Lawrence Memorial Health Foundation, Inc.

Dba

Lawrence Memorial Hospital

Community Health Needs Assessment (CHNA)

June 17, 2024

Contents

Introduction

Every three years, tax-exempt hospitals are required to assess the health needs of their communities and adopt implementation strategies to address significant identified needs. These requirements are imposed by federal law and include, in part:
- Conducting a community health needs assessment every three years.
- Adopting an implementation strategy to meet the significant community health needs identified through the assessment.
- In each subsequent assessment, evaluating the impact of previous implementation strategies on identified needs.

The community health needs assessment must take into account input from persons who represent the broad interest of the community served by Lawrence Memorial Hospital, including at least one state or local public health official and members of medically underserved, low-income and minority populations within the community. Lawrence Memorial Hospital must make the community health needs assessment widely available to the public.

This community health needs assessment is intended to document compliance of Lawrence Memorial Hospital with these requirements. Health needs of the community have been identified so that Lawrence Memorial Hospital may adopt an implementation strategy to address specific needs of the community.

The process involved:
- Collection and analysis of a large range of data, including demographic, socioeconomic and health statistics, health care resources and patient use rates.
- Interviews with key interviewees and stakeholders who represent a) broad interests of the community, b) populations of need or c) persons with specialized knowledge in public health.

Acknowledgements

The Lawrence Memorial Health Foundation, Inc. team would like to thank Kody Beene, Leah Hamrick, Harrison Pait, and Dr. Gail Hudson for spearheading this effort and all those who contributed to the community health needs assessment. We are grateful for the many key informants that gave their time and expertise to inform both the direction and outcomes of the study.

Executive Summary

The purpose of a community health needs assessment is to identify and understand the unique health needs of the community served by Lawrence Memorial Hospital (LMH) and to document compliance with federal regulations pursuant to the Patient Protection and Affordable Care Act.

LMH engaged Dr. Gail Hudson and the Arkansas State University, MKTG 4083 - Marketing Research class to conduct research and data analysis and assist with the formal community health needs assessment. Key researchers were Kody Beene, Leah Hamrick, and Harrison Pait. The community health needs assessment was conducted from January 2024 through May 2024.

The following steps were conducted as part of Lawrence Memorial Hospital's community health needs assessment:
- Population demographics and socioeconomic characteristics of the community were gathered and reported utilizing various third parties. The health status of the community was then reviewed. Information on the leading causes of death and morbidity information was analyzed in conjunction with health outcomes and factors reported for the community by CountyHealthrankings.org. Health factors with significant opportunity for improvement are noted in the section entitled Health Status of the Community.
- Community input was provided through over 500 survey results of stakeholders, including those with special knowledge of or expertise in public health, as well as those representing medically underserved, low-income or minority populations. Results and findings are described further in this report. Specific results from our survey included:
  - Demographic Analysis
  - Identification of Barriers to Healthcare Access
  - Assessment of Service Needs
- Information gathered in the above steps was analyzed and reviewed to identify health issues of uninsured persons, low-income persons and the community as a whole. Health needs were then prioritized taking into account the perceived degree of influence Lawrence Memorial Hospital has to impact the need and the health needs impact on overall health for the community. Information gaps identified during the prioritization process have been reported.

By tackling these objectives, the CHNA aims to unearth critical insights into Lawrence County's health necessities and barriers, guiding the formulation of strategies and interventions to enhance community health outcomes and foster health equity.

Lawrence Memorial Hospital

Lawrence Memorial Hospital (LMH) is located in Walnut Ridge, Arkansas. Walnut Ridge is approximately 30 minutes northwest of Jonesboro, Arkansas, one of the closest metropolitan areas in Arkansas.

LMH's mission is to provide compassionate, quality healthcare to the communities we serve. Our vision is to be your Healthcare Provider of Choice – Yesterday, Today, and Tomorrow.

Since Lawrence Memorial Hospital opened its doors more than sixty years ago, we have expanded our services to provide quality health and wellness services to meet the needs of our community.

The original commitment and foresight of our local physicians and county leaders are still a driving force within our organization today, prompting us to find new and effective ways to improve the overall health of the people we serve.

Our slogan is—and will continue to be—"People you know caring for the people you love" because, as with most small communities, our physicians, employees and staff are members of the same community as the patients we serve.

That is why Lawrence Memorial Hospital has shown a commitment to implementing state of the art equipment, services, and community programs that improve the quality of life for Lawrence County families. We feel it is necessary to take these extra steps towards making our "home" a better place.

Lawrence Healthcare provides Lawrence County and surrounding areas with quality healthcare through Lawrence Memorial Hospital, Lawrence Hall Health and Rehabilitation, Family Medical Center, and our Specialty Clinic. The flagship facility, Lawrence Memorial Hospital, serves as a 25-bed, critical access hospital, complete with a full-service laboratory, radiology department, 24-hour emergency department and a Swing Bed program, while also offering cardiac rehabilitation and rehabilitative services. Lawrence Hall Health and Rehabilitation serves as a 125-bed long term care facility, offering 24-hour skilled nursing care, in-house dialysis, both long term and short term rehabilitation, specialty programs include cardiology, wound care, behavioral health, and a secured female only memory care unit.

2021 Community Health Needs Assessment Evaluation

This section will discuss the 2021 CHNA and evaluate the prioritized implementation strategies. The list of identified prioritized health needs were:
- Access to Primary Care Services
- Health and Wellness Education
- Access to Mental Health Care Services

Access to Primary Care Services

Successful implementation strategies included:
- Recruitment of multiple Family Medicine, Internal Medicine, and Pediatric providers.
- Increased education of community members regarding existing primary care services.
- Hired a Community Relations Coordinator to act as liaison to our community.
- Increased primary care service access points by expanded telehealth services and other touchpoints.
- Increase awareness of existing health screening services (vaccinations, prostate screening, mammography's, low dose CT lung screening, etc.).

