Lawrence County

Illinois

2025

Community Health Needs Assessment

Approved by Board: June 3rd, 2025

LAWRENCE COUNTY
Memorial ✚ Hospital
DEACONESS ILLINOIS PARTNER

LCHD
Lawrence County
Health Department

Table of Contents

Executive Summary

Lawrence County Memorial Hospital and the Lawrence County Health Department ("LCMH & LCHD" or the "Organizations") performed a Community Health Needs Assessment (CHNA) together in partnership with Ovation Healthcare ("Ovation") to assist in determining the health needs of the local community and an accompanying implementation plan to address the identified health needs. This CHNA report consists of the following information:

1) a definition of the community served by the Organizations and a description of how the community was determined;

2) a description of the process and methods used to conduct the CHNA;

3) a description of how the Organizations solicited and considered input received from persons who represent the broad interests of the community it serves;

4) commentary on the 2022 CHNA Assessment and Implementation Strategy efforts;

5) a prioritized description of the significant health needs of the community identified through the CHNA along with a description of the process and criteria used in identifying certain health needs as significant and prioritizing those significant health needs; and

6) a description of resources potentially available to address the significant health needs identified through the CHNA.

Data was gathered from multiple well-respected secondary sources to help build an accurate picture of the current community and its health needs. A broad community survey was performed to review and provide feedback on the prior CHNA and to support the determination of the Significant Health Needs of the community in 2025.

The top priorities identified by LCMH and LCHD from this assessment are:

- Improve Behavioral Health Outcomes

- Strengthen Cancer Support, Screening, and Treatment

- Reduce Barriers to Care

In the Implementation Strategy section of the report, the Organizations address these areas through identified programs and resources with intended impacts included for each health need to track progress towards improved community health outcomes.

Community Health Needs Assessment
Overview

CHNA Purpose

A CHNA is part of the required documentation of "Community Benefit" under the Affordable Care Act for 501(c)(3) hospitals and fulfills requirements for accreditation for many health and public health entities. However, regardless of status, a CHNA provides many benefits to an organization. This assessment 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.

Organizational Benefits

- Identify health disparities and social drivers to inform future outreach strategies
- Identify key service delivery gaps
- Develop an understanding of community member's perceptions of healthcare in the region
- Support community organizations for collaborations

CHNA Process

1 Survey the Community

Develop a CHNA survey to be deployed to the broad community in order to assess significant health priorities.

2 Data Analysis

Review survey data and relevant data resources to provide qualitative and quantitative feedback on the local community and market.

3 Determine Top Health & Social Needs

Prioritize community health and social needs based on the community survey, data from secondary sources, and facility input.

4 Implementation Planning

Build an implementation plan to address identified needs with actions, goals, and intended impacts on significant health needs.

Process & Methods

This assessment takes a comprehensive approach to determining community health needs and includes the following methodology:

- Several independent data analyses based on secondary source data

- Augmentation of data with community opinions through a community-wide survey

- Resolution of any data inconsistency or discrepancies by reviewing the combined opinions formed by local expert advisors and community members

Data Collection and Analysis

This assessment relies on secondary source data, which primarily uses the county as the smallest unit of analysis. Most data used in the analysis is available from public internet sources and proprietary data. Any critical data needed to address specific regulations or developed by the community members cooperating in this study are displayed in the CHNA report appendix.

All data sources are detailed in the appendix of this report with the majority of the data used in this assessment coming from:

- County Health Rankings 2024 Report

- Centers for Medicare & Medicaid Services – CMS

- Centers for Disease Control and Prevention – CDC

- Health Resources & Services Administration – HRSA

A standard process of gathering community input was utilized. In addition to gathering data from the above sources, a CHNA survey was deployed to local expert advisors and the general public to gain input on local health needs and the needs of priority populations. Local expert advisors were local individuals selected according to criteria required by the Federal guidelines and regulations and the Organizations' desire to represent the region's economic, racial, and geographically diverse population. Two hundred forty-three (243) survey responses from community members were gathered between February and March, 2025.

Community Input

Input was obtained from the required three minimum federally required sources and expanded to include other representative groups. The Organizations asked all those participating in the written comment solicitation process to self-identify into any of the following representative classifications, which are detailed in the appendix to this report. Additionally, survey respondents were asked to identify their age, race/ethnicity, and income level to ensure a diverse range of responses were collected.

Survey Question: Please select all roles that apply to you (n=243)

Role	Count
Community Resident	128
Priority Population (medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+)	116
Healthcare Professional	13
Public Health Official	12
Representative of Chronic Disease Group or Advocacy Organization	9
Government Employee or Representative	2
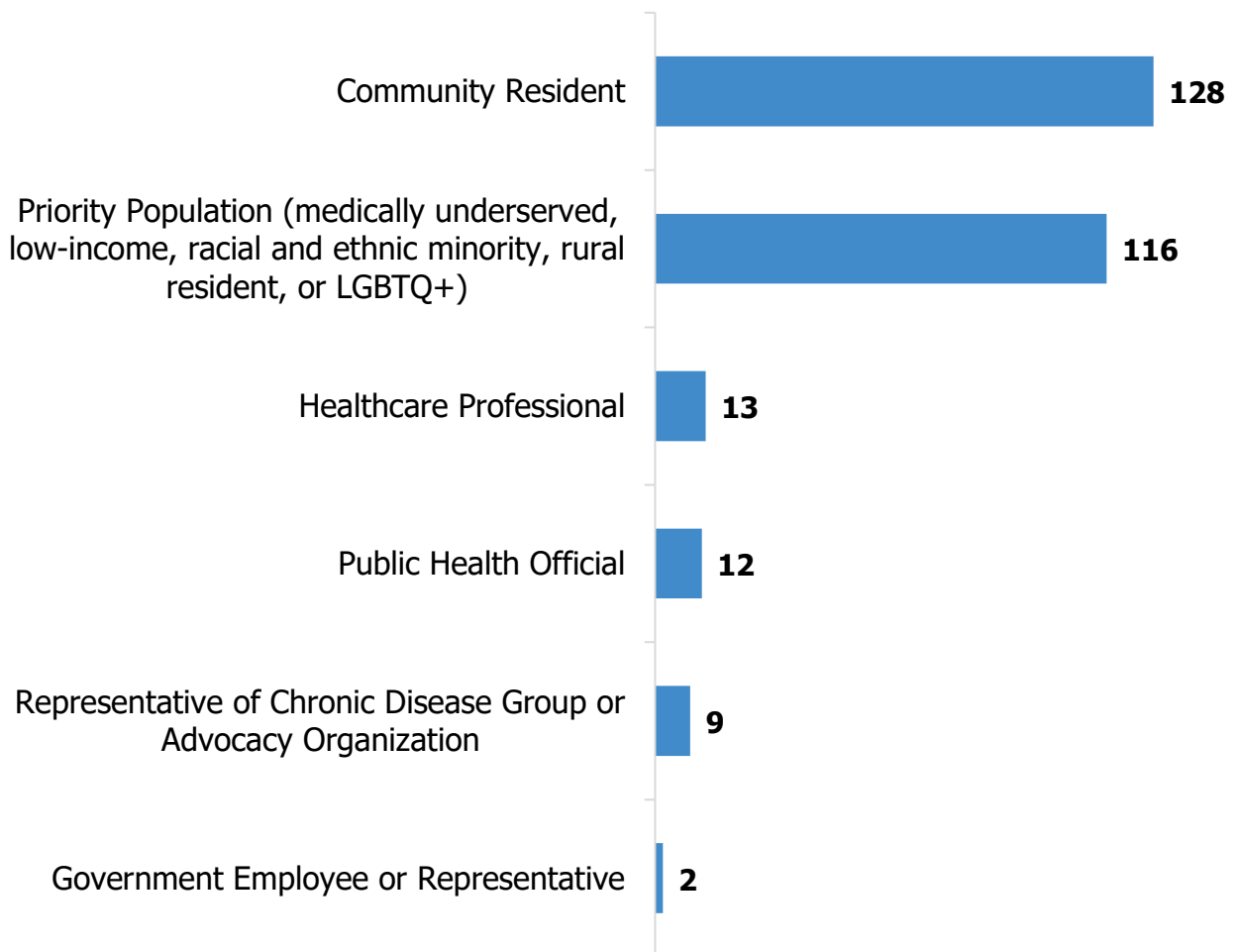
Priority Populations

Medically underserved populations are those who experience health disparities or face barriers to receiving adequate medical care because of income, geography, language, etc. The Organizations assessed what population groups in the community ("Priority Populations") would benefit from additional focus and asked survey respondents to elaborate on the key health challenges these groups face.

Survey Question: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community?

Group	Percentage
Low-income groups	69%
Older adults	61%
Uninsured and underinsured individuals	57%
Individuals requiring additional healthcare support	39%
Children	31%
Residents of rural areas	30%
Women	17%
Racial and ethnic minority groups	7%
LGBTQ+	6%
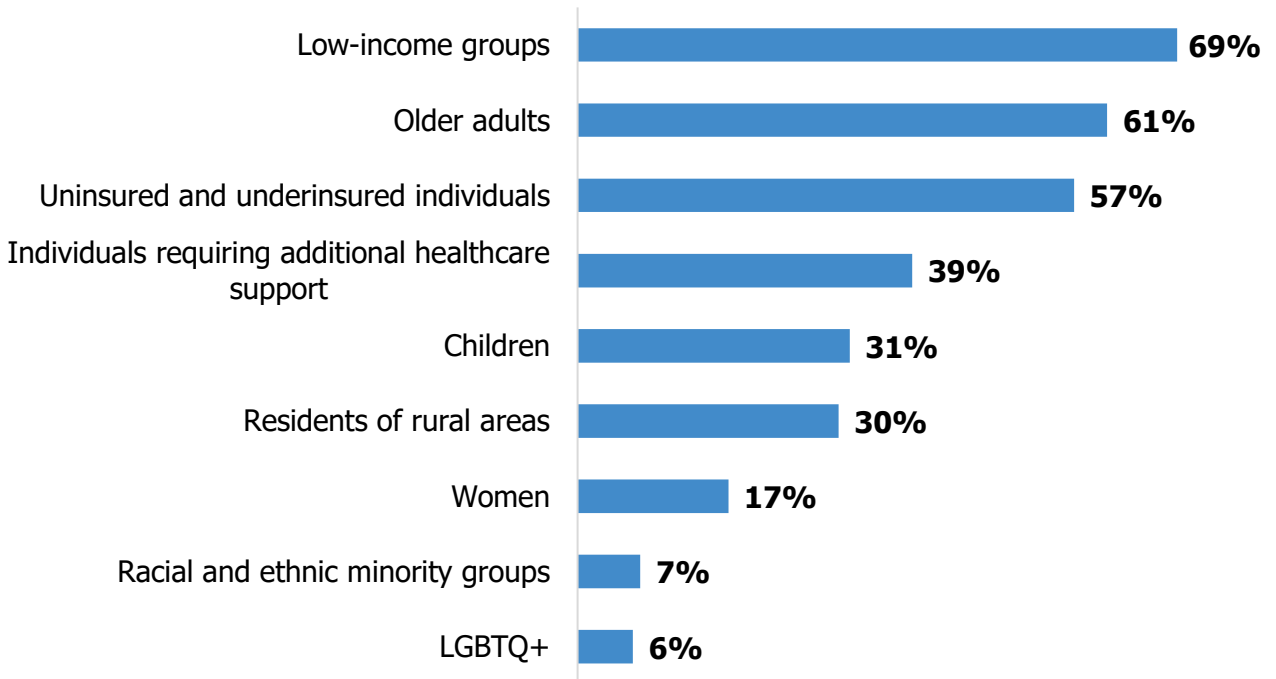
Local opinions of the needs of Priority Populations, while presented in their entirety in the appendix, were abstracted into the following key themes:

- The top three priority populations identified were low-income groups, older adults (65+), and uninsured/underinsured individuals.

