2019
COMMUNITY HEALTH NEEDS ASSESSMENT

A collaborative approach to impacting population health in Fairfield and surrounding areas

Fairfield Fairfield Memorial Hospital

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1. INTRODUCTION

2019 Community Health Needs Assessment

2019 Community Health Needs Assessment

Insight into Fairfield Memorial Hospital's population

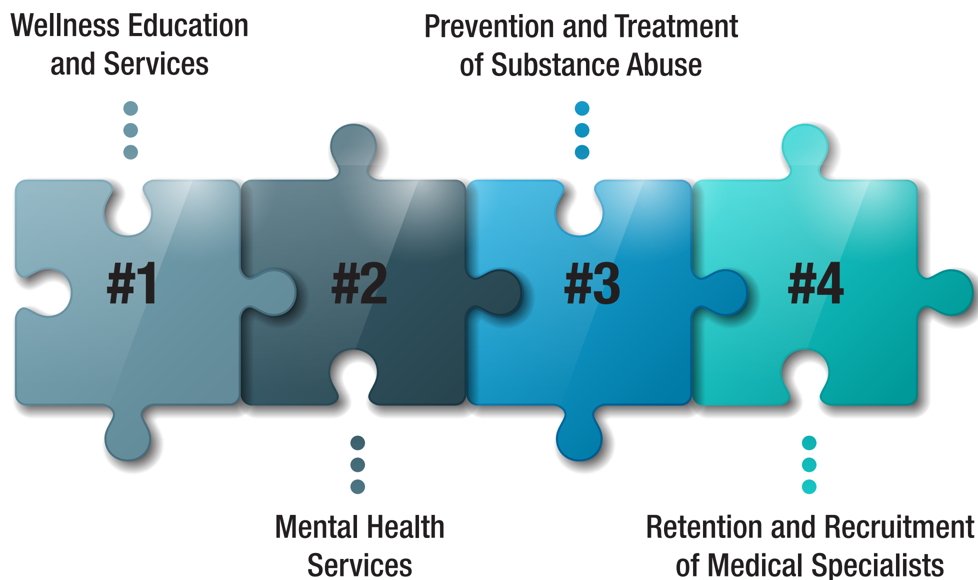
Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA). The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs.

This assessment process results in a CHNA report that 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 and rural hospitals and their communities. ICAHN, with 56 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. This Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow Fairfield Memorial Hospital and its partners to best serve the emerging health needs of Fairfield and the surrounding area.

Introduction / Background

Fairfield Memorial Hospital completed two Community Health Needs Assessments prior to 2019. The **2013 Community Health Needs Assessment** identified needs common to:



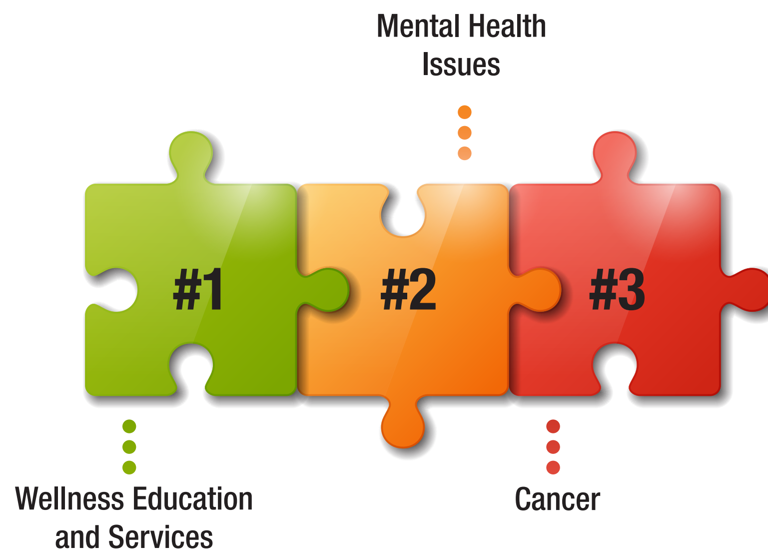
In response to the 2013 CHNA, Fairfield Memorial Hospital has taken many steps, including:

- 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
- Senior Home Care (Care Check Program) is implemented, and the hospital is seeing an average of 15 patients per 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 hospital website. The number of viewers to the FMH website is over 3,000 per week.
- Increased education to the general population about nutrition and diet as demonstrated by a 400% increase in participation in nutrition education programs
- The hospital dietitian is writing an article each month for several publications on the various topics, including proper nutrition and obesity.

Background

- Assisting with “Kids in Motion,” a non-profit agency, to help feed children and provide exercise activities for them during the summer months when school is not in session
- The hospital has begun a low sodium initiative for both the community and the hospital cafeteria.
- Increased access to consultations for mental health services at the hospital as demonstrated by new services offered via a new partnership with a mental health provider
- The 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 to 10 patients per day.
- The hospital employs primary care physicians, midlevel providers, and emergency department physicians. The hospital has increasing numbers of providers under contract to return to Fairfield Memorial Hospital upon completion of their residencies.

The **2016 Community Health Needs Assessment** process identified needs common to the overarching categories of:



In response to the 2016 Community Health Needs Assessment, Fairfield Memorial Hospital has taken the following steps:

1. **Wellness Education and Services**

    a. Fairfield Memorial Hospital provides free diabetes education classes through its Rural Health Clinic, Horizon Healthcare. and the hospital's certified diabetic educator who hosts a monthly diabetic support group. The hospital has improved access to diabetes education by having its certified diabetic educator travel at least once a month to its satellite clinics, located in Cisne and Grayville. These communities are small and did not have this type of service available in their community previously. In 2019, a "7 Weeks to 7.0" diabetic education program was provided to the community, free of charge. Each class averaged 20 people in attendance. Different speakers were brought in to discuss health topics related to diabetes, and each class had a chair-based exercise program that encouraged activity.

    b. Fairfield Memorial Hospital identifies patients at-risk for heart disease, especially CHF (congestive heart failure), during their time as an inpatient in the facility. A care plan is given to the patients upon discharge, offering patients and their loved ones the "teach-back" method in hopes they will be able to implement changes at home to help improve their health. If needed, a scale is provided at no charge for patients to monitor their weight at home. Additionally, a Care Check referral to Home Health is provided at no cost to the patient. The patients are offered a free one-time visit to discuss any questions they have regarding medications, their plan of care, and what to do if symptoms worsen.

    c. Fairfield Memorial Hospital offers free blood pressure clinics at a minimum of four times a year.

    d. Fairfield Memorial Hospital offers an annual wellness event/health fair that provides information on all aspects of a patient's wellbeing.

    e. Fairfield Memorial Hospital opened rural health clinics in Cisne and Grayville, which are two communities with limited access to healthcare and have varying socioeconomic populations. Plans are in place to add another rural health clinic in Carmi in 2019.

    f. Fairfield Memorial Hospital's dietitian provides healthy recipes and healthy eating tips in its cafeteria on the television and in napkin holders placed on each table. Each month, the dietitian shares a healthy recipe that is given to staff and shared on social media.

Background

g. Reduced rate labs are offered twice a year to the public. In 2018, 941 people took advantage of this service. Fairfield Memorial Hospital has held one reduced rate lab event to date in 2019, with 632 people utilizing this service. It will offer reduced rate labs again in October 2019. The hospital had lab draw stations set up in Fairfield in two locations plus Cisne, Grayville, Albion, and Louisville, IL for the May 2019 event. This helped to improve access to outlying communities so patients did not have to travel far to receive services. Tests offered included general health profile, Thyroid 2 panels, lipids, glucose, HgbA1c, PSA, and Vitamin D.

h. A community garden was established in 2018 to provide fresh vegetables to the public at no charge. This garden was again provided in 2019.

2. Mental Health Services

a. Fairfield Memorial Hospital has expanded its mental health services to include three behavioral therapists who see patients of all ages in the Fairfield Memorial Hospital RHC Horizon Healthcare. Plans are to have a behavioral therapist see patients in the Carmi Clinic when it is open.

b. Fairfield Memorial Hospital has hired staff to work as crisis counselors in its facility for patients who come into the ER with mental health issues. These counselors help to find placement for patients needing inpatient care and/or sit with the patient until the patient's crisis situation has resolved and the patient is no longer a harm to themselves or others.

c. In 2018, Fairfield Memorial Hospital's behavioral health staff visited the local high school to talk to students about depression and suicide prevention.

d. The behavioral therapist participates in Fairfield Memorial Hospital's wellness events/health fairs to increase education, to encourage people to seek help when needed, and to not see it as a sign of weakness.

e. Social media is utilized to encourage people to seek help and to try and reduce the stigma associated with seeking counseling services.