Health and Wellness Education

Successful implementation strategies included:
- Identified specific health and wellness topics and targets in our community and tailor programmatic efforts. Programs included: smoking/tobacco use, healthy nutrition, obesity, diabetes, hypertension, breast cancer, and prostate cancer awareness.
- Increased education of community members regarding existing health and wellness education services provided.
- Hired a Community Relations Coordinator to act as liaison to our community.
- Partnered with community businesses, schools and civic groups to increase educational services outreach. Programs included: vaccination clinic, free health screenings, free prostate exams, and an annual Health Expo.

Access to Mental Health Care Services

Successful implementation strategies included:
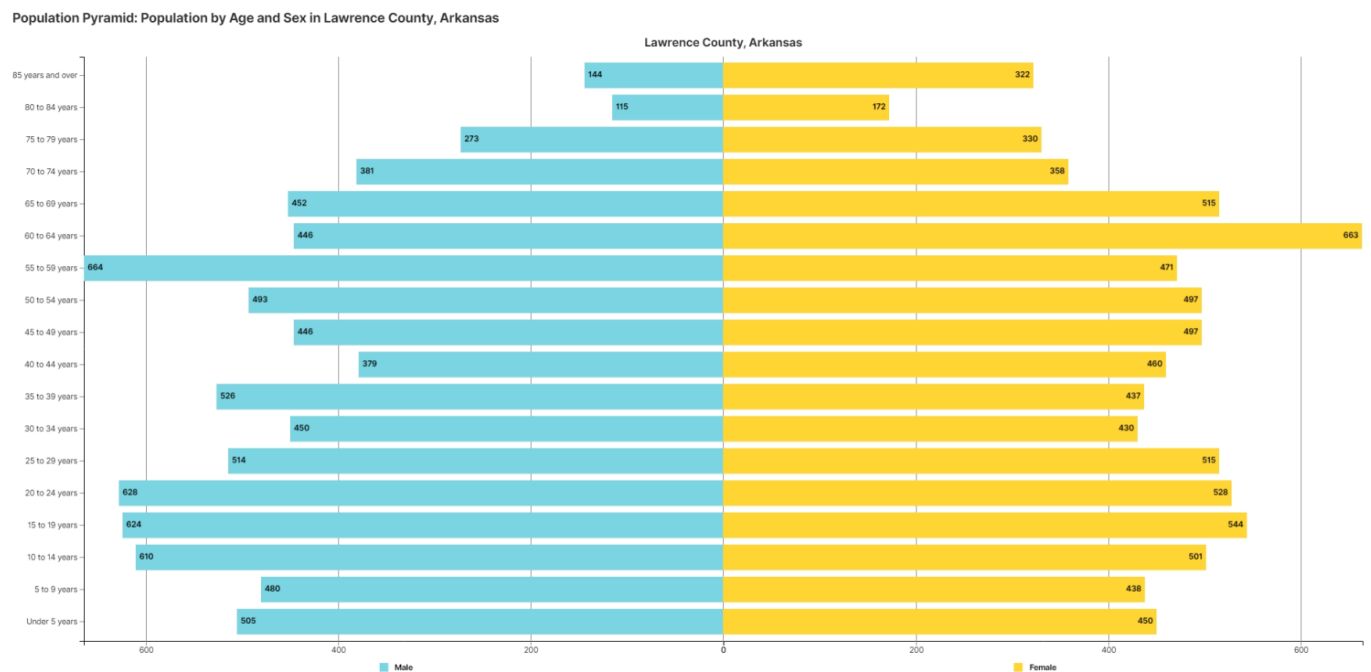- Identified specific mental health needs in our community. Programs included counseling services, medication management, and general mental health education.
- Identified existing community mental health resources to partner with to direct patients to services.
- Partnered with existing community mental health providers to increase continuity of care for patients.
- Expanded tele-behavioral health services in our Emergency Room.

Community Characteristics

Community Population and Demographics

A community is defined as the geographic area from which a significant number of the patients utilizing hospital services reside. While the community health needs assessment considers other types of health care providers, Lawrence Memorial Hospital is the single largest provider of acute care services. For this reason, the
utilization of hospital services provides the clearest definition of the community. For the purposes of this needs assessment, the community served by Lawrence Memorial Hospital has been determined to be Lawrence County.

The community served by Lawrence Memorial Hospital is a rural area in northeast Arkansas. According to
projections based on the most recent U.S. Census Bureau estimates, approximately 16,216 people live in Lawrence County. The Median Age in Lawrence County is 39.8 compared to 38.9 for Arkansas. A breakdown by age can be seen below:
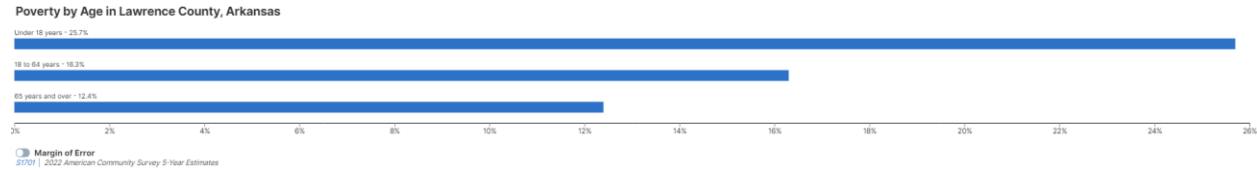
Population Pyramid: Population by Age and Sex in Lawrence County, Arkansas

Lawrence County, Arkansas

Age	Male	Female
85 years and over	144	322
80 to 84 years	115	172
75 to 79 years	273	330
70 to 74 years	381	358
65 to 69 years	452	515
60 to 64 years	446	663
55 to 59 years	664	471
50 to 54 years	493	497
45 to 49 years	446	497
40 to 44 years	379	460
35 to 39 years	526	437
30 to 34 years	450	430
25 to 29 years	514	515
20 to 24 years	628	528
15 to 19 years	624	544
10 to 14 years	610	501
5 to 9 years	480	438
Under 5 years	505	450

