

COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY 2015



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

FERRELL HOSPITAL COMMUNITY HEALTH NEEDS ASSESSMENT AND IMPLEMENTATION STRATEGY

TABLE OF CONTENTS

I.	Introduction	3
	Background	3
	Community Health Needs Assessment Population	4
	Ferrell Hospital Counties Service Area Demographics	4
II.	Establishing the CHNA Infrastructure and Partnerships	8
III.	Defining the Purpose and Scope	9
IV.	Data Collection and Analysis	9
	Description of Process and Methods Used	9
	Description of Data Sources	10/16
V.	Identification and Prioritization of Needs	20
VI.	Description of the Community Health Needs Identified	20
VII.	Resources Available to Meet Priority Health Needs	21
VIII.	Implementation Strategy	22
IX.	Documenting and Communicating Results	25
X.	Steps Taken to Meet the Last Implementation Strategy	26
XI.	References	27

Copyright ©2015 by the Illinois Critical Access Network (ICAHN). All rights reserved. The contents of this publication may not be copied, reproduced, replaced, distributed, published, displayed, modified, or transferred in any form or by any means except with the prior permission of ICAHN. Copyright infringement is a violation of federal law subject to criminal and civil penalties.

COMMUNITY HEALTH NEEDS ASSESSMENT

I. INTRODUCTION

Background

Provisions in the Affordable Care Act (ACA) require charitable hospitals to conduct a Community Health Needs Assessment (CHNA) and adopt an implementation strategy to meet the needs identified through the CHNA. The CHNA is a systematic process involving the community to identify and analyze community health needs as well as community assets and resources in order to plan and act upon priority community health needs. This assessment process results in a CHNA Report which is used to plan, implement, and evaluate community benefit activities. Once the CHNA Report is completed, a set of implementation strategies is developed based on the evidence and assets and resources identified in the CHNA process.

Every three years, Ferrell Hospital is required to conduct a CHNA and to adopt an Implementation Strategy by an authorized body of the hospital. The hospital's previous CHNA Report and Implementation Strategy was conducted and adopted in FY2012.

In addition, the hospital completes an IRS Schedule H (Form 990) annually to provide information on the activities and policies of, and community benefit provided by the hospital.

To comply with these requirements, Ferrell Hospital led a collaborative approach in conducting its CHNA and adopting an Implementation Strategy in FY2015 (April 1, 2015 through March 31, 2016) in partnership with representatives from the community. 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 healthcare services for member critical access hospitals and their rural communities. ICAHN, with 53 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. Ferrell Hospital is a member of the Illinois Critical Access Hospital Network.

The Community Health Needs Assessment will serve as a guide for planning and implementation of healthcare initiatives that will allow the hospital and its partners to best serve the emerging health needs of Eldorado and the surrounding area.

Upon completion of the CHNA, the hospital developed a set of implementation strategies and adopted an Implementation Strategy to address priority community health needs. The population assessed was Saline, Gallatin, Hamilton, and White counties. Data collected throughout the assessment process was supplemented with:

- a local asset review;
- qualitative data gathered from broad community representation; and,
- focus groups, including input from local leaders, medical professionals, health professionals, and community members who serve the needs of persons in poverty and the elderly.

As part of the engagement process with key stakeholders, attention was given to natural partnerships and collaborations that will be used to operationalize the Implementation Strategy. The Implementation Strategy is considered a "living document" – a set of strategies that can be adapted to the lessons learned while implementing community benefit programs and services relevant to the priority needs. The broader set of community health needs will continue to be monitored for consideration as future focus areas.

Ferrell Hospital is a not-for-profit hospital.

COMMUNITY HEALTH NEEDS ASSESSMENT POPULATION

For the purpose of this CHNA, Ferrell Hospital defined its primary service area and populations as the general population within the geographic area in and surrounding the City of Eldorado defined in detail below. The hospital's patient population includes all who receive care without regard to insurance coverage or eligibility for assistance. Zip codes reported by the Hospital as service area indicate that Ferrell Hospital serves portions of Saline, Gallatin, and White counties and a small section of Hamilton County. Demographics are discussed in terms of the defined service area and at the county level.

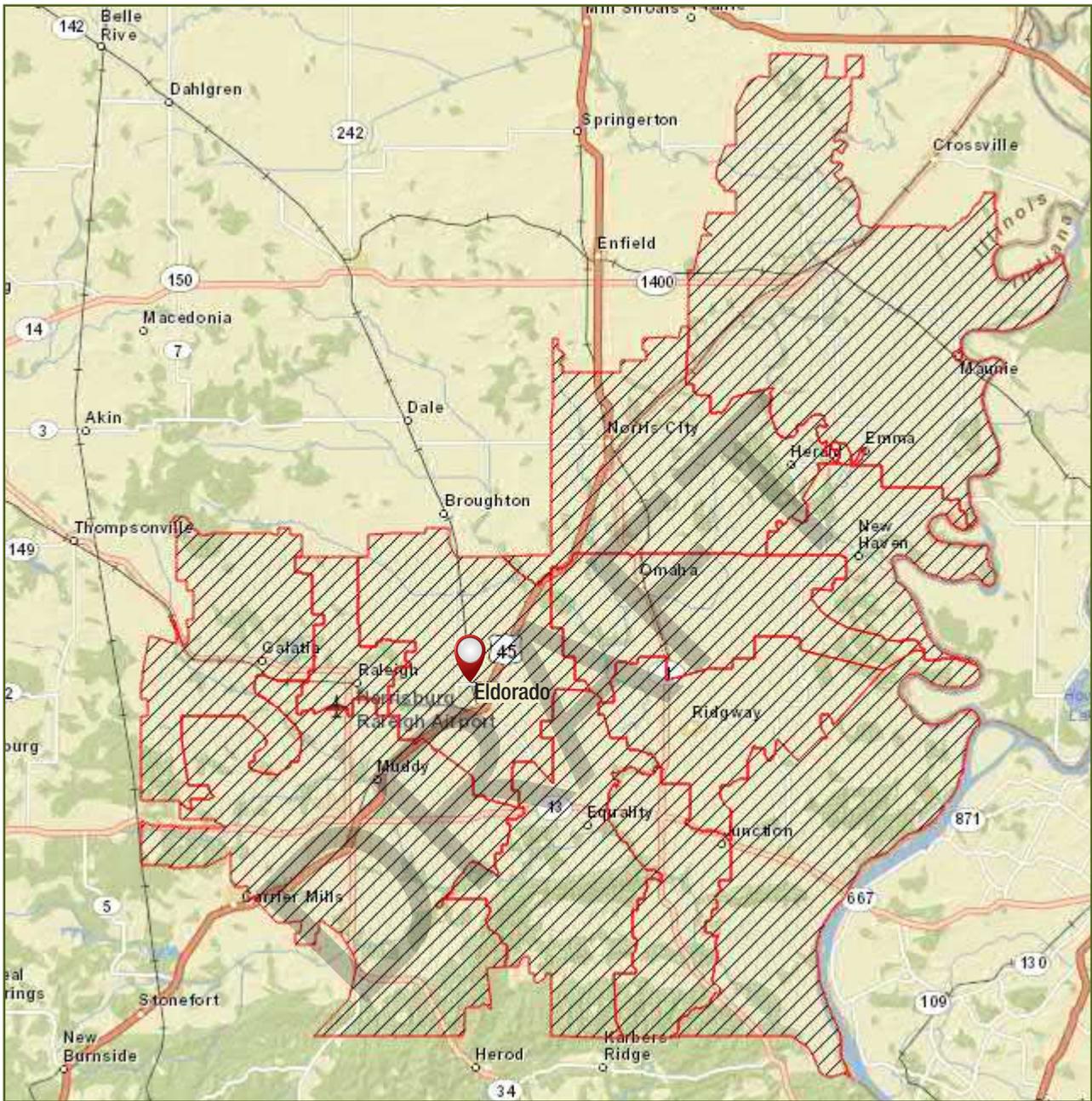
DEMOGRAPHICS

Ferrell Hospital's service area is comprised of approximately 422.08 square miles with a population of approximately 32,143 and a population density of 76.15 per square mile. The service area consists of the following rural communities:

Cities	Townships	Villages
Eldorado	Equality Township	Galatia
Harrisburg	Ridgway Township	Equality
Shawneetown	Shawnee Township	Ridgway
Carmi	Carmi Township	Norris City
	East Eldorado Township	Raleigh
	Harrisburg Township	Muddy

DRAFT

Illustration 1. Ferrell Hospital Service Area



ESRI - 2015

TOTAL POPULATION CHANGE, 2000-2010

According to the U.S. Census data, the population in the region declined from 57,170 to 53,624 between the year 2000 and 2010, a 6.20% decrease.

Report Area	Total Population 2000 Census	Total Population 2010 Census	Total Population Change, 2000-2010	Percentage Population Change, 2000-2010
Service Area Estimates	33,357	31,309	-2,228	-6.64%
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%
White County	15,371	14,665	-706	-4.59%
Illinois	12,419,231	12,830,632	411,401	3.31%
Total Area (Counties)	57,170	53,624	-3,546	-6.20%

Data Source: Community Commons

The Hispanic population increased in Gallatin County by 10 (17.86%), increased in Hamilton County by 50 (90.91%), increased in Saline County by 82 (31.78%), and increased in White County by 55 (53.4%).

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 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 was 48.27% male and 51.74% female. The region has the following population numbers by age groups:

Report Area	Total Population	Ages 0-4	Ages 5-7	Ages 18-24	Ages 25-34
Service Area Estimates	32,143	2,068	5,138	2,405	3,770
Gallatin County	5,516	326	819	403	566
Hamilton County	8,413	494	1,433	587	950
Saline County	24,950	1,475	4,186	2,098	2,791
White County	14,630	920	2,213	1,043	1,620
Illinois	12,848,554	820,771	2,265,645	1,252,399	1,778,128

POPULATION BY AGE GROUPS (CONTINUED)

Report Area Continued	Ages 35-44	Ages 45-54	Ages 55-64	Ages 65+
Service Area Estimates	3,624	4,487	4,266	6,287
Gallatin County	635	771	821	1,175
Hamilton County	943	1,167	1,168	1,671
Saline County	2,845	3,570	3,351	4,634
White County	1,608	2,168	1,991	3,067
Illinois	1,711,098	1,842,487	1,521,168	1,656,858

Data Source: Community Commons

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

Within the report area, there are 3,545 persons aged 25 and older without a high school diploma (or equivalent) or higher. This represents 15.82% of the total population aged 25 and older. This indicator is relevant because educational attainment is linked to positive health outcomes.

Report Area	Population Age 25+	Population Age 25+ With No HS Diploma	% Population Age 25+ With No HS Diploma
Service Area Estimates	22,411	3,545	15.82%
Gallatin County	3,968	741	18.67%
Hamilton County	5,899	956	16.21%
Saline County	17,191	2,597	15.11%
White County	10,454	1,524	14.58%
Illinois	8,509,739	1,082,381	12.72%

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

HIGH SCHOOL GRADUATION RATES

Report Area	Average Freshman Base Enrollment	Estimated Number of Diplomas Issued	On-Time Graduation Rates
Service Area Estimates	390	300	76.89%
Gallatin County	79	58	72.94%
Hamilton County	114	87	76.73%
Saline County	313	242	77.25%
White County	150	123	81.67%
Illinois	160,783	132,518	82.40%

Data Source: Community Commons

Within the report area, 76.89% of students are receiving their high school diploma within four years. This is less than the Healthy People 2020 target of 82.40%. This indicator is relevant because research suggests education is one the strongest predictors of health.

POPULATION IN POVERTY

(100% FPL and 200% FPL)

Poverty is considered a key driver of health status. Within the report area 19.68% or 6,097 individuals are living in households with income below 100% of the Federal Poverty Level (FPL). This is higher than the statewide poverty level of 14.13%. Within the report area, 43.56% or 13,496 individuals are living in household with income below 200% of the Federal Poverty Level (FPL). This is higher than the statewide poverty level of 31.51%. This indicator is relevant because poverty creates barriers to access including health services, nutritional food, and other necessities that may impact health status.

Report Area	Total Population	Population Below 100% FPL	Population Below 200% FPL
Service Area Estimates	30,980	6,097	13,496
Gallatin County	5,415	929	2,080
Hamilton County	8,276	1,413	3,149
Saline County	24,061	4,595	10,483
White County	14,286	2,230	5,318
State	12,547,066	1,772,333	3,954,161

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

II. ESTABLISHING THE CHNA INFRASTRUCTURE AND PARTNERSHIPS

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

Internal

Ferrell Hospital undertook a four-month planning and implementation effort to develop the CHNA, identify and prioritize community health needs for its service area, and formulate an implementation strategy to guide ongoing population health initiatives with like-missioned partners and collaborators. These planning and development activities included the following steps:

- The project was overseen at the operational level by the Community Education Coordinator reporting directly to the Executive Staff.
- Arrangements were made with ICAHN to facilitate two focus groups, a meeting to identify and prioritize significant needs, and a session to develop an implementation strategy to address the prioritized needs. ICAHN was also engaged to collect, analyze, and present secondary data, and to prepare a final report for submission to Ferrell Hospital.
- The Community Education Coordinator worked closely with ICAHN's consultant to identify and engage key community partners and to coordinate local meetings and group activities.

