

Lake County Health Department HRSA Compliance
Chapter 3: Needs Assessment
Clinic and Service Area Assessment

Assessment Methodology

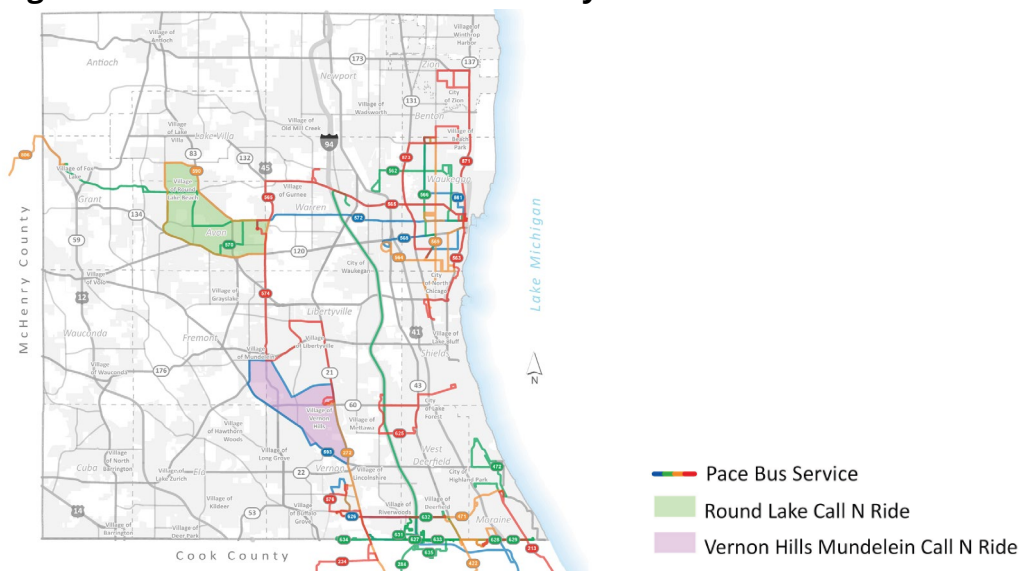
Physical Health leadership staff met on June 10, 2022, to review current service area, patient demographic data, patient morbidity and mortality data, and UDS performance data. The group also reviewed community level data looking at trends at the population level, including community demographics, access 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. Below are the results of the surveys collected from the Practice Managers. The overall needs for the service area were also determined for the FQHC.

Assessment Summary and Identified Needs

Generally, patients live in the area surrounding their respective clinic, but lack of accessible and safe public transportation is a common barrier to medical appointments across clinic sites. In 2021, 84.29% of patients served resided in the designated catchment area listed on Form 5B. Only two of our clinic sites (Grand and Belvidere) have a bus stop in the immediate vicinity, which makes public transit a major concern for many of our patients (Figure 1).

Figure 1. Pace Bus Routes in Lake County



Patients are experiencing long wait times when scheduling appointments. This can be alleviated, in part, by ensuring providers are at the sites with greatest patient demand. This would improve primary care access, as well. Stability of providers at sites is also important to continuity of care.

Obesity, hypertension, and diabetes are the most prominent health conditions noted across all the clinics, with some clinics seeing an increase in the number of patients with mental health diagnoses. Specialty provider access and additional support services available at the clinic locations or through referral would be helpful to cover patient needs.

The low socioeconomic status and the high social vulnerability (Figure 2) of the population, including low income (Figure 3), unemployment, poverty (Figure 4) and language barriers, leads to lack of transportation, inability to afford medications, and lack of knowledge about nutrition and other healthy habits. Addressing these social determinants of health needs additional resources and/or referrals to services, such as nutrition education, translators, transportation assistance, and prescription medication assistance.