Margin of Error
S0101 | 2022 ACS 5-Year Estimates Subject Tables
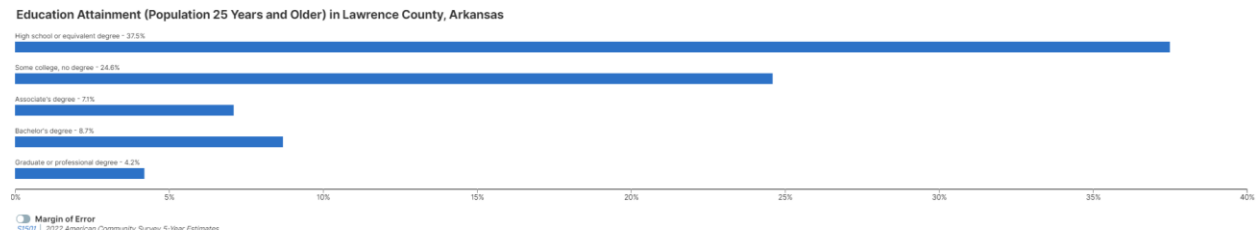
Source: U.S. Census

Socioeconomic Characteristics

The socioeconomic characteristics of a geographic area influence the way residents access health care services and perceive the need for health care services within society. Factors such as educational attainment, poverty levels, unemployment rates and insurance coverage levels contribute significantly to the health status of a community.

The Median Household Income in Lawrence County is $43,606 compared to $55,432 for Arkansas. The Poverty Level in Lawrence County is 17.8% compared to 16.8% for Arkansas. Lower-than-average household income suggests that many members of the community may have difficulty obtaining health care, especially preventative care. A breakdown of the poverty levels can be seen below:

Poverty by Age in Lawrence County, Arkansas

Under 18 years - 25.7%

18 to 64 years - 16.3%

65 years and over - 12.4%

Margin of Error
S1701 | 2022 American Community Survey 5-Year Estimates

Source: U.S. Census

12.9% of the population in Lawrence County have a Bachelor's Degree or Higher compared to 25.4% of the general Arkansas population. Lower levels of education have been linked to negative health outcomes, so the educational attainment of the community is relevant to the consideration of the health needs of the community. A breakdown of the education levels can be seen below:

Education Attainment (Population 25 Years and Older) in Lawrence County, Arkansas

High school or equivalent degree - 37.5%

Some college, no degree - 24.6%

Associate's degree - 7.1%

Bachelor's degree - 8.7%

Graduate or professional degree - 4.2%

Margin of Error
S1501 | 2022 American Community Survey 5-Year Estimates

Source: U.S. Census

Some socioeconomic measures in the community have improved over the years. One such measure is the percentage of the community that is without health insurance coverage. Effective January 1, 2014, the *Patient Protection and Affordable Care Act* expanded health coverage for many Americans. Arkansas expanded Medicaid eligibility and created a program that allows federal expansion funds to instead be used to subsidize premiums for private commercial insurance policies for low-income Arkansans. This program has had a significant effect on the patient mix of Lawrence Memorial Hospital. The long-term impact of this growth in insurance coverage on health needs cannot yet be determined. In addition, continued support for this expansion at the state and federal level is not assured. Currently, 8.8% of residents are without health care coverage in Lawrence County.

As the economy improves and more people find employment, the socioeconomic status of the community should be strengthened as access to health care is improved. According to the U.S. Bureau of Labor Statistics, the Unemployment Rate in Lawrence County is 3.6% compared to 3.9% for Arkansas. An unemployment trend breakdown can be seen below:
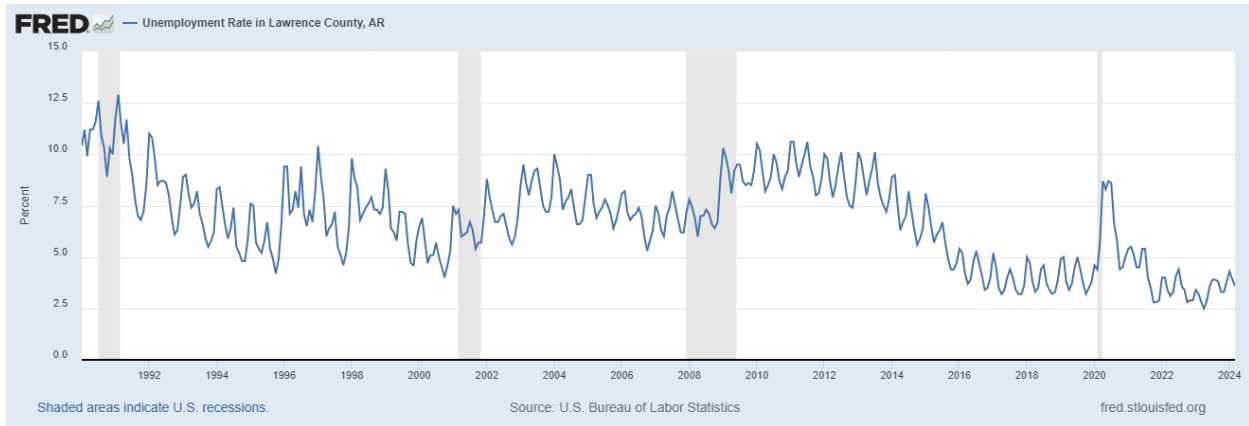
Source: Federal Reserve Bank of St. Louis

Health Status of the Community

This section of the assessment reviews the health status of Lawrence County residents, with comparisons to the state of Arkansas. As in the previous section, comparisons are provided with the state of Arkansas. This in-depth assessment of the mortality and morbidity data, health outcomes, health factors and mental health indicators of the county residents that make up the community will enable Lawrence Memorial Hospital to identify significant issues related to the health status of its residents.

Numerous factors have a significant impact on an individual's health status: lifestyle and behavior, human biology, environmental and socioeconomic conditions, as well as access to adequate and appropriate health care and medical services. The interrelationship among lifestyle/behavior, personal health attitudes and poor health status is gaining recognition and acceptance by both the general public and health care providers. Our environment, where we live, work and play also contribute to our health outcomes. These environments are called Social Determinants of Health (SDOH). The Social Determinants of Health often times explain why people face a more difficult challenge in achieving and maintaining good health. The Centers for Disease Control and Prevention (CDC) outlines the five key areas of (SDOH) as follows:

- Economic stability
- Education access and quality
- Healthcare access and quality
- Neighborhood and built environment
- Social and community context

An analysis of various health outcomes and factors for a particular community can, if improved, help make that community a healthier place to live, learn, work and play. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment. This portion of the community health needs assessment utilizes information from County Health Rankings, a key component of the Mobilizing Action Toward Community Health (MATCH) project, a collaboration between the Robert Wood Johnson Foundation and the University of Wisconsin Population Health Institute.