- Summary of unique or pressing needs of the priority groups identified by the respondents:

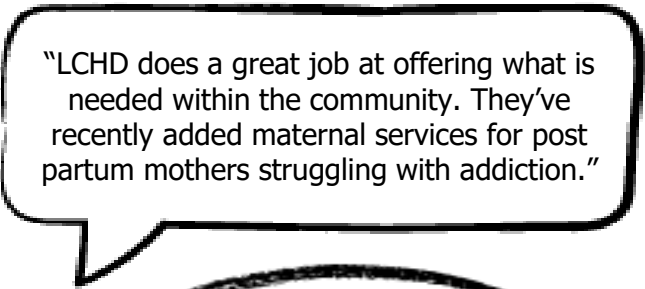| Healthcare Affordability	Lack of Transportation	Access to Specialists

Input on 2022 CHNA

The Organizations considered written comments received on the prior CHNA and Implementation Strategy as a component of the development of the 2025 CHNA and Implementation Strategy. Comments were solicited from community members to provide feedback on any efforts and actions taken by the Organizations since the 2022 CHNA and Implementation Plan were conducted. These comments informed the development of the 2025 CHNA and Implementation Plan and are presented in full in the appendix of this report. The health priorities identified in the 2025 CHNA are listed below, along with a selection of survey responses.
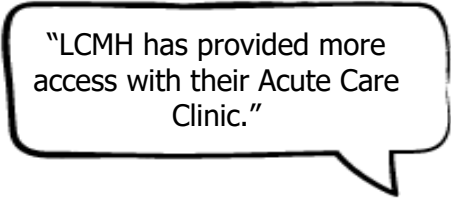
- **Behavioral Health:** *Mental Health and Drug/Substance Use*
- **Healthcare Access:** *Affordability, Presence of Services, and Prevention*
- **Chronic Disease Management:** *Cancer, Obesity, Heart Disease*
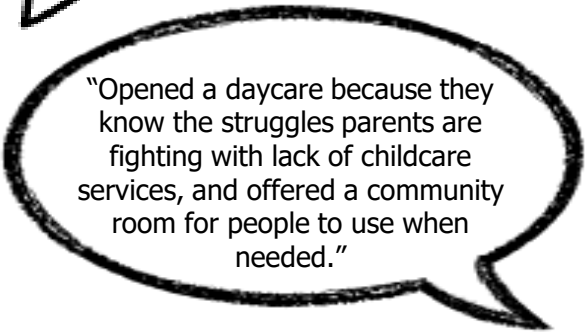
"Our community is so very fortunate for the advancements and improvements made by both LCMH and LCHD in recent years. Keep up the great work!"

"LCHD does a great job at offering what is needed within the community. They've recently added maternal services for post partum mothers struggling with addiction."

"LCMH has provided more access with their Acute Care Clinic."

"Opened a daycare because they know the struggles parents are fighting with lack of childcare services, and offered a community room for people to use when needed."

Impact of Actions to Address the 2022 Significant Health Needs

- Behavioral Health: LCHD opened the community Living Room to provide 24/7 access to crisis behavioral health services as well as Walk-In Wednesdays to provide same-day access to behavioral health intake and support.

- Healthcare Access: LCMH continues to recruit a range of providers including pediatrics and primary care to increase access to services, and provides extended hour services to the community at the Acute Care Clinic with no appointment necessary.

- Chronic Disease Management: LCHD and LCMH host a range of free educational events and programs, including opportunities for free and low-cost screenings at health fairs and community events.

Community Served

The service area in this assessment is defined as Lawrence County, Illinois. The data presented in this report is based on this county-level service area and compared to state averages. Geographically, the Organizations are centrally located within Lawrence County and get the majority of their patients from this area.

Service Area

Lawrence County, Illinois

Total Population: **14,914**

Source: County Health Rankings 2025 Report

Service Area Demographics

	Lawrence County	Illinois
Demographics		
Total Population	14,914	12,582,032
Age		
Below 18 Years of Age	19%	22%
Ages 19 to 64	63%	61%
65 and Older	19%	17%
Race & Ethnicity		
Non-Hispanic White	84%	59%
Non-Hispanic Black	10%	14%
American Indian or Alaska Native	1%	1%
Asian	1%	6%
Native Hawaiian or Other Pacific Islander	0%	0%
Hispanic	4%	18%
Gender		
Female	44%	50%
Male	56%	50%
Geography		
Rural	70%	13%
Urban* (Non-Rural)	30%	87%
Income		
Median Household Income	$57,460	$76,744

*Notes: *Urban is defined as census blocks that encompass at least 5,000 people or at least 2,000 housing units*
Source: County Health Rankings 2024 Report

Methods of Identifying Health Needs

Collect & Analyze

Analyze existing data and collect new data

737 indicators collected from data sources

243 surveys completed by community members

Evaluate

Evaluate indicators based on the following factors:

- Worse than benchmark
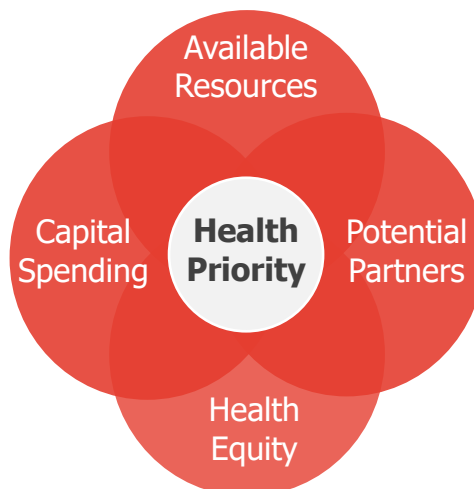- Identified by the community
- Impact on health disparities
- Feasibility of being addressed

Select

Select priority health needs for implementation plan

Available Resources

Capital Spending

Health Priority

Potential Partners

Health Equity

Prioritizing Significant Health Needs

The survey respondents participated in a structured communication technique called the "Wisdom of Crowds" method. This approach relies on the assumption that the collective wisdom of participants is superior to the opinion of any one individual, regardless of their professional credentials.

In the Organizations' process, each survey respondent had the opportunity to prioritize community health needs. The survey respondents then ranked the importance of addressing each health need on a scale of 1 (not at all) to 5 (extremely), including the opportunity to list additional needs that were not identified.

The ranked needs were divided into "Significant Needs" and "Other Identified Needs." The determination of the breakpoint — "Significant" as opposed to "Other" — was a qualitative interpretation where a reasonable breakpoint in rank order occurred. The Organizations analyzed the health issues that received the most responses and established a plan for addressing them.

Ranked Health Priorities

The health priority ranking process included an evaluation of health factors, community factors, and behavioral factors, given that they each uniquely impact the overall health and health outcomes of a community:

- Health factors include chronic diseases, health conditions, and the physical health of the population.

- Community factors are the social drivers that influence community health and health equity.

- Behavioral factors are the individual actions that affect health outcomes.

In our community survey, each broad factor was broken out into more detailed components, and respondents rated the importance of addressing each component in the community on a scale from 1 to 5. The results of the health priority rankings are outlined below:

Health Factors

Survey Question: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

Legend: ■ 1 ■ 2 ■ 3 ■ 4 ■ 5

Health Factor	3	4	5	Weighted Average
Mental Health	7%	22%	70%	4.61
Cancer	10%	24%	66%	4.56
Obesity	15%	31%	51%	4.32
Heart Disease	16%	34%	47%	4.26
Diabetes	16%	37%	44%	4.23
Women's Health	18%	34%	44%	4.19
Alzheimer's and Dementia	25%	29%	44%	4.17
Stroke	21%	36%	40%	4.11
Dental	25%	24%	45%	4.08
Lung Disease	24%	36%	34%	3.98
Kidney Disease	30%	32%	32%	3.89
Liver Disease	33%	31%	25%	3.71
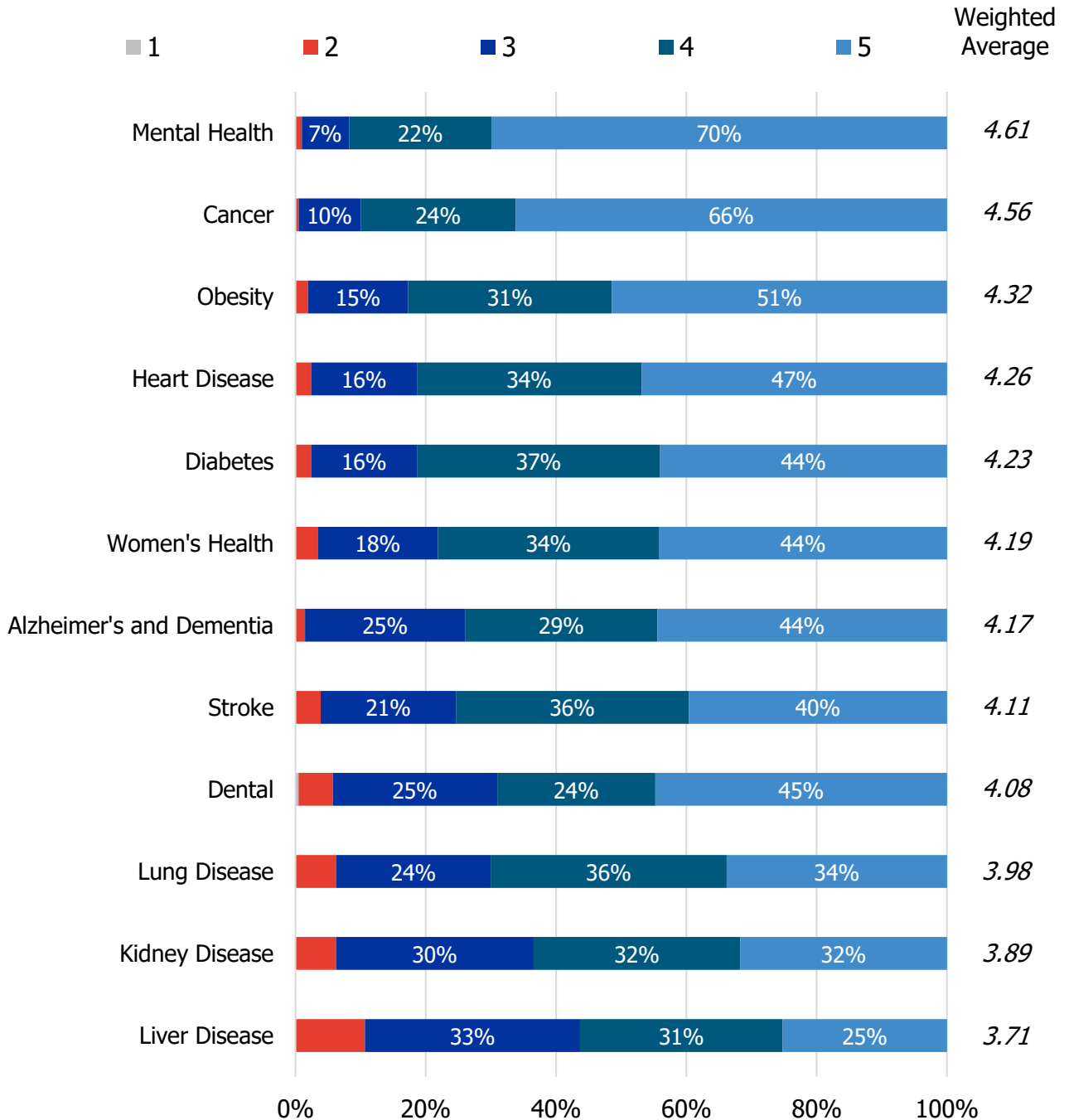
Community Factors

Survey Question: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

Legend: ■ 1 ■ 2 ■ 3 ■ 4 ■ 5

Community Factor	2	3	4	5	Weighted Average
Access to Childcare		12%	18%	67%	4.50
Healthcare: Affordability		14%	21%	63%	4.45
Employment and Income		11%	38%	50%	4.37
Affordable Housing		13%	34%	51%	4.33
Access to Senior Services		11%	37%	49%	4.30
Education System		19%	27%	51%	4.26
Access to Healthy Food		24%	29%	43%	4.10
Transportation		20%	28%	44%	4.08
Community Safety		24%	32%	38%	4.01
Healthcare: Types of Services Provided		26%	33%	36%	4.00
Healthcare: Prevention Services		27%	31%	37%	3.97
Healthcare: Hours of Operation		27%	30%	32%	3.80
Access to Exercise/Recreation		32%	30%	29%	3.77
Healthcare: Location of Services		29%	28%	31%	3.75
Social Connections		37%	31%	19%	3.52

Horizontal axis: 0% — 20% — 40% — 60% — 80% — 100%

Behavioral Factors

Survey Question: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

	Weighted Average
Drug/Substance Abuse — 4%, 23%, 71%	*4.64*
Smoking/Vaping/Tobacco Use — 14%, 28%, 53%	*4.30*
Excess Drinking — 15%, 33%, 49%	*4.28*
Diet — 23%, 40%, 35%	*4.07*
Physical Inactivity — 25%, 36%, 36%	*4.05*
Risky Sexual Behavior — 34%, 27%, 26%	*3.65*