Figure 2. CDC Social Vulnerability Index

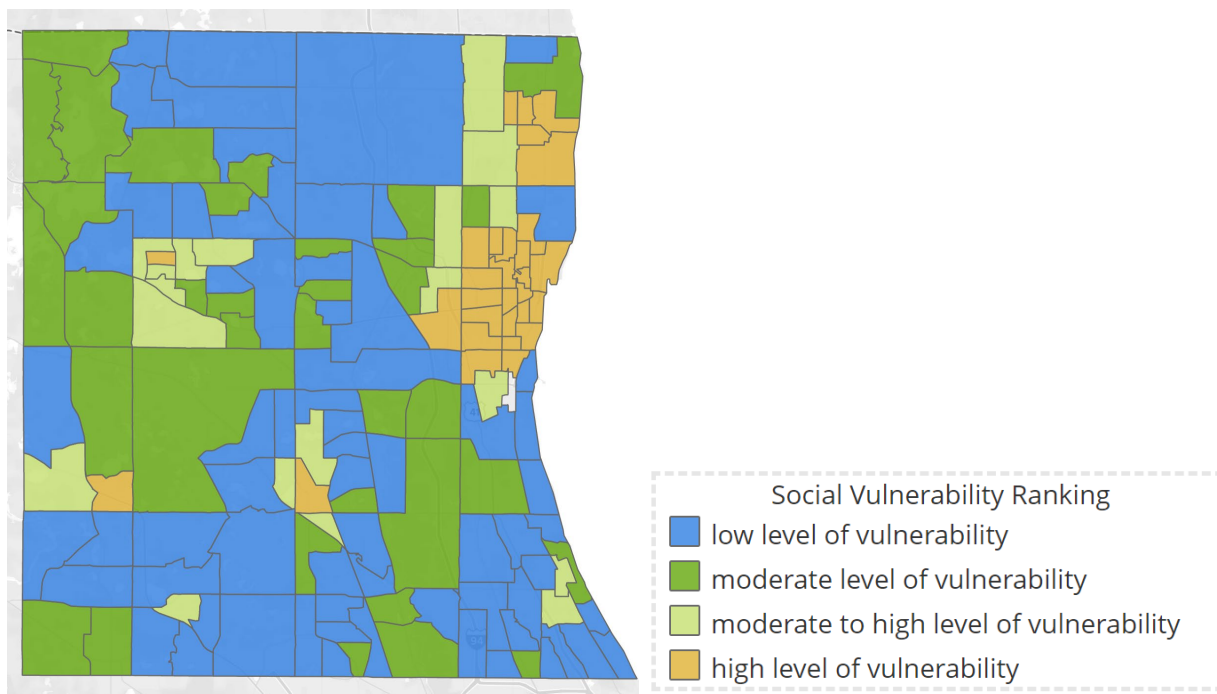


Figure 3. Lake County 2020 Median Income Per Zip Code

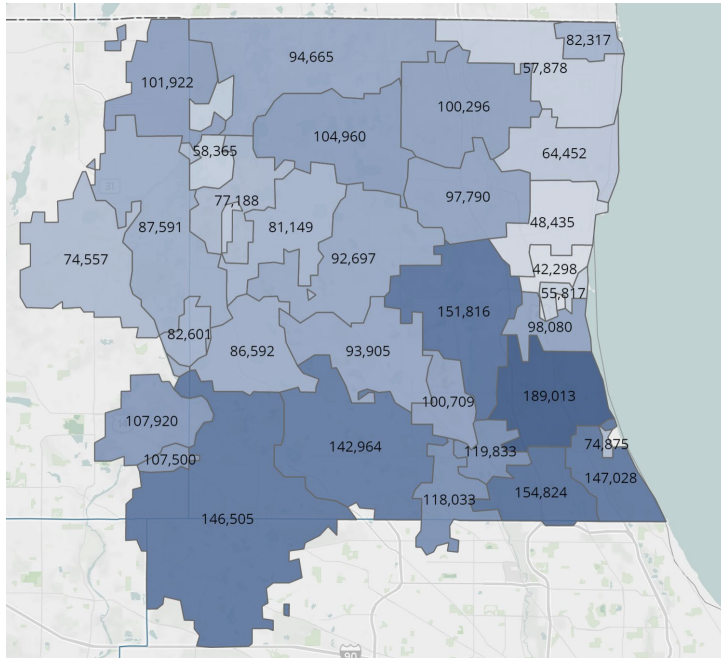
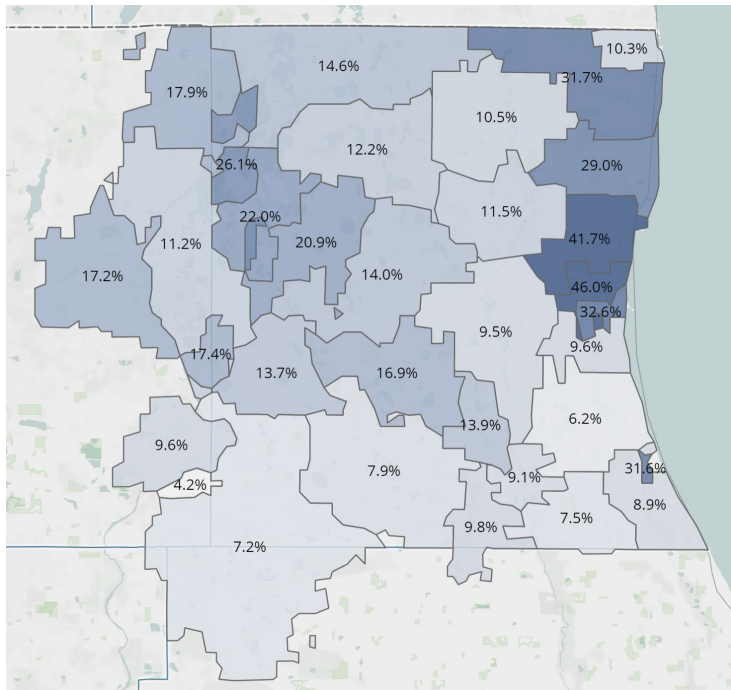


Figure 4. Percent of Lake County Resident Below 185% of Poverty Level in 2020



Survey Responses

1. Do the patients you serve generally live in the area surrounding your clinic location?

Each clinic's top ten zip codes, according to patients seen in 2021, are listed with the percentage of patients in parenthesis.

Clinic/Program	
Belvidere	60085 (49.8%) (*Clinic resides in this zip code) 60064 (10.8%) 60087 (9.9%) 60099 (7.6%) 60073 (5.8%) 60031 (3.1%) 60060 (2.5%) 60030 (1.2%) 60040 (0.8%) 60061 (0.7%)
Grand	60085 (37.4%) (*Clinic resides in this zip code) 60099 (12.2%) 60087 (10.5%) 60073 (6.4%) 60031 (6.4%) 60064 (5.5%) 60002 (2.5%) 60060 (2.1%) 60046 (2.0%) 60030 (1.9%)