External

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

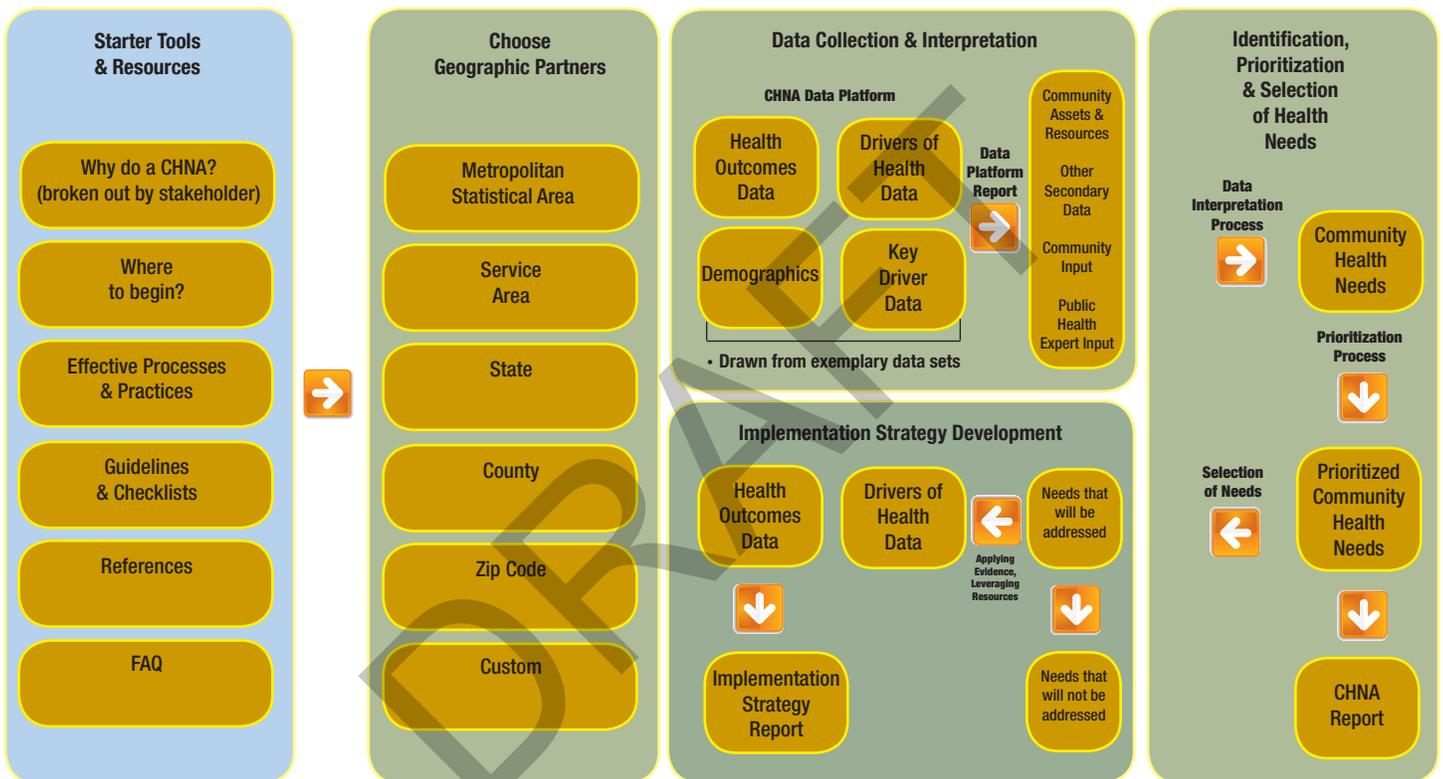
- The Community Outreach Facilitator secured the participation of a diverse group representatives from the community and the health profession.
- The ICAHN consultant provided secondary data from multiple sources set out below in the quantitative data list.
- Participation included representatives of both county health departments serving the area served by the hospital.

III. DEFINING THE PURPOSE AND SCOPE

The purpose of the CHNA was to 1) evaluate current health needs of the hospital’s service area, 2) identify resources and assets available to support initiatives to address the health priorities identified, 3) develop an Implementation Strategy to organize and help coordinate collaborative efforts impacting the identified health priorities, and 4) establish a system to track, report, and evaluate efforts that will impact identified population health issues on an ongoing basis.

IV. DATA COLLECTION AND ANALYSIS

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



Data Source: Community Commons

DESCRIPTION OF DATA SOURCES

Quantitative Sources

Source	Description
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.
US Census	National census data is collected by the US Census Bureau every 10 years.
Centers for Disease Control	Through the CDC's National Vital Statistics System, states collect and disseminate vital statistics as part of the US's oldest and most successful intergovernmental public health data sharing system.
County Health Rankings	Each year, the overall health of each county in all 50 states is assessed and ranked using the latest publicly available data through a collaboration of the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.
Community Commons	Community Commons is an interactive mapping, networking, and learning utility for the broad-based healthy, sustainable, and livable communities' movement.
Illinois Department of Employment Security	The 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.
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, level.
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	USDA, among its many functions, collects and analyzes information related to nutrition and local production and food availability.

SECONDARY DATA DISCUSSION

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

Published by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation, the *Rankings* help counties understand what influences how healthy residents are and how long they will live. The *Rankings* look at a variety of measures that affect health such as the rate of people dying before age 75, high school graduation rates, access to healthier foods, air pollution levels, income, and rates of smoking, obesity, and teen births. The *Rankings*, based on the latest data publicly available for each county, are unique in their ability to measure the overall health of each county in all 50 states on the multiple factors that influence health. (*County Health Rankings and Roadmaps, 2015*)

Gallatin County is ranked 94 out of 102 Illinois counties in the *Rankings for Health Outcomes* released in April 2015. Saline County is ranked 97 out of 102 Illinois counties in the *Rankings for Health Outcomes* released in April 2015. White County is ranked 88 out of 102 Illinois counties in the *Rankings* released in April 2015. The following table highlights areas of interest from the *County Health Rankings*.

HEALTH RANKING OBSERVATIONS

Table 1. Health Ranking Observations – Gallatin, Saline, and White Counties

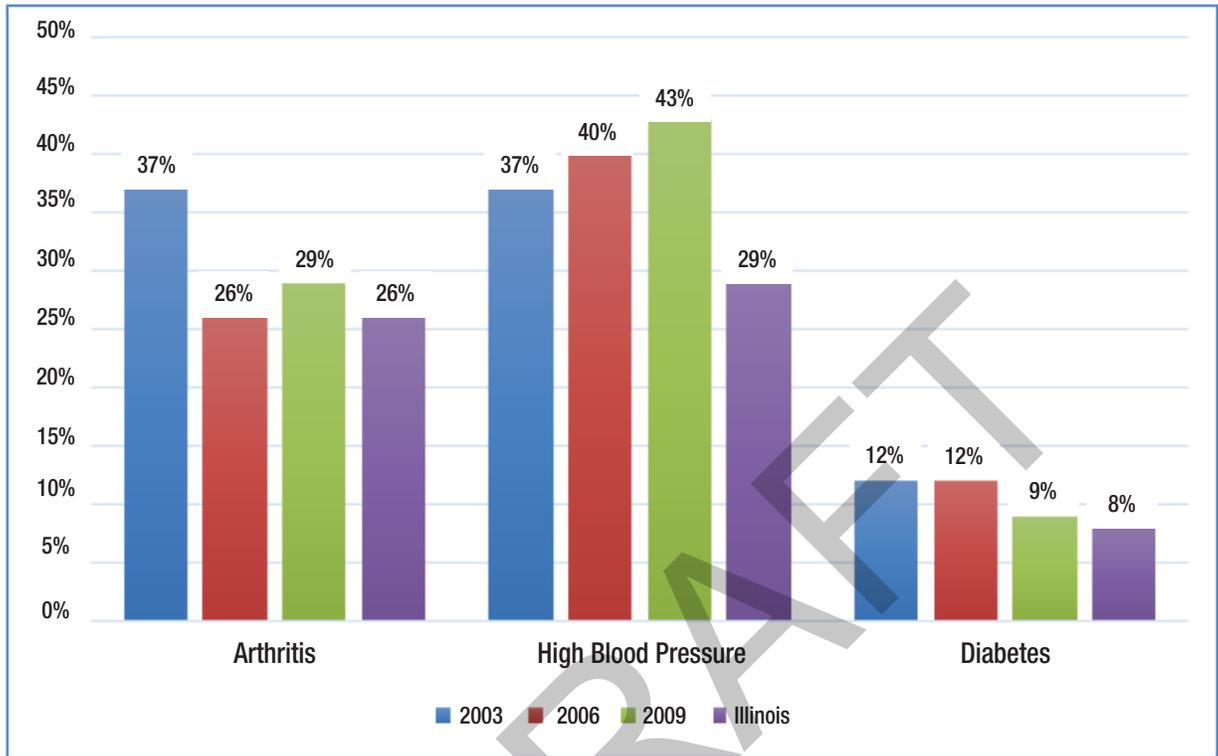
Observation	Gallatin County	Saline County	White County	Illinois
Adults reporting poor or fair health	N/A	16%	N/A	15%
Adults reporting no leisure time physical activity	29%	31%	28%	24%
Adult Obesity	31%	32%	32%	28%
Children under 18 living in poverty	28%	29%	24%	21%
Teen birth rate (ages 15-19)	46/1,000	54/1,000	55/1,000	36/1,000
Motor vehicle crash death rate	30/100,000	14/100,000	17/100,000	10/100,000
Alcohol crash deaths/ total crash deaths	0%	42%	25%	38%
Uninsured	14%	13%	13%	15%
Unemployment	10%	10.4%	8.1%	8.9%