The County Health Rankings model is grounded in the belief that programs and policies implemented at the local, state and federal levels have an impact on the variety of factors that, in turn, determine the health outcomes for communities across the nation. The model provides a ranking method that ranks all 50 states and the counties within each state, based on the measurement of two types of health outcomes for each county: how long people live (mortality) and how healthy people feel (morbidity). These outcomes are the result of a collection of health factors and are influenced by programs and policies at the local, state and federal levels.

Counties in each of the 50 states are ranked according to summaries of a variety of health measures. Those having high ranks, e.g., 1 or 2, are considered to be the "healthiest." Counties are ranked relative to the health of other counties in the same state on the following summary measures:

- Health Outcomes – rankings are based on an equal weighting of one length of life measure and four quality of life measures.
- Health Factors – rankings are based on weighted scores of four types of factors:
  - Health behaviors
  - Clinical care
  - Social and economic
  - Physical environment

A more detailed discussion about the ranking system, data sources and measures, data quality and calculating scores and ranks can be found at the website for County Health Rankings (www.countyhealthrankings.org).

As part of the analysis of the needs assessment for the community, the community county will be used to compare the relative health status of the community to the state of Arkansas as well as to a national benchmark, if available. A better understanding of the factors that affect the health of the community will assist with how to improve the community's habits, culture and environment.

The following table, from County Health Rankings, summarizes the 2024 health outcomes and factors for Lawrence County. Measures underperforming the state average are highlighted in red.

HEALTH OUTCOMES	Measure	Description	Lawrence County	Arkansas	US Overall
Length of Life	Premature Death	Years of potential life lost before age 75 per 100,000 population (age-adjusted).	13,000	10,800	8,000
Quality of Life	Poor or Fair Health	Percentage of adults reporting fair or poor health (age-adjusted).	22%	20%	14%
	Poor Physical Health Days	Average number of physically unhealthy days reported in past 30 days (age-adjusted).	4.7	4.3	3.3
	Poor Mental Health Days	Average number of mentally unhealthy days reported in past 30 days (age-adjusted).	6.3	5.8	4.8
	Low Birthweight	Percentage of live births with low birthweight (< 2,500 grams).	9%	9%	8%

HEALTH FACTORS					
HEALTH BEHAVIORS	**Measure**	**Description**	**Lawrence County**	**Arkansas**	**US Overall**
Tobacco Use	Adult Smoking	Percentage of adults who are current smokers (age-adjusted).	24%	22%	15%
Diet and Exercise	Adult Obesity	Percentage of the adult population (age 18 and older) that reports a body mass index (BMI) greater than or equal to 30 kg/m2 (age-adjusted).	39%	39%	34%
	Food Environment Index	Index of factors that contribute to a healthy food environment, from 0 (worst) to 10 (best).	5.5	4.7	7.7
	Physical Inactivity	Percentage of adults age 18 and over reporting no leisure-time physical activity (age-adjusted).	32%	30%	23%
	Access to Exercise Opportunities	Percentage of population with adequate access to locations for physical activity.	35%	65%	84%
Alcohol and Drug Use	Excessive Drinking	Percentage of adults reporting binge or heavy drinking (age-adjusted).	14%	15%	18%
	Alcohol-Impaired Driving Deaths	Percentage of driving deaths with alcohol involvement.	23%	27%	26%
Sexual Activity	Sexually Transmitted Infections	Number of newly diagnosed chlamydia cases per 100,000 population.	343.7	592.8	495.5
	Teen Births	Number of births per 1,000 female population ages 15-19.	38	30	17

CLINICAL CARE					
Access to Care	Uninsured	Percentage of population under age 65 without health insurance.	11%	10%	10%
	Primary Care Physicians	Ratio of population to primary care physicians.	3,260:1	1,480:1	1,330:1
	Dentists	Ratio of population to dentists.	3,240:1	2,040:1	1,360:1
	Mental Health Providers	Ratio of population to mental health providers.	460:1	380:1	320:1
Quality of Care	Preventable Hospital Stays	Rate of hospital stays for ambulatory-care sensitive conditions per 100,000 Medicare enrollees.	3,667	3,015	2,681
	Mammography Screening	Percentage of female Medicare enrollees ages 65-74 who received an annual mammography screening.	37%	40%	43%
	Flu Vaccinations	Percentage of fee-for-service (FFS) Medicare enrollees who had an annual flu vaccination.	25%	45%	46%

SOCIAL & ECONOMIC FACTORS					
Education	High School Completion	Percentage of adults ages 25 and over with a high school diploma or equivalent.	82%	88%	89%
	Some College	Percentage of adults ages 25-44 with some post-secondary education.	58%	59%	68%
Employment	Unemployment	Percentage of population ages 16 and older unemployed but seeking work.	3.60%	3.30%	3.70%
Income	Children in Poverty	Percentage of people under age 18 in poverty.	25%	21%	16%
	Income Inequality	Ratio of household income at the 80th percentile to income at the 20th percentile.	4.2	4.8	4.9
Family and Social Support	Children in Single-Parent Households	Percentage of children that live in a household headed by a single parent.	30%	28%	25%
	Social Associations	Number of membership associations per 10,000 population.	8.0	11.8	9.1
Community Safety	Injury Deaths	Number of deaths due to injury per 100,000 population.	128	89	80

PHYSICAL ENVIRONMENT					
Air and Water Quality	Air Pollution - Particulate Matter	Average daily density of fine particulate matter in micrograms per cubic meter (PM2.5).	8.6	8.9	7.4
	Drinking Water Violations	Indicator of the presence of health-related drinking water violations. 'Yes' indicates the presence of a violation, 'No' indicates no violation.	No		
Housing and Transit	Severe Housing Problems	Percentage of households with at least 1 of 4 housing problems: overcrowding, high housing costs, lack of kitchen facilities, or lack of plumbing facilities.	8%	13%	17%
	Driving Alone to Work	Percentage of the workforce that drives alone to work.	85%	81%	72%
	Long Commute - Driving Alone	Among workers who commute in their car alone, the percentage that commute more than 30 minutes.	43%	28%	36%

Based on this data, there are opportunities for Lawrence Memorial Hospital to take positive steps toward improving the community's health.