Legend: ■ 1 ■ 2 ■ 3 ■ 4 ■ 5
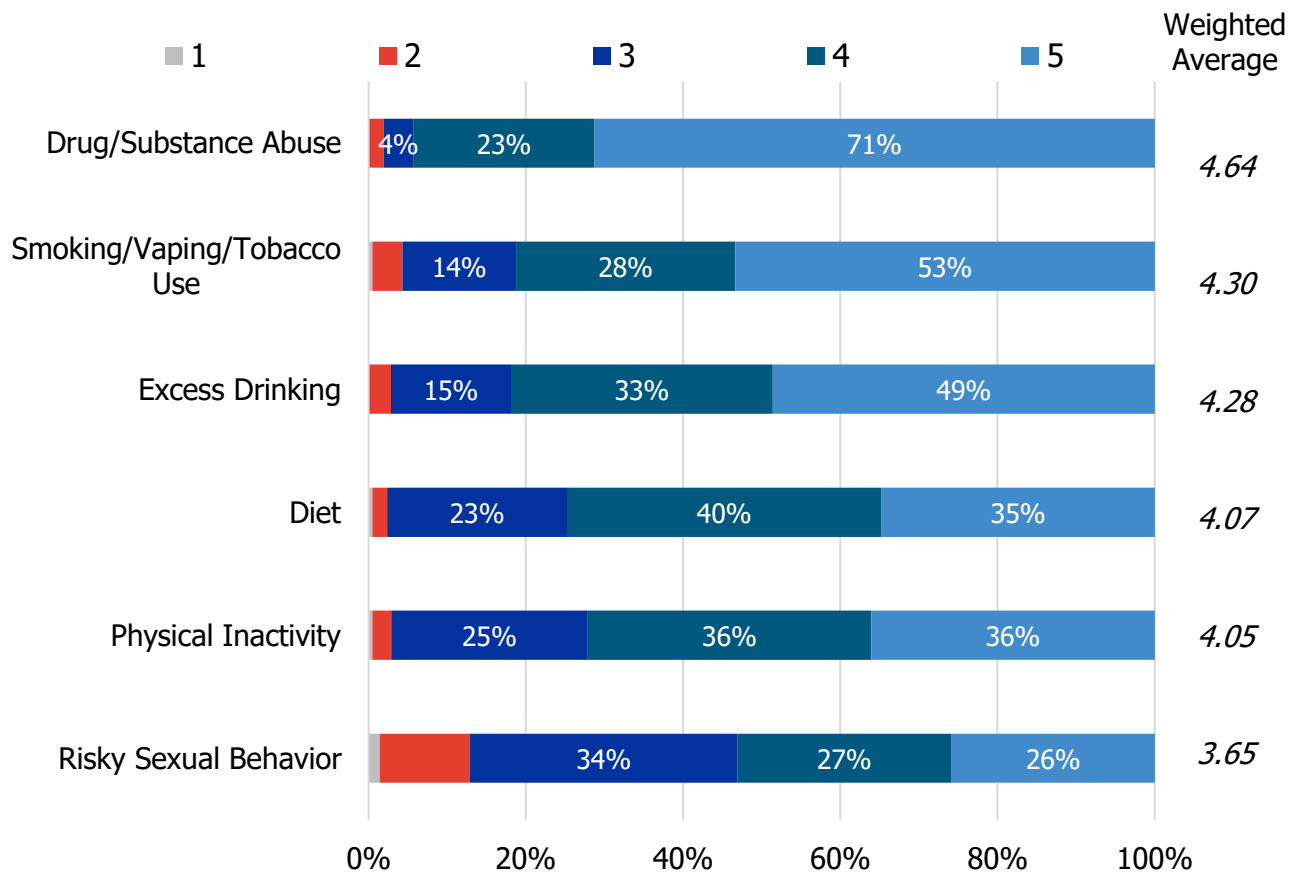
Overall Health Priority Ranking (Top 10 Highlighted)

Health Issue	Weighted Average (out of 5)	Combined 4 (Important) and 5 (Extremely Important) Rating
Drug/Substance Abuse	4.64	94.3%
Mental Health	4.61	91.7%
Cancer	4.56	90.0%
Access to Childcare	4.50	85.6%
Healthcare: Affordability	4.45	84.3%
Employment and Income	4.37	88.1%
Affordable Housing	4.33	84.8%
Obesity	4.32	82.7%
Access to Senior Services	4.30	85.2%
Smoking/Vaping/Tobacco Use	4.30	81.3%
Excess Drinking	4.28	81.9%
Heart Disease	4.26	81.3%
Education System	4.26	78.6%
Diabetes	4.23	81.3%
Women's Health	4.19	78.2%
Alzheimer's and Dementia	4.17	73.9%
Stroke	4.11	75.4%
Access to Healthy Food	4.10	71.9%
Dental	4.08	69.1%
Transportation	4.08	72.4%
Diet	4.07	74.8%
Physical Inactivity	4.05	72.1%
Community Safety	4.01	69.7%
Healthcare: Types of Services Provided	4.00	68.9%
Lung Disease	3.98	70.1%
Healthcare: Prevention Services	3.97	67.5%
Kidney Disease	3.89	63.5%
Healthcare: Hours of Operation	3.80	61.7%
Access to Exercise/Recreation	3.77	59.1%
Healthcare: Location of Services	3.75	59.1%
Liver Disease	3.71	56.3%
Risky Sexual Behavior	3.65	53.1%
Social Connections	3.52	49.5%

Community Health Characteristics

This section highlights health status indicators, outcomes, and relevant data on the health needs in Lawrence County. The data at the county level is supplemented with benchmark comparisons to the state data. The most recently available data is used throughout this report with trended data included where available. A scorecard that compares the population health data of Lawrence County to that of Illinois can be found in the report appendix.

Behavioral Health

Mental Health

Mental health was the #2 community-identified health priority with 92% of respondents rating it as important to be addressed in the community (important is categorized as a 4 or 5 rating on the community survey). The suicide mortality rate in Lawrence County is 13.5 which is higher than the Illinois average (CDC Final Deaths 2021).

Poor mental health disproportionately affects people in priority populations like racial and ethnic minority groups, residents of rural areas, and LGBTQ+ communities due to a lack of access to providers and an inclusive behavioral health workforce (NAMI).

	Lawrence County	Illinois
Suicide Mortality Rate per 100,000 (2021)	13.5	11.1
Poor Mental Health Days past 30 days (2022)	5.6	4.5
Population per 1 Mental Health Provider (2024)	168:1	297:1

Source: CDC Final Deaths, County Health Rankings 2025 Report

Drug, Substance, and Alcohol Use

Drug/substance abuse was identified as the #1 priority with 94% of survey respondents rating it as an important factor to address in the community. Additionally, 82% of respondents think excessive drinking and 81% think that smoking and tobacco use are major issues in the community.

Data is limited for drug-related overdose deaths in the service area with the Illinois average being 29.5 per 100,000 population. While the rate of excessive drinking in in the county is the same as the state average, the rate of adult smoking is significantly higher.

	Lawrence County	Illinois
Drug-Related Overdose Deaths per 100,000 (2020-2022)	n/a	29.5
Excessive Drinking (2022)	20.6%	19.3%
Alcohol-Impaired Driving Deaths (2018-2022)	6.7%	26.4%
Adult Smoking (2022)	20.6%	12.8%

Source: County Health Rankings 2025 Report

Chronic Diseases

Cancer

Cancer was identified as the #3 community health issue with 90% of survey respondents rating it as important to address in the community. Cancer is the 2nd leading cause of death in Lawrence County (CDC Final Deaths). Additionally, 39% of survey respondents said they would like to see additional access to cancer care in Lawrence County.

Both the cancer incidence rate and the cancer mortality rate are higher in Lawrence County compared to Illinois. When evaluating health equity across genders, men have higher incidence rates of cancer compared to women in Lawrence County, Illinois, and the US. This disparity can be due to a multitude of factors including behavioral factors like tobacco use and diet, as well as healthcare utilization like preventative care and screening (CDC).

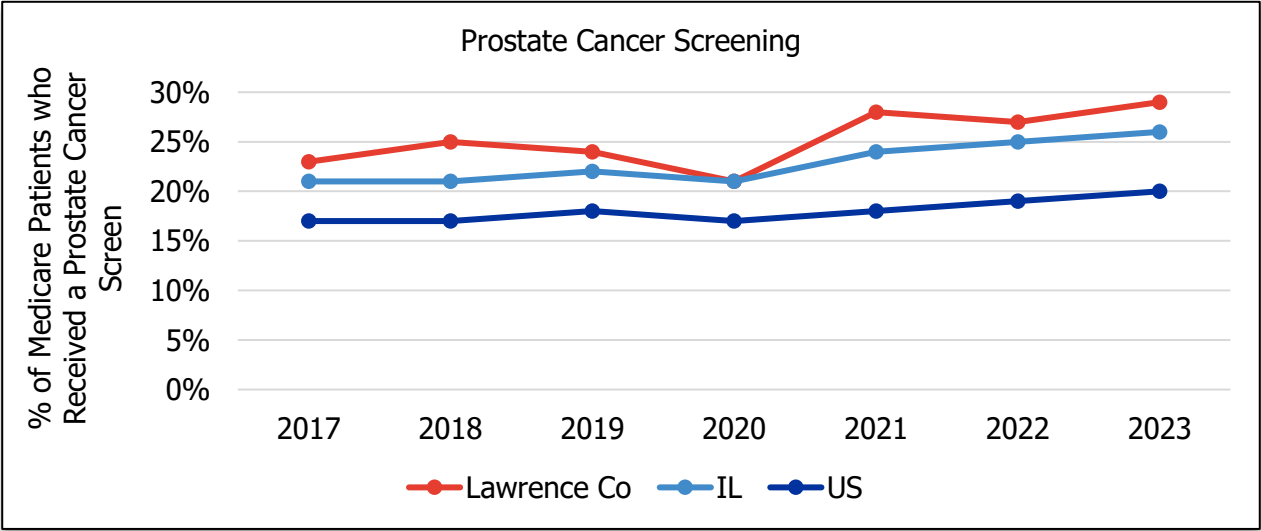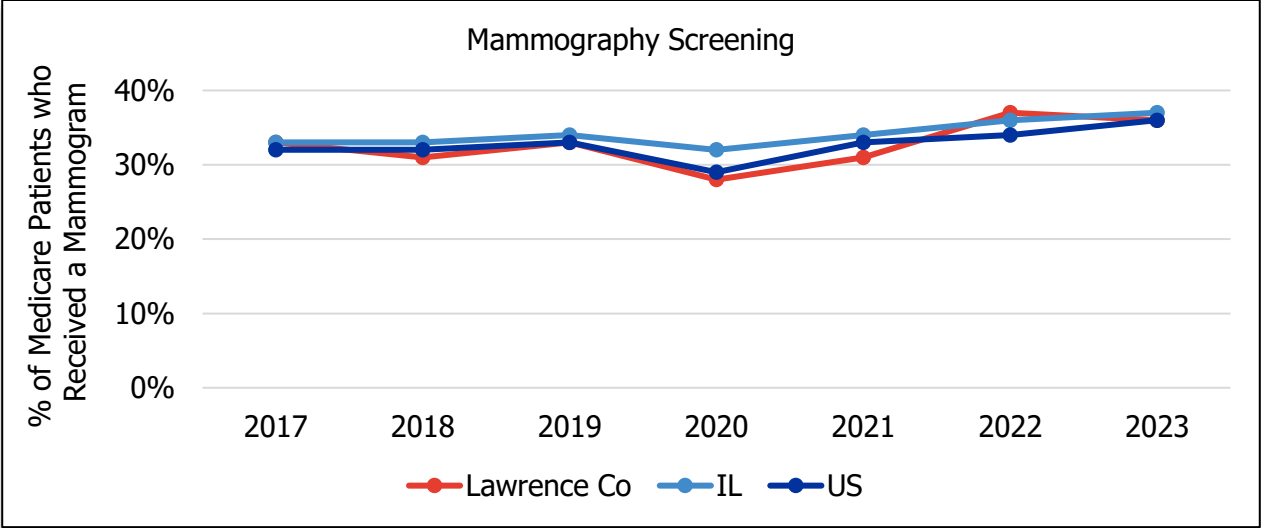|	Lawrence County	Illinois
Cancer Incidence Rate Age-Adjusted per 100,000 (2017-2021)	465.8	459.2
Cancer Mortality Rate per 100,000 (2022)	191.9	150.0

Source: CDC, National Cancer Institute

Cancer Incidence Rates by Gender (*per 100,000*)

