



2025 COMMUNITY HEALTH NEEDS ASSESSMENT



TABLE OF CONTENTS

<i>Acknowledgement</i>	3
<i>Executive Summary</i>	4
<i>Overview of Community Health Needs Assessment</i>	6
<i>Overview of Limestone County</i>	8
<i>Profile of Limestone Medical Center</i>	9
• <i>Economic Impact of LMC</i>	11
• <i>Demographic Information for Limestone and Surrounding Counties</i>	12
<i>Comparison of Limestone County Population Health and Wellbeing</i>	15
<i>Common Challenges Faced by Rural Hospitals</i>	21
<i>Looking Forward</i>	25
<i>Key Findings from Community Interviews and Data Sources</i>	28
• <i>Local Perception of Health, Issues and Opportunities</i>	28
• <i>Local Perception of Social Determinants of Health</i>	30
• <i>Area Resources Identified for Potential Collaboration</i>	32
• <i>Priority Issues Expressed by Community Groups</i>	32
<i>Recommendations</i>	33
<i>Summary</i>	40
<i>Focus Group Questions</i>	42



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ACKNOWLEDGEMENTS

TORCH Management Services, Inc. ("TORCH") would like to thank Larry Price, Chief Executive Officer, and the Board of Directors of Limestone Medical Center ("LMC") for inviting TORCH to conduct a Community Health Needs Assessment (CHNA) of their service area.

Sincere appreciation is also extended to Leeann Freeman, Director of Marketing and Public Relations, in coordinating the community focus groups and assembling participation of diverse community constituents, city and county leaders, physicians, healthcare providers, and hospital staff.

Special thanks are offered to each participant who volunteered their time to share their observations of issues and opportunities related to the health of those living and working in the areas served by LMC. Each participant contributed greatly to this assessment by sharing their thoughts, experiences, and diverse perspectives. The individual perspectives expressed by diverse participants are an essential component to this assessment.

Community Health Needs Assessment for:

Limestone Medical Center

CHNA Period: 2025 - 2028

Site Visit: October 14-15, 2025

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Executive Summary

This document is a Community Health Needs Assessment ... not a hospital needs assessment. Limestone Medical Center and its affiliated providers serve as a major contributor in promoting health and wellbeing for those who live and work within the service area. This CHNA attempts to include additional factors beyond medical care that also impact community health. These other factors are often referred to as social determinants of health and include things like access to care, public services and utilities, housing, transportation, education, mental health, jobs and employment, faith community, etc.

Constituents who live and work within the **Hospital District** representing diverse population segments shared their insights into the primary health needs and access to care within the district. Public health data specific to Limestone County is used as an additional source of information for this assessment.

Some recommendations in this assessment extend beyond the scope and services of LMC. The source of many of these issues that impact health is tied to complex societal issues that can best be met through the combined efforts of multiple and diverse community services, groups, and organizations. An effort is made in this assessment to identify various local resources that can serve together as collaborative partners to improve the overall health and wellbeing of those living and working within the district.

LMC is one of two hospitals serving Limestone County. Focus group participants for this CHNA are comprised primarily of ones who live or work within the South Limestone Hospital District. Public data is cited in this CHNA for comparative purposes with other Texas counties and the U.S.

Based upon comments by participants and supported by public health data, the following needs or opportunities are offered as recommendations that would contribute to improved community health in Limestone County:

- Collaborative Community Network to Address Issues Involving Social Determinants of Health
- Dialysis Center
- Community Health Education, Awareness and Outreach
- Senior Mental Health Services
- Women's Health Services

Detailed discussion of each of these recommendations can be found under the section "Key Findings from Community Interviews and Data Sources" and the following section entitled "Recommendations."

Limestone County ranks in the 2nd Quartile (lower half) in comparison with other Texas counties for community health conditions and outcomes. These social determinants of

health include social, economic, and environmental factors beyond medical care that impact the physical, mental, social, and spiritual wellbeing of people.

Recommendations offered at the end of this CHNA should be ranked and prioritized according to need, impact, and available resources. An action plan should be prepared according to this prioritization of need.

Progress requires the conjoined efforts of individuals from diverse public and private sectors working together. An attempt is made in this assessment to identify local and regional resources that may be available to help with efforts to improve the health and wellbeing of those who live, work, and play within the service area.

OVERVIEW OF COMMUNITY HEALTH NEEDS ASSESSMENT

A Community Health Needs Assessment (“CHNA”) provides a systematic review of social determinants of health and their impact within a defined area. The purpose of a CHNA is to identify unmet or underserved health needs of a community regardless of financial impact to the hospital. Community health information is gathered through personal interviews, surveys, and meeting with community focus groups. The information gathered is useful to formulate strategies to improve health, well-being, and quality of life to those living within the community.