County Health Rankings, University of Wisconsin/Robert Wood Johnson Foundation, 2015

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

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

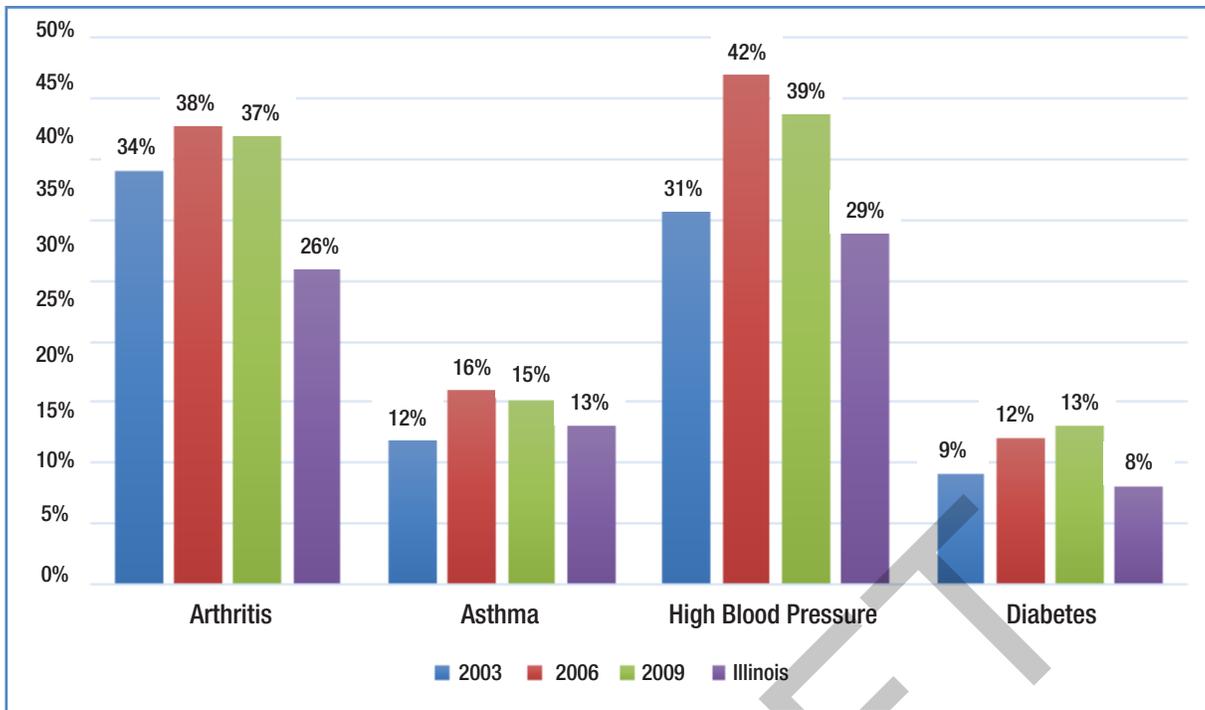
Table 2. Diagnosed Disease Factors – Gallatin County



IBFRSS, 2015

Diagnosis of arthritis, high blood pressure, and diabetes has exceeded the state level in the past decade. Reports of diagnosis of high blood pressure have continued to increase, and reports of diagnosis of diabetes have decreased.

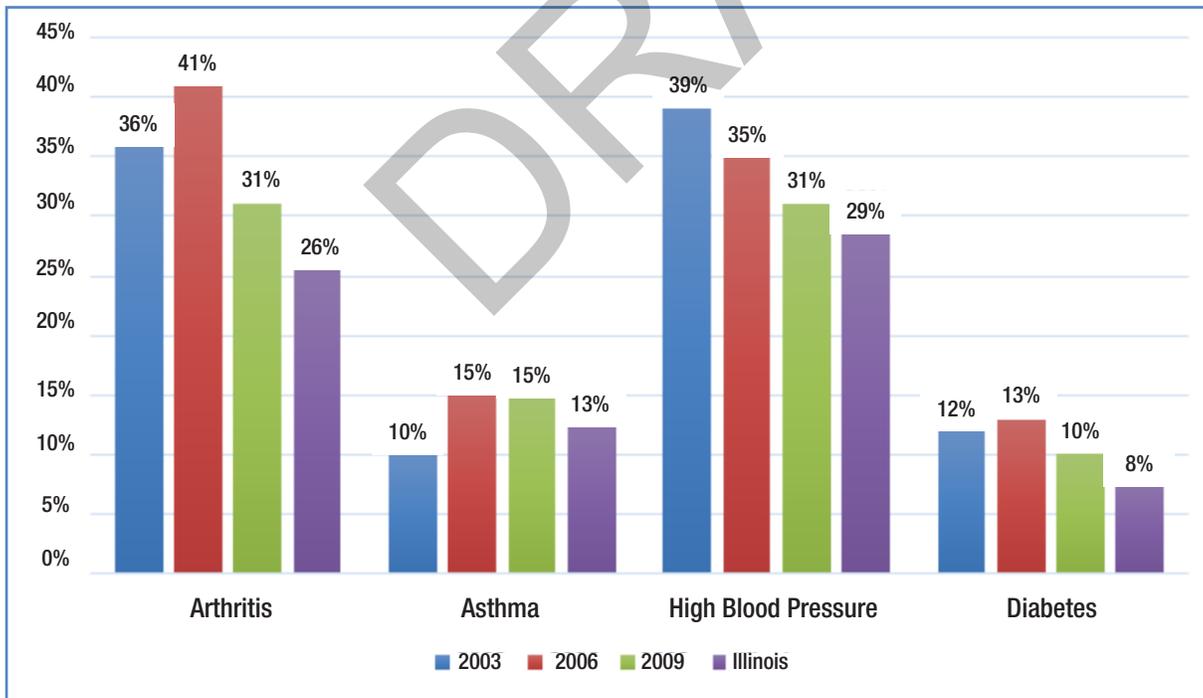
Table 3. Diagnosed Disease Factors – Saline County



IBFRSS, 2015

Diagnosis of arthritis, high blood pressure, and diabetes exceeded the state level in the past decade, and the diagnosis of asthma has increased to exceed the state level. Diagnosis of diabetes has increased over the past decade.

