

Lawrence County Memorial Hospital

2022

*Community Health Needs
Assessment
Executive Summary*

LAWRENCE COUNTY
Memorial  Hospital
DEACONESS ILLINOIS PARTNER



Community Health Needs Assessment (CHNA) Overview

CHNA Purpose

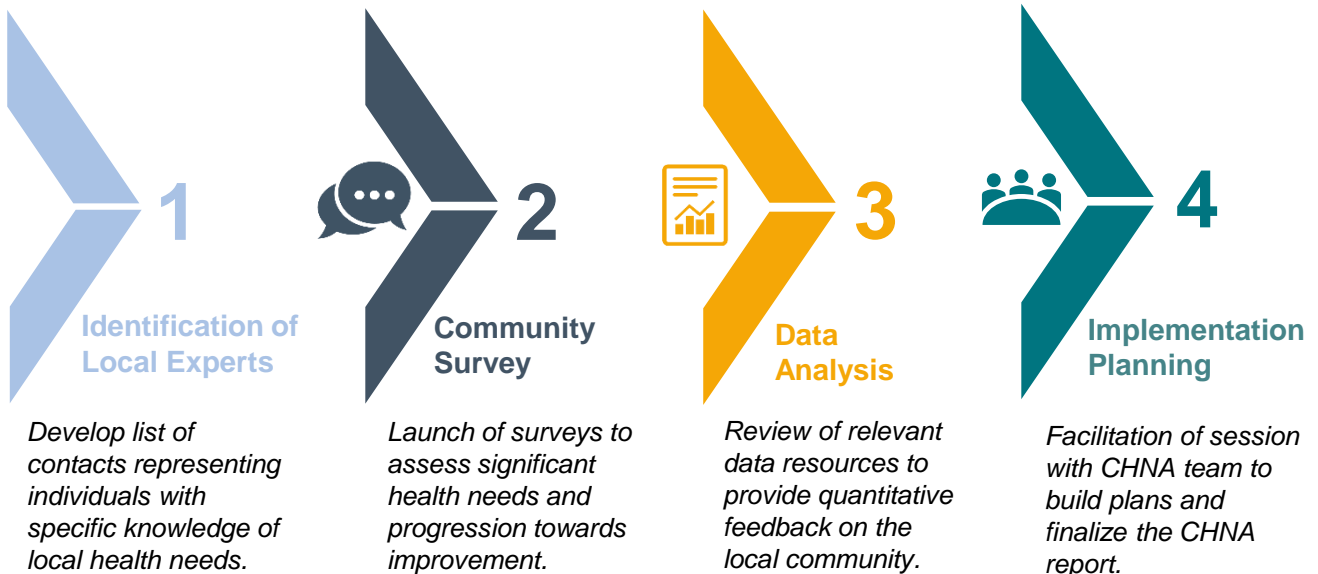
A CHNA is part of the required hospital documentation of “Community Benefit” under the Affordable Care Act for 501(c)(3) hospitals. It provides comprehensive information about the community’s current health status, needs, and disparities and offers a targeted action plan to address these areas, including programmatic development and partnerships.



Strategic Benefits

- Identifies health disparities and social determinants to inform future outreach strategies
- Identifies key service delivery gaps
- Grows understanding of community member perceptions of healthcare in the region
- Targets community organizations for collaborations

The CHNA Process



Community Served

For the purpose of this study, Lawrence County Memorial Hospital defines its service area as Lawrence County in Illinois which includes the follow Zip codes:

62417 – Bridgeport 62439 – Lawrenceville 62460 – Saint Francisville 62466 - Sumner

During 2020, LCMC received 89% of its Medicare inpatients from this area.

Lawrence County Demographics



Current Population :

15,907

	Lawrence County	Illinois	
Race/Ethnicity	White	85.3%	68.9%
	Black	10.3%	14.2%
	Asian & Pacific Islander	0.5%	6.0%
	Other	3.9%	10.8%
	Hispanic*	4.2%	18.0%
Age	0 – 17	17.4%	21.9%
	18 – 44	37.9%	36.5%
	45 – 64	24.9%	24.8%
	65 +	19.9%	16.7%
Education/Income	Median Household Income	\$48,330	\$68,663
	Some High School or Less	14.0%	9.9%
	High School Diploma/GED	34.9%	25.8%
	Some College/Associates Degree	35.2%	28.0%
	Bachelor's Degree or Greater	15.9%	36.3%