3. **Cancer**

a. Fairfield Memorial Hospital hosts a monthly cancer support group.

b. Fairfield Memorial Hospital provides PSA tests at a reduced rate during its bi-annual reduced rate lab events.

c. Fairfield Memorial Hospital provides 3-digital mobile mammography services three days a week in Fairfield, once a month in Carmi, twice a year in Cisne, two a year in Albion, and four times a year in Grayville. A special mobile mammography event was held in Louisville, IL in June 2019.

d. Educational materials to increase awareness of breast cancer are provided at each mobile mammography event and the wellness events/health fairs that Fairfield Memorial Hospital hosts.

e. Social media is utilized to promote early detection for colon cancer, prostate cancer, breast cancer, and lung cancer screenings.

f. Fairfield Memorial Hospital's executive staff will evaluate achievement of activities, meeting 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.

Executive Summary

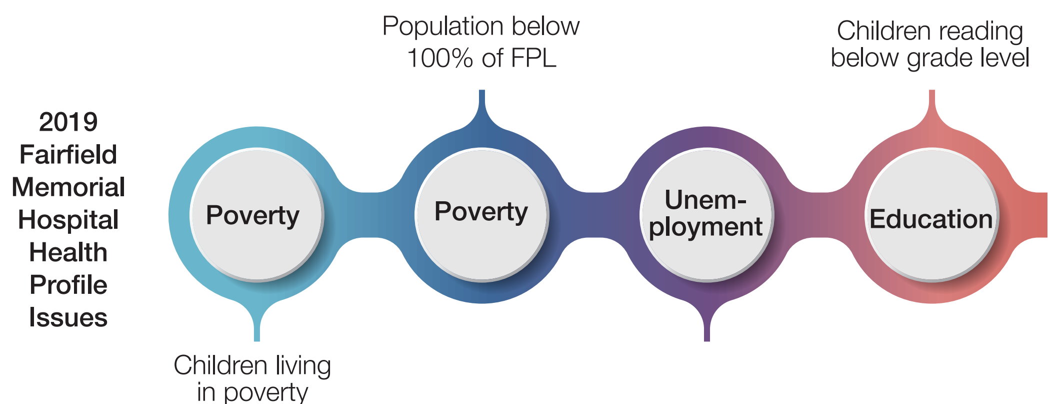
The 2019 Fairfield Memorial Hospital Community Health Needs Assessment was conducted in July and August of 2019. The Implementation Strategy was also developed in August 2019. The CHNA is influenced by the large rural service area of Fairfield Memorial Hospital.

The health profile of the service area of Fairfield Memorial Hospital is influenced by the following indicators of social determinants of health:

Poverty – Children living in poverty
Poverty – Population below 100% of Federal Poverty Level
Education – Children reading below grade level
Education – Population with a Bachelor's degree or higher
Access to dental care for low income, underinsured, and uninsured
Access to mental healthcare

The needs identified and prioritized through the CHNA carried forward variants of previous CHNAs and added others. The identified and prioritized needs selected include:

1. **Reduce obesity**
2. **Address substance abuse through expanded prevention education at young ages**
3. **Expand access to detoxification**
4. **Expand local services for suicide and other mental health crises**



The Implementation Plan developed by the senior staff at Fairfield Memorial Hospital is specific and thorough. The plan, set out in the report, includes these highlights:

- Fairfield Memorial Hospital will explore providing community education programs from the nutritionist
- Fairfield Memorial Hospital will explore youth education and awareness programs
- Fairfield Memorial Hospital will reestablish a weight loss clinic
- Fairfield Memorial Hospital will offer community education through social media about sedentary lifestyles
- Fairfield Memorial Hospital will offer community education through social media about fast foods and healthy diets
- Fairfield Memorial Hospital will offer community education through social media about the importance of physical activity and recreation and where opportunities for both can be found in the community
- Fairfield Memorial Hospital will explore formation of a SADD (Students Against Destruction Decisions) program or similar youth prevention effort with high school students
- Fairfield Memorial Hospital will collaborate with schools to bring appropriate substance abuse prevention programs to students
- Fairfield Memorial Hospital will explore feasibility of local inpatient detoxification
- Fairfield Memorial Hospital will explore available partners for a detoxification center for transfers
- Fairfield Memorial Hospital will build a new emergency room with two dedicated psychiatric use rooms

Service Area Demographics

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. Fairfield Memorial Hospital's service area is comprised of approximately 1,762 square miles, with a population of approximately 55,827 and a population density of 32 people per square mile. The service area consists of the following rural communities:

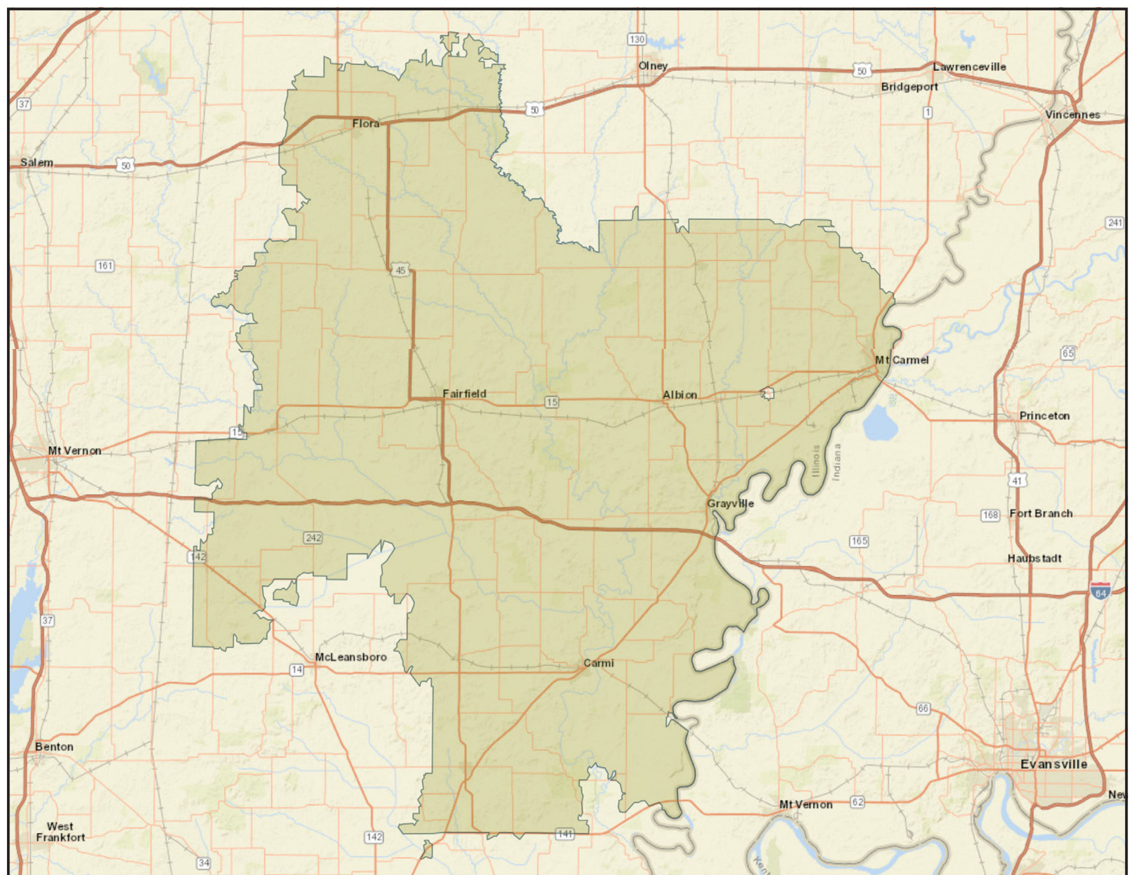
Cities

- Fairfield
- Carmi
- Albion
- Grayville
- Flora
- Mt. Carmel

Villages and Unincorporated Communities

- Cisne
- Barnhill
- Burnt Prairie
- Ellery
- Golden Gate
- Mills Shoals
- Jeffersonville
- Simms
- Mt. Erie
- Wayne City
- Enfield
- Johnsonville
- Norris City
- Crossville
- Rinard
- Springerton
- Clay City
- Dahlgren
- West Salem

Service Area Map



Total Population Change, 2000 to 2010

According to the U.S. Census data, the population in the Fairfield Memorial Hospital region fell from 60,410 to 57,775 between the year 2000 and 2010, a 4.36% decrease.