Libertyville	60048 (3.9%) (*Clinic resides in this zip code) 60073 (19.2%) 60085 (9.6%) 60060 (9.3%) 60030 (7.5%) 60046 (5.1%) 60061 (4.7%) 60002 (4.3%) 60020 (3.8%) 60084 (3.7%)
Midlakes	60073 (53.2%) (*Clinic resides in this zip code) 60060 (6.2%) 60085 (5.8%) 60030 (4.6%) 60046 (3.9%) 60041 (3.2%)

	60020 (3.0%) 60002 (2.6%) 60084 (2.2%) 60031 (1.9%)
North Chicago	60064 (27.9%) (*Clinic resides in this zip code) 60085 (42.1%) 60087 (8.0%) 60099 (6.3%) 60073 (3.3%) 60031 (2.3%) 60060 (1.6%) 60030 (1.0%) 60040 (0.8%) 60044 (0.7%)
North Shore	60035 (17.6%) (*Clinic resides in this zip code) 60040 (16.1%) 60085 (14.6%) 60064 (5.6%) 60060 (5.0%) 60015 (4.2%) 60061 (4.1%) 60087 (3.6%) 60073 (3.4%) 60099 (3.3%)
Substance Abuse Program (SAP)	60085 (24.2%) (*Clinic resides in this zip code) 60099 (12.9%) 60073 (7.3%) 60087 (7.0%) 60048 (5.4%) 60031 (5.4%) 60002 (4.8%) 60064 (4.0%) 60046 (2.4%) 60041 (2.4%)
School Based Health Center (SBHC)	60073 (72.3%) (*Clinic resides in this zip code) 60085 (5.1%) 60060 (3.4%) 60064 (3.1%) 60030 (2.1%) 60099 (1.8%) 60087 (1.8%)