*Ethnicity is calculated separately from Race

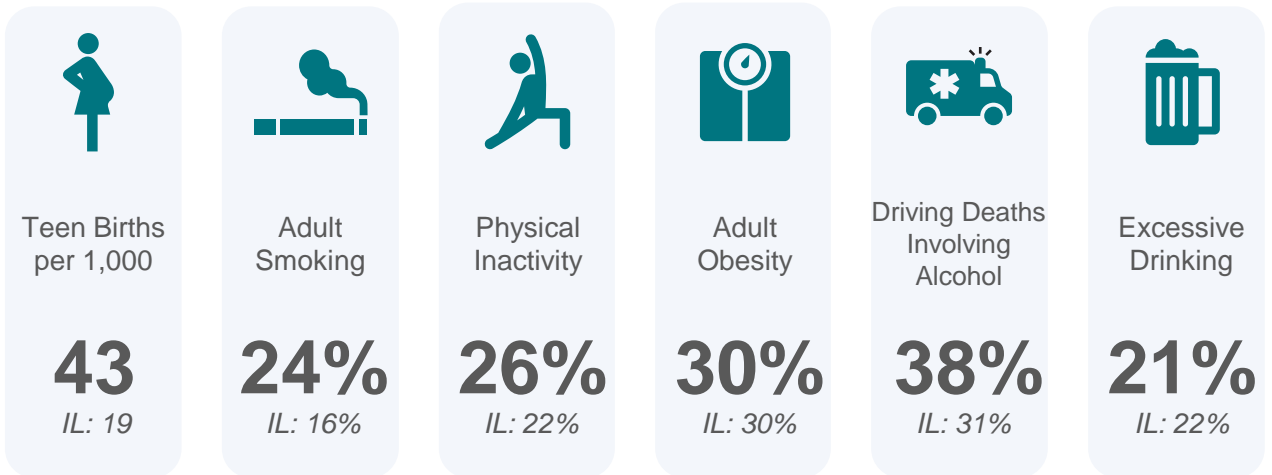
Source: Stratasan, ESRI

Community Health Characteristics

The data below shows an overview of Lawrence County's strengths and weaknesses regarding health behaviors, quality of life, socioeconomic factors, access to health, and physical environment. All of which influence the health of the entire community. These statistics were used in our community and local expert survey to help prioritize the health needs of the community.