Report Area	Total Population, 2000 Census	Total Population, 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	60,410	57,775	-2,635	-4.36%
Clay County	14,560	13,815	-745	-5.12%
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%
Total Area (Counties)	108,789	102,867	-5,922	-5.44%
Illinois	12,416,145	12,830,632	414,487	3.34%

Data Source: Community Commons (US Census Bureau, Decennial Census. 2000-2010. Source Geography: Tract)

Service Area Demographics

The Hispanic population increased in Clay County by 71.59%, increased in Edwards County by 84.38%, increased in Gallatin County by 17.86%, increased in Hamilton County by 90.91%, increased in Saline County by 31.78%, increased in Wabash County by 66.32%, increased in Wayne County by 70.87%, and increased in White County by 53.4%.

In Clay County, additional population changes were as follows: White -5.9%, Black 193.75%, American Indian/Alaska Native -3.03%, Asian -17.11%, and Native Hawaiian/Pacific Islander -100%.

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: White -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%.

In Wayne County, additional population changes were as follows: White -2.97%, Black 61.54%, American Indian/Alaska Native 2.94%, Asian 22.41%, and Native Hawaiian/Pacific Islander 0%.

In White County, additional population changes were as follows: White -4.66%, Black 40%, American Indian/Alaska Native -11.32%, Asian 24%, and Native Hawaiian/Pacific Islander 500%.

Population by Age Groups

Population by gender in the service area 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	55,827	3,309	9,018	4,210	5,944
Clay County	13,393	765	2,154	1,029	1,443
Edwards County	6,570	401	1,127	474	666
Gallatin County	5,226	288	838	349	543
Hamilton County	8,259	453	1,387	601	882
Saline County	24,430	1,456	3,886	1,948	2,998
Wabash County	11,568	719	1,830	981	1,344
Wayne County	16,569	1,062	2,691	1,185	1,799
White County	14,186	844	2,269	985	1,635
Illinois	12,854,526	785,560	2,173,437	1,229,450	1,782,100

Report Area	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	6,171	7,484	8,246	11,445
Clay County	1,482	1,802	2,096	2,622
Edwards County	775	864	954	1,309
Gallatin County	619	673	720	1,196
Hamilton County	945	1,062	1,208	1,721
Saline County	2,715	3,320	3,406	4,701
Wabash County	1,254	1,440	1,762	2,238
Wayne County	1,901	2,135	2,361	3,435
White County	1,518	1,892	2,039	3,004
Illinois	1,661,674	1,739,014	1,635,359	1,847,932

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

2019 Community Health Needs Assessment

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, conferenced 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.

Internal

Fairfield Memorial Hospital undertook a two-month planning and implementation effort to develop the CHNA, 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 Population Health Director, 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 Population Health Director 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 include:

- The Population Health Director 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 in the quantitative data list.
- Participation included representatives of county health departments serving the area served by the hospital.

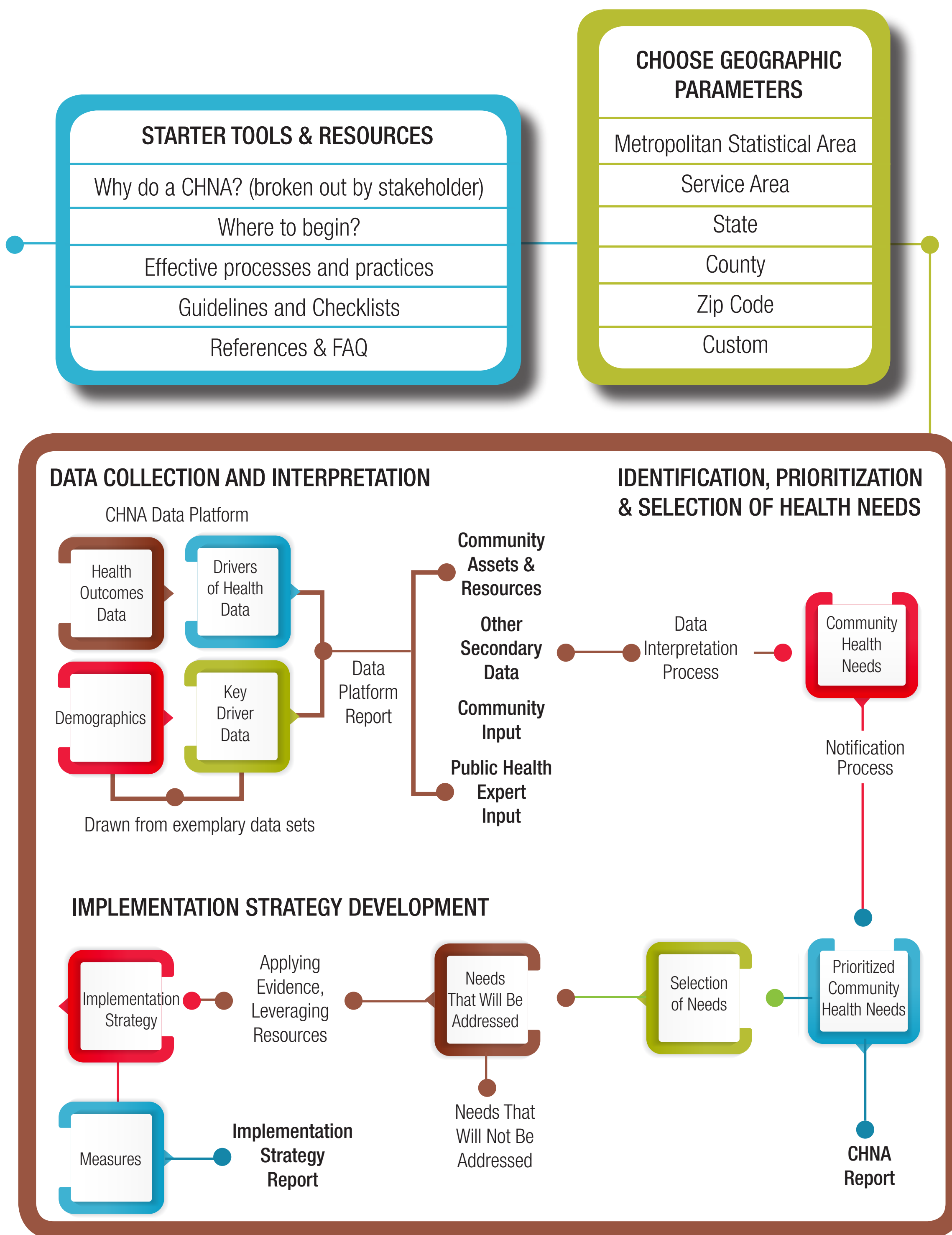
III. DATA COLLECTION AND ANALYSIS

2019 Community Health Needs Assessment

Description of Process and Methods Used

Qualitative Process

This graphic depicts the overarching framework used to guide the CHNA planning and implementation process.



Description of Data Sources

Quantitative Process

Behavioral Risk Factor Surveillance System	The BRFSS is the largest, continuously conducted telephone health survey in the world. It enables the Center 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.
U.S. Census	National census data is collected by the U.S. Census Bureau every 10 years.
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 Illinois Department of Employment Security 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 Illinois Department of Public Health 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.

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.
Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the U.S.'s oldest and most successful intergovernmental public health data sharing system.
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.
ESRI	ESRI (Environmental Systems Research Institute) 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 levels.
Illinois State Board of Education	The Illinois State Board of Education administers public education in the state of Illinois. Each year it releases school "report cards" which analyze the makeup, needs, and performance of local schools.
USDA	The United States Department of Agriculture (USDA), among its many functions, collects and analyzes information related to nutrition and local production and food availability.
Illinois Youth Survey	The Illinois Youth Survey examines substance abuse by youth and the perception of youth about the views of peers, parents, and others toward the use of substances. The survey is conducted by the University of Illinois and is utilized for analysis by SAMHSA and other organizations and agencies.

Social Determinants of Health

Education – Student Reading Proficiency (4th Grade)

This indicator reports the percentage of children in Grade 4 whose reading skills tested below the “proficient” level for the English Language Arts portion of the state-specific standardized test. This indicator is relevant because an inability to read English well is linked to poverty, unemployment, and barriers to healthcare access, provider communications, and health literacy/education.