CHNA’s became a requirement of the IRS in 2014 for all 501 (c) (3) organizations that operate one or more hospital facilities. The CHNA for these organizations must be updated every three years. Other hospitals, including governmental hospital districts, sometimes voluntarily choose to conduct an assessment because of the meaningful information a CHNA can provide as they seek to meet the diverse health needs of the communities they serve.

This CHNA was conducted for Limestone Medical Center and the population located within the hospital district. The objective is to gain a comprehensive view of the diverse needs of the community, recognize what needs are being met, identify gaps or populations where needs are not being met, and offer recommendations on how to meet these needs. The final step is for the findings and recommendations of the CHNA to be used by the hospital to generate an action plan for improvement.

A key method used to gather information is to meet with and listen to diverse people who live and work in the District. Healthcare organizations cannot effectively know what the needs are nor how well they are meeting those needs without intentional efforts to listen to those living in the communities they serve. Feedback gained from these groups, combined with other public and internal data, enables the hospital to plan forward based on the needs of the community.

Another objective of the CHNA is to identify partnership opportunities with other local agencies and organizations that will benefit the community in ways greater than any one of the organizations can accomplish alone. Well meaning service organizations often achieve only limited success because they operate as silos. The Association for Community Health Improvement (“ACHI”) has pointed out that the combined efforts of these separate organizations working in partnership for common objectives can bring greater value in improving health for all citizens, from child to senior adult.

Three primary sources of information were gathered to prepare this CHNA: Community Health Survey; Public Data Sources; and face-to-face interviews with diverse community constituents.

Community Health Survey Gathered Through Community Health Focus Groups

The Community Health Survey developed for this study gathers real-time responses directly from community constituents. Questions are consistent with each person or group.

Public Data

Vital statistics and other demographic data specific to the service area is gathered from public sources and incorporated into this assessment. Comparisons of this data are made where applicable to state and national benchmarks. Insight into this public data is often gathered through discussion with focus groups.

Community Health Focus Groups

To gain perspective from community residents and local organizations, 25 people representing diverse constituency groups from within the service area met together in 8 separate focus group sessions to offer input on the health status and needs of Limestone County. These focus groups included individuals or representatives of:

- Limestone Medical Center Board of Directors
- City of Groesbeck, Mayor and Council
- Limestone County Commissioners
- Limestone Medical Center - Leadership Team
- Limestone County EMS
- Limestone Medical Center Medical Staff
- Business leaders
- Diverse citizens and residents living within the District and Service Area

The focus groups were well attended by knowledgeable and engaged persons representing various sectors of the population, including race, ethnicity, gender, income, education, employment and profession. All participants were well informed of local area resources, and shared a genuine interest in wanting to improve the health and wellbeing in Limestone County. Residents representing the most prevalent racial and ethnic population of the county were included in the focus groups and feedback for this CHNA. In addition, some residents within the City and service area were randomly asked about for their perceptions of the local hospital and access to healthcare. All participants actively contributed to the content found in this assessment.

Data Sources

Data referenced in this report is gathered from the most recent publicly available reports that provide health statistics for the county and city. Health data referenced for this assessment was selected for its applicability to community health, not for financial or operational benefit to the hospital.

OVERVIEW OF LIMESTONE COUNTY



Limestone County is located in Central Texas, about 30 miles east of Waco and 80 miles south of Dallas in an area geographically identified as the Black Prairies region. The rural county covers 931 sq. miles and is served by two small hospitals, one in Groesbeck, the other in Mexia. Groesbeck serves as the county seat.

Limestone County maintains a good water supply with the Navasota River flowing through the central part of the county, draining into the Brazos and Trinity rivers which flow parallel to the west and east of the county. Topsoil is loamy covering a largely clay subsurface. Natural resources are ceramic clay, limestone, industrial sand, lignite coal, oil and gas.

Agriculture has been a mainstay occupation and lifestyle since its earliest beginnings which predates American settlers and continues today. Native American tribes occupied this area maintaining an agrarian lifestyle, followed by early American settlers raising livestock and assorted crops. Other local industry throughout the years, some of which is cyclable, has been railroad, oil and gas, lignite coal mining, ceramic clay, and retail.

Limestone County records rich Texas history involving its native Americans, Mexican heritage, and westward expansion of U.S. settlers. A popular attraction for nature and early Texas history is the Fort Parker State Recreation Area.