	60046 (1.6%) 60002 (0.9%) 60084 (0.8%)
Women's Health	The Women's Health program is located at the Belvidere, Midlakes, North Chicago, School Based Health Center, and Zion clinics. For prenatal services, all high risk or third trimester patients are seen by an Obstetrician and need to go to BMB at some point in their pregnancy as there are no Obstetricians providing services at the Midlakes clinic. There is also no prenatal care at the Zion or North Chicago clinic, however, 10% of prenatal patients live in Zion. BMB is the only site providing specialty gynecologic services.
Zion	60099 (39.3%) (*Clinic resides in this zip code) 60085 (22.9%) 60087 (10.1%) 60064 (4.1%) 60073 (3.6%) 60031 (2.9%) 60060 (2.5%) 60096 (2.3%) 60083 (1.9%) 60030 (1.5%)

2. Are there any barriers to your clinic's physical location that make it difficult for your patients to access services/care (i.e., area's physical characteristics, residential patterns, economic and social groupings, available transportation)?

<u>Clinic/Program</u>	<u>Answer</u>
Belvidere	Double doors throughout the building need automatic openers. Patients with wheelchairs, strollers and other mobility assistance devices have difficulty maneuvering through the doors as they must be manually opened, especially if they don't have someone with them to assist.
Grand	67% of patients have access to public transportation via local bus routes. There is a sheltered bus stop in front of the building. Those living in outlying areas may have difficulty keeping appointments if they do not drive. Use of telehealth during COVID pandemic has had a positive effect on show rates.
Libertyville	There is a bus stop ½ mile away, but no benches or enclosed shelter. No sidewalk on 45 or Peterson Road. Limited route times. Many transfers required. Many take direct transportation rather than public bus. No public transportation for those West of 45.

	Insurance rides, Uber and taxi certificates work best when available. New transportation service is very helpful.
Midlakes	Transportation is an issue for our patients. There is a bus stop on Cedar Lake Road and Rollins, however, patients still need to walk to the clinic.
North Chicago	Transportation makes it very difficult for patients to get to the clinic. Most walk rather than take public transportation. There is a bus stop about ½ mile from the clinic, however, patients still need to walk to the clinic and it doesn't have a sheltered pick up spot.
North Shore	Limited bus service for patients coming from Waukegan/North Chicago area. No clear LCHD clinic sign in front area. Gate entrance highlights 1850 Albion apartment complex but not the clinic which confuses patients.
SAP	Available public transportation is an obstacle for many patients that live outside the immediate area of the clinic location.
SBHC	None that have been reported
Women's Health	Do not see a barrier other than travel to other parts of the county for services, especially those in the Western part of the county, there are less public transportation routes available. Most MCO insurance for those insured will provide transportation but can be difficult to access. Patient may need help getting access.
Zion	Limited bus services for patients coming from Waukegan to Zion area.