Service Area	Total Students With Valid Test Scores	Percentage of Students Scoring ‘Proficient’ or Better	Percentage of Students Scoring ‘Not Proficient’ or Worse
Service Area Estimates	551	33.69%	66.31%
Clay County	161	18.46%	81.54%
Edwards County	69	41.45%	58.55%
Gallatin County	74	22.76%	77.24%
Hamilton County	92	40.98%	59.02%
Saline County	289	25.28%	74.72%
Wabash County	105	22.43%	77.57%
Wayne County	202	45.03%	54.97%
White County	193	36.50%	63.50%
Illinois	148,056	36.84%	63.16%

Data Source: Community Commons (US Department of Education, EDFacts. Accessed via DATA.GOV. 2016-17. Source Geography: School District)

Education – No High School Diploma

Within the Fairfield Memorial Hospital service area, there are 4,295 persons aged 25 and older without a high school diploma (or equivalency) or higher. This represents 10.93% of the total population aged 25 or older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With No High School Diploma	Percent Population Age 25+ With No High School Diploma
Service Area Estimates	39,290	4,295	10.93%
Clay County	9,445	1,043	11.04%
Edwards County	4,568	473	10.35%
Gallatin County	3,751	471	12.56%
Hamilton County	5,818	572	9.83%
Saline County	17,140	2,257	13.17%
Wabash County	8,038	833	10.36%
Wayne County	11,631	1,511	12.99%
White County	10,088	1,037	10.28%
Illinois	8,666,079	991,424	11.44%
United States	216,271,644	27,437,114	12.69%

Data Source: Community Commons (US Census Bureau, American Community Survey 2013-2017. Source Geography: Tract)

Secondary Data

Social Determinants of Health

Education – Bachelor's Degree or Higher

Of the population aged 25 and older, 15.5% or 6,088 adult students have obtained a Bachelor's level degree or higher. This indicator is relevant because education attainment has been linked to positive health outcomes.

Service Area	Total Population Age 25+	Population Age 25+ With Bachelor's Degree or Higher	Population Age 25+ With Bachelor's Degree or Higher
Service Area Estimates	39,290	6,088	15.5%
Clay County	9,445	1,408	14.9%
Edwards County	4,568	571	12.5%
Gallatin County	3,751	481	12.8%
Hamilton County	5,818	983	16.9%
Saline County	17,140	2,817	16.4%
Wabash County	8,038	1,507	18.8%
Wayne County	11,631	1,531	13.2%
White County	10,088	1,572	15.6%
Illinois	8,666,079	2,898,584	33.5%

Data Source: Community Commons (US Census Bureau, American Community Survey. 2013-17. Source Geography: Tract)

Economic Stability

Poverty – Children Eligible for Free/Reduced Lunch

Within the service area, 11,564 public school students (48.84%) are eligible for free/reduced price lunches out of 23,675 total students enrolled. This is lower than the Illinois statewide free/reduced price lunch eligibility rate of 49.88%. 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.

Service Area	Total Students	Number Free/Reduced Price Lunch Eligible	Percent Free/Reduced Price Lunch Eligible
Service Area Estimates	23,675	11,564	48.84%
Clay County	2,369	1,223	51.63%
Edwards County	931	342	36.73%
Gallatin County	752	454	60.37%
Hamilton County	1,259	634	50.36%
Saline County	4,149	2,421	58.35%
Wabash County	1,650	798	48.36%
Wayne County	2,504	1,128	45.05%
White County	2,579	1,426	55.29%
Illinois	2,009,567	1,008,830	50.20%

Data Source: Community Commons (National Center for Education Statistics, NCES – Common Core of Data. 2016-17. Source Geography: Address)

Secondary Data

Economic Stability

Income – Median Household Income

This indicator reports the median household income based on the latest 5-year American Community Survey estimates. This includes the income of the householder and all other individuals 15 years old and over in the household, whether they are related to the householder or not. Because many households consist of only one person, average household income is usually less than average family income.

Service Area	Total Households	Average Household Income	Median Household Income
Service Area Estimates	24,064	$60,199	No data
Clay County	5,624	$60,497	$47,427
Edwards County	2,810	$61,910	$49,632
Gallatin County	2,272	$55,254	$42,450
Hamilton County	3,413	$62,027	$47,293
Saline County	9,938	$54,719	$40,722
Wabash County	4,915	$58,736	$49,716
Wayne County	7,117	$59,092	$46,405
White County	6,144	$60,676	$46,279
Illinois	4,818,452	$85,262	$61,229

Data Source: Community Commons (US Census Bureau, American Community Survey. 2013-17. Source Geography: Tract)

Population Receiving SNAP Benefits

This indicator reports the average percentage of the population receiving Supplemental Nutrition Assistance Program (SNAP) benefits for the period of July 2014 through July 2015. 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.

Service Area	Total Population	Population Receiving SNAP Benefits	Percent Population Receiving SNAP Benefits
Service Area Estimates	56,284	7,858	14.0%
Clay County	13,428	1,954	14.6%
Edwards County	6,534	778	11.9%
Gallatin County	5,265	1,137	21.6%
Hamilton County	8,200	1,032	12.6%
Saline County	24,548	6,389	26.0%
Wabash County	11,542	1,630	14.1%
Wayne County	16,423	2,115	12.9%
White County	14,327	2,258	15.8%
Illinois	12,859,995	1,935,887	15.1%

Data Source: Community Commons (US Census Bureau, Small Area Income & Poverty Estimates, 2015. Source Geography: County)

Economic Stability

Poverty – Children in Households with Income Below 100% FPL

Poverty is considered a key driver of health status. In the Fairfield Memorial Hospital service area, 18.73% or 2,251 children aged 0-17 are living in households with income below 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.

Service Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Service Area Estimates	54,933	12,018	2,251	18.73%
Clay County	13,144	2,836	505	17.81%
Edwards County	6,465	1,455	269	18.49%
Gallatin County	5,192	1,092	303	27.75%
Hamilton County	8,180	1,826	337	18.46%
Saline County	23,829	5,195	1,405	27.05%
Wabash County	11,466	2,524	373	14.78%
Wayne County	16,430	3,653	945	25.87%
White County	13,771	3,013	578	19.18%
Illinois	12,551,822	2,915,860	549,508	18.85%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17. Source Geography: Tract)

Poverty – Population Below 100% FPL

Poverty is considered a key driver of health status. In the hospital service area, 13.71% or 7,488 individuals are living in households with income below 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.

Service Area	Total Population	Population in Poverty	Percent Population in Poverty
Service Area Estimates	54,933	7,488	13.71%
Clay County	13,144	1,842	14.01%
Edwards County	6,465	746	11.54%
Gallatin County	5,192	862	16.60%
Hamilton County	8,180	1,134	13.86%
Saline County	23,829	4,920	20.65%
Wabash County	11,466	1,498	13.06%
Wayne County	16,430	2,594	15.79%
White County	13,771	1,911	13.88%
Illinois	12,551,822	1,698,613	13.53%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17. Source Geography: Tract)

Economic Stability

Unemployment Rate

Total unemployment in the Fairfield Memorial Hospital service area for the month of May 2019 was 967 or 3.7% of the civilian non-institutionalized population age 16 and older (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.

Service Area	Labor Force	Number Employed	Number Unemployed	Unemployment Rate
Service Area Estimates	26,324	25,358	967	3.7%
Clay County	6,656	6,378	278	4.2%
Edwards County	2,812	2,722	90	3.2%
Gallatin County	2,477	2,371	106	4.3%
Hamilton County	4,773	4,632	141	3.0%
Saline County	9,865	9,400	465	4.7%
Wabash County	5,812	5,619	193	3.3%
Wayne County	7,078	6,781	297	4.2%
White County	6,714	6,484	230	3.4%
Illinois	6,463,139	6,229,526	233,613	3.6%

Data Source: Community Commons (US Department of Labor, Bureau of Labor Statistics. 2019 – May. Source Geography: County)

Insurance – Uninsured Population

The lack of health insurance is considered a key driver of health status. This indicator reports the percentage of total civilian non-institutionalized population without health insurance coverage. This indicator is relevant because lack of health insurance is a primary barrier to healthcare access including regular primary care, specialty care, and other health services that contributes to poor health status.

Service Area	Total Population (For Whom Insurance Status is Determined)	Total Uninsured Population	Percent Uninsured Population
Service Area Estimates	55,217	3,373	6.11%
Clay County	13,227	974	7.36%
Edwards County	6,538	400	6.12%
Gallatin County	5,226	271	5.19%
Hamilton County	8,179	775	9.48%
Saline County	23,957	1,695	7.08%
Wabash County	11,491	693	6.03%
Wayne County	16,528	1,389	8.40%
White County	13,848	705	5.09%
Illinois	12,674,162	1,079,822	8.52%

Data Source: Community Commons (US Census Bureau, American Community Survey, 2013-17. Source Geography: Tract)

Economic Stability

Unemployment Rate – Youths ages 16-19

This indicator reports the percentage of youth age 16-19 who are not currently enrolled in school and who are not employed.

Service Area	Population Ages 16-19	Percentage of Population Ages 16-19 Not in School and Not Employed
Service Area Estimates	2,515	10.26%
Clay County	614	13.03%
Edwards County	286	7.34%
Gallatin County	171	0.00%
Hamilton County	420	11.90%
Saline County	1,125	6.93%
Wabash County	521	6.14%
Wayne County	696	12.79%
White County	550	7.27%
Illinois	683,326	6.67%

Data Source: Community Commons (US Census Bureau, American Community Survey. 2013-17. Source Geography: Tract)

Built Environment – 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 healthy behaviors.