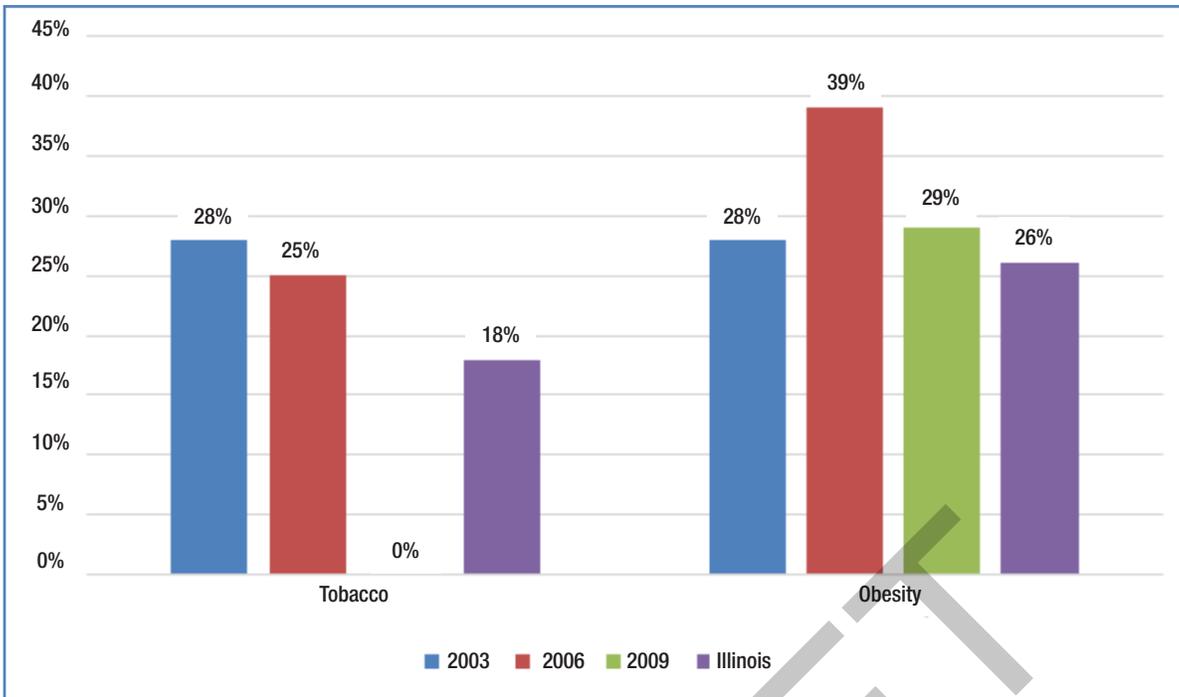
Table 4. Diagnosed Disease Factors – White County



IBFRSS, 2015

Diagnosis of arthritis, high blood pressure, and diabetes exceeded the state level in the past decade. Reports of diagnosis of high blood pressure have continued to increase, and reports of diagnosis of diabetes have decreased.

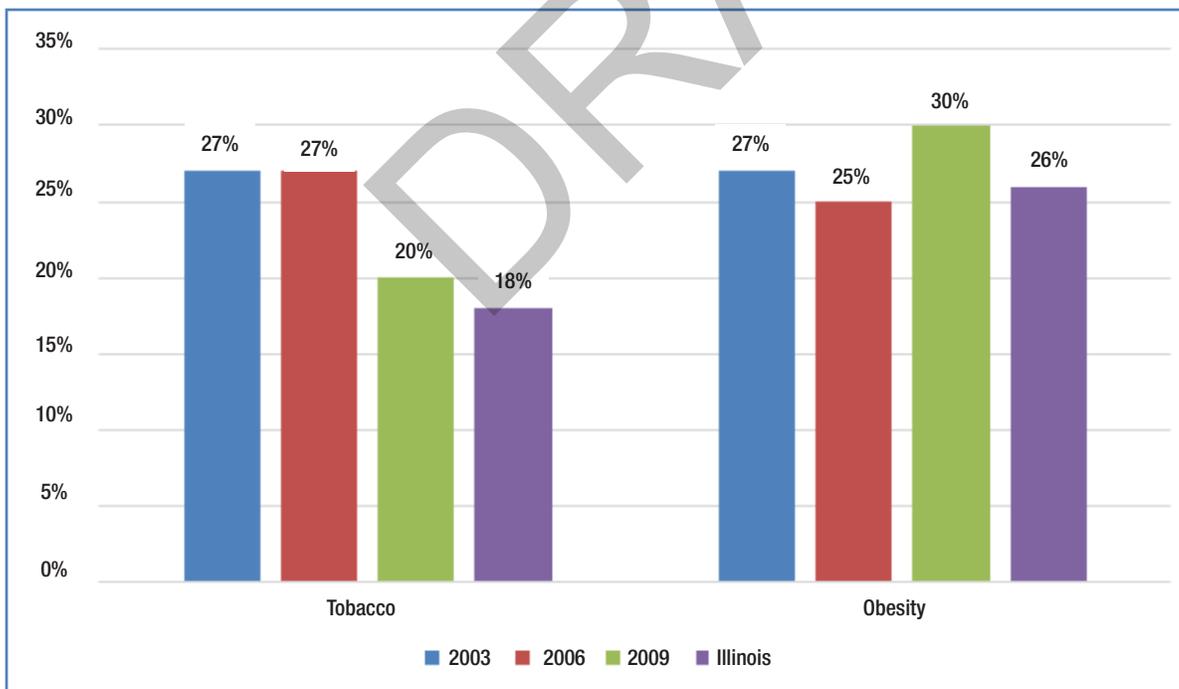
Table 5. Health Risk Factors – Gallatin County



IBFRSS, 2015

Tobacco use has exceeded the state level in the past decade and is decreasing. Percentage of tobacco use for 2009 was not available. The rate of persons reporting obesity is just above the state level in the IBFRSS and the more recent data from the *County Health Rankings*. Teen birth rates (ages 15-19) exceeded the state rate.

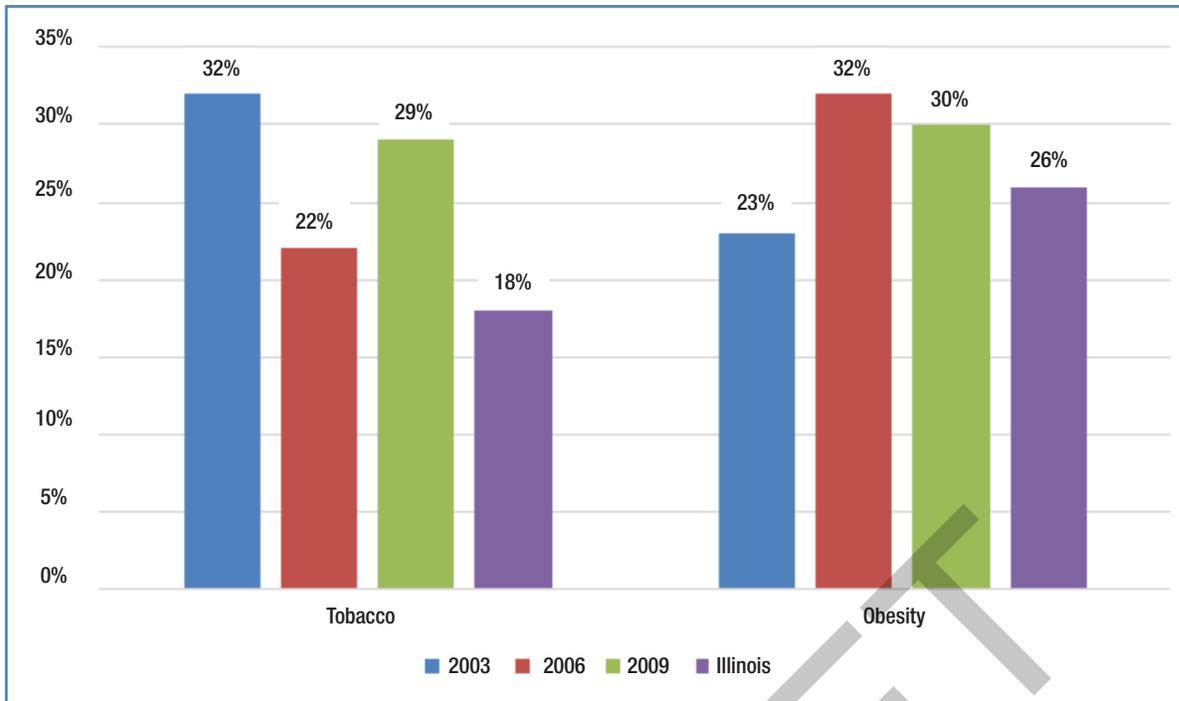
Table 6. Health Risk Factors – Saline County