Health Care Resources

The availability of health resources is a critical component to the health of a community's residents and a measure of the soundness of the area's health care delivery system. An adequate number of health care facilities and health care providers is vital for sustaining a community's health status. Fewer health care facilities and health care providers can impact the timely delivery of services. A limited supply of health resources, especially providers, results in the limited capacity of the health care delivery system to absorb charity and indigent care, as there are fewer providers upon which to distribute the burden of indigent care. This section will address the availability of health care resources to the residents of Lawrence County.

Hospitals and Health Centers

Lawrence Healthcare is comprised of Lawrence Memorial Hospital, Lawrence Hall Health and Rehabilitation, Family Medical Center, and our Specialty Clinic. Last fiscal year, Lawrence Memorial Hospital had 19,950 adjusted patient days, 17,178 observation hours, 6,333 emergency room visits, 15,620 outpatient registrations, 15,589 clinic visits, and 32,098 resident days in Lawrence Hall Health and Rehabilitation.

Other Health Care Resources

Besides Lawrence Memorial Hospital, Lawrence County residents benefit from many other health care resources:

Primary Care Providers and Nursing Homes – There are several primary care physicians as well retirement and nursing homes in Lawrence County. These homes provide skilled nursing, retirement living, and other long-term care services.

Lawrence County Health Unit – The Lawrence County Health Unit exists to promote and protect the public's health. The local health units provide services including WIC, family planning, prenatal care, immunizations, communicable disease follow-up, sexually transmitted disease and HIV testing, tuberculosis testing and treatment, breast care, environmental services, home health personal care services.

Community Questionnaire and Stakeholder Results

Research Design

Surveying and speaking with key interviewees (community stakeholders that represent the broad interest of the community with knowledge of or expertise in public health) is a technique employed to assess public perceptions of the county's health status and unmet needs. These touchpoints are intended to ascertain opinions among individuals likely to be knowledgeable about the community and influential over the opinions of others about health concerns in the community.

Information was collected through questionnaires. Residents of Lawrence County were the target population. The questionnaire was designed to yield information about certain key demographics, SDOH, and needed services within Lawrence County. Various scaling techniques were employed to determine what areas were more prominent in terms of our research objectives and what areas needed more attention.

The questionnaire was offered to patients at free health screenings and to people who made a visit to LMH including the Emergency Department, Family Medical Center, Rehab Services, and Specialty clinic. Hospital. The survey was also made available to residents of Lawrence County through various channels such as online social media (Facebook), email, and QR codes. Partnerships with a local food pantries and area churches to disseminate the survey via QR code enabled the team to reach even more residents of Lawrence County.

To maximize responses, the survey was subject to pre-tests to determine that all questions were easily understandable and formatted correctly. We also used pre-tests to make sure that the questionnaire took an appropriate amount of time to fill out so that respondents would complete the questionnaires fully and accurately. We reviewed questionnaires and coded the responses that we received so that we could analyze the data.

Data Analysis and Results

Demographics

Of those that responded to our questionnaire; we found the average age to be 51.50. The majority of respondents identified as female, comprising 75.1% of the total respondents, while 24.9% identified as male. 98% of the population was white/Caucasian. 0.4% were African American/black, 0.6% were American Indian or Alaska Native, 0.7% were Hispanic/Latino, and 0.4% were 2 or more races. 99.8% of the respondents said English and 0.2% said not English.

Health Behaviors

Physical Activity: The average physical activity was at 3.22, indicating on average, our participants engaged in moderate physical activity 3-4 days a week.

Education: 37.9% of respondents have a bachelor's degree or higher, 37.1% had some college education or technical training, 21.1% had a high school diploma, and 3.9% had some high school.

Use of Services: 85.5% of respondents have used Lawrence Healthcare services and 14.5% of respondents haven't.

Smoking: 18.5% of respondents smoke either using cigarettes or vapes.

Tobacco Use: 77.3% of respondents never used tobacco in the past 12 months, while 16.3% used it almost daily

Substance Use: 78% of respondents never had more than 5 drinks a day (male) or 4 drinks a day (female). 14.4% did it once or twice, 3.5% did it monthly, 3% did it weekly, and 1.1% (6 respondents) did it daily

Used prescription drugs non-med: 95.7% of respondents said they never used prescription drugs for non-medical reasons in the past year

Used Illegal Drugs: 96.8% of respondents said they never used illegal drugs in the past year

Factors that Influence the Seeking of Healthcare

Preventions from Healthcare

Problem	Frequency
No trouble getting care	56.6%
My share is too high	15.0%
Insurance doesn't cover	13.4%
No insurance	10.0%
The needed doctor is not available	7.8%
Long wait for an appointment	5.9%
Dentist doesn't taken insurance	5.0%
Doctor doesn't take insurance	3.9%
Hospital doesn't take insurance	2.2%
No way to get there	0.9%
No appointment	0.6%
Did not know where to go	0.4%

While the majority of respondents did not face significant barriers to healthcare access (56.6%), notable proportions reported challenges such as insurance-related issues (28.4%), difficulty securing appointments (5.9%) and unavailability of preferred healthcare providers (7.8%). These findings underscore the multifaceted nature of barriers to healthcare access and highlight areas where improvements or interventions may be needed to enhance healthcare accessibility for all individuals and families.

Prevention from Filling Prescriptions

| Problem	Frequency
Pharmacy wouldn't take my insurance	2.4%
Can't afford my share	12.8%
No insurance	5.0%
Medicine is unavailable	7.2%
No trouble filling prescriptions	75.5%

While the majority of respondents did not encounter significant obstacles in filling their prescriptions, a notable proportion faced challenges related to affordability, insurance acceptance at pharmacies, medication availability, and lack of insurance coverage. These findings highlight areas where improvements or interventions may be necessary to ensure access to essential medications for all individuals.

