

# **2022 Needs Assessment**

Health Resources and Services Administration

LCHD/CHC Clinics and Service Area

Kim Burke, MBA Director of Healthcare Operations

> Les Zun, MD, MBA Medical Director

## Introduction

The Needs Assessment is a HRSA requirement that has annual and triennial deliverables:

- The health center must define and annually review the boundaries of the catchment area to be served, including the identification of the medically underserved population or populations within the catchment area.
- The health center must assess the unmet need for health services in the catchment or proposed catchment area of the center based on the population served.
- The health center completes or updates a needs assessment of the current or proposed population at least once every three years, for the purposes of informing and improving the delivery of health center services.



### Methodology

- Physical Health leadership staff met on June 10, 2022, to review its current service area, patient demographic data, patient morbidity and mortality data, and UDS performance data.
- The group also reviewed community level data looking at trends at the population level, including community demographics, access to care, economic stability, community level morbidity and mortality, as well as social and environmental factors.
- After this initial review, Practice Managers for each FQHC site were tasked with responding to a questionnaire (Appendix A) related to the core purpose of the Needs Assessment as outlined by HRSA. They were instructed to respond for each clinic site they manage.
- The Practice Managers met again on June 23, 2022, to review their responses as a group. The overall needs for the service area were also determined for the FQHC by senior leadership.



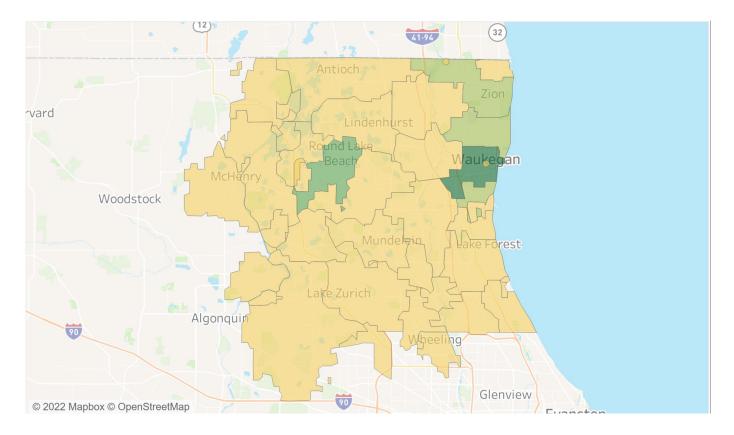
## **Service Area Review**

- During review of Service Area, it was determined that over 80% of patients from the last three years reside in the defined HRSA Service Area.
  - Service Area is defined through the Service Area Competition Form 5B (see map of zip codes).
  - HRSA mentions 75% as the threshold for volume of patients living in Service Area (out of total patients served).
- While overall 80% of our patients live in the Service Area, there are some clinics that are below the 75% threshold defined by HRSA. FQHC Leadership will further explore the causes.
  - Patient surveys to assess why they are accessing clinics outside of their home zip code.



#### **LCHD/CHC Service Area**

#### 2021 Patient Count per Zip Code



Number of People





4

# **Themes Identified**

- Transportation Barriers
  - o Lake County infrastructure issues
- Access to Care
  - o LCHD/CHC Appointment Availability
  - o Uninsured Patients lack access to Specialty Care
  - Prescription Drug Access
- Identifying Social Determinants of Health and connecting to resources
  - PRAPARE Tool
- Enhancing internal support services (PCBH/Nutrition/Pharmacy Access)



## **Next Steps**

- Patient surveys to assess why they are accessing clinics outside of their home zip code
- Explore transportation barriers in greater detail
- Leadership working on operational efficiencies to improve access by decreasing no show rate and cycle time
- Leadership working with hospital systems on specialty care for uninsured
- Integrate Community Health Workers into Care Teams







3010 Grand Avenue, Waukegan, Illinois 60085 (847) 377-8000 health.lakecountyil.gov

HealthDepartment



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