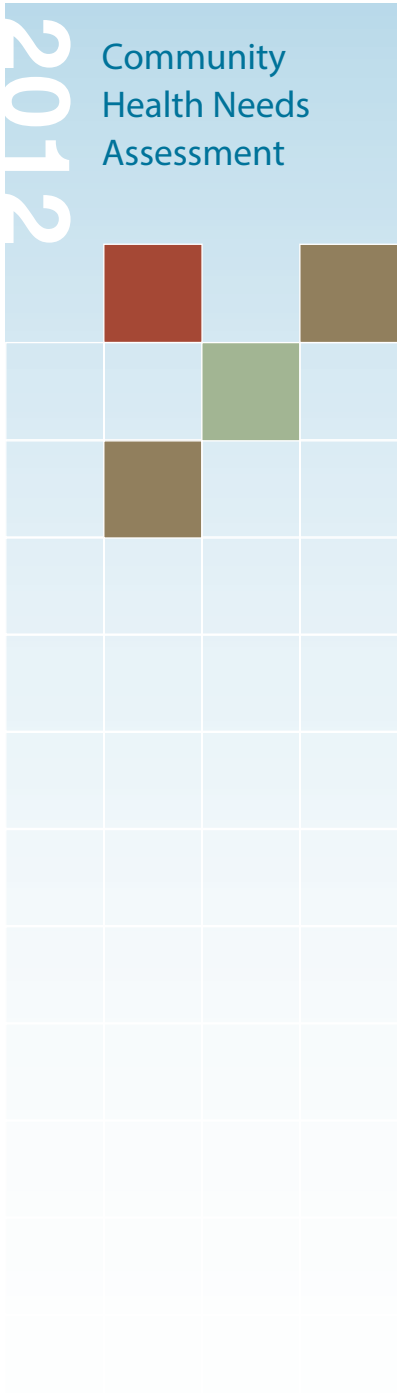
#### **Wayne County Health Department**

The Wayne County Health Department offers the following services and educational programs:

- Maternal child health
  - W.I.C. supplemental food program
  - Breastfeeding
  - Mobile nursery
  - Childhood lead poisoning prevention
  - Family case management
  - Childhood developmental assessments
  - Prenatal education
  - Family planning



- Home visits for at-risk infants
- Limited financial assistance for income-eligible pregnant women
- Environmental health programs
  - Private sewage
  - Food sanitation
  - Tanning bed regulation and inspection
  - Nuisance control
  - Water supplies
  - Landfill and garbage disposal inspection and management
  - Solid waste management and recycling
- Disease control (chronic and infectious)
  - Tuberculosis control
  - Hypertension screening
  - Chronic disease control
  - Communicable disease prevention, education, treatment and control
  - Flu immunizations
- Health education programs
  - Smoke Free Illinois
  - Make Yours A Fresh Start Family
  - Freedom From Smoking
  - Break the Habit
  - Tobacco Counter Marketing Campaign
  - Reality Illinois
  - Kids Can't Buy 'Em Here
  - Car seat safety checks
  - Illinois Poison Control
  - Breast cancer awareness



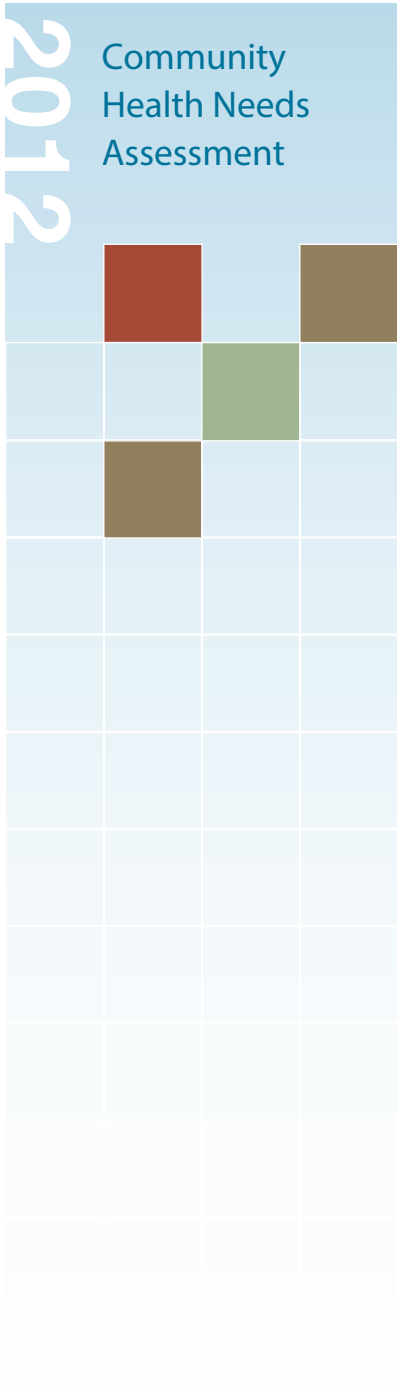
## REMARKS

The Fairfield Memorial Hospital community health needs assessment was conducted during the spring and summer months of 2012. During the process, interim IRS guidelines were released allowing for a more confident focus of effort and resources.