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	33,425	5	15
Clay County	13,815	1	7
Edwards County	6,721	0	0
Gallatin County	5,589	0	0
Hamilton County	8,457	0	0
Saline County	24,913	1	4
Wabash County	11,947	2	17
Wayne County	16,760	1	6
White County	14,665	1	7
Illinois	12,830,632	1,402	11

Data Source: Community Commons (US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source Geography: ZCTA)

Secondary Data

Economic Stability

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 retaining 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 sell 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.

Service Area	Total Population	Number of Establishments	Establishments (Rate per 100,000 Population)
Service Area Estimates	57,775	12	21
Clay County	13,815	2	14
Edwards County	6,721	2	30
Gallatin County	5,589	0	0
Hamilton County	8,457	1	12
Saline County	24,913	6	24
Wabash County	11,947	2	17
Wayne County	16,760	3	18
White County	14,665	5	34
Illinois	12,830,632	2,770	22

Data Source: Community Commons (US Census Bureau, County Business Patterns. Additional data analysis by CARES. 2016. Source Geography: ZCTA)

Populations With Low Food Access

This indicator reports the percentage of the population with low food access. Low food access is defined as living more than ½ mile from the nearest supercenter, or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity.

Service Area	Total Population	Population With Low Food Access	Percent Population With Low Food Access
Service Area Estimates	57,775	12,112	20.96%
Clay County	13,815	2,311	16.73%
Edwards County	6,721	1,243	18.49%
Gallatin County	5,589	4,205	75.24%
Hamilton County	8,457	1,408	16.65%
Saline County	24,913	8,872	35.61%
Wabash County	11,947	1,907	15.96%
Wayne County	16,760	4,118	24.57%
White County	14,665	4,614	31.46%
Illinois	12,830,632	2,483,877	19.36%

Data Source: Community Commons (US Department of Agriculture, Economic Research Service, USDA – Food Access Research Atlas. 2015. Source Geography: Tract)

Access to Care

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 subspecialties within the listed specialties are excluded. This indicator is relevant because a shortage of health professionals contributes to access and health status issues.

Service Area	Total Population 2014	Primary Care Physicians 2014	Primary Care Physicians Rate Per 100,000 Population
Service Area Estimates	56,606	17	30
Clay County	13,520	2	15
Edwards County	6,617	0	0
Gallatin County	5,291	1	19
Hamilton County	8,296	4	48
Saline County	24,612	19	77
Wabash County	11,549	5	43
Wayne County	16,543	7	42
White County	14,374	4	28
Illinois	12,880,580	12,477	97

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source geography: County)

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.

Service Area	Total Population 2015	Dentists 2015	Dentists Rate Per 100,000 Population
Service Area Estimates	56,284	19	36
Clay County	13,428	9	67
Edwards County	6,534	1	15
Gallatin County	5,265	0	0
Hamilton County	8,200	1	12
Saline County	24,548	10	41
Wabash County	11,542	4	35
Wayne County	16,423	4	24
White County	14,327	6	42
Illinois	12,859,995	9,336	73

Data Source: Community Commons (US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source Geography: County)

Secondary Data

Access to Care

Access to Mental Health Providers

This indicator reports the rate of the county population to the number of mental health providers including psychiatrists, psychologists, clinical social workers, and counselors that specialize in mental healthcare.

Service Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per # of Persons)	Mental Healthcare Provider Rate Per 100,000 Population
Service Area Estimates	No Data	No Data	No Data	No Data
Clay County	13,269	16	829	121
Edwards County	6,486	3	216	46
Gallatin County	0	0	No data	No data
Hamilton County	0	0	No data	No data
Saline County	24,102	38	634	158
Wabash County	11,489	32	359	279
Wayne County	16,495	14	1,178	85
White County	13,938	14	996	100
Illinois	12,742,849	26,484	481	208

Data Source: Community Commons (University of Wisconsin Population Health Institute, County Health Rankings. 2017. Source geography: County)

Medical Conditions and Circumstances

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, 2019).

Wayne County is ranked 63 out of the 102 Illinois counties released in April 2019. White County is ranked 88. Edwards County is ranked 25. Hamilton County is ranked 46.

Health Condition	Wayne County	White County	Edwards County	Hamilton County	Illinois
Adults Reporting Poor or Fair Health	15%	15%	14%	15%	17%
Adults Reporting No Leisure Time/ Physical Activity	26%	23%	24%	26%	22%
Adult Obesity	29%	29%	30%	29%	29%
Children Under 18 Living in Poverty	21%	24%	17%	20%	17%
Alcohol Impaired Driving Deaths	36%	19%	0%	73%	33%
Teen Births	40/1,000	51/1,000	40/1,000	36/1,000	23/1,000
Uninsured	7%	6%	6%	6%	7%
Unemployment	6%	5%	5%	4%	5%

Secondary Data

Behavioral Risk Factor Surveillance System

White County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	12.1%	12.5%	15.0%
Asthma	9.1%	13.9%	15.1%	14.5%
Diabetes	10.2%	14.7%	9.7%	12.5%
Obesity	29.5%	32.1%	30.4%	32.2%
Smoking	16.7%	24.0%	28.7%	22.2%

Wayne County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	7.5%	11.0%	13.4%
Asthma	9.1%	9.6%	15.2%	13.2%
Diabetes	10.2%	11.8%	12.2%	10.7%
Obesity	29.5%	28.7%	29.4%	23.6%
Smoking	16.7%	19.6%	20.7%	22.3%

Edwards County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	12.6%	11.0%	11.8%
Asthma	9.1%	6.3%	13.9%	10.3%
Diabetes	10.2%	9.0%	12.0%	9.9%
Obesity	29.5%	33.8%	29.7%	27.7%
Smoking	16.7%	14.6%	19.4%	28.9%

Hamilton County	State 2014	2014	2009	2006
At-Risk for Binge Drinking	20.3%	12.1%	9.5%	12.5%
Asthma	9.1%	7.0%	18.4%	11.4%
Diabetes	10.2%	12.0%	10.3%	7.9%
Obesity	29.5%	25.8%	28.1%	27.7%
Smoking	16.7%	21.9%	20.4%	15.2%

Health Indicators

Population With Any Disability

Within the service area, 18.93% or 10,451 individuals are disabled in some way. This is higher than the statewide disabled population level of 10.87%. This indicator reports the percentage of the total civilian non-institutionalized population with a disability. This indicator is relevant because disabled individuals comprise a vulnerable population that requires targeted services and outreach by providers.

Service Area	Total Population (For Whom Disability Status is Determined)	Total Population With A Disability	Percent Population With A Disability
Service Area Estimates	55,217	10,451	18.93%
Clay County	13,227	2,598	19.64%
Edwards County	6,538	1,026	15.69%
Gallatin County	5,226	1,276	24.42%
Hamilton County	8,179	1,422	17.39%
Saline County	23,957	5,094	21.26%
Wabash County	11,491	2,099	18.27%
Wayne County	16,528	3,024	18.30%
White County	13,848	2,849	20.57%
Illinois	12,674,162	1,388,827	10.96%

Data Source: Community Commons (US Census Bureau, American Community Survey. 2013-17. Source Geography: Tract)

Secondary Data

Health Indicators

Teen Births

This 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 needs. Additionally, high rates of teen pregnancy may indicate the prevalence of unsafe sex practices.

Service Area	Female Population Ages 15-19	Births to Mothers Ages 15-19	Births (Per 1,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Clay County	448	22	47
Edwards County	216	9	41
Gallatin County	168	8	46
Hamilton County	256	11	44
Saline County	762	42	55
Wabash County	390	17	43
Wayne County	489	22	45
White County	447	24	55
Illinois	448,356	15,692	35

Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source Geography: County)

Low Birth Weight Rate

This indicator reports the percentage of total births that are low birth weight (under 2,500 grams = less than 5.15 pounds). This indicator is relevant because low birth weight infants are at a higher risk for health problems. This indicator can also highlight the existence of health disparities.

Service Area	Total Live Births	Low Birth Weights (Under 2,500g)	Low Weight Births, Percent of Total
Service Area Estimates	Suppressed	Suppressed	Suppressed
Clay County	1,190	83	7.0%
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%

Data Source: Community Commons (US Department of Health & Human Services, Health Indicators Warehouse, Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2006-12. Source Geography: County)

Health Indicators

30-Day Hospital Readmissions

This indicator reports the percentage of Medicare fee-for-service beneficiaries readmitted to a hospital within 30 days of an initial hospitalization.