Social Determinants of Health

Food Insecurity: 33.2% of respondents said "Often true", 13.4% said "sometimes true", and 53.4% said, "never true." The findings suggest that a significant proportion of respondents experienced worry about food shortages and financial constraints within the past year. While a notable minority reported facing this concern either often or sometimes, the majority stated that they never worried about their food running out before they could purchase more, indicating a generally stable food situation for the majority of the respondent population. However, the presence of worry about food insecurity among a portion of respondents underscores the importance of addressing food access and financial stability issues to ensure food security for all individuals.

Food Insecurity: 4.7% of respondents said, "Often True", 15.1% said "Sometimes True," and 80.2% said, "Never True" when asked the questions "Within the past 12 months, the food you bought didn't last and you didn't have money to get more". The findings suggest that a relatively small proportion of respondents experienced significant financial challenges leading to insufficient food supplies within the past year. While a minority reported facing this issue either often or sometimes,
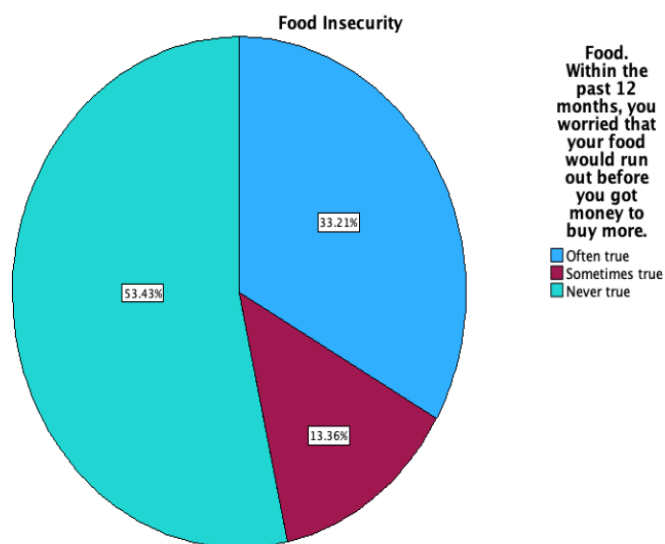
the overwhelming majority stated that they never encountered such circumstances. This indicates a generally stable and secure food situation for the majority of the respondent population, with only a small fraction experiencing periodic or chronic food insecurity.

Food Insecurity: 5.6% of respondents said that fresh fruits/vegetables are unavailable/hard to find, 36.5% said it is too expensive, 36.5% said it takes too long to prepare, and 21.5% said "I try not to buy unhealthy food." The findings suggest that financial constraints, convenience, and availability play significant roles in influencing food purchasing decisions among respondents. While a minority reported difficulties in accessing fresh fruits and vegetables, the majority cited factors such as cost and convenience as the primary reasons for purchasing unhealthy food. These insights underscore the importance of addressing barriers to accessing affordable and nutritious food options to promote healthier eating habits among individuals and communities.

Transportation: 5.2% of respondents said yes, and 94.8% of respondents said no. when asked the question "has lack of transportation kept you from medical appointments". This shows that while there is a minority that reported transportation prevention of healthcare, the majority did not experience this issue.

Utilities: 8.6% of respondents said Yes, 90% of respondents said No, and 1.5% of respondents said Already Shut Off when asked the question "in the past 12 months has the electric, gas, or water company threatened to shut off services in your home". While the majority of respondents did not experience threats or actual shut offs of utility services, a notable portion faced potential or actual disruptions to their access to essential utilities within the past year. These findings highlight the importance of addressing issues related to utility service affordability, accessibility, and reliability to ensure the well-being and stability of individuals and households.

Financial Strain: The average was 1.99, meaning most respondents chose "Somewhat hard". The results suggest that many respondents experience some level of financial strain when it comes to covering essential expenses. This underscores the importance of addressing financial hardships and providing support mechanisms to ensure individuals' access to basic necessities for their well-being and quality of life.

Family/Community Support: The average was 1.74, meaning that the response fell between "I don't get any help" and "I get all the help I need". This indicates that there is little to no need for additional family/community support.

Lonely/Isolated: The mean was 1.61, meaning most respondents fell between Never and Rarely. The results suggest that many respondents do not experience frequent feelings of loneliness or isolation from those around them.

Felt Depressed: Over the past 2 weeks, how often have you felt down, depressed, or hopeless? We ran a frequency analysis on this discrete variable. 62.1% of respondents said Not at all, while 31.1% said several days, 4.5% said more than half the days, and 2.3% said nearly every day. The findings indicate a range of experiences with feelings of depression among respondents over the past 2 weeks. While the majority did not report experiencing depressive symptoms at all, a notable minority encountered occasional to frequent feelings of being down or hopeless. These insights highlight the importance of addressing mental health concerns and providing support services for individuals experiencing depressive symptoms to promote well-being and mental health.

Feeling Stressed: Stress means a situation in which a person feels tense, restless, nervous or anxious, or is unable to sleep at night because his or her mind is troubled all the time. 26.5% said not at all, 34% said a little bit, 17.4% said somewhat, 13.9% said quite a bit, and 8.3% said very much. The findings highlight a range of experiences with stress among respondents, with varying degrees of severity. While a significant portion reported feeling some level of stress, from mild to severe, a minority reported not experiencing any stress at all. These insights underscore the importance of addressing stress management and providing support services for individuals experiencing heightened levels of stress to promote overall well-being and mental health.

Needed Services

Which of the following services do you need? Choose all that apply.