	Female	Male
Lawrence County	419.8	551.8
Illnois	436.9	496.5
US	421.1	481.1

■ Female ■ Male
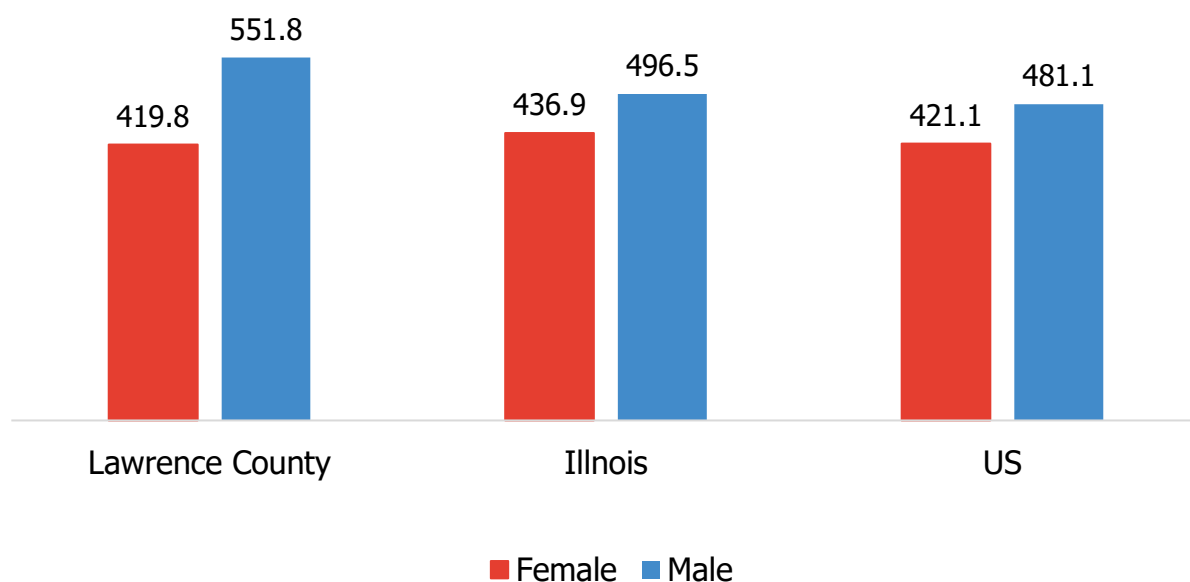
The rate of Medicare enrollees (women age 65+) in Lawrence County who have received a mammogram in the past year is the same as the Illinois and US averages. These rates have been increasing in recent years after a dip in 2020 during the COVID-19 pandemic. Among Medicare enrollees (men age 65+), Lawrence County has had a higher prostate cancer screening rate in the past year compared to both the state and the US overall with rates increasing in recent years.

Mammography Screening

% of Medicare Patients who Received a Mammogram

	2017	2018	2019	2020	2021	2022	2023
Lawrence Co	32%	31%	33%	28%	31%	37%	36%
IL	33%	33%	34%	32%	34%	36%	37%
US	32%	32%	33%	29%	33%	34%	36%

Prostate Cancer Screening

% of Medicare Patients who Received a Prostate Cancer Screen

|	2017	2018	2019	2020	2021	2022	2023
Lawrence Co	23%	25%	24%	21%	28%	27%	29%
IL	21%	21%	22%	21%	24%	25%	26%
US	17%	17%	18%	17%	18%	19%	20%

Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Cardiovascular Health

Heart disease is the leading cause of death in Lawrence County and the county has a mortality rate higher than the state (207.6 compared to 169.8 per 100,000 respectively) (CDC Final Deaths). Additionally, Lawrence County has a higher stroke mortality rate compared to the state (60.9 compared to 44.1 per 100,000 respectively) (CDC Final Deaths).

In the Medicare population, Lawrence County has a similar prevalence of both heart disease and stroke as Illinois. Additionally, it is important to evaluate health disparities in the community for cardiovascular health outcomes, as racial and ethnic minority groups are more likely to die of heart disease than their white counterparts (CDC).
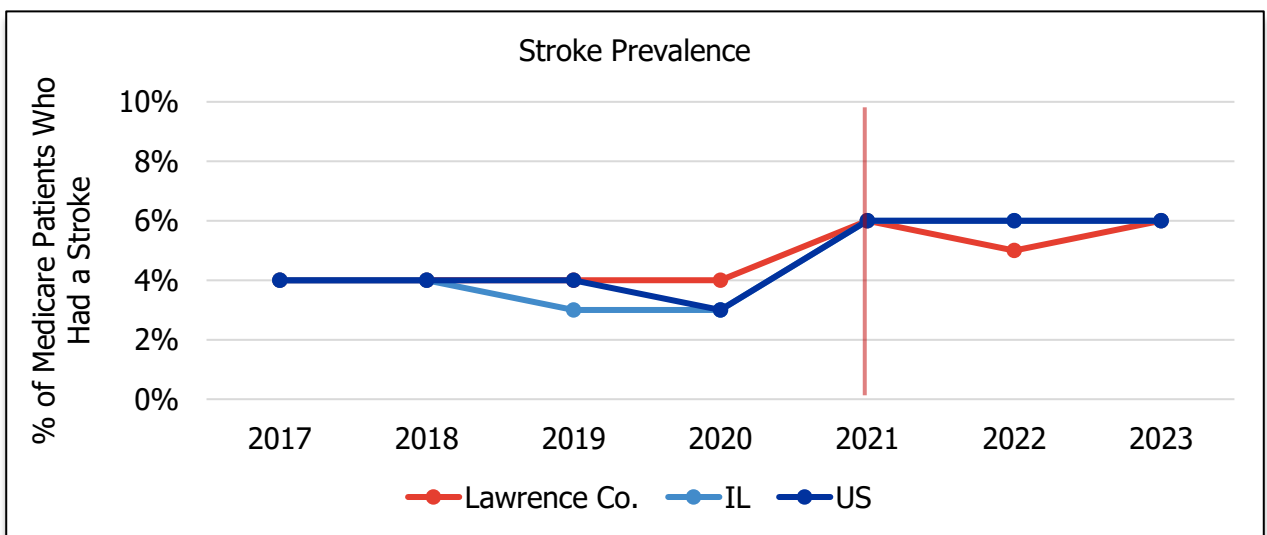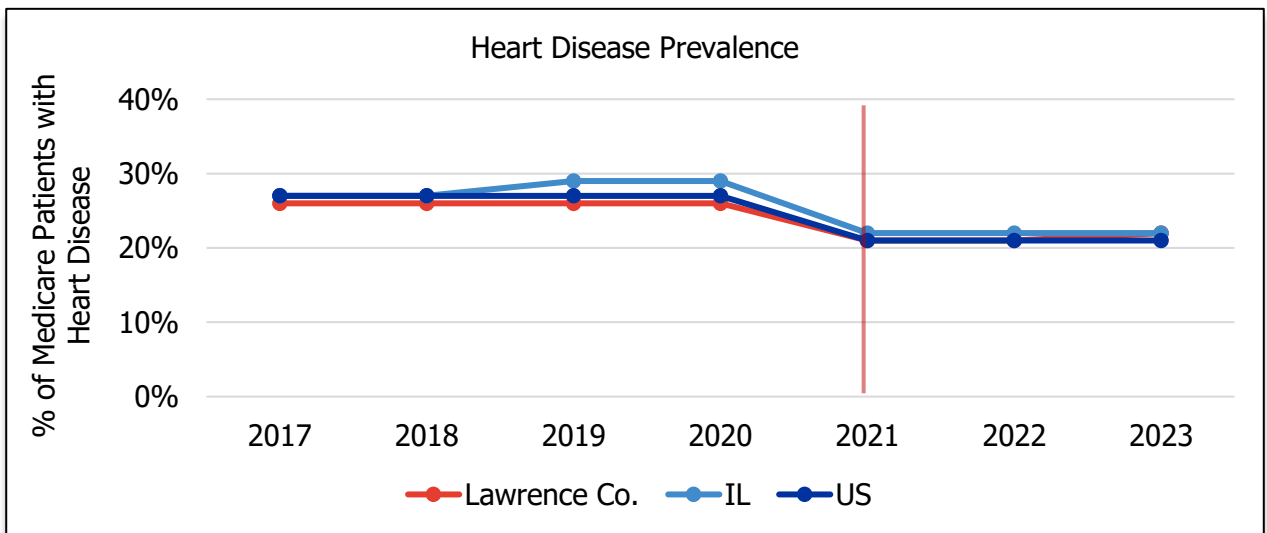
Heart Disease Prevalence

Stroke Prevalence

Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Diabetes

The prevalence of diabetes in Lawrence County is slightly higher than in Illinois and the county also sees a diabetes mortality rate higher than the state (CDC Final Deaths). When evaluating the Medicare population, Lawrence County has a higher prevalence of diabetes compared to the state with rates remaining stable over the past decade.

	Lawrence County	Illinois
Diabetes Mortality Rate per 100,000 (2021)	29.9	21.8
Diabetes Prevalence (2022)	11.5%	10.7%

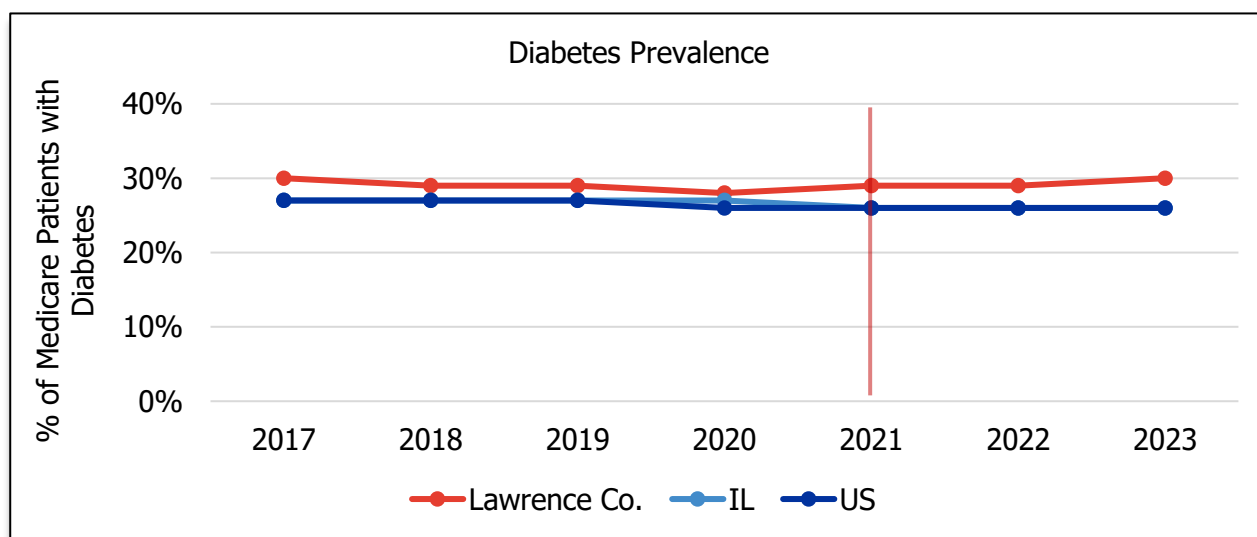*Source: CDC Final Deaths, County Health Rankings 2025 Report*

Note: There was a change in algorithm in 2021, marked by the vertical red line representing a break in trend lines
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Obesity and Unhealthy Eating

In Lawrence County, adults have higher rates of obesity than in Illinois on average. Additionally, the county sees higher rates of physical inactivity than the state, as well as lower access to healthy foods and exercise opportunities (proximity to a park or recreation facility). This combination contributes to an increased risk of chronic diseases and further exacerbates health disparities, especially in low-income and rural communities. Additionally, obesity, physical inactivity, and diet are well-established risk factors for type 2 diabetes development (American Diabetes Association).