Service Area	Medicare Part A and B Beneficiaries	Rate of 30-Day Hospital Readmissions among Medicare Beneficiaries
Clay County	341	20.2
Edwards County	134	No data
Gallatin County	125	No data
Hamilton County	213	17.1
Saline County	507	16.2
Wabash County	220	15.9
Wayne County	351	15.0
White County	389	15.0
Illinois	143,569	15.2

Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care

Preventable Hospitalizations – Medicare Population

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 of investment' from interventions that reduce admissions through better access to primary care resources.

Service Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate Per 1,000
Service Area Estimates	7,477	761	102
Clay County	1,738	260	150
Edwards County	834	72	87
Gallatin County	815	80	98
Hamilton County	955	143	151
Saline County	3,022	347	115
Wabash County	1,403	116	83
Wayne County	2,131	199	94
White County	2,091	204	98
Illinois	985,698	53,973	55

Data Source: Community Commons (Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2015. Source Geography: County)

Secondary Data

Mortality Tables

Wayne County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	53
Malignant Neoplasms	39
Chronic Lower Respiratory Diseases	15
Accidents	13
Cerebrovascular Diseases	12
Diabetes Mellitus	6
Essential Hypertension and Hypertensive Renal Disease	5
Nephritis, Nephrotic Syndrome, and Nephrosis	5
Alzheimer's Disease	4
Chronic Liver Disease and Cirrhosis	4
Pneumonitis Due to Solids and Liquids	3
Intentional Self-Harm (Suicide)	3
Septicemia	2
Parkinson's Disease	2
Congenital Malformations, Deformations, and Chromosomal Abnormalities	2
Complications of Medical and Surgical Care	1
Anemias	1
Certain Conditions Originating in the Perinatal Period	1
Influenza and Pneumonia	1

White County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	62
Malignant Neoplasms	51
Chronic Lower Respiratory Diseases	25
Alzheimer's Disease	18
Nephritis, Nephrotic Syndrome, and Nephrosis	13
Accidents	9
Septicemia	6
Influenza and Pneumonia	6
Cerebrovascular Diseases	6
Intentional Self-Harm (Suicide)	4
Diabetes Mellitus	2
Essential Hypertension and Hypertensive Renal Disease	1
Cholelithiasis and Other Disorders of the Gall Bladder	1
Chronic Liver Disease and Cirrhosis	1
Aortic Aneurysm and Dissection	1
Parkinson's Disease	1
Pneumonities Due to Solids and Liquids	1

Secondary Data

Mortality Tables

Edwards County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	24
Malignant Neoplasms	17
Cerebrovascular Diseases	7
Chronic Lower Respiratory Diseases	5
Nephritis, Nephrotic Syndrome, and Nephrosis	5
Accidents	4
Influenza and Pneumonia	3
Essential Hypertension and Hypertensive Renal Disease	2
Aortic Aneurysm and Dissection	1
Congenital Malformations, Deformations, and Chromosomal Abnormalities	1
Diabetes Mellitus	1
Intentional Self-Harm (Suicide)	1

Hamilton County Mortality, 2017

Cause of Mortality	Total Deaths
Diseases of the Heart	32
Malignant Neoplasms	24
Chronic Lower Respiratory Diseases	12
Alzheimer's Disease	6
Cerebrovascular Diseases	6
Accidents	4
Diabetes Mellitus	3
Essential Hypertension and Hypertensive Renal Disease	3
Nephritis, Nephrotic Syndrome, and Nephrosis	3
Parkinson's Disease	2
Influenza and Pneumonia	2
Septicemia	1
Hernia	1
Certain Conditions Originating in the Perinatal Period	1
Congenital Malformations, Deformations, and Chromosomal Abnormalities	1

Secondary Data

Mortality Tables

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.

Service Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Service Area Estimates	Suppressed	Suppressed	Suppressed
Clay County	865	4	5
Edwards County	355	5	15
Gallatin County	300	1	3
Hamilton County	475	7	15
Saline County	1,570	17	11
Wabash County	775	5	7
Wayne County	1,015	8	8
White County	890	6	7
Illinois	879,035	6,065	7

Data Source: Community Commons (U.S. Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2006-2010. Source geography: County)

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.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clay County	13,417	36	270	185
Edwards County	6,566	16	241	157
Gallatin County	5,253	16	308	191
Hamilton County	8,224	24	294	192
Saline County	24,502	76	309	215
Wabash County	11,547	29	253	166
Wayne County	16,494	44	264	175
White County	14,296	48	334	210
Illinois	12,845,254	24,449	190	166

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County)

Secondary Data

Mortality Tables

Mortality – Coronary Heart Disease

This indicator reports the rate of death due to coronary heart disease 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 heart disease is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clay County	13,417	15	115	77
Edwards County	6,566	14	210	138
Gallatin County	5,253	14	260	167
Hamilton County	8,224	12	148	91
Saline County	24,502	36	145	99
Wabash County	11,547	15	133	83
Wayne County	16,494	28	171	110
White County	14,296	24	165	94
Illinois	12,845,254	13,542	105	90

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County)

Mortality – 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 year 2000 standard. This indicator is relevant because lung disease is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clay County	13,417	12	87	57
Edwards County	6,566	5	70	45
Gallatin County	5,253	7	130	77
Hamilton County	8,224	11	131	80
Saline County	24,502	30	121	81
Wabash County	11,547	11	99	62
Wayne County	16,494	17	102	65
White County	14,296	19	130	73
Illinois	12,845,254	5,614	44	38

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County)

Mortality Tables

Mortality – Stroke

This indicator reports the rate of death due to cerebrovascular disease (stroke) per 100,000 population. Figures are reported as crude rates, and as rates age-adjusted to year 2000 standard. This indicator is relevant because stroke is a leading cause of death in the United States.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clay County	13,417	7	52	34
Edwards County	6,566	7	104	66
Gallatin County	5,253	4	69	Suppressed
Hamilton County	8,224	7	85	48
Saline County	24,502	16	64	42
Wabash County	11,547	6	52	33
Wayne County	16,494	13	78	50
White County	14,296	10	67	38
Illinois	12,845,254	5,634	44	38

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County)

Mortality – Unintentional Injury

This indicator reports the rate of death due to unintentional injury (accident) per 100,000 population. This indicator is relevant because accidents are a leading cause of death in the U.S. Rates are resummarized for report areas from county level data, only where data is available. This indicator is relevant because accidents are a leading cause of death in the U.S.

Service Area	Total Population	Average Annual Deaths 2010-2014	Crude Death Rate (Per 100,000 Population)	Age-Adjusted Death Rate (Per 100,000 Population)
Service Area Estimates	Suppressed	Suppressed	Suppressed	Suppressed
Clay County	13,417	6	48	40
Edwards County	6,566	4	58	Suppressed
Gallatin County	5,283	4	80	76
Hamilton County	8,224	5	63	61
Saline County	24,502	18	75	66
Wabash County	11,547	6	54	47
Wayne County	16,494	10	58	52
White County	14,296	9	63	59
Illinois	12,845,254	5,106	40	38

Data Source: Community Commons (Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2013-17. Source geography: County)

Primary Data

Qualitative Data

Qualitative data was 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 in the appendix.

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 health care due to geographic, language, financial or other barriers.

Members of the CHNA steering committee, those who 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.

Focus Group 1 – Community Members

The first focus group consisted of community members, including representatives of groups that assist persons that may be underserved by local medical services. The group included a grocery store manager, public transportation manager, school administrator, and a physician/surgeon. The group met at 8:00 am on July 30, 2019 at Fairfield Memorial Hospital. Positive developments in the service area in recent years were identified as:

- Fairfield Memorial Hospital has expanded community partnerships
- Fairfield Memorial Hospital distributed AED devices to area churches and public gathering places
- Fairfield Memorial Hospital has expanded local access to mental health services for youth and adults
- Fairfield Memorial Hospital has established local behavioral health services
- Fairfield Memorial Hospital has created a community garden
- Fairfield Memorial Hospital has implemented sports physicals services at local schools
- Fairfield Memorial Hospital has implemented reduced cost lab programs
- The community is recognizing and appreciating Fairfield Memorial Hospital's services and role in the community
- Fairfield Memorial Hospital has opened an urgent care clinic and expanded clinic access in outlying locations

Needs and health issues were identified as:

- Community education about life skills for adults and high school age youth
- Education for adults about parenting
- Address obesity
- Access to a local post-bariatric surgery support system
- Information about health, healthy foods, and diet at grocery stores and other points of sale for food
- Education for youth about mental health issues, local services, and overcoming stigma
- Address substance abuse services – prevention through rehabilitation, especially detoxification – for all ages and all substances, but particularly opioids including heroin, methamphetamines, and bath salts
- Community education and awareness around trauma informed care and adverse childhood experiences