The 2020 U.S. census for Limestone County is recorded at 22,146. This census records Mexia as the largest city with 6,893 population followed by Groesbeck with 3,631. The remaining population is scattered throughout in small towns and unincorporated communities. Census population throughout the county is declining since 2010.

Limestone County holds designation as both a Health Professional Area (HPSA) and Medically Underserved Area (MUA).

Sources: Ellen Maschino. Texas State Historical Association: Handbook of Texas. Limestone County. Published 1952, Updated November 22, 2020.

PROFILE OF LIMESTONE MEDICAL CENTER HOSPITAL DISTRICT



Mission

It is the mission of the Limestone Medical Center to provide optimum health care services while remaining fiscally responsible to citizens in the South Limestone Hospital District.

Vision

It is the vision of Limestone Medical Center that all consumers have the expectation of and deserve the delivery of high-quality health care services in the most efficient and effective manner possible.

Limestone Medical Center is recognized among Texas rural hospitals as a model for rural health serving remote underserved populations. The community, Board of Directors, leadership team, and medical staff can and should be proud of this recognition.

LMC is a public hospital district organized as a subdivision under the State of Texas. It is governed by a seven-person board of directors elected from at-large within the district. Boundaries of the Hospital District are coextensive with the Groesbeck Independent School District.

LMC is a licensed 20-bed Critical Access Hospital with a five-bed emergency department staffed 24-hours per day. LMC is Medicare accredited and designated as a Level IV Trauma Center by the Texas Department of State Health Services. LMC is open to all communities who need health care within their scope of services.

LMC owns and operates 3 primary rural health clinics and one independent clinic located in 3 separate communities, plus one specialty health clinic. In addition, LMC offers a Wound Care Clinic, CHF Clinic, Infusion Center, and Cardiac and Pulmonary Rehab. LMC also maintains a House Call Care Team that offers in-home primary, diagnostic, and sick care visits in home to minimize patient travel difficulties.

Service Lines

- 24-Hour Emergency Department
- Acute Inpatient / Swing Bed
- Laboratory
- Diagnostic Radiology/Imaging
- Physical Rehab – PT/OT/SLP/PETS
- Cardiac and Pulmonary Rehab
- Emergency Medicine Services
- Rural Health Clinics (3)
- Independent Clinic
- Specialty Clinic
- Wound Care
- Sleep Medicine
- Infusion / IV Therapy Center
- Dietician / Diabetes Management

Medical Providers

- 5 - Physician MD or DO
- 2 - Physician Assistant - Certified
- 6 - Family Nurse Practitioner - Certified
- Specialty Physicians – Cardiology, Dermatology, Urology, Gastroenterology, Orthopedics, Nephrology, Oncology/Hematology, Wound Care, Pain Management
- Other Specialty Providers – Chiropractic, Podiatry, Dietician/Diabetes Management, Infusion Clinic

Nearest Area Hospitals

Parkview Medical Center	Mexia	58 bed	12 miles
Freestone Medical Center	Fairfield	27 bed	35 miles
BS&W Hillcrest Medical Center	Waco	236 bed	41 miles
Ascension Providence Hospital	Waco	285 bed	44 miles
Navarro Regional Hospital	Corsicana	162 bed	44 miles

Multiple Contributions of Limestone Medical Center Hospital District to the Communities Served

Limestone Medical Center is recognized foremost for the hospital and health services it provides. An “informal survey” of customers polled rank highly their confidence in LMC with scores ranging between 8 to 10 (with 10 being the highest). None expressed any hesitation in recommending the hospital or providers to their family and friends.

LMC serves as an essential medical and emergency healthcare provider for residents living within its service area, as well as many others who work and travel through this region. Migration data shows that a significant number of people who live outside the hospital district choose LMC for their primary health needs.

In addition to health services, LMC is also a significant contributor to the economic health and well-being of Limestone County.

LMC employs approximately 244 full time equivalent employed and contract workers and generated annual payroll wages, salaries, and benefits of \$14.6 million in 2024. The local presence of a hospital contributes significantly to the ongoing commercial, residential, and other growth of the region in addition to the direct economic value these jobs create for Limestone County,

In fiscal year 2024, LMC provided service to:

- 6,566 ER Patients (Registrations)
- 79,388 Outpatients (Registrations)
- 327 Combined Inpatient and Swing Bed Patients (Discharges)

LMC is an integral part of the communities it serves and is a frequent participant at community events, often providing health information and free screenings. LMC employees voluntarily participate in civic activities which support the communities it serves. Employees take pride in working for the local hospital that provides care for their families and neighbors. Employees demonstrate commitment to going over and above to help wherever they are needed.

LMC continually strives to optimize and improve services, quality, facilities, technology, and cost-effectiveness. LMC maintains a welcoming and professional environment serving their community and all who come to them for care.