IBFRSS, 2015

Tobacco use has consistently been just above the state level and is decreasing. The rate of persons reporting obesity is consistently just above the state level in the IBFRSS and the more recent data from the *County Health Rankings*. Teen birth rates (ages 15-19) exceed the state rate.

Table 7. Health Risk Factors – White County



IBFRSS, 2015

Tobacco use has consistently exceeded the state levels. The rate of persons reporting obesity has increased to exceed the state level in the IBFRSS and the more recent data from the *County Health Rankings*. Teen birth rates (ages 15-19) exceed the state rate.

Table 8. Mortality – Gallatin, Saline, and White Counties

The Illinois Department of Health releases countywide mortality tables from time to time. The most recent table available for Gallatin, Saline, and White Counties showing the causes of the death within the counties is set out below.

Disease Type	Gallatin County	Saline County	White County
Diseases of the Heart	16	68	48
Malignant Neoplasms	18	61	50
Lower Respiratory Systems	5	18	5
Cardiovascular Diseases (Stroke)	5	24	15
Accidents	7	10	7
Alzheimers' Disease	5	18	2
Diabetes Mellitus	0	15	2
Nepritis, Nephrotic Syndrome, and Nephrosis	1	15	8
Influenza and Pneumonia	5	6	8
Septicemia	1	5	4
Intentional Self-Harm (Suicide)	2	5	0
Chronic Liver Disease, Cirrhosis	2	0	0
All Other Causes	16	82	42
Total Deaths	83	327	191

IDPH, 2015 (2011 data)

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

CANCER PROFILES

The State Cancer Profiles compiled by the National Cancer Institute lists Gallatin and Saline Counties at Level 5 for all cancers, which means the cancer rate overall is above the U.S. rate and is falling over the recent past. The State Cancer Profile lists White County at Level 4 for all cancers, which means that the cancer rate is above the U.S. rate and is stable over the recent past.

SYNTHESIZED SECONDARY DATA

The demographics for the Ferrell Hospital service area reflect similar income levels when compared to many other rural areas and are lower than Illinois overall.

At least portions of the service area report a higher percentage of population diagnosed with arthritis, diabetes, and high blood pressure than state percentages. Diseases of the heart and cancer are the two leading causes of death throughout the service area. Obesity and tobacco use are above state levels. Death from motor vehicle crashes is reported as being higher in the service area than statewide. The ratio of alcohol-related crash deaths is lower in Gallatin and White counties and higher in Saline County than the statewide rate. Adults reporting no leisure time physical activity exceed the state levels. Teen birth rates are high.

SUMMARY

The secondary data and previous planning conclusions draw attention to several common issues of rural demographics and economics and draw emphasis to issues related to wellness, education, and risky behavior with regard to substances, obesity, teen health, and related issues.

DESCRIPTION OF DATA SOURCES

Qualitative Sources

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 below.

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

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

The hospital took into account input from persons who represent the broad interests of the community served by the hospital, including those with special knowledge of, or expertise in public health (local, regional, state and/or tribal). Members of medically underserved, low-income, and minority populations served by the hospital or individuals or organizations representing the interests of such populations also provided input. The medically underserved are members of a population who experience health disparities, are at risk of not receiving adequate medical care as a result of being uninsured or underinsured, and/or experiencing barriers to healthcare due to geographic, language, financial or other barriers. No public comments on the previous CHNA were known to the hospital.

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

CHNA Steering Committee Member and Area of Expertise

Joe Swab, CEO, Ferrell Hospital
Dr. Andy Britt, Physician
Angie Hampton, Administrator, Egyptian Health Department
Lisa Anderson, Nursing Administration, Ferrell Hospital
Katy Duncan, Volunteer, First Christian Church
Art Foster, Volunteer, 4Cs, Choisser Kitchen
Martha Vaughn, Nursing Coordinator, Ferrell Hospital
Rocky James, Mayor, Eldorado

Others providing input included through the focus groups included:

Rhonda Travelstead, Administrator, Fountainview Nursing Home
Midge Beal, Emergency Room Director, Ferrell Hospital
Janet Cremeen, Infection Control, Ferrell Hospital
Dr. Loren Wilson, Dentist
Katie Jackson, Ferrell Hospital Family Practice
Andrea May, VNA Hospice
Jason Kaslar, Pharmacist, Beck's Drugs
Sally Basinger, Volunteer
Jamie Byrd, Egyptian Health Department
Gina Sirach, Dean of Academic Services, Southeastern Illinois College
Terri Young, Ferrell Hospital Physical Therapy
Don Gossett, 4Cs
Diane Beasley, Teacher, Eldorado High School
Eme Basinger, Egyptian Health Department
Don Brown, Volunteer, former CEO, Ferrell Hospital

DRAFT

FOCUS GROUP #1 – FERRELL MEDICAL PROFESSIONALS AND PARTNERS

A focus group comprised of health care professionals and partners met at Ferrell Hospital on February 12, 2015. The group included physicians, long-term care and assisted living representatives, and others. The group was first asked to report any changes (positive or negative) they have observed in the delivery of healthcare and health-related services over the past two to three years. They responded with the following:

- A new general medicine physician has been recruited to the community
- Ferrell Hospital has contracted for the services of an Emergency Room physicians' group
- Implemented Electronic Medical Record (EMR) in the local clinic
- There have been an increased number of babies delivered in the Emergency Room at Ferrell Hospital
- Ferrell Hospital is preparing to add a pain management clinic and procedures
- Ferrell Hospital is exploring local wound care
- Ferrell Hospital has become affiliated with Deaconess Health System
- Access to psychiatric beds and funding for psychiatric care has gotten worse
- Long-term care/Medicaid approval has gotten slower
- There has been an increased need for psychiatric admissions
- There are more Medicaid patients