	Lawrence County	Illinois
Adult Obesity (2022)	37.8%	33.0%
Limited Access to Healthy Foods (2019)	7.9%	4.8%
Physical Inactivity (2022)	27.5%	22.1%
Access to Exercise Opportunities (2024)	52.3%	90.6%

Source: County Health Rankings 2025 Report

Healthcare Access

Access & Affordability

Access to affordable and quality healthcare services is a key driver to improved health outcomes, economic stability, and health equity. Lawrence County has a lower household income than the Illinois average and also has a lower uninsured population than the state. Additionally, Lawrence County has less access to primary care physicians, mental health providers, and dentists, as shown in the following provider ratios and health professional shortage areas (HPSA).
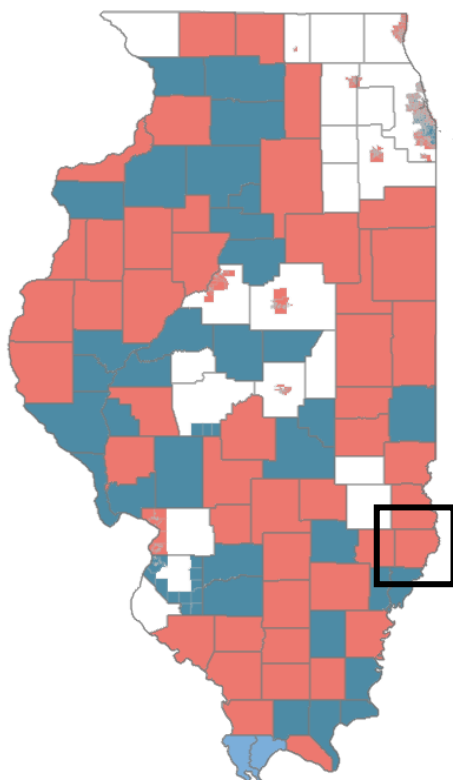
	Lawrence County	Illinois
Uninsured Population (2022)	7.9%	9.4%
Population per 1 Primary Care Physician (2021)	5,051:1	1,264:1
Population per 1 Primary Care Provider (APP) (2024)	1,852:1	827:1
Population per 1 Dentist (2022)	14,914:1	1,189:1

Source: County Health Rankings 2025 Report

Illinois Health Professional Shortage Areas (HPSA)

Primary Care

Mental Health
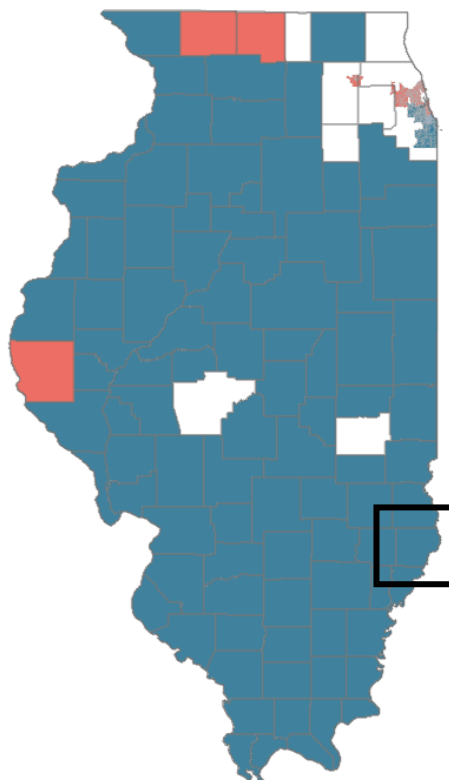
HPSA Population: *a shortage of services for a specific population subset within an established geographic area*

Geographic HPSA: *a shortage of services for the entire population within an established geographic area*

High Needs Geographic HPSA: *a Geographic HPSA in an area with unusually high needs based on criteria like income and death rates*

Source: data.hrsa.gov

In the community survey, respondents were asked to identify what healthcare services and programs they would like to see available in their community. Mental health/substance abuse treatment was the top identified service need with 45% of respondents saying they would like to see additional services available in Lawrence County, followed by cancer care (39%) and dermatology (38%).

Survey Question: What additional services/offerings would you like to see available in Lawrence County? (select all that apply)

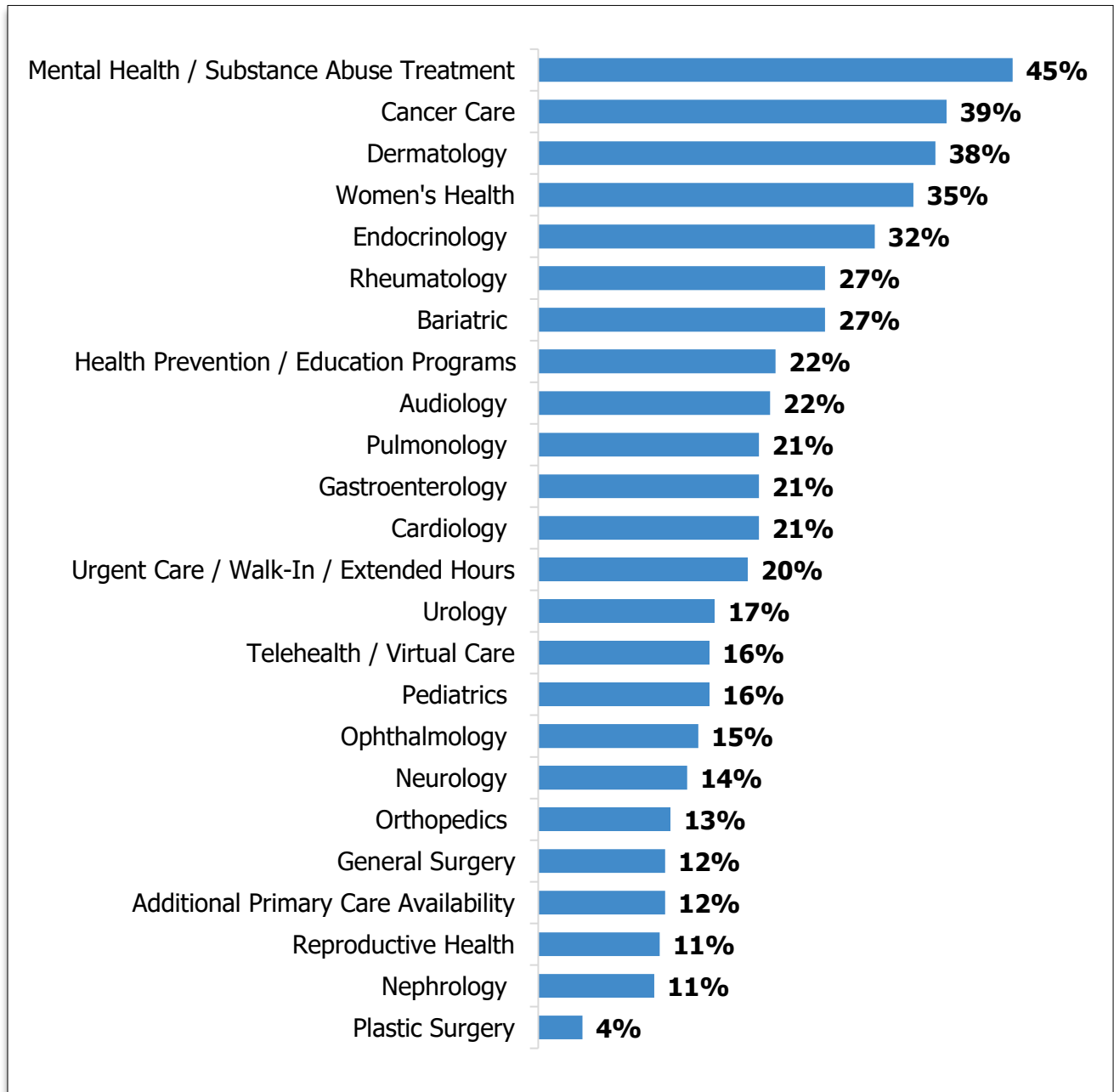| Service	Percentage
Mental Health / Substance Abuse Treatment	45%
Cancer Care	39%
Dermatology	38%
Women's Health	35%
Endocrinology	32%
Rheumatology	27%
Bariatric	27%
Health Prevention / Education Programs	22%
Audiology	22%
Pulmonology	21%
Gastroenterology	21%
Cardiology	21%
Urgent Care / Walk-In / Extended Hours	20%
Urology	17%
Telehealth / Virtual Care	16%
Pediatrics	16%
Ophthalmology	15%
Neurology	14%
Orthopedics	13%
General Surgery	12%
Additional Primary Care Availability	12%
Reproductive Health	11%
Nephrology	11%
Plastic Surgery	4%

When survey respondents were asked about their barriers to care, the cost of healthcare was the top barrier identified by 44% of respondents, followed by no insurance/high deductibles by 33% of respondents.

Survey Question: What barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)
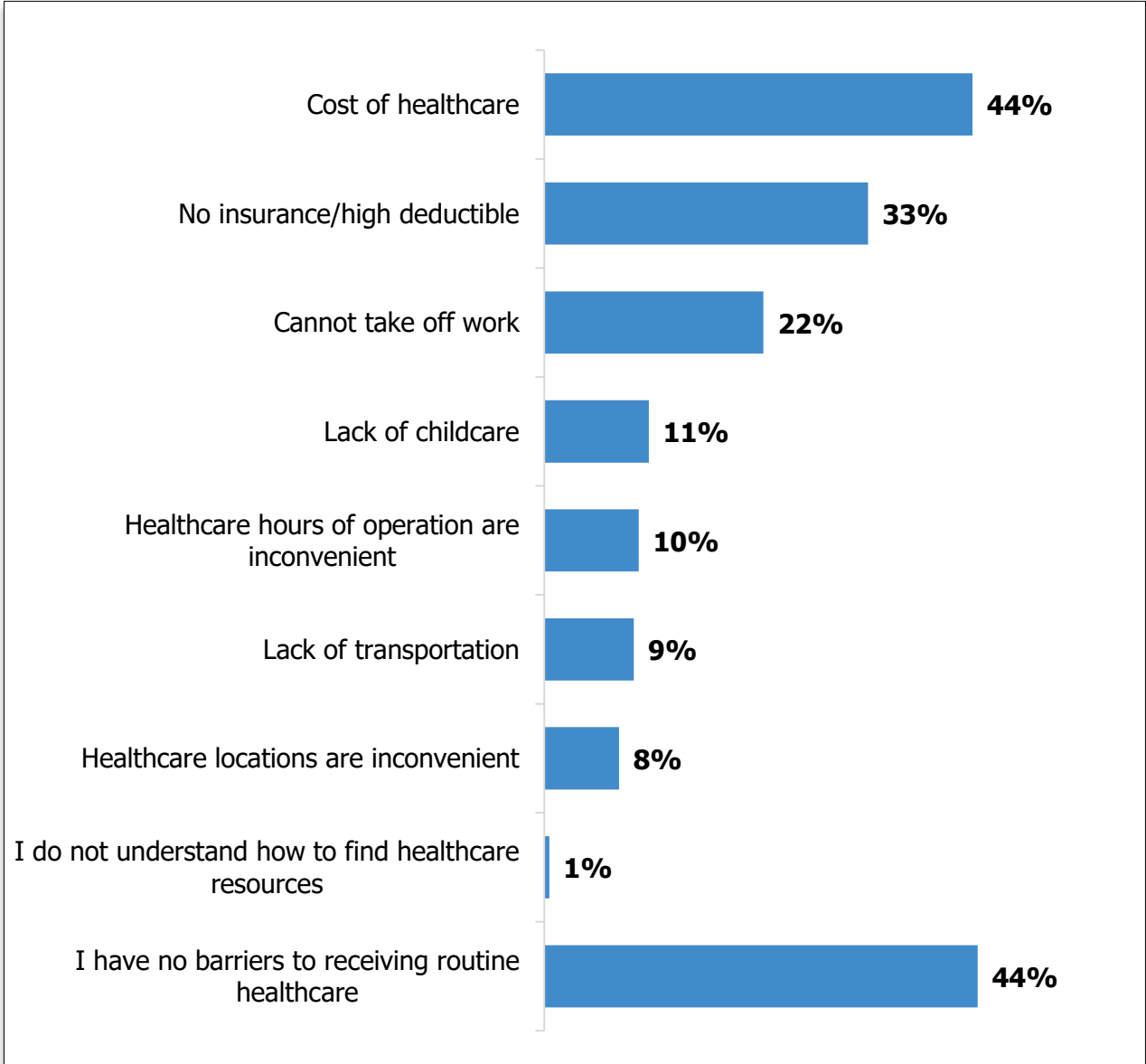
Prevention Services

Prevention services including routine check-ups, health screenings, and education can help prevent or detect diseases early when they are easier to treat. Preventive care reduces the burden on healthcare systems by preventing unnecessary hospital stays and costly care. In the community survey, 22% of respondents said they would like to see additional health prevention and education programs available in the community.

Lawrence County has lower annual mammography screening and lower flu vaccine adherence rates than the state and also sees higher rates of preventable hospital stays (hospital stays for ambulatory-care sensitive conditions). This rate represents the effectiveness of preventive care in a community, reflecting how well primary care services manage chronic conditions and prevent avoidable hospital admissions. Additionally, the rate of annual wellness visits in the Medicare population is significantly lower in Lawrence County compared to the state.