Economic Impact of Limestone Medical Center	
<i>(Using Actual LMC numbers)</i>	
Employment	
Direct Impact FTEs	244
Multiplier	1.34
Secondary Impact FTEs	83
Total Impact	327
Wages, Salaries, and Benefits	
Direct Impact	\$14.6 million
Multiplier	1.19
Secondary Impact	\$2.77 million
Total Impact	\$17.37 million
Average retail sales impact (.25 WSB): \$3.65 million	
<i>SOURCE: National Center for Rural Health Works. Interactive Economic Impact Tool.</i>	
Economic Impact – National Center for Rural Health Works.	
https://ruralhealthworks.org/tools-templates/economic-impact/?t+eit_cah	

Limestone Medical Center is a major contributor to both the economic health of Limestone County and the personal health of those who live, work, and travel in the county.

Demographic Information for Limestone and Surrounding Counties



Population

2000	22,051
2010	23,384
2020	22,146
2024 (est)	22,569

Race

White non-Hispanic	57%
Hispanic	24%
Black	17%
Asian	< 1%
Native American	< 1%

Source: U.S. Census Bureau Quick Facts Population estimates 2024

Median Age of Total Population

Limestone County	42.0 years	* Note: Significantly higher than Texas
Texas	35.9 years	

Source: data.U.S.Census.gov. 2023 American Community Survey

Age Distribution

2024	<u>0-45</u>	<u>5-17</u>	<u>18-24</u>	<u>25-34</u>	<u>35-44</u>	<u>45-54</u>	<u>55-64</u>	<u>65+</u>
Limestone County	5.8%	16.7%	7.4%	12.8%	10.9%	11.9%	20.7%*	20.7%*
Texas	6.5%	18.7%	9.7%	14.4%	14%	12.3%	11.2%	13.1%
U.S.	5.7%	16.4%	9.1%	13.7%	13%	12.3%	12.3%	16.8%

** Note: Population 55 and over much higher than Texas and U.S.

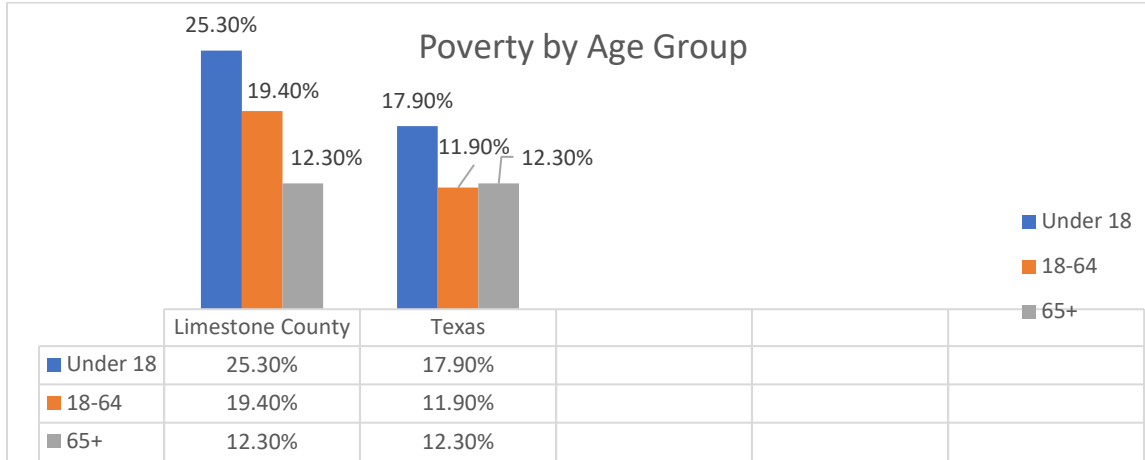
Source: U.S. Census Bureau Quick Facts Population estimates 2024