Needed Service	Frequency
Primary Care Needs	63.3%
Dental Care Needs	41.6%
Gynecology Services	33.4%
Urgent Care Services	31.9%
Dermatology	23.2%
Cardiology	21.9%
Podiatry	19.5%
Nutrition and Exercise Programs	19.1%
Services to help alleviate stress, anxiety, or depression	18.7%
GI/Endoscopy	18.6%
Weight/Obesity Management	18.6%
Orthopedics	17.6%
Pediatrics	15.6%
Health Screening Services	14.1%
Sleep Disorders Testing	9.1%
Behavioral Health	7.8%
Health Care Education Prevention	7.8%
Physical, Occupational and Speech Therapy	7.6%
Infusion Center, Non-Cancer	6.9%

Diabetes Education	5.9%
Stop Smoking Programs	4.8%
Telehealth Services	4.8%
Cardiac Rehab	4.5%
Wound Care	4.1%
Respiratory Therapy	3.5%
Infusion Center, Cancer	3.3%
Dialysis	3.2%
In-home assistance with daily living (elderly or disabled)	3.0%
Stop Drinking Programs	1.5%
Prenatal	1.1%
Substance Abuse Treatment	0.7%

Primary care services emerge as the most sought-after, with 63.3% of respondents expressing a need, indicating a high demand for general healthcare. Dental care follows closely behind, with 41.6% of respondents indicating a need, underscoring the significance of oral health in the community. Additionally, 33.4% of respondents expressed a need for gynecology services, highlighting the importance of specialized healthcare for women's health issues. Urgent care services are also in demand, with 31.9% of respondents indicating a need for immediate medical attention for acute healthcare needs. These findings underscore the diverse range of healthcare needs within the respondent population, emphasizing the importance of tailored healthcare service planning and delivery to meet the unique needs of the community.

Limitations

Limitations exist in all research. First, the survey has some degree of response error. Questionnaires were sent to potential respondents to be completed individually. Assumptions were made that those who attempted to complete the survey had the needed literacy skills to understand each question. Because there was no researcher present, there was no way to make sure that the respondent understood each question. Another limitation of the research is that some of the questions were ignored. Whether the respondents did not understand the questions, failed to see all the questions, or simply didn't care to complete the survey, these non-response errors weakened the viability of our results. This problem could have been suppressed by a more controlled environment of surveying, where a research team member and/or an official from Lawrence County could be available to respondents to clear any confusion and encourage increased survey completion.

Identification and Prioritization of Health Needs

Based on a review of the data gathered during this assessment, factors as well as surveys and interviews were conducted to identify numerous health needs. These needs were prioritized and evaluated to determine which were significant to the community. The criteria included the numbers of persons affected, the seriousness of the issue, whether the health need particularly affected persons that were children, adults, or seniors, and what needs to be done to address these issues.

As a result, the following list of significant health and quality of life issues were identified:
1. Access to primary care and urgent care services
2. Access to women's' healthcare services
3. Food Insecurity

Lawrence Memorial Hospital will develop an updated implementation strategy to address the needs identified during the community health needs assessment. This assessment will be made publicly available on Lawrence Memorial Hospital 's website. Public comments on this assessment may be directed to Lawrence Memorial Hospital 's management at 1309 W Main St, Walnut Ridge, AR 72476.

APPENDICES

APPENDIX A
Community Health Needs Assessment Questionnaire

Community Health Needs Assessment Questionnaire

Q1 Lawrence Healthcare is involved in a 2024 Community Health Needs Assessment to better understand the needs of the community. We'd appreciate your help in completing this important survey.   Your participation is entirely voluntary and your responses will remain anonymous. If you wish to participate, please continue. If you do not wish to participate, discontinue the survey.

INSTRUCTIONS: We want to know how you view your health needs, so we are inviting you to participate in this project. Your opinions are important. This questionnaire will take approximately 10-15 minutes to complete. All of your individual responses are confidential and anonymous. We will use results of the survey to improve our understanding of health needs in this community and create strategies to improve our services. Please read each question and mark the response that best represents your needs and experiences.

Q2 What is your age, in years?

_____

Q3 What is your sex?

◯ Male

◯ Female

Q4 Which of the following best describes your race/ethnicity?

◯ African American/Black

◯ American Indian or Alaska Native

◯ Asian

◯ Hispanic/Latino

◯ Native Hawaiian or other Pacific Islander

◯ White/Caucasian

◯ Two or more races

Q5 What is the highest level of education that you have achieved?

○ Some high school

○ High School graduate

○ Technical training or some college

○ Bachelor's degree or higher

Q6 Have you ever used Lawrence Healthcare services?

○ Yes

○ No

Q7 In general, how satisfied are you with the services you received from Lawrence Healthcare?

○ Very Satisfied

○ Satisfied

○ Neither satisfied nor dissatisfied

○ Dissatisfied

○ Very Dissatisfied

Q8 How do you pay for your health care, check all that apply

☐ Pay cash (because I have no insurance)

☐ Health Insurance (e.g. private insurance, Blue Cross, HMO) with co-pays

☐ Medicaid

☐ Medicare

☐ VA

☐ Other _____

Q9 Which of the following problems prevent you or your immediate family (that lives with you) from getting the necessary health care? Choose all that apply.

☐ No health insurance

☐ Insurance didn't cover what I needed

☐ My share of the cost (co-pay or deductible) was too high

☐ Doctor would not take my insurance or Medicaid

☐ Hospital would not take my insurance or Medicaid

☐ Dentist would not take my insurance or Medicaid

☐ No way to get there

☐ Did not know where to go

☐ Couldn't get an appointment

☐ The wait to get an appointment was too long

☐ The type of doctor that I needed was not available

☐ I don't have any trouble accessing health care

☐ Other, please list _____

Q10 Which of the following problems prevent you from filling your prescriptions. Choose all that apply.

☐ Pharmacy would not take my insurance

☐ I cannot afford the co-pay or deductible

☐ I have no insurance and cannot afford

☐ The medicine I needed was out of stock

☐ I do not have any problems filling my prescriptions

Q11 Which of the following services do you need? Choose all that apply.