3. Do you have enough Providers to provide care to all your patients?

Clinic/Program	Answer
Belvidere	No. There is an opening for an APRN that is currently being recruited for. Some of our providers have schedules that are completely booked 3 months out.
Grand	We do not. We have 2 medical providers with full patient caseloads who are closed to new patients. New psychiatric patients are waiting 5 months for a Diagnostic Assessment with a psychiatrist or Psych APRN. New psych patients are waiting 7 weeks to meet with a mental health therapist for an intake appointment.
Libertyville	We just added an APRN so we are good now. We had been in dire straits for several months and are happy to have increased access.
Midlakes	It appears that we have enough providers to care for our patients. However, 3rd next available appointments are 46 days out.
North Chicago	No, currently we have an opening for a nurse practitioner. However, we can benefit having a MD as they can see more complex patients. Average day for 3rd next available appointment is 77 days out.
North Shore	We can use another Family Practice provider. Currently, we have 1 FP physician and 1 pediatrician. The FP physician's 3rd next available appointment is 61 days out.
SAP	An additional part-time provider would be beneficial in order to provide quicker access to treatment for our patients. Currently, the wait time to see our one provider is approximately 5 days from the completion of their Intake Assessment with a therapist.
SBHC	Yes. SBHC providers' Third Next Available Appointment is next day. Given the lack of access at MLC, FQHC Leadership will work with the SBHC, MLC and PAC Leadership to develop and implement criteria to have D116 eligible students scheduled by the PAC at the SBHC instead of MLC to provide greater access at MLC.
Women's Health	No. We need more prenatal and gynecology services at Midlakes. Advanced Practice Nurse (APN) with ability to see patients past third trimester or MD services. Gynecology services are seen by MD. More family planning services at the Waukegan location. Consider prenatal in Zion location. Addition of procedure services at outside family planning locations so patients do not need to go to Waukegan. West side of the county would benefit from having a delivering hospital option near their zip code location. Research into delivery options available in the far North area of the county near Zion zip code could also help Women's Health patients.
Zion	Yes, now that we are getting a FT physician in the Fall.

4. What health issues are the most common for your patients? Are you seeing an increase in chronic and/or severe diagnosis? Do we have services that address these issues, or do we need to expand or add services to meet needs?

Clinic/Program	Answer																																
Belvidere	Diabetes, hypertension, obesity. We are seeing an increase in these chronic conditions. We have Nutrition and limited Pharmaceutical services. We would like to see additional pharmaceutical services at least three days/week, both in person and via telehealth.																																
Grand	<p>Of patients served at Grand Avenue Outpatient in 2021: 92% (4979) had any medical diagnosis 70% (3801) had a mental health diagnosis 57% (3103) were diagnosed with obesity 23% (1231) had a substance abuse, mental health, and/or primary care diagnosis 21% (629) were diagnosed with Type 2 Diabetes 21% were diagnosed with hypertension 4% (187) were diagnosed with heart disease 1% were diagnosed with cancer</p> <p>Trend lines over the past three years for all diagnoses are relatively flat, with the exception being a significant increase in patients diagnosed with Type 2 Diabetes in 2021 compared with the previous 2 years</p> <table><tr><td></td><td>2021</td><td>2020</td><td>2019</td></tr><tr><td>Unique patients</td><td>5425</td><td>6201</td><td>5377</td></tr><tr><td>Any Medical Diagnosis</td><td>92%</td><td>81%</td><td>93%</td></tr><tr><td>Behavioral Health Diagnosis</td><td>70%</td><td>67%</td><td>72%</td></tr><tr><td>Obesity Diagnosis</td><td>57%</td><td>59%</td><td>58%</td></tr><tr><td>Patients with substance abuse, mental health, and/or primary care diagnosis</td><td>23%</td><td>21%</td><td>23%</td></tr><tr><td>Hypertension</td><td>21%</td><td>22%</td><td>23%</td></tr><tr><td>Type 2 Diabetes</td><td>21%</td><td>13%</td><td>13%</td></tr></table> <p>Programs designed to help patients struggling with obesity and Type 2 Diabetes would create opportunity for improved long-term health outcomes and have a positive impact for our patients. Programs targeting those with co-morbid/co-occurring conditions would also be very helpful</p>		2021	2020	2019	Unique patients	5425	6201	5377	Any Medical Diagnosis	92%	81%	93%	Behavioral Health Diagnosis	70%	67%	72%	Obesity Diagnosis	57%	59%	58%	Patients with substance abuse, mental health, and/or primary care diagnosis	23%	21%	23%	Hypertension	21%	22%	23%	Type 2 Diabetes	21%	13%	13%
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Libertyville	Hypertension, Diabetes. Yes, increase in severity. Many have concurrent mental health and substance use issues which																																