Primary Data

Qualitative Data

Focus Group 2 – Medical Professionals and Partners

The second focus group consisted of medical professionals and partners that serve persons that may be underserved by local medical services. The group included the county public health administrator, a pharmacist, a family practice physician, a behavioral therapist, and others. The group met at noon on July 30, 2019 at Fairfield Memorial Hospital. Positive developments in the service area in recent years were identified as:

- Fairfield Memorial Hospital has opened clinics in outlying communities
- Fairfield Memorial Hospital has expanded diabetes services
- Fairfield Memorial Hospital has expanded pain treatment, behavioral health services, and orthopedic services
- Fairfield Memorial Hospital has expanded community education about chronic illnesses
- Local substance use and, particularly, opioid use services have improved
- Fairfield Memorial Hospital has expanded access to several health services
- Community health fair drew a large crowd of all ages
- Physician shortage has been addressed

Needs and health issues were identified as:

- Community education about medications and prescriptions, their importance, and how to access them
- Local access to inpatient dual diagnostic rehabilitation and recovery service
- Access to local intensive outpatient mental health services for youth and for young and middle-aged adults
- Local access to local Medication-Assisted Treatment providers
- Local detoxification services, especially for opioids
- Better local access to subspecialty services, especially neurology
- Flexible and affordable transportation to medical appointments and services
- Expanded wellness education programs for the community
- Pediatric dentistry
- More opportunities for physical activity and recreation
- Nutrition education
- Access to healthy foods
- Psychiatrist or mid-level provider to address mental health needs of minors
- Jobs to improve the economy
- Explore discharge pharmacy services
- Medicine reconciliation education

IV. IDENTIFICATION & PRIORITIZATION OF NEEDS

2019 Community Health Needs Assessment

Identification and Prioritization of Needs

Description of the Community Health Needs Identified

The steering group, comprised primarily of representatives from both focus groups, met on August 9, 2019, to identify and prioritize significant needs, including members serving persons likely to be unserved or underserved. 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. **Reduce obesity**
2. **Address substance abuse through expanded prevention education at young ages**
3. **Expanded access to detoxification**
4. **Expand local services for suicide and other mental health crises**

V. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

2019 Community Health Needs Assessment

Resources Available to Meet Priority Health Needs

Fairfield Memorial Hospital Resources

Hospital Resources

- Behavioral health/counseling services
- Cardiac rehabilitation
- Cardiopulmonary
  - Stress testing
  - Holter monitor
  - Event monitor
  - EEGs (Electroencephalography)
  - Pulmonary Function Testing (PFT)
- Community Garden “Fresh Blooms”
- DaVita dialysis
- Diabetes education
- Diagnostic imaging
  - 3-digital mammography
  - Bone density
  - CT
  - General x-ray
  - MRI
  - Nuclear medicine
  - PET/CT
  - Ultrasound
- Emergency services
- Home health care
- Horizon Healthcare
- Intensive Care Unit
- Laboratory
  - Complete menu of cardiac testing
  - BNP determination
  - In-house thyroid testing
  - Therapeutic drug testing
  - Microbiology
  - Transfusion services
  - Standard testiing capacities
- Medical-Surgical Unit
- Nutrition services
- Pain center
  - Nerve blocks
  - Epidural injections
  - Spinal cord stimulation

    - Intrathecal morphine and baclofen pumps
    - Joint injections
    - Radiofrequency
- Senior Life Solutions
- Skilled Care Unit
- Sleep studies
- Social services
- Surgical services
    - General surgery
    - Gynecology
    - Urology
    - Endoscopy
    - Ophthalmology
    - Podiatry
    - Outpatient services
        - Endoscopy procedures
        - Bone marrow aspirations
        - Paracentesis
        - CAT scan biopsy
        - Angiography
        - Esophageal motility studies
        - Ambulatory pH studies
        - Intravenous infusions
    - Peri-operative services
        - General anesthesia
        - Spinal and epidural anesthesia
        - Pain management
        - Intravenous sedation
    - Thyroid and parathyroid surgery
        - Evaluations and management of thyroid nodules and cancer
        - Ultrasound guided FNA and core needle biopsy
        - Parathyroid exploration
        - Lobectomy, bilateral subtotal, near total, and total thyroidectomy
    - Breast surgery
        - Ultrasound and stereotactic guided suction assisted biopsy
        - Image directed excisional biopsy
        - Breast conversation and total mastectomy

Resources Available to Meet Priority Health Needs

Fairfield Memorial Hospital Resources

- o Abdominal surgery
  - – Laparoscopic surgical procedures
    - a. Laparoscopic cholecystectomy and common duct exploration
    - b. Laparoscopic hiatus hernia repair and anti-reflex surgery (Nissen)
    - c. Laparoscopic appendectomy
    - d. Laparoscopic inguinal and ventral hernia repair
- o Open abdominal procedures
  - – Full spectrum of routine and complex gastric, pancreatic, intestinal, colorectal, and other intra-abdominal surgery
  - – Splenectomy and hematologic indications
  - – Ventral and inguinal hernia repair
- o Proctology
  - – Office proctology, including rubber band ligation of hemorrhoids
  - – Management of anal fissure (Botox and sphincterotomy)
  - – Procedure for prolapse and hemorrhoids (stapled hemorrhoidopexy)
- Gynecology procedures
  - – Laparoscopic surgical procedures
  - – Tubal sterilization
  - – Salpingoophorectomy
  - – Laparoscopic Assisted Vaginal Hysterectomy (LAVH)
  - – Hysterectomy including abdominal, vaginal, and LAVH
  - – Sterilization procedures
    - a. Vasectomy and laparoscopic tubal ligation
  - – Skin and soft tissue tumors (benign and malignant)
    - a. Diagnosis, office treatment, and surgical management
  - – Venous access for chemotherapy, antibiotic therapy, and TPN
- Therapy services
- Physical therapy
- Occupational therapy
- Cardiac rehabilitation
- Pulmonary rehabilitation
- Speech language pathology (speech therapy)
- Industrial rehabilitation
- Occupational/Physical Performance Testing (O/PPT)
- Balance recovery program

Community Resources

- Wayne County Health Department
- Fairfield Park District
- City of Fairfield
- Mental health providers
- Regional mental health service providers
- Schools
- Law enforcement
- Gyms
- Recreation sites

VI. IMPLEMENTATION STRATEGY

2019 Community Health Needs Assessment

Implementation Strategy

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Fairfield Memorial Hospital on August 9, 2019. 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 four 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.

Implementation Strategy – Priority #1

The following process by which needs will be addressed was developed:

REDUCE OBESITY

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

- Fairfield Memorial Hospital will explore providing community education programs from the nutritionist
- Fairfield Memorial Hospital will explore youth education and awareness programs
- Fairfield Memorial Hospital will reestablish a weight loss clinic

Implementation Strategy

Planning Process

- Fairfield Memorial Hospital will offer community education through social media about sedentary lifestyles
- Fairfield Memorial Hospital will offer community education through social media about fast foods and healthy diets
- Fairfield Memorial Hospital will offer community education through social media about the importance of physical activity and recreation and where opportunities for both can be found in the community

Anticipated impacts of these actions:

Fairfield Memorial Hospital anticipates that following the steps above will result in reduced obesity in the community.

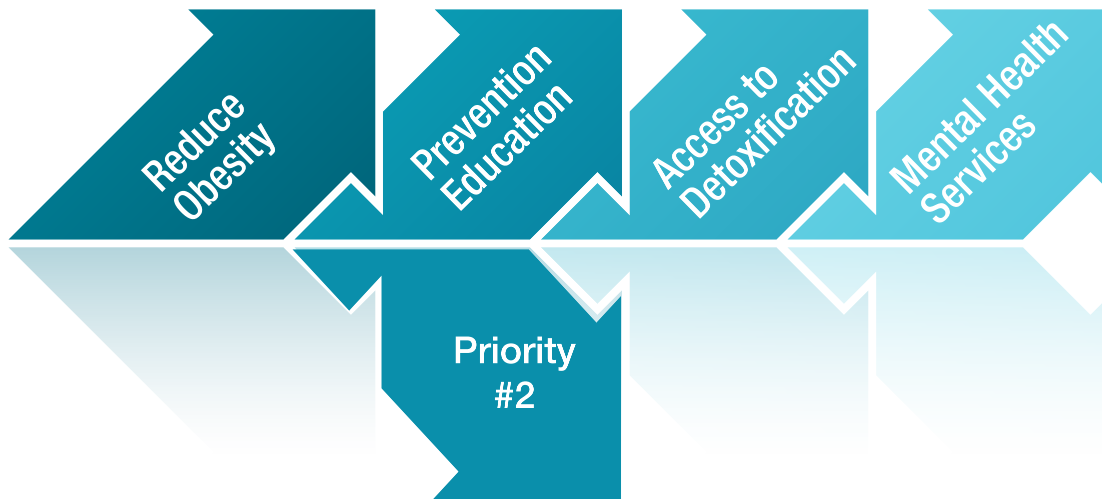
Programs/resources the hospital plans to commit to address the need:

- Administration
- Nutritionist
- Marketing
- Physical therapy
- Physician assistant
- Funds

Planned collaboration between the hospital and other organizations:

- Schools
- Public Health
- Park District
- Gyms and other exercise and recreation facilities

Implementation Strategy – Priority #2



ADDRESS SUBSTANCE ABUSE THROUGH EXPANDED PREVENTION EDUCATION AT YOUNG AGES

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

- Fairfield Memorial Hospital will explore formation of a SADD program or similar youth prevention effort with high school students
- Fairfield Memorial Hospital will collaborate with schools to bring appropriate substance abuse prevention programs to students

Anticipated impacts of these actions:

Fairfield Memorial Hospital anticipates that these steps will provide the prevention education to youth desired by the community.