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

- Abuse of controlled substances, especially,
 - Resale of prescription drugs
 - Opioid addiction and overdose
 - Heroin
 - Methamphetamines
 - Synthetics
- Access to dental care for low income and uninsured
- Access to home care (due to new regulations)
- Access to primary care and specialty services
 - Examples included:
 - Distance to OB/delivery of 40 miles resulting in delivery of 6 babies in the Ferrell ER in the past year
 - Psychiatric evaluations conducted in the ER have doubled in the past year
 - Increased number of dental patients are being seen in the ER
 - There is one psychiatrist available through the Health Department
(*He screened 435 mental health patients last year*)
- Emergency and non-emergency transfer services
 - There are only two (both private) ambulance providers in the service area
 - Only one ambulance is available at a time for out-of-town transfers
 - Distance is an issue
 - Delays are common for emergency transfers
 - There is one public transit system providing non-emergency transport
 - Non-emergency transport requires 24-hour advance scheduling for out-of-town riders
 - It is difficult for patients to follow up with specialists due to transport access
- Obesity
- There are not enough psychiatric beds, either local or available for transfers
- There needs to be better flow procedures with Deaconess
- There is concern over the link between lack of oral healthcare and heart disease

FOCUS GROUP #2 – COMMUNITY LEADERS AND REPRESENTATIVES

A focus group comprised of community leaders met on February 12, 2015. The group included representatives of local government, local schools, and others. The group was first asked to report any changes (positive or negative) they have observed in the delivery of healthcare and health-related services over the past two to three years. They responded with the following:

- Local churches and other organizations have begun providing bags of food for the weekend for students in all local schools – currently providing food for 110 youth each week
- One local pharmacy has begun a certified medications review on a quarterly basis and has initiated a Medsync program to coordinate patient prescriptions to allow for monitoring to be certain that patients are getting the medications they need
- There is a new clinic in White County that is providing emergency services
- New fitness centers have opened in the service area
- Nutrition is being pushed more actively by local schools
- Social media is having an impact on spreading health and nutrition news
- There is a new marathon event at Southeastern Illinois College
- Ferrell Hospital has affiliated with Deaconess and has a new administrator
- There was a military health care event in Harrisburg (IRT) last year that provided an opportunity for vision, dental, and primary medical care for the entire area

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

- Substance abuse including opioid addiction and heroin
- Access to healthy foods
- Non-emergency transportation to appointments and services in and out of the service area
- Communities in the service area are not walkable
- Education on management of chronic disease
- Basic services for those with low incomes
- In-home care services – a resource list would be helpful
- Economic development – jobs
- Local adult day care
- Education on sexually transmitted diseases
- Healthcare navigation for the elderly
- Communication on health issues among health and community partners
- Homeless youth have been reported recently
- Mental health
- Obesity
- Cancer
- Heart disease
- Parenting education
- Nurse supply in the area

V. IDENTIFICATION AND PRIORITIZATION OF NEEDS

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

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

VI. DESCRIPTION OF COMMUNITY HEALTH NEEDS IDENTIFIED AND PRIORITIZED

The following needs were identified as significant health needs and prioritized:

1. WELLNESS

Wellness, and its many components, was discussed by both focus groups. Secondary data concerning food access, nutrition choices, obesity, and healthy living indicators, supported many of those concerns. The identification and prioritization group identified wellness as a significant need that was inclusive of the various concerns raised. Secondary data were not identified as significant current health needs and were not advanced for consideration for the Implementation Strategy.

2. ACCESS TO CARE

Both focus groups raised access to care issues. Ferrell Hospital is located in designated Health Professional Shortage Areas (Primary Care-HPSA score – 16, Mental Health-HPSA score – 15, Dental Care-HPSA – score 13) and a Medically Underserved Area/Population (Low income). HPSA scores are developed for use by the National Health Service Corps in determining priorities for assignment of clinicians. Scores range from 1 to 25 for primary care and mental health, 1 to 26 for dental. The higher the score, the greater the priority. The prioritization group identified shortages in providers/services related to family practice, specialists, obstetric services, and dental care as central to related needs. The identification and prioritization group identified access to care as a significant need that was inclusive of the various concerns raised.

3. SUBSTANCE ABUSE

The need to address substance abuse among youth and adults emerged from both focus groups. It is supported by the secondary resources, including the local IPLAN and secondary data sources. The identification and prioritization group identified substance abuse as a significant need that was inclusive of the various concerns raised.

4. TRANSPORTATION

Transportation was raised in both focus groups as a need in both emergency and non-emergency contexts. The identification and prioritization group recognized the need in relation to psychiatric care, medical care, and local access. The identification and prioritization group identified transportation as a significant need that was inclusive of the various concerns raised.

VII. RESOURCES AVAILABLE TO MEET PRIORITY HEALTH NEEDS

Major Centers and Services at Ferrell Hospital

- Ferrell Hospital Family Practice
- Eldorado Family Medicine
- Cardiac rehabilitation
- Case management
- Dietary
- Education and Infection Control
- Emergency Room
- Imaging
- Inpatient Services
- Laboratory
- Nursing
- Pharmacy
- Physical Therapy
- Respiratory Therapy
- Surgery

Community Organizations, Health Partners, and Government Agencies

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

- Egyptian Health Department
- Choisser Kitchen
- First Christian Church and other area churches
- Southern Illinois Community Health Coalition
- Eastern Illinois University
- Deaconess Health System
- CAADA (community drug prevention coalition)

VIII. IMPLEMENTATION STRATEGY

This Community Health Needs Assessment Implementation Strategy outlines how Ferrell Hospital intends to enhance its community benefit efforts in response to identified needs. A Community Health Needs Assessment was conducted by Ferrell Hospital in collaboration with several other community organizations during Spring 2015. This Implementation Strategy is in direct response to the prioritized community healthcare needs identified during the Community Health Needs Assessment.

TARGET AREAS AND POPULATIONS

Eight cities, villages, and surrounding areas in four counties were the target of the Community Health Needs Assessment and thus are also the target geographical areas to be addressed through this Implementation Strategy.

HOW SIGNIFICANT HEALTH NEEDS WERE IDENTIFIED AND PRIORITIZED

On April 9, 2015, eight persons including the CEO from Ferrell Hospital, a physician, the Egyptian Health Department Public Health Administrator, the Mayor of Eldorado and community volunteers serving low income community members met to review the primary and secondary data collected to that point and to identify and prioritize significant health needs in the service area.

The group reviewed secondary data and data summaries from Community Commons, ESRI, USDA, County Health Rankings, Egyptian Health Department IPLANs, National Cancer Institute, Illinois Behavioral Risk Factor Surveillance System, Illinois Department of Employment Security, Illinois State Board of Education and other sources, as well as the results of focus groups conducted with community members and medical professionals and partners.

The group utilized a roundtable discussion to identify significant needs consolidating concerns expressed in the focus groups, which found support in the secondary data. They then applied individual power rankings to the needs and discussed the tabulated results before finalizing the prioritization.

The health needs were identified based on:

- the burden, scope, severity, and urgency of the health need
- health disparities associated with the health need
- the importance the community placed on addressing the health need
- the community assets and resources that could be leveraged through strategic collaboration in the hospital's service area to address the health need
- secondary data sources
- local expertise and input

The needs identified and prioritized were:

- 1. Wellness**
- 2. Access to Care**
- 3. Substance Abuse**
- 4. Transportation**

IMPLEMENTATION STRATEGY

The Implementation Strategy was developed through a facilitated meeting involving key administrative staff at Ferrell Hospital. The group reviewed the needs assessment process completed to that point and considered the prioritized significant needs and supporting documents, along with the immediate past Implementation Strategy, a summary of the activities and impacts flowing from that strategy over the past two years, and 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 needs, actions the hospital intends to take were identified along with the anticipated impact of the actions, the resources the hospital intends to commit to the actions, and the external collaborators the hospital plans to cooperate with to address the need. The plan will be evaluated by periodic review of measurable outcome indicators in conjunction with annual review and reporting.