Median Household Income

Limestone County	\$58,109
Texas	\$79,721

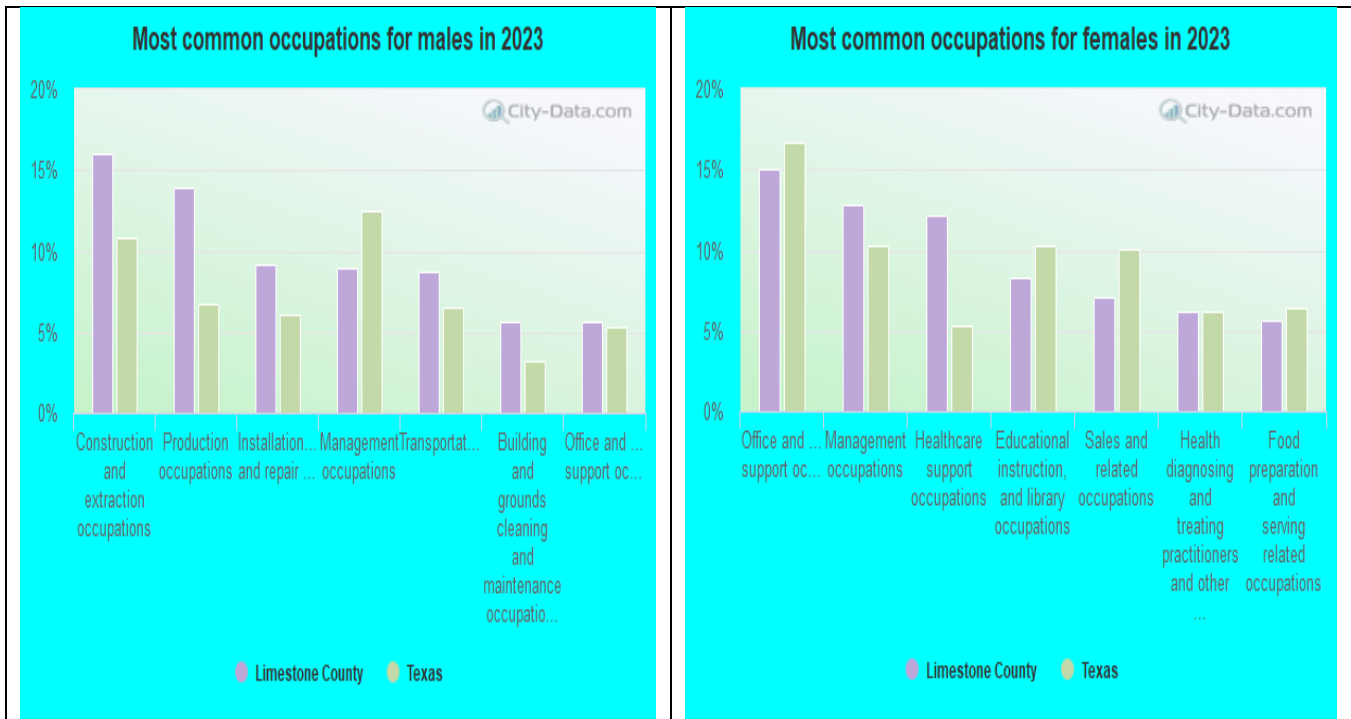
Source: data.U.S.Census.gov. 2023 American Community Survey

Poverty by Age Group



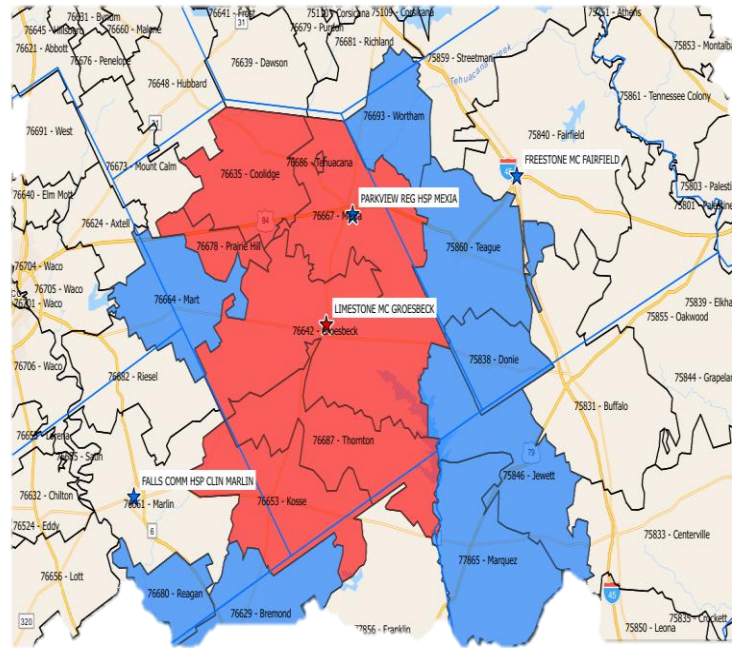
**** Note:** Poverty among children and adults under 65 years much higher than Texas and U.S.
Source: data.U.S.Census.gov. 2023 American Community Survey

Most Common Occupations



Source: City Data.com. www.city-data.com/county/Limestone_County-TX.html. 2023

Limestone Medical Center Primary and Secondary Market
(Red is primary; Blue is secondary)