	Lawrence County	Illinois
Preventable Hospital Stays per 100,000 (2022)	4,210	3,239
Mammography Screening (2022)	47.0%	45.0%
Flu Vaccination (2022)	47.0%	51.0%

Source: County Health Rankings 2025 Report
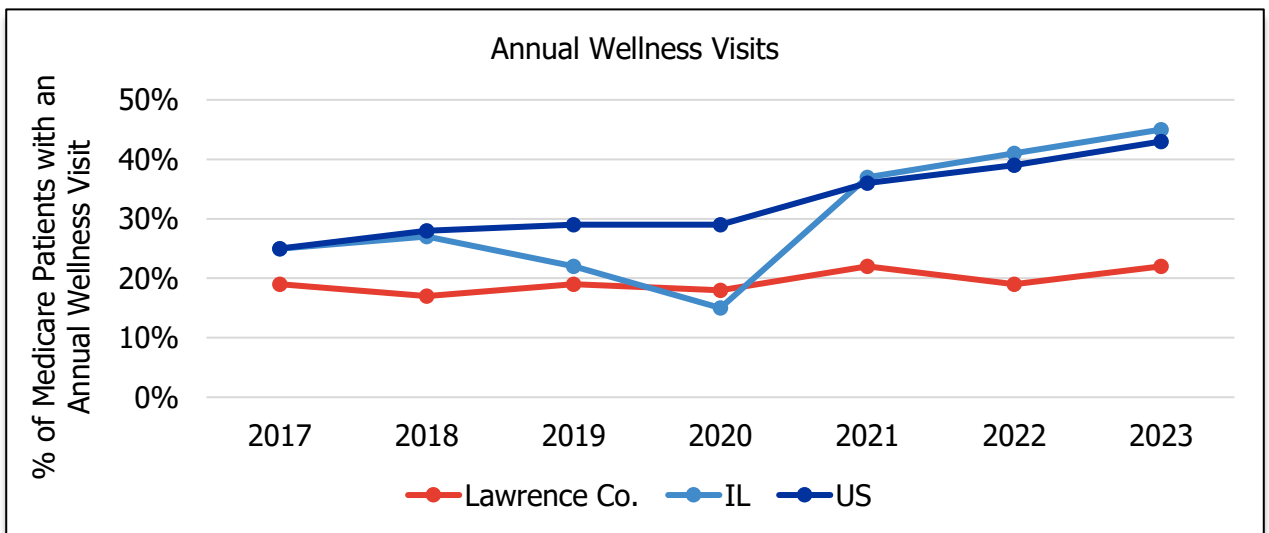
Source: Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population

Access to Senior Services

Access to senior services was identified as the #9 priority with 85% of survey respondents rating it as an important factor to address in the community. Older adults were identified as the top priority population in the community making access to senior services an important need. Nearly 20% of Crawford County residents are aged 65 or older and this population is projected to grow over the next five years.

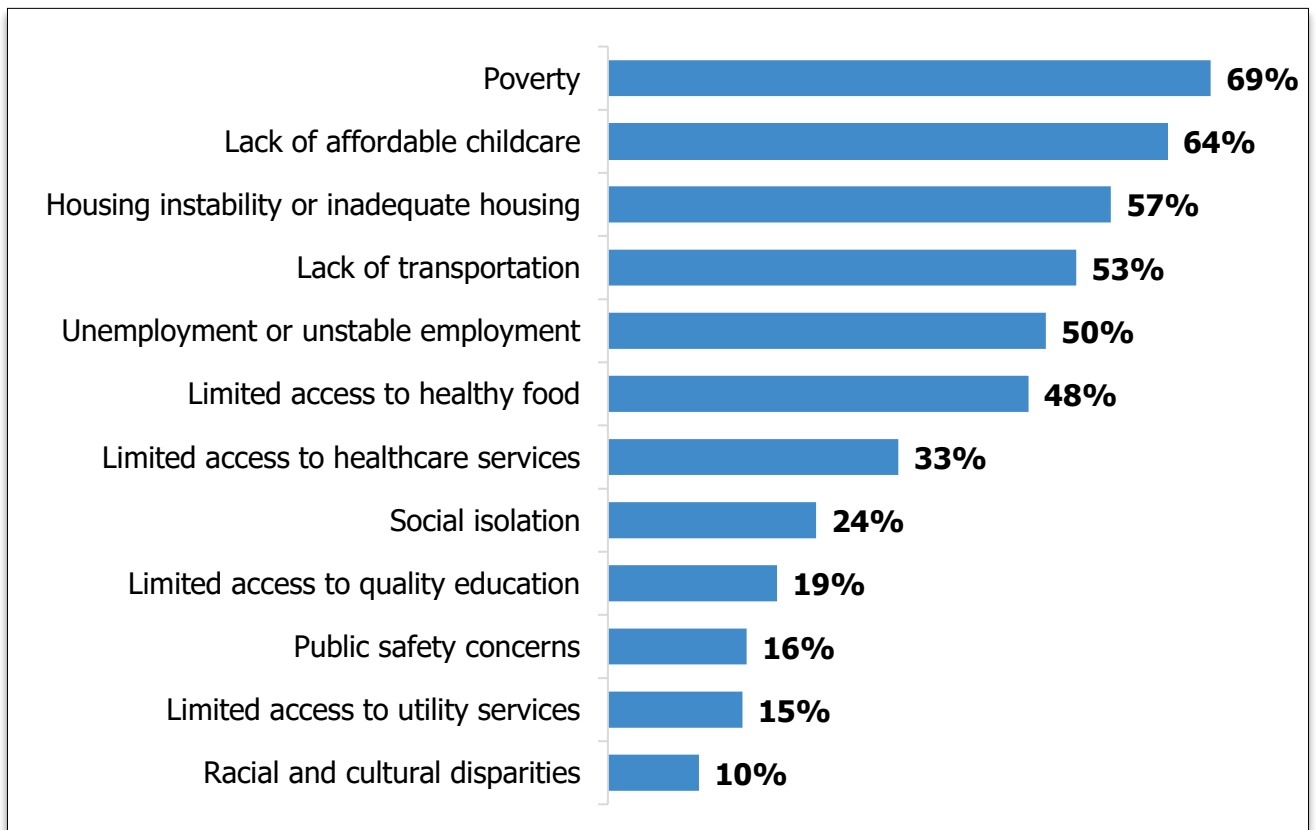|	Lawrence County	Illinois
Population 65+ (2022)	19.2%	17.6%
Life Expectancy (2020-2022)	74.9	77.5

Source: County Health Rankings 2025 Report

Social Drivers of Health

Social drivers of health, such as economic stability, education, and access to healthcare, significantly influence health outcomes by shaping individuals' living conditions, behaviors, and access to resources necessary for maintaining good health. These factors can lead to health disparities, with marginalized groups often experiencing worse health outcomes due to these determinants.

Survey respondents were asked to identify the key social drivers of health (SDoH) that negatively impact the health of people in Lawrence County. The top SDoH identified was poverty with 69% of survey respondents identifying it as negatively impacting the community's health followed by lack of affordable childcare and housing instability or inadequate housing.

Survey Question: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):

Social Driver	Percentage
Poverty	69%
Lack of affordable childcare	64%
Housing instability or inadequate housing	57%
Lack of transportation	53%
Unemployment or unstable employment	50%
Limited access to healthy food	48%
Limited access to healthcare services	33%
Social isolation	24%
Limited access to quality education	19%
Public safety concerns	16%
Limited access to utility services	15%
Racial and cultural disparities	10%

Housing

Access to affordable and safe housing influences a wide range of factors that contribute to physical and mental well-being. There is evidence that a lack of access to affordable and stable housing can lead to negative health outcomes such as mental illnesses and stress, exposure to environmental hazards, and financial instability (Center for Housing Policy). Less Lawrence County residents experience severe housing problems (overcrowding, high housing costs, lack of plumbing) than the state average. Additionally, 7% of Lawrence County residents spend 50% or more of their household income on housing.

	Lawrence County	Illinois
Severe Housing Problems (2017-2021)	6.7%	15.6%
Severe Housing Cost Burden (2019-2023)	7.0%	14.0%
Broadband Access (2019-2023)	88.5%	89.4%

Source: County Health Rankings 2025 Report

Access to Childcare

The average yearly cost of infant care in Illinois is $16,373. The U.S. Department of Health and Human Services defines affordable childcare as being no more than 7% of a family's income (Economic Policy Institute). In Lawrence County, 38% of household income is required for childcare expenses and there are 4 childcare centers for every 1,000 children under age 5 in the county.

	Lawrence County	Illinois
Children in Single-Parent Households (2019-2023)	21.5%	24.9%
Child Care Cost Burden - % of HHI used for childcare (2024)	37.9%	30.4%
Child Care Centers per 1,000 Under Age 5 (2010-2022)	4.0	3.5

Source: County Health Rankings 2025 Report

Annual Cost in Illinois

Childcare	$28,360
Housing	$22,836
College	$15,362
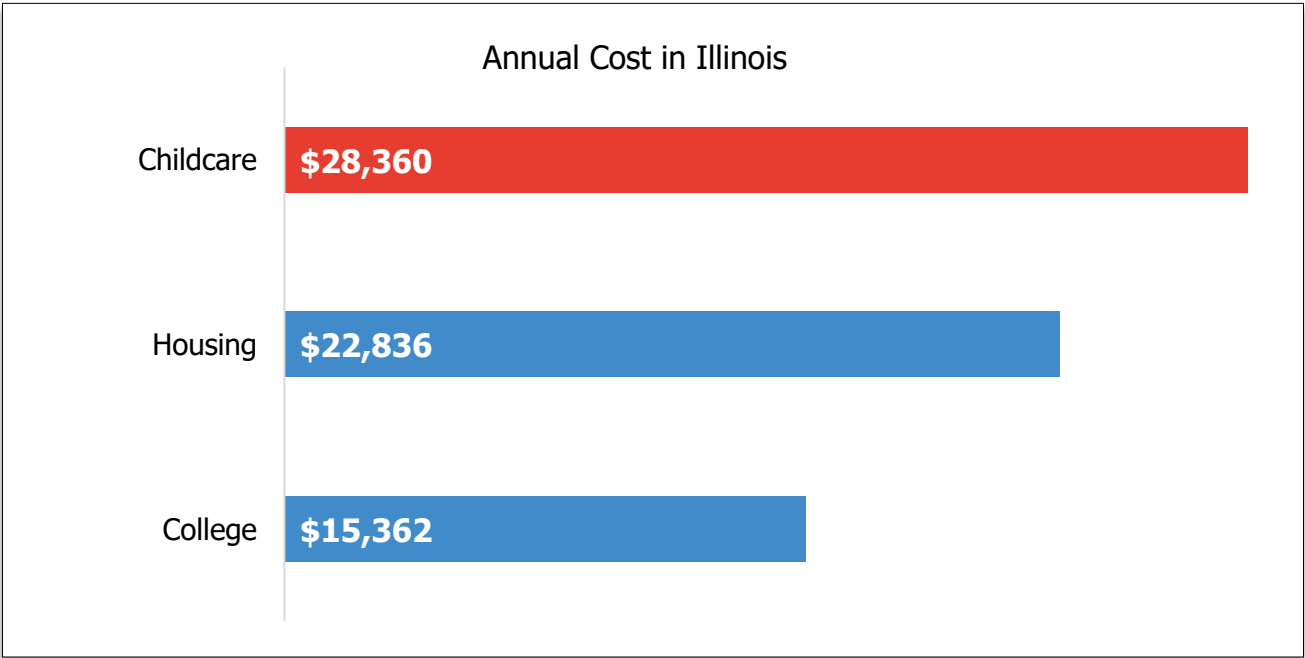
Note: Annual childcare price for 2 children (an infant and 4-year-old) in a center
Source: Child Care Aware (2023)

Income, Employment, and Education

Income, employment, and education play a role in the community's ability to afford healthcare and impact health outcomes through health literacy and access to health insurance. Educational attainment and employment impact mental health through poverty and unstable work environments, health behaviors like smoking, diet, and exercise, and access to health insurance (HealthAffairs). Additionally, these factors impact people's ability to afford services to live healthy and happy lives like safe housing, transportation, childcare, and healthy food.