Programs/resources the hospital plans to commit to address the need:

- Administration
- Behavioral health
- Funds

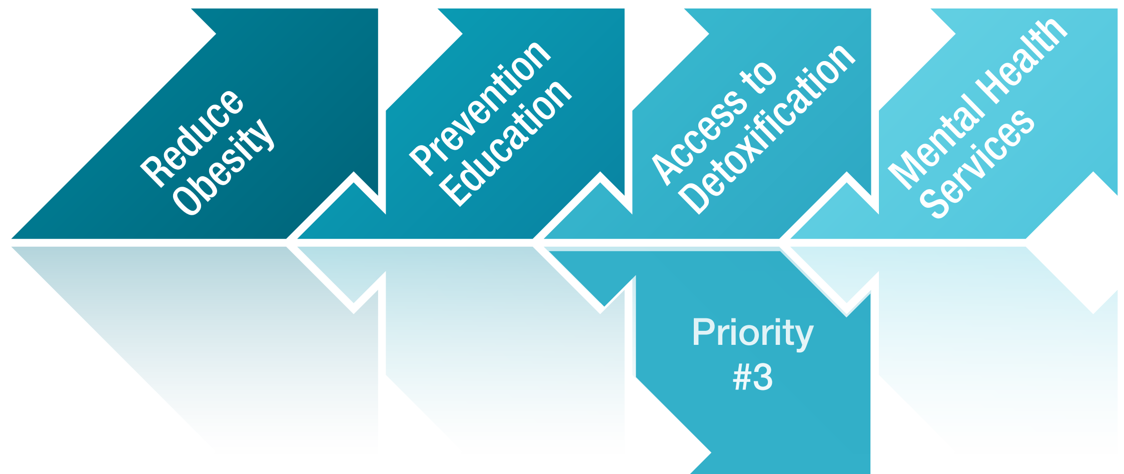
Planned collaboration between the hospital and other organizations:

- School administrators
- Persons with expertise in youth organizing and programming
- Law enforcement
- Public Health

Implementation Strategy

Planning Process

Implementation Strategy – Priority #3



EXPANDED ACCESS TO DETOXIFICATION

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

- Fairfield Memorial Hospital will explore the feasibility of local inpatient detoxification
- Fairfield Memorial Hospital will explore available partners for a detoxification center for transfers

Anticipated impacts of these actions:

Fairfield Memorial Hospital anticipates that availability of resources for detoxification will improve as a result of implementation of these steps.

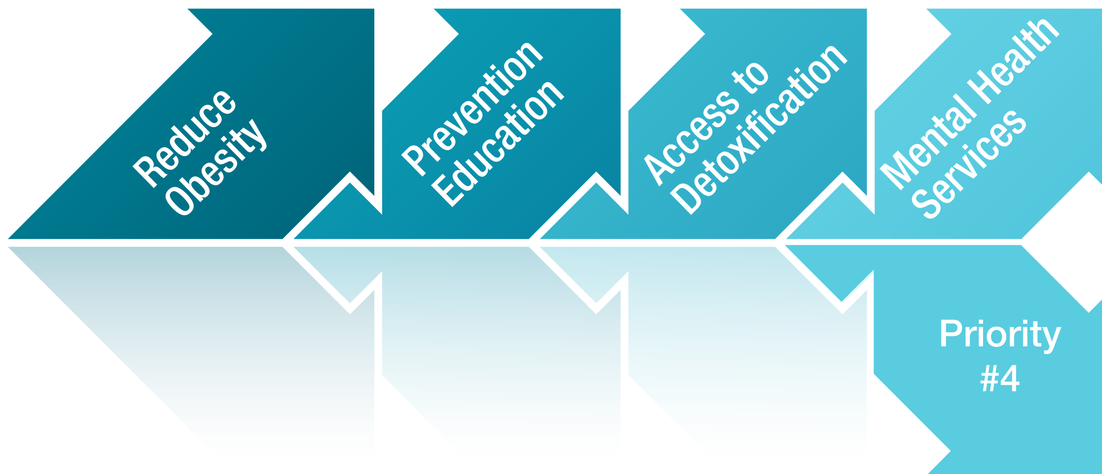
Programs and resources the hospital plans to commit to address the need:

- Administration
- Physicians
- Funds

Planned collaboration between the hospital and other organizations:

- Regional partners

Implementation Strategy – Priority #4



EXPAND LOCAL SERVICES FOR SUICIDE AND OTHER MENTAL HEALTH CRISES

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

- Fairfield Memorial Hospital will build a new emergency room with two dedicated psychiatric use rooms
- Fairfield Memorial Hospital will hire a crisis interventionist

Anticipated impacts of these actions:

Fairfield Memorial Hospital anticipates that creation of psychiatric use rooms in the emergency department and adding a crisis manager will enhance local services for suicide and other mental health crises.

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

- Administration
- Social services
- Emergency physicians
- Funds

Planned collaboration between the hospital and other organizations:

- Law enforcement
- Regional mental health services

VII. DOCUMENTING AND COMMUNICATING RESULTS

2019 Community Health Needs Assessment

Documenting and Communicating Results

Approval

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

This Community Health Needs Assessment and Implementation Plan of Fairfield Memorial Hospital was approved by the Fairfield Memorial Hospital Board of Directors on the 27th day of August, 2019.

VIII. REFERENCES AND APPENDIX

2019 Community Health Needs Assessment

References

- *County Health Rankings, 2019 County Health Rankings*
- *Community Commons, 2019 Community Commons*
- Illinois Department of Employment Security, 2019
- National Cancer Institute, 2018
- Illinois Department of Public Health, 2019
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2019
- ESRI, 2019
- Illinois State Board of Education, *Illinois Report Card, 2017 - 2018*
- *Atlas of Rural and Small Town America, USDA, 2018*
- *Behavioral Risk Factor Surveillance Survey – Illinois - Counties – 2018*
- *Illinois Youth Survey, 2018*
- *Courtesy: Community Commons, <www.communitycommons.org>, December, 2018*

(Support documentation on file and available upon request)

Appendix

Focus Group 1 – Community Members

Scott England	School Administrator	Fairfield Public School District
Tyler Lampley	Alderman	City of Fairfield
Carrie Nemwan	Representative	Rides Mass Transit
Patrick Molt	MD, local surgeon	Fairfield Memorial Hospital

Focus Group 2 – Medical Professionals and Partners

Clark Griffith	B.S., L.E.H.P., Administrator	Wayne County Health Department
Lance Endsley	R.Ph., pharmacist	Fairfield Memorial Hospital
Jennifer Bowers	PTA, Therapy Services Director	Fairfield Memorial Hospital
Nicole Fyie	MD, local family practice physician	Fairfield Memorial Hospital
Jeff Wood	LCSW, behavioral therapist	Fairfield Memorial Hospital
Steven Potts	Local pharmacist	

Identification and Prioritization Group

Katherine Bunting	Chief Executive Officer	Fairfield Memorial Hospital
Dana Taylor	Chief Operating Officer	Fairfield Memorial Hospital
Chris Baker	Chief Nursing Officer	Fairfield Memorial Hospital
Hollie Barret	Horizon Healthcare Practice Manager	Fairfield Memorial Hospital Rural Health Clinic

Implementation Strategy Team

Katherine Bunting	Chief Executive Officer	Fairfield Memorial Hospital
Dana Taylor	Chief Operating Officer	Fairfield Memorial Hospital
Chris Baker	Chief Nursing Officer	Fairfield Memorial Hospital
Hollie Barret	Horizon Healthcare Practice Manager	Fairfield Memorial Hospital Rural Health Clinic
Robert Hale	Laboratory Director	Fairfield Memorial Hospital

Notes

2019 Community Health Needs Assessment

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