Health Status Indicators

Health Behaviors



Quality of Life

Suicide Rate: 17

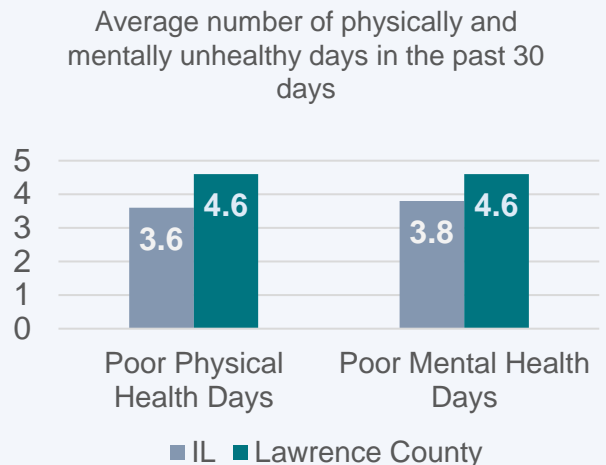
Compared to 11 in IL
Per 100,000

Poor or Fair Health: 20%

Compared to 16% in IL

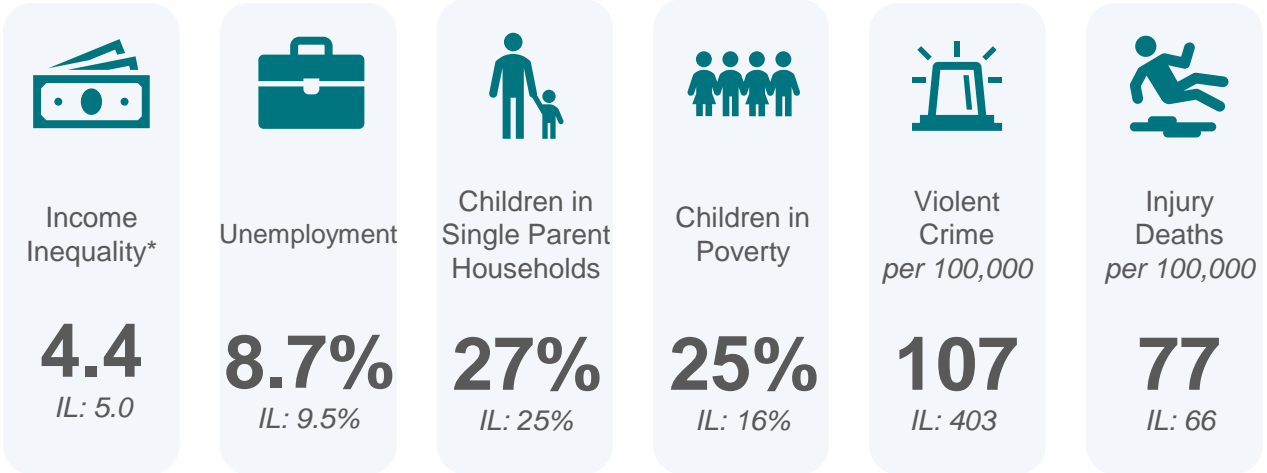
Low Birthweight: 10%

Compared to 8% in IL



Source: County Health Rankings 2021 Report

Socioeconomic Factors



Access to Health

Uninsured: 8%

Compared to 7% in IL

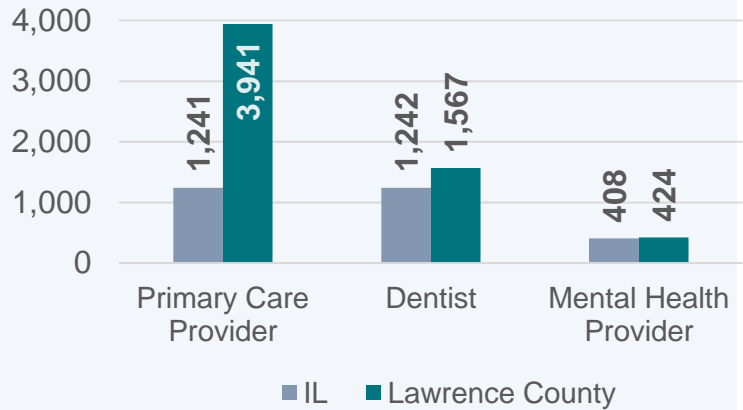
Preventable Hospital Stays: 5,863

*Compared to 4,913 in IL
Per 100,000*

Access to Exercise Opportunities: 41%

Compared to 91% in IL

Number of people per 1 Provider



Physical Environment



Air Pollution
($\mu\text{g}/\text{m}^3$)

8.9

IL: 8.7



Severe Housing Problems**

9%

IL: 17%



Driving to Work Alone

83%

IL: 73%



Broadband Access

75%

IL: 83%

Source: County Health Rankings 2021 Report, Bureau of Labor Statistics, Stratasan, ESRI

Notes: *Ratio of household income at the 80th percentile to income at the 20th percentile

**Overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data



737 indicators collected from data sources



130 surveys completed by community members



45 local experts interviewed

Evaluate

Evaluate indicators based on the following factors:



Worse than benchmark



Identified by the community



Impact on health disparities



Feasibility of being addressed

Select

Select priority health needs for implementation plan



Survey Results – Priority Health Needs

Answer Choices	Weighted Average of Votes (out of 5)
Mental Health	4.7
Healthcare Services: Affordability	4.63
Drug/Substance Abuse	4.61
Healthcare Services: Physical Presence	4.57
Healthcare Services: Prevention	4.49
Cancer	4.48
Obesity	4.47
Heart Disease	4.41
Education System	4.4
Employment and Income	4.34
Stroke	4.32
Diabetes	4.29
Smoking/Vaping/Tobacco Use	4.28
Women's Health	4.27
Access to Healthy Food	4.23
Diet	4.22
Physical Inactivity	4.2
Employment	4.2
Social Support	4.18
Alzheimer's and Dementia	4.15
Community Safety	4.13
Transportation	4.13
Lung Disease	4.07
Access to Exercise/Recreation	4.06
Excess Drinking	4.02
Affordable Housing	3.98
Kidney Disease	3.96
Risky Sexual Behavior	3.86
Social Connections	3.83
Liver Disease	3.7
Dental	3.68

Evaluation & Selection Process

Worse than Benchmark Measure 	Identified by the Community 	Feasibility of Being Addressed 	Impact on Health Disparities 
<p>Health needs were deemed “worse than the benchmark” if the supported county data was worse than the state and/or US averages</p>	<p>Health needs expressed in the online survey and/or mentioned frequently by community members</p>	<p>Growing health needs where interventions by the hospital are feasible and could make an impact</p>	<p>Health needs that disproportionately affect vulnerable populations and can impact health equity by being addressed</p>