	Lawrence County	Illinois
Median Household Income (2023)	$55,411	$80,346
High School Completion (2019-2023)	85%	90%
Some College – includes those who had and had not attained degrees (2019-2023)	52%	71%
Unemployment (2023)	5%	4%
Children in Poverty (2023)	21%	15%

Source: County Health Rankings 2025 Report

Evaluation & Selection Process

Worse than Benchmark Measure	Identified by the Community	Feasibility of Being Addressed	Impact on Health Equity
Health needs were deemed "worse than the benchmark" if the supported county data was worse than the state and/or U.S. averages	Health needs expressed in the online survey and/or mentioned frequently by community members	Growing health needs where interventions are feasible, and the Organizations could make an impact	Health needs that disproportionately affect vulnerable populations and can impact health equity if addressed

Health Need Evaluation	Worse than Benchmark	Identified by the Community	Feasibility	Impact on Health Equity
Drug/Substance Abuse		✓	✓	✓
Mental Health	✓	✓	✓	✓
Cancer	✓	✓	✓	✓
Access to Childcare	✓	✓		✓
Healthcare: Affordability	✓	✓	✓	✓
Employment and Income	✓	✓		✓
Affordable Housing		✓		✓
Obesity	✓	✓	✓	✓
Access to Senior Services	✓	✓	✓	✓
Smoking/Vaping/Tobacco Use	✓	✓	✓	✓

Implementation Plan

Implementation Plan Framework

LCMH and LCHD assessed the top health priorities in alignment with their missions and strategic goals. They also assessed the feasibility of addressing the top health needs based on organizational resources, financial constraints, and capacity. After evaluation, the Organizations determined that action plans would be developed for the following health priorities:

Improve Behavioral Health Outcomes

Relevant Needs Addressed: Mental Health, Adult Drug/Substance Use

Goal: Enhance access and coordination of mental health and substance use disorder (SUD) services in the community.

Strengthen Cancer Support, Screening, & Treatment

Relevant Needs Addressed: Cancer

Goal: Improve cancer rates in the community through prioritizing early detection, screening, and local access to cancer care.

Reduce Barriers to Care

Relevant Needs Addressed: Healthcare – Affordability

Goal: Ensure all community members can access healthcare by providing financial assistance, education, and connecting patients to community resources.

LCMH and LCHD developed this action plan to directly address the community's most pressing healthcare needs, recognizing that broader social determinants, like education, housing, and transportation, also have a significant impact on health outcomes. The Organizations are committed to collaborating with local partners who are better positioned to lead efforts in these areas and will work to support and complement these initiatives while focusing resources and expertise on improving healthcare delivery and outcomes.

Improve Behavioral Health Outcomes

Services and Programs Committed to Respond to This Need:

Lawrence County Memorial Hospital

- On-site Licensed Clinical Social Workers (LCSWs) providing therapy at the Rural Health Clinic.
- Integrated behavioral health planning with primary care and therapy teams.
- Routine mental health screenings with direct referrals to behavioral health services at LCHD.
- 24/7 emergency services for patients in crisis or overdose.

Lawrence County Health Department

- 20+ mental health counselors providing a range of comprehensive services:
    - Child and Adolescent Counseling
    - DUI Evaluation and Risk Education
    - Family and Couples Counseling
    - Individual and Group Counseling
    - Mental Health Assessments
    - Mental Health Crisis Counseling
    - Outpatient Substance Abuse Treatment
    - Psychosocial Rehabilitation
    - Substance Abuse and Addiction Counseling
- Psychiatric Nurse Practitioners for medication management and outpatient psychiatry services.
- Care coordinators are available to provide interim support to patients and assist in connecting patients to programs and resources
- Living Room Program provides 24-hour crisis support services, including care coordination, resource access, and counseling.
- Walk-In Wednesdays for same-day mental health intake and support.
- Mobile Crisis Response Team covering 8 counties.
- Behavioral health outreach and mental wellness events in local schools.
- Launching Pregnant & Postpartum Women's Residential Recovery Program.

Goals and Objectives to Address this Significant Health Need

Goal: Enhance access and coordination of mental health and substance use disorder (SUD) services in the community.

Objectives:

- Expand access to timely mental health and substance use care through provider recruitment to reduce wait times.

- Increase integration and coordination across LCMH and LCHD to ensure patients receive the appropriate services.

- Promote awareness and reduce stigma around mental health through community outreach and engagement activities.

Impact of Actions and Access to Resources

Note: Each organization is responsible for internal tracking of relevant measures utilizing available patient-level data to drive toward future impacts.

- Decrease wait times for behavioral health appointments.

- Improve referral rates for patients who screen positive for behavioral health needs.

Other Community Organizations Available to Respond to this Need

- Alcoholics Anonymous – Lawrenceville
- Narcotics Anonymous – Lawrenceville

Strengthen Cancer Support, Screening, & Treatment

Services and Programs Committed to Respond to This Need:

Lawrence County Memorial Hospital

- A range of imaging and radiology services including 3D mammography, CT scans, MRI, ultrasound, and more.
- Primary Care Services are available to provide education on healthy living topics including nutrition, smoking cessation, skin checks, and others.
- A broad range of surgical services are available including colonoscopy and breast surgery.
- Pain Management Clinic offers a range of treatments, including for cancer pain.
- Women's Health Initiative launching soon, featuring screenings, hormone therapy, nutrition counseling, and wellness education
- Screening services and education programs are provided at various community events.
- LCMH supports the Lawrence County Cancer Resource Center to provide cancer patients with free transportation, wigs, hats, etc.

Lawrence County Health Department

- Rural Health Clinic provides skin checks, mole removal, PAP exams, and more.
- Tobacco cessation program is implemented in local schools to provide prevention and cancer risk education.
- Ongoing education and outreach on cancer risk factors and early detection is provided throughout the community.

Goals and Objectives to Address this Significant Health Need

Goal: Improve cancer rates in the community through prioritizing early detection, screening, and local access to cancer care.

Objectives:

- Increase early detection and screening rates for cancers through education and outreach programs.

- Expand local access to basic screening services with a focus on women's health services.

Impact of Actions and Access to Resources

Note: Each organization is responsible for internal tracking of relevant measures utilizing available patient-level data to drive toward future impacts.

- Increase mammogram and colonoscopy screening rates.

- Reduce negative health behaviors in the community including adult smoking rates and excessive drinking.

Reduce Barriers to Care

Services and Programs Committed to Respond to This Need:

Lawrence County Memorial Hospital

- Financial assistance programs are available for low-income individuals and families including reduced-cost services and no-interest payment plans.
- Patients are screened for social determinants of health in both the inpatient and outpatient settings, with care coordinators available to connect patients with a positive screen to community resources.
- Participation in community health fairs with access to low-cost screenings.
- Swing Bed Program is available for seniors who need extra support transitioning from inpatient care to home with team members available for discharge planning and support.
- Annual provider education sessions are hosted to improve awareness of hospital and community based services.

Lawrence County Health Department

- LCHD maintains a local resource guide that helps community members identify how to access a range of services from healthcare to food assistance to transportation.
- Sliding fee discount program is available for all patients unable to pay for services.
- Care coordinators provide assistance and referrals for a range of services:
  - Transportation
  - Medicaid/Medicare enrollment
  - Resource navigation

Goals and Objectives to Address this Significant Health Need

Goal: Ensure all community members can access healthcare by providing financial assistance, education, and connecting patients to community resources.

Objectives:

- Mitigate social and economic challenges impacting access to care.

- Enhance care transitions and connections to community resources.

- Improve community awareness of available services through marketing and outreach.

Impact of Actions and Access to Resources

Note: Each organization is responsible for internal tracking of relevant measures utilizing available patient-level data to drive toward future impacts.

- Increased utilization of programs and resources
    - Financial assistance program utilization
    - Patients screened positive for SDOH who are connected to resources
    - Utilization of care coordinators

Other Community Organizations Available to Respond to this Need

- Embarras River Basin Agency (ERBA)
- Lawrence County Senior Citizens Centers
- Rides Mass Transit – Lawrence County

Appendix

Community Data Tables

Leading Cause of Death

The Leading Causes of Death are determined by the official Centers for Disease Control and Prevention (CDC) final death total. Illinois's Top 15 Leading Causes of Death are listed in the tables below in Lawrence County's rank order. Lawrence County's mortality rates are compared to the Illinois state average, and whether the death rate was higher (red), or lower (green) compared to the state average.

	Lawrence County	Illinois	U.S.
Heart Disease	207.6	169.8	173.8
Cancer	191.9	150.0	146.6
Stroke	60.9	44.1	41.1
Lung	59.3	31.5	34.7
Accidents	56.3	56.7	64.7
Alzheimer's	50.6	26.6	31.0
Diabetes	29.9	21.8	25.4
Flu - Pneumonia	25.5	11.0	10.5
Kidney	21.8	17.2	13.6
Blood Poisoning	15.3	11.4	10.2
Suicide	13.5	11.1	14.1
Hypertension	12.0	8.9	10.7
Liver	9.1	11.9	14.5
Parkinson's	8.3	10.3	9.8
Homicide	0.8	12.3	8.2

Source: worldlifeexpectancy.com, CDC (2022)

County Health Rankings

	Lawrence	Illinois	Top US Performers	US Overall
Length of Life				
Premature Death*	🔴 9,792	7,549	6,000	8,000
Life Expectancy*	🔴 74.9	78.0	81	79
Quality of Life				
Poor or Fair Health	🔴 18%	14%	13%	14%
Poor Physical Health Days	🔴 4.0	3.2	3.1	3.3
Poor Mental Health Days	🔴 4.8	4.2	4.4	4.8
Low Birthweight*	🔴 9%	8%	6%	8%
Health Behaviors				
Adult Smoking	🔴 21%	13%	14%	15%
Adult Obesity	🔴 38%	34%	32%	34%
Limited Access to Healthy Foods	🔴 8%	5%	17%	12%
Physical Inactivity	🔴 31%	26%	20%	23%
Access to Exercise Opportunities	🔴 52%	91%	90%	84%
Excessive Drinking	🟢 18%	18%	13%	18%
Alcohol-Impaired Driving Deaths	🟢 6%	28%	10%	26%
Drug Overdose Deaths*	n/a	26.6	42	23
Sexually Transmitted Infections*	🟢 231	567	152	496
Teen Births *(per 1,000 females ages 15-19)*	🔴 30	15	9	17
Clinical Care				
Uninsured	🟢 7%	8%	6%	10%
Primary Care Physicians	5051:1	1264:1	1,030:1	1,330:1
Dentists	14914:1	1189:1	1,180:1	1,360:1
Mental Health Providers	196:1	318:1	230:1	320:1
Preventable Hospital Stays*	🔴 3,518	3,327	1,558	2,681
Mammography Screening	🔴 40%	43%	52%	43%
Flu Vaccinations	🔴 46%	49%	53%	46%
Social & Economic Factors				
High School Completion	🔴 85%	90%	94%	89%
Some College	🔴 50%	71%	74%	68%
Unemployment	🔴 5.6%	4.6%	2.3%	3.7%
Children in Poverty	🔴 20%	16%	10%	16%
Children in Single-Parent Households	🟢 24%	25%	13%	25%
Injury Deaths*	🔴 88.2	73.9	64	80
Child Care Cost Burden *(% of HHI used for childcare)*	🔴 29%	28%	36%	27%
Child Care Centers *(per 1,000 under age 5)*	🟡 4	4	13	7
Physical Environment				
Severe Housing Problems	🟢 7%	16%	8%	17%
Long Commute - Driving Alone *(> 30 min. commute)*	🟢 30%	41%	17%	36%
Severe Housing Cost Burden *(50% or more of HHI)*	🟢 6%	14%	15%	14%
Broadband Access	🔴 86%	88%	90%	87%

***Per 100,000 Population**

Key (Legend)

🟢 Better than IL

🟡 Same as IL

🔴 Worse than IL

Source: County Health Rankings 2024 Report

Data and Inputs

Data Limitations

Rural communities and those with low population sizes face several data limitations including but not limited to:

- Small sample sizes: small populations reduce the statistical power and do not capture the full diversity of the community

- Data privacy: to ensure the confidentiality of individuals in small communities, data may be aggregated or withheld

- Data gaps: some events may happen less frequently in small populations leading to limited data and gaps in time

- Resource constraints: rural areas often have less funding for data collection and access to data collection technologies

- Underrepresentation in national surveys: many national level data sources focus on urban areas due to the higher population making access to data in small communities more limited

This assessment is meant to capture the health status of the service area at a specific point in time, combining both qualitative data from the local community through survey collection and quantitative data from multiple sources where the county is available as the smallest unit of analysis.

Local Expert Groups

Survey Respondents self-identify themselves into any of the following representative classifications:

1) Public Health Official – Persons with special knowledge of or expertise in public health

2) Government Employee or Representative – Federal, tribal, regional, State, or local health or other departments or agencies, with current data or other information relevant to the health needs of the community served by the organizations

3) Chronic Disease Groups – Representative of or member of Chronic Disease Group or Organization, including mental and oral health

4) Community Resident – Individuals, volunteers, civic leaders, medical personnel, and others to fulfill the spirit of broad input required by the federal regulations

5) Priority Population – Persons who identify as medically underserved, low-income, racial and ethnic minority, rural resident, or LGBTQ+

6) Healthcare Professional – Individuals who provide healthcare services or work in the healthcare field with an understanding / education on health services and needs.