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

ICAHN and Fairfield Memorial Hospital also wish to recognize its health care professionals, community leaders and citizens who offered their thoughtful input for the assessment.

This report was submitted to the administration of Fairfield Memorial Hospital in October 2012, subject to further revision reflecting data updates or changes in local circumstances prior to widespread publication.



## APPENDIX

### Focus Group and Interview Participants

**Rena Talbert, Retired School Administrator**

**Diana Zurliene, Superintendent**  
Northside/Center Street Schools

**Jeff Wise, Commissioner**  
Wayne County Board

**Mike Everett, Wayne County Sheriff**

**Sandy Simpson, Owner**  
Male Connection

**Carletta Hanks, Director**  
RIDES Mass Transit

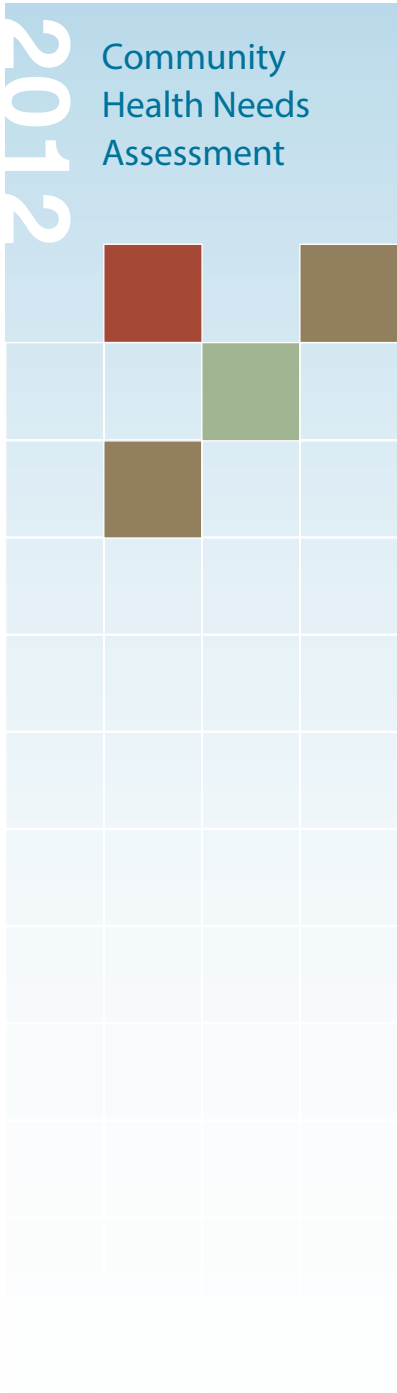
**Jennifer Bowers, Director**  
Therapy Services  
Fairfield Memorial Hospital

**Dr. Chris Ballard, Physician**  
Family Practice

**Lance Endsley, Pharmacist**  
Fairfield Memorial Hospital

**Tina Young, Administrator**  
Way-Fair Nursing Rehabilitation

**Clark Griffith, Administrator**  
Wayne County Health Department



## COLLABORATORS

The FMH Community Health Needs Assessment was developed and conducted by a consultant provided through the Illinois Critical Access Hospital Network (ICAHN).

ICAHN is a not-for-profit 501(c)(3) corporation, established in 2003 for the purposes of sharing resources, education, promoting operational efficiencies and improving health care services for member critical access hospitals and their rural communities. ICAHN, with 51 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.

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

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

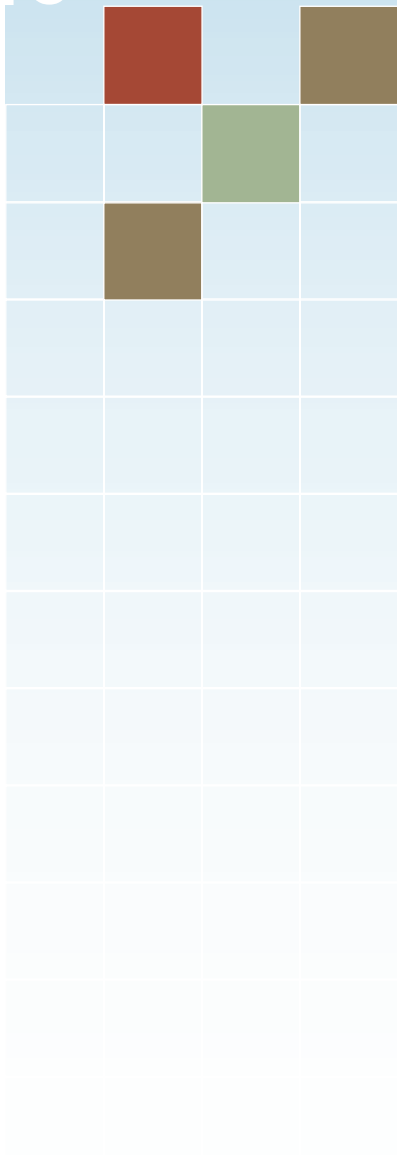
Curt Zimmerman, Director of Business Services and Development at ICAHN, provides technical support, design/layout direction, proofreading and editorial support for the community health needs assessments' projects provided through ICAHN and Mr. Madsen.





2012

Community Health Needs Assessment



**Community Health Needs Assessment | 2012**

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