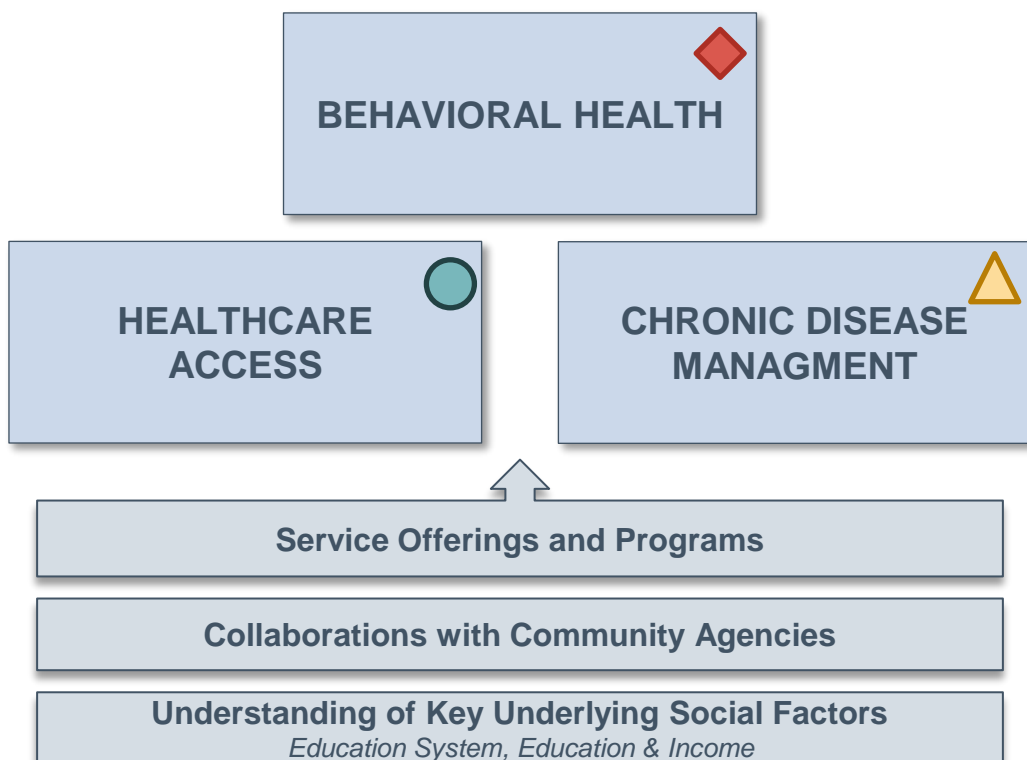
LCMH Health Need Evaluation

	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Disparities
Mental Health	✓	✓	✓	✓
Healthcare Services: Affordability		✓	✓	✓
Drug/Substance Abuse		✓	✓	✓
Healthcare Services: Physical Presence	✓	✓	✓	✓
Healthcare Services: Prevention		✓	✓	✓
Cancer	✓	✓	✓	✓
Obesity		✓	✓	✓
Heart Disease	✓	✓	✓	✓

Implementation Plan Framework

The action plan to address the identified health priorities will be organized into subgroups in order to adequately address the health needs with available time and resources.

-  **Mental Health**
-  **Healthcare Services: Affordability**
-  **Drug/Substance Abuse**
-  **Healthcare Services: Physical Presence**
-  **Healthcare Services: Prevention**
-  **Cancer**
-  **Obesity**
-  **Heart Disease**



Implementation Plan Overview

Behavioral Health

Mental Health, Drug/Substance Abuse

Hospital Resources:

- Front-line staffing needs
- Space for substance abuse support groups
- “Dine With a Doc” seminars
- Member of Lawrence County drug coalition
- Education/awareness
- LCSW on staff
- Narcan training
- “Hidden Room” – education for signs of substance abuse

Potential Implementations

- Hire additional LCSW
- Psych specialized NP
- Re-instate drug take-back event
- Collaborate psych model with Deaconess
- Further partner with local schools
- Further partner with local health dept.

Measures

- # of behavioral health encounters per year
- Psych holds times in ER
- Pounds of drugs collected at take-back event
- Suicide death rate

Healthcare Access

Affordability, Physical Presence, Prevention

Hospital Resources:

- State funding registration assistance
- Financial Assistance Policy
- Community Resource Guide
- Free health screening on Health Day
- Price list posted on website
- Acute care clinic with after-hours access
- Care coordinator on staff
- Free sports physical to local students
- “Dine with a Doc” education seminars

Potential Implementations:

- Hire additional PCP
- Expanding care coordination team
- Community education on specialty service offerings
- Yearly health fair
- Develop insurance contracting

Measures

- # non-ED outpatient visits yearly
- Appropriate ED utilization
- # of health fair encounters
- Charity care contribution

Chronic Disease Management

Cancer, Obesity, Heart Disease

Hospital Resources:

- Primary Care Clinic Services
- Diagnostic imaging and laboratory services
- Cardiac Rehab Program
- Colonoscopy screening
- Screening programs at community events
- Education on prevention/diagnosis/treatment
- Refer patients to smoking cessation program
- Host education seminars on cancer
- Wellness nurse on staff

Potential Implementations:

- Yearly health fair
- Broaden educational efforts
- Chronic care management program
- Partner to get additional specialist onsite
- Plan a 5K with community partners

Measures

- # of patients utilizing care coordination program
- Medicare wellness visits
- # of mammography screenings provided