Process by which needs will be addressed:

1. WELLNESS

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

- Expand wellness screenings currently conducted in-house to four local businesses with industrial medical accounts, local government employees, the Chamber of Commerce, and community members
- Conduct free screenings at Choisser Kitchen – a local provider of free meals
- Support the “Gardening for God” program to deliver excess produce to low income families
- Expand free sports physicals at schools
- Assist the First Christian Church with the Buddy Bag program
- Actively support Southern Illinois Community Health Coalition (SICHC) youth programs
- Assist a newly forming community organization exploring avenues to address issues of homeless youth
- Monitor and evaluate expected impacts to determine measurable outcomes

Anticipated impact of these actions:

- Increased number of residents reached with health screenings by 10%
- 150 free sports physicals impacting many low income families
- Nutrition outreach to 550 persons per month

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

- Human Resources – payroll deduction
- Physician and staff
- Management staff
- Staff volunteers
- Community Education Department
- Lab
- Radiology
- Nursing

Planned collaboration between the hospital and other facilities or organizations:

- local businesses and industries and the City of Eldorado
- Choisser Kitchen
- First Christian Church
- Homeless issues group (in formation)
- Southern Illinois Community Health Coalition (SICHC)
- Eastern Illinois University
- Area churches
- School

2. ACCESS TO CARE

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

- Continue to pursue grants and funding to develop a regional chronic disease center
- Continue nocturnalist services from Emergency Department providers
- Add pain management clinic
- Expand rural health clinic hours to include Sunday
- Explore outpatient infusion
- Explore local wound care
- Expand mental health services to include individualized counselling – pediatric through seniors
- Explore telemedicine services
- Monitor and evaluate expected impacts to determine measurable outcomes

Anticipated impact of these actions:

- Reduce the number of local prescriptions for pain killers
- Reduce Emergency Department visits
- Create local access to wound care – reduce travel
- Create local access to infusion services – reduce travel
- Increase access to mental health care, particularly for youth and young adults

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

- Hiring mental health counselors
- Hiring Nurse Practitioner for expanded clinic hours
- Resources needed for telemedicine
- Administration

Planned collaboration between the hospital and other facilities or organizations:

- Deaconess Health Systems
- Rural health clinic providers

3. SUBSTANCE ABUSE

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

- Establish pain management clinic
- Continue active participation with Health Department and CAADA (community drug prevention coalition)
- Monitor and evaluate expected impacts to determine measurable outcomes

Anticipated impact of these actions:

- Reduced number of prescription pain drugs in use and supply
- Reduced number of Emergency Department visits

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

- Space for clinic
- Staff
- Administration
- Emergency Department physicians

Planned collaboration between the hospital and other facilities or organizations:

- Deaconess Health Systems
- Health Department
- CAADA (community drug prevention coalition)

4. TRANSPORTATION

The local transportation issue is beyond the financial resources and technical capacity of the hospital to address. Ferrell Hospital will continue to support reasonable efforts to address issues with local emergency and non-emergency transportation. The hospital will also assist EMS services with training to the extent of its capabilities.

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

- Continue to support development of local services
- Assist EMS providers with training

Anticipated impact of these actions:

- It is hoped that local transportation services will improve
- Local EMS providers will receive training

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

- Administration
- Staff

Planned collaboration between the hospital and other facilities or organizations:

- Ferrell Hospital stands ready to collaborate with any reasonable effort to address transportation issues
- EMS providers

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

APPROVAL

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

IX. DOCUMENTING AND COMMUNICATING RESULTS

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

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

X. STEPS TAKEN TO MEET THE LAST IMPLEMENTATION STRATEGY

Since the development of the last Implementation Strategy, the hospital has taken several steps to meet the strategies selected. The identification and prioritization group identified wellness as a significant need that was inclusive of the various concerns raised.

ACTION PLAN: MENTAL HEALTH SERVICES

- The hospital conducted a health fair that offered educational seminars on the proper disposal of prescription medicines and also on the issues of anxiety and depression.
- The nursing department partnered with the Egyptian Health Department and Core Physician Resources to conduct a conference on dealing with psychiatric patients.
- The hospital provided water to participants of “Walk the Block,” an event designed to raise awareness of children’s mental health issues.

ACTION PLAN: BASIC WELLNESS, EDUCATION, AND ACCESS TO SERVICES

- The hospital provided information on mammograms, diabetes, headaches, exercise, stroke, and tobacco use.
- A “Teddy Bear” clinic was also offered to address youth healthcare issues.
- The hospital partnered with area businesses to provide a series of five “community walks.” T-shirts and pedometers were given to participants in an effort to encourage utilization of running, walking, or biking the bike path.
- Information on cardiopulmonary rehab was given to the Carmi Golden Circle, a community organization.
- Healthy snacks and recipes were offered to employees during a “Go Red for Women” event. Healthy recipes also appeared in the hospital’s newsletters.
- Charity Care is ongoing, including a canned food drive conducted at the hospital. Canned food items are collected at both the hospital’s health fair and at local walking events.
- The hospital served as the title sponsor for the annual “Relay for Life” event and donated \$1,700 to Relay in 2014.
- The hospital collected canned food items to benefit the local food kitchen.

ACTION PLAN: TEEN PREGNANCY AND LOW BIRTH RATE

- Teen pregnancy and pain management services will be addressed in 2015.

ACTION PLAN: ACCESS TO QUALITY LOCAL HEALTHCARE

- Ferrell Hospital Family Practice clinic hours were increased. The clinic is now open Monday through Friday from 7 a.m. to 7 p.m., Saturday from 8 a.m. to 5 p.m., and Sunday from 1 to 5 p.m.
- New providers were hired including Dr. Joey Jackson and Casey Carlile, FNP. Core Physician Resources PC was hired to manage the Emergency Department. Core Physician Resources PC has four physicians that service the ED.
- The hospital provided flu shots plus screenings on gait and balance and bone density.
- Language Line Solution is now available. This service allows interpretation of 20 different languages.
- The hospital offered appointments with “navigators” to sign up for “Get Covered Illinois/Marketplace,” which allowed people to get no- or low-cost insurance coverage.
- The hospital attended “Summit of Hope,” an event which caters to parolees that are integrating back into society.
- The hospital offered information on available providers and on the hospital and clinic in general.

ACTION PLAN: TRANSPORTATION

- Information was provided on the hospital’s Disaster Trailer and its Air Evacuation Helicopter.

XI. REFERENCES

- *County Health Rankings, 2015*
- *Community Commons, 2015*
- Illinois Department of Employment Security, 2015
- National Cancer Institute, 2015 (data through 2011)
- Illinois Department of Public Health, 2015
- Health Professional Shortage Areas (HRSA) and Medically Underserved Areas/Populations, 2015
- Egyptian Health Department, IPLAN
- ESRI, 2015
- Illinois State Board of Education, Illinois Report Card, 2013-14
- USDA, Atlas of Rural and Small Town America

Support documentation on file and available upon request.

DRAFT