	<p>exacerbate conditions and can make taking meds consistently difficult. That's why it is very important to have an integrated mental health & medical team with consistent providers that the clients can build a relationship with and trust. Even though appointments may be available at other clinics or other clinics may be easier to get to, the integrated team approach is so VERY important for this population.</p>
Midlakes	<ul style="list-style-type: none"> • Obesity (4,001) • Mental Health (2,236) • Hypertension (1,119) • Type 2 Diabetes (878) • Type 1 or 2 Diabetes (896) • Substance Abuse (261) • Heart Disease (156) • Cancer (64) <p>We do have services to address these issues. Being high in mental health it would be a benefit to have a therapist on site. We currently have a nutritionist on site, as well.</p>
North Chicago	<ul style="list-style-type: none"> • Obesity (729) • Hypertension (330) • Type 2 Diabetes (264) • Type 1 or 2 Diabetes (268) • Asthma (76) • Chronic Lower Respiratory (45) <p>Currently we have a Nutritionist on site for the following:</p> <ul style="list-style-type: none"> • Full day Wednesdays and ½ day Thursdays • She addresses hypertension, cholesterol, eating disorders, Chronic Kidney Disease, nonalcoholic fatty liver disease, acid reflux, BMI (the most common issues within our patient population).
North Shore	<p>Obesity, Behavioral Health, Diabetes and Hypertension. We can benefit from having on-call behavioral health counselor services available for all clinics to meet the mental health needs of our patients. Currently, when we call for BH services, counselors are busy seeing other scheduled patients. Also, our counselors come in person once a week. We can benefit from having them come in person more days throughout the week. This would prevent providers from sending some patients directly to the ER.</p>
SAP	<p>#1 diagnosis: Substance Abuse (100%) #2 diagnosis: Obesity (37.5%)</p>

	<p>#3 diagnosis: Hypertension (13.81%)</p> <p>We have not seen an increase in any of our most diagnosed conditions. We are able to address the medical and psychosocial needs of our Substance Abuse diagnosed patients here and have the resources within the Health Department to refer obese and/or hypertensive patients for treatment. However, wait times at the Primary Care sites and the Mental Health sites are creating barriers to access timely care.</p>
SBHC	<p>The top 2 diagnoses are: Obesity Behavioral Health</p> <p>We do not have a dietician on site, there is a behavioral health counselor on site. Over the next year, obesity diagnosis will continue to be monitored and if it remains the top diagnosis or the number of patients increase, Leadership will pursue having dietician services at SBHC and work with school district 116 on nutrition initiatives.</p>
Women's Health	<p>Prenatal - 25% of prenatal patients have a behavioral health and obesity diagnosis. Gynecology - 74% of gynecology patients have an obesity diagnosis, 40% have a behavioral health diagnosis. Family Planning - 50% of family planning patients have an obesity diagnosis and 32% have a behavioral health diagnosis.</p> <p>We have behavioral health services, may need more access. Need additional services in prevention and education. Reduction of obesity now can prevent diagnosis of hypertension and diabetes.</p>
Zion	<p>Obesity, Behavioral Health, and Hypertension. We can benefit from having on-call behavioral health counselor services available for all clinics to meet the mental health needs of our patients. Currently, when we call for behavioral health services, counselors are busy seeing other scheduled patients. Also, our counselors come in person once a week. We can benefit from having them come in person more days throughout the week. This would prevent providers from sending some patients directly to the ER.</p>

5. Are there economic or demographic factors that impact your patient populations' access to care?

<u>Clinic/Program</u>	<u>Answer</u>
Belvidere	<p>Patients may have difficulty affording medication. Not all medications can be discounted or given through Medication Assistance or 340B grant.</p> <p>The cost of fuel and in some cases, lack of transportation, could impact the rate of kept appointments for both primary and specialty care.</p>
Grand	Not that I was able to identify. Veteran status, Homelessness, primary language and employment status are all relatively stable over the past three years
Libertyville	Western side of Lake County is very spread out and less populated, so fewer resources.
Midlakes	<p>Yes</p> <ul style="list-style-type: none"> • Income • Unemployment • Transportation • Non-English-speaking patients • Low Literacy
North Chicago	<p>Yes</p> <ul style="list-style-type: none"> • Income • Unemployment • Transportation
North Shore	Majority of our patients are unemployed and their primary language is Spanish. We can benefit from having more specialized access to care given their financial status and even telehealth services would work.
SAP	We have seen an increase in patients inquiring about our program in recent years, coming from the far Western areas of Lake County. Many of those people do not have transportation to get here, nor is there any direct bus route from some of these areas. This prompted us to start providing Medication Assisted Treatment services one day per week at the Midlakes Health Center in Round Lake.
SBHC	All factors are common to LCHD patient population. None specific to SBHC population.
Women's Health	Most of the patients in the Women's Health Program identify as White/Hispanic and are female. Half are Spanish speaking. The majority are between 101-150% of the federal poverty level and are not homeless. Some patients are employed. Clinic hours during work hours may impact access for these patients. Most of the