☐ Primary care needs

☐ Pediatrics (children's healthcare)

☐ Prenatal (pregnancy) care

☐ Gynecology services (Women's Health)

☐ Dental Care

☐ Health care education/prevention

☐ Nutrition and exercise programs

☐ Services to help alleviate stress, anxiety or depression

☐ In home assistance with daily living (elderly or disabled)

☐ Health Screening services

☐ Substance abuse treatment (suboxone clinic)

☐ Behavioral health

☐ Stop smoking programs

☐ Stop drinking programs

☐ Cardiology (Heart Care)

☐ GI/Endoscopy (Colonoscopies)

☐ Orthopedics (Muscles and Bones)

☐ Podiatry (Feet care)

☐ Dialysis

☐ Dermatology (Skin)

☐ Physical, Occupational and Speech Therapy

☐ Infusion Center, cancer

☐ Infusion Center, non-cancer

☐ Respiratory Therapy

☐ Sleep Disorders testing

☐ Telehealth services

☐ Urgent Care (No appointment needed)

☐ Weight/Obesity Management

☐ Wound Care

☐ Cardiac Rehab

☐ Diabetes Education

☐ Other, please specify _____

Q12 How long has it been since you received a routine checkup (this does not include sick call or urgent care)?

○ less than 1 year

○ 1-2 years

○ 3-5 years

○ More than 5 years

○ Never

Q13 Where do you get most of your health-related information. Please choose only one.

○ Doctor/Nurse

○ Health department

○ Pharmacist

○ Help lines

○ Friends

○ Hospital/Clinic

○ Church

○ Books or magazines

○ Internet

○ My child's school

○ Other,_____

Q14 Living Situation
What is your living situation today?

○ I have a steady place to live

○ I have a place to live today, but I am worried about losing it in the future

○ I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, homeless)

Q15 Think about the place you live. Do you have any problems with any of the following? Choose all that apply

☐ Pests such as bugs, ants or mice

☐ Mold

☐ Lead paint or pipes

☐ Lack of heat

☐ Oven or stove not working

☐ Smoke detectors missing or not working

☐ Water leaks

☐ None of the above

Q16 Food.
Within the past 12 months, you worried that your food would run out before you got money to buy more.

○ Often true

○ Sometimes true

○ Never true

Q17 Within the past 12 months, the food you bought just didn't last and you didn't have money to get more.

○ Often true

○ Sometimes true

○ Never true

Q18 Within the past 12 months, if the food that you bought was unhealthy, what is the most significant reason? Choose only one.

○ Fresh fruits and vegetables are unavailable/hard to find

○ It is too expensive

○ It takes too long to prepare

○ I try not to buy unhealthy food

Q19 Transportation
In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?

○ Yes

○ No

Q20 Utilities.
In the past 12 months has the electric, gas, oil or water company threatened to shut off services in your home?

○ Yes

○ No

○ Already shut off

Q21 Safety.
How often does anyone, including family and friends, physically hurt you?

○ Never

○ Rarely

○ Sometimes

○ Fairly often

○ Frequently

Q22 How often does anyone, including family and friends, verbally abuse you?

○ Never

○ Rarely

○ Sometimes

○ Fairly Often

○ Frequently

Q23 Financial Strain
How hard is it for you to pay for the very basics like food, housing, medical care and
heating? Would you say it is:

○ Very hard

○ Somewhat hard

○ Not hard at all

Q24 Family and Community Support.
If for any reason you need help with day-to-day activities such as bathing, preparing meal,
shopping, managing finances, etc., do you get the help you need?

○ I don't need any help

○ I get all the help I need

○ I could use a little more help

○ I need a lot more help

Q25 How often do you feel lonely or isolated from those around you?

○ Never

○ Rarely

○ Sometimes

○ Often

○ Always

Q26 What language is spoken in your home?

○ Not English, please specify _____

○ English

Q27 Do you want help with school or training? For example, starting or completing job training or getting a high school diploma, GED or equivalent?

○ Yes

○ No

Q28 Physical Activity.
In the last 30 days, other than the activities you did for work, on average, how many <u>days per week</u> did you engage in moderate exercise (like walking fast, running, jogging, dancing, swimming, biking or other similar activities)?

○ 0

○ 1

○ 2

○ 3

○ 4

○ 5

○ 6

○ 7

Q29 On average, how many minutes did you usually spend exercising at this level on one of those days?

○ 0-30

○ 31-60

○ 61-90

○ 91-greater

Q30 Substance Use.
How many times in the past 12 months have you had 5 or more drinks in a day (male) or 4 or more drinks in a day (females)? One drink is 12 ounces of beer, 5 ounces of wine or 1.5 ounces of 80 proof spirits.

○ Never

○ Once or twice

○ Monthly

○ Weekly

○ Daily or almost daily

Q31 Do you smoke (cigarettes/vapes)?

○ Yes

○ No

Q32 How many times in the past 12 months have you used tobacco products (like cigarettes, cigars, snuff, chew, vapes)?

○ Never

○ Once or twice

○ Monthly

○ Weekly

○ Daily or almost daily

Q33 How many times in the past year have you used prescription drugs for non-medical reasons?

○ Never

○ Once or twice

○ Monthly

○ Weekly

○ Daily or Almost Daily

Q34 How many times in the past year have you used illegal drugs?

○ Never

○ Once or twice

○ Monthly

○ Weekly

○ Daily or almost daily

Q35 Over the past 2 weeks, how often have you felt down, depressed or hopeless?

○ Not at all

○ Several days

○ More than half the days

○ Nearly every day

Q36 Stress means a situation in which a person feels tense, restless, nervous or anxious, or is unable to sleep at night because his or her mind is troubled all the time. Do you feel this kind of stress these days?

○ Not at all

○ A little bit

○ Somewhat

○ Quite a bit

○ Very much

Q37 Disabilities.
Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering or making decisions?

○ Yes

○ No

Q39 Thank you for your participation in this important study. Are there any other issues that we should know about that impact your health or quality of life in Lawrence County?

_____

APPENDIX B
Sources

Sources

U.S. Census - https://data.census.gov/profile/Lawrence_County,_Arkansas?g=050XX00US05075

U.S. Bureau of Labor Statistics - https://www.bls.gov/

Federal Reserve Bank of St. Louis - https://fred.stlouisfed.org/series/ARLWURN#

Robert Wood Johnson Foundation (RWJF) County Health Rankings - https://www.countyhealthrankings.org/health-data/arkansas/lawrence?year=2024