7) Other (please specify)

Data Sources

Source	Data Element	Date Accessed	Data Date
County Health Rankings 2024 Report	Assessment of health needs of the county compared to all counties in the state; County demographic data	February 2025	2013-2022
CDC Final Deaths	15 top causes of death	February 2025	2022
Bureau of Labor Statistics	Unemployment rates	March 2025	2023
National Alliance on Mental Illness – NAMI	Statistics on mental health rates and services	March 2025	2022
NIH National Cancer Institute	State cancer profiles; incidence rates	March 2025	2017-2021
Centers for Medicare & Medicaid Services: Mapping Medicare Disparities by Population	Health outcome measures and disparities in chronic diseases	March 2025	2022
American Diabetes Association	Type 2 diabetes risk factors	March 2025	2005
Centers for Disease Control and Prevention – CDC	Gender disparities in cancer prevalence	March 2025	2025
Health Resources & Services Administration – data.hrsa.gov	HPSA designated areas	March 2025	2023
Center for Housing Policy	Impacts of affordable housing on health	March 2025	2015
Child Care Aware	Childcare costs	March 2025	2023
Health Affairs: Leigh, Du	Effects of low wages on health	March 2025	2022

Survey Results

Based on 563 survey responses gathered between January and February 2025.

Due to a high volume of survey responses, not all comments are provided in this report. All included comments are unedited and are contained in this report in the format they were received.

Q1: Your role in the community (select all that apply)

Answer Choices	Responses	
Community Resident	53.56%	128
Healthcare Professional	48.54%	116
Priority	5.44%	13
Government Employee or Representative	5.02%	12
Public Health Official	3.77%	9
Representative of Chronic Disease Group or Advocacy Organization	0.84%	2
	Answered	239
	Skipped	4

Q2: Race/Ethnicity (select all that apply)

Answer Choices	Responses	
White or Caucasian	97.53%	237
Black or African American	1.23%	3
Asian or Asian American	1.23%	3
Hispanic or Latino	0.41%	1
Other (please specify)	0.00%	0
	Answered	243
	Skipped	0

Q3: Age group

Answer Choices	Responses	
18-24	4.96%	12
25-34	16.94%	41
35-44	19.01%	46
45-54	24.79%	60
55-64	19.83%	48
65+	14.46%	35
	Answered	242
	Skipped	1

4: What ZIP code do you primarily live in?

Answer Choices	Responses	
62439	42.4%	101
62417	18.5%	44
62466	11.3%	27
62454	5.0%	12
62450	4.2%	10
62460	4.2%	10
47591	2.9%	7
62427	1.7%	4
62868	1.3%	3
62863	1.3%	3
62449	0.8%	2
47882	0.8%	2
62433	0.8%	2
All Others (Less than 1 Each)	4.6%	11
	Answered	238
	Skipped	5

Q5: Which groups would you consider to have the greatest health needs (rates of illness, trouble accessing healthcare, etc.) in your community? (please select your top 3 responses if possible)

Answer Choices	Responses	
Low-income groups	69.36%	163
Older adults	61.28%	144
Uninsured and underinsured individuals	57.45%	135
Individuals requiring additional healthcare support	38.72%	91
Children	31.49%	74
Residents of rural areas	30.21%	71
Women	17.45%	41
Racial and ethnic minority groups	7.23%	17
LGBTQ+	6.38%	15
	Answered	235
	Skipped	8

What do you believe to be some of the needs of the groups selected above?

- Availability and affordability. Mental health is a concern for all groups.
- Not being able to afford healthcare
- Dependable transportation, parents who care about their children. Businesses that can't afford to offer good healthcare to their employees.
- Cost of medicine
- Mental health
- Increased visits to ER for inability to care for self at home-but continues to live alone in an unsafe environment
- Need more doctors and medical services, as well as dentists.
- Need to continue medicaid and medicare is very important to these groups. Even with these transportation and suppprt during health problems is difficult ti find assistance..
- Healthcare cost
- Affordable annual screening, transportation to and from appointments, effective communication/explanations through language barriers.
- More specialty providers so that geriatric patients do not have to travel so far to specialized care. Ie. Hemotology/oncology, neurology, nephrology, are just a few to mention.

Q6: Please rate the importance of addressing each health factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Mental Health	0	2	15	45	144	206	4.61
Cancer	0	1	20	50	139	210	4.56
Obesity	0	4	32	65	107	208	4.32
Heart Disease	0	5	34	72	98	209	4.26
Diabetes	0	5	34	78	92	209	4.23
Women's Health	0	7	38	70	91	206	4.19
Alzheimer's and Dementia	0	3	51	61	92	207	4.17
Stroke	0	8	43	74	82	207	4.11
Dental	1	11	53	51	94	210	4.08
Lung Disease	0	13	49	75	70	207	3.98
Kidney Disease	0	13	63	66	66	208	3.89
Liver Disease	0	22	68	64	52	206	3.71
Other (please specify)						7	
						Answered	211
						Skipped	32

Comments:

- Surgeons
- Elder services
- Veterans' services
- Nutrition education
- Children mental disorders
- Pediatric specialists
- Pain management

Q7: Please rate the importance of addressing each community factor on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Access to Childcare	0	6	24	38	140	208	4.50
Healthcare: Affordability	0	4	29	45	132	210	4.45
Employment and Income	1	1	23	80	105	210	4.37
Affordable Housing	1	4	27	71	107	210	4.33
Access to Senior Services	1	7	23	77	102	210	4.30
Education System	2	4	39	57	108	210	4.26
Access to Healthy Food	2	7	50	61	90	210	4.10
Transportation	3	13	42	59	93	210	4.08
Community Safety	0	13	50	66	79	208	4.01
Healthcare: Types of Services Provided	1	10	54	68	76	209	4.00
Healthcare: Prevention Services	4	8	56	64	77	209	3.97
Healthcare: Hours of Operation	4	19	57	63	66	209	3.80
Access to Exercise/Recreation	5	14	66	62	61	208	3.77
Healthcare: Location of Services	7	18	60	58	65	208	3.75
Social Connections	5	23	77	64	39	208	3.52
Other (please specify)						0	
						Answered	211
						Skipped	32

Q8: Please rate the importance of addressing each behavioral factor in your community on a scale of 1 (Not at all) to 5 (Extremely).

	1	2	3	4	5	Total	Weighted Average
Drug/Substance Abuse	0	4	8	48	149	209	4.64
Smoking/Vaping/Tobacco Use	1	8	30	58	111	208	4.30
Excess Drinking	0	6	32	70	102	210	4.28
Diet	1	4	48	84	73	210	4.07
Physical Inactivity	1	5	52	75	75	208	4.05
Risky Sexual Behavior	3	24	71	57	54	209	3.65
Other (please specify)						1	
						Answered	210
						Skipped	33

Comments:

- Gambling

Q9: Please provide feedback on any actions you've seen taken by the Organizations to address the 2022 significant health needs in your community and what additional actions you would like to see.

- LCMH has provided more access with their Acute Care Clinic. LCMH has 2 social workers to address mental health issues.

- Our community is so very fortunate for the advancements and improvements made by both LCMH and LCHD in recent years.

- Need a dental clinic for low-income uninsured residents.

- LCHD does a great job at offering what is needed within the community. They've recently added maternal services for post partum mothers struggling with addiction.

- Opened a daycare because they know the struggles parents are fighting with lack of childcare services and offered a community room for people to use when needed.

- Behavioral Health opened a 24-hour location and have members on standby for those in need in our community.

- Would like to see more services and supports offered to the LGBTQ+ community within the areas of behavioral and mental health and primary care.

- We are so lucky to have a local hospital and health department. I think more people should be encouraged to use local hospital by their md/np instead of being sent to Vincennes.

- I have seen LCMH be proactive in the financial assistance department, they are very good about referring patients to receive additional help on their bills. I have seen an increase in homelessness and wish there was something we could do more for that population in even supplying extra blankets or shelter (tents?). I think having a Blanket Drive or something along that nature could be helpful. We cannot end homelessness, but we can help make sure they are not freezing to death in these temperatures.

- Add social workers to round on each emergency room patient to assess needs of patients. Use a community health navigator to stay in contact with and help to manage care for at-risk patients in the community who frequent the ER for non-emergent, routine needs. Secure grants or work with drug companies and charities to assist patients with medication costs (for the underinsured, uninsured, patients who are "falling through the gaps" in assistance programs).

- Taking care of Lawrence County residents at the local hospital and not sending them hours away for care.

- We need access to healthy locally grown foods. More farmers markets in each community would be a start

Q10: Social drivers of health (SDoH) are conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes. Please select the key social drivers that negatively impact the health of you or your community (please select all that apply):

Answer Choices	Responses	
Poverty	68.81%	139
Lack of affordable childcare	63.86%	129
Housing instability or inadequate housing	57.43%	116
Lack of transportation	53.47%	108
Unemployment or unstable employment	50.00%	101
Limited access to healthy food	48.02%	97
Limited access to healthcare services	33.17%	67
Social isolation	23.76%	48
Limited access to quality education	19.31%	39
Public safety concerns	15.84%	32
Limited access to utility services	15.35%	31
Racial and cultural disparities	10.40%	21
Other (please specify)	1.98%	4
	Answered	202
	Skipped	41

Comments:

- Need classes to encourage the unemployed on assistance to get in the workforce.
- Lack of good jobs or growth in our county.; limited opportunities.
- Toxic environment from past oil companies/farm chemicals.

Q11: what barriers keep you or anyone in your household from receiving routine healthcare? (Please select all that apply)

Answer Choices	Responses	
I have no barriers to receiving routine healthcare	44.16%	87
Cost of healthcare	43.65%	86
No insurance/high deductible	32.99%	65
Cannot take off work	22.34%	44
Lack of childcare	10.66%	21
Healthcare hours of operation are inconvenient	9.64%	19
Lack of transportation	9.14%	18
Healthcare locations are inconvenient	7.61%	15
I do not understand how to find healthcare resources	0.51%	1
Other (please specify)	0.51%	1
	Answered	197
	Skipped	46

Comments

- Insurance limits providers you can see.

Q12: What additional services / offerings would you like to see available in Lawrence County? (select all that apply)

Answer Choices	Responses	
Mental Health / Substance Abuse Treatment	44.79%	86
Cancer Care	38.54%	74
Dermatology (Skin)	37.50%	72
Women's Health	35.42%	68
Endocrinology (Hormone and Diabetes)	31.77%	61
Bariatric (Weight Loss)	27.08%	52
Rheumatology (Arthritis and Autoimmune Disease)	27.08%	52
Health Prevention / Education Programs	22.40%	43
Audiology (Hearing Specialist)	21.88%	42
Cardiology (Heart)	20.83%	40
Gastroenterology (Digestive System/Stomach)	20.83%	40
Pulmonology (Lung and Breathing)	20.83%	40
Urgent Care / Walk-In / Extended Hours	19.79%	38
Urology (Urinary System and Male Reproductive)	16.67%	32
Pediatrics (Children's Doctor)	16.15%	31
Telehealth / Virtual Care	16.15%	31
Ophthalmology (Eye)	15.10%	29
Neurology (Brain and Nervous System)	14.06%	27
Orthopedics (Bone and Joint)	12.50%	24
Additional Primary Care Availability	11.98%	23
General Surgery	11.98%	23
Reproductive Health	11.46%	22
Nephrology (Kidney)	10.94%	21
Plastic Surgery	4.17%	8
Other (please specify)	4.69%	9
	Answered	192
	Skipped	51

Comments

- Affordable Dental and Medicare accepted dental care
- More MD's, less NP's
- X-ray facility
- Pain management clinic
- Free access to fitness equipment
- Otolaryngologist

Q13: Where do you get most of your health information? (Check all that apply)

Answer Choices	Responses	
Doctor/Healthcare Provider	84.42%	168
Website/Internet	42.21%	84
Hospital	29.65%	59
Family or Friends	27.14%	54
Workplace	21.11%	42
Social Media	18.59%	37
Word of Mouth	15.58%	31
School/College	7.04%	14
Newspaper/Magazine	5.03%	10
Television	2.51%	5
Radio	1.51%	3
Other (please specify)	2.01%	4
	Answered	199
	Skipped	144

Comments:

- Research
- Lawrence County Health Department
- Podcast
- Family member works for a doctor