	patients in the Women's Health Program are from areas with high vulnerability index scores.
Zion	Majority of our patients are unemployed and their primary language is Spanish. We can benefit from having more specialized access to care given their financial status and even telehealth services would work.

6. What trends in your patient populations are you seeing that may impact their health in the coming years? Are we doing anything to address these needs (if applicable)?

<u>Clinic/Program</u>	<u>Answer</u>
Belvidere	The financial effects of the pandemic, high rate of inflation and potential recession. The cost of gasoline, and all goods and services are increasing, forcing most of our population to reduce spending on healthy foods thus relying on cheaper foods and food products with lower nutritional values, especially for those with chronic conditions. Increased nutritional education with emphasis on preparing meals at home on a tighter budget. Standardizing care between clinics for patients.
Grand	The biggest trend I was able to see was a significant increase in Type 2 Diabetes diagnosis.
Libertyville	Mental health needs are increasing. Many times, this eventually impacts their physical health needs, as well. Rapid turnover in providers at this location has impacted engagement and client willingness to follow through. Hopefully, our team will remain stable as we have a good team now.
Midlakes	Not having enough available appointment slot for our patients, which impact their care. Patients are placed on recall list, but appointments are too far out or not available. Transportation issues, medication refills, cost, not knowing what other available resources are out there. Having Community Health Workers at MLC is what we're doing to address some of these needs.
North Chicago	Having an increase in medication, patients are having difficulty making their co-payments. Not to mention the trending rise of food and housing.
North Shore	Increased need to see adult patients but no available appointments. Need a Family Medicine APRN to meet this increasing need.
SAP	There has been a significant increase over the past two years in the wait times for our patients to see a Primary Care provider and/or a Mental Health provider within LCHD. This inability to access critical

	care in a timely manner can potentially lead to serious negative outcomes for our patients.
SBHC	SBHC leadership and staff will resume in-person meetings and initiatives with school district 116 leadership, staff and students. During COVID, in person activities were put on-hold and collaboration was done virtually between all parties. During the planning meetings to be held this summer, opportunities will be brought forward and associated project plans will be developed.
Women's Health	High percent of patients with an obesity and/or behavioral health diagnosis and no diabetes or hypertension yet, opportunity to reduce later impact on health. There is a disparity in Prenatal patients with low-birth-weight births. Those who report race as black have higher low-birth-weight births compared to other reported races. Most of the low birth weights were reported in the Waukegan area and second was Round Lake Beach.
Zion	Increase in complex patients that need to be seen by a MD. This has been addressed with a physician starting at Zion soon. This location can benefit from having a pharmacy in-house so patients can get their medication in a one stop shop.

Appendix A. HRSA Needs Assessment Practice Manager Questionnaire

Practice Manager:

Clinic (please fill this form out once for each clinic):

Questions

1. Do the patients you serve generally live in the area surrounding your clinic location?
2. Are there any barriers to your clinic's physical location that make it difficult for your patients to access services/care (i.e., area's physical characteristics, residential patterns, economic and social groupings, available transportation)?
3. Do you have enough Providers to provide care to all your patients?
4. What health issues are the most common for your patients? Are you seeing an increase in chronic and/or severe diagnosis? Do we have services that address these issues or do we need to expand or add services to meet needs?
5. Are there economic or demographic factors that impact your patient population's access to care?
6. What trends in your patient population are you seeing that may impact their health in the coming years? Are we doing anything to address these needs (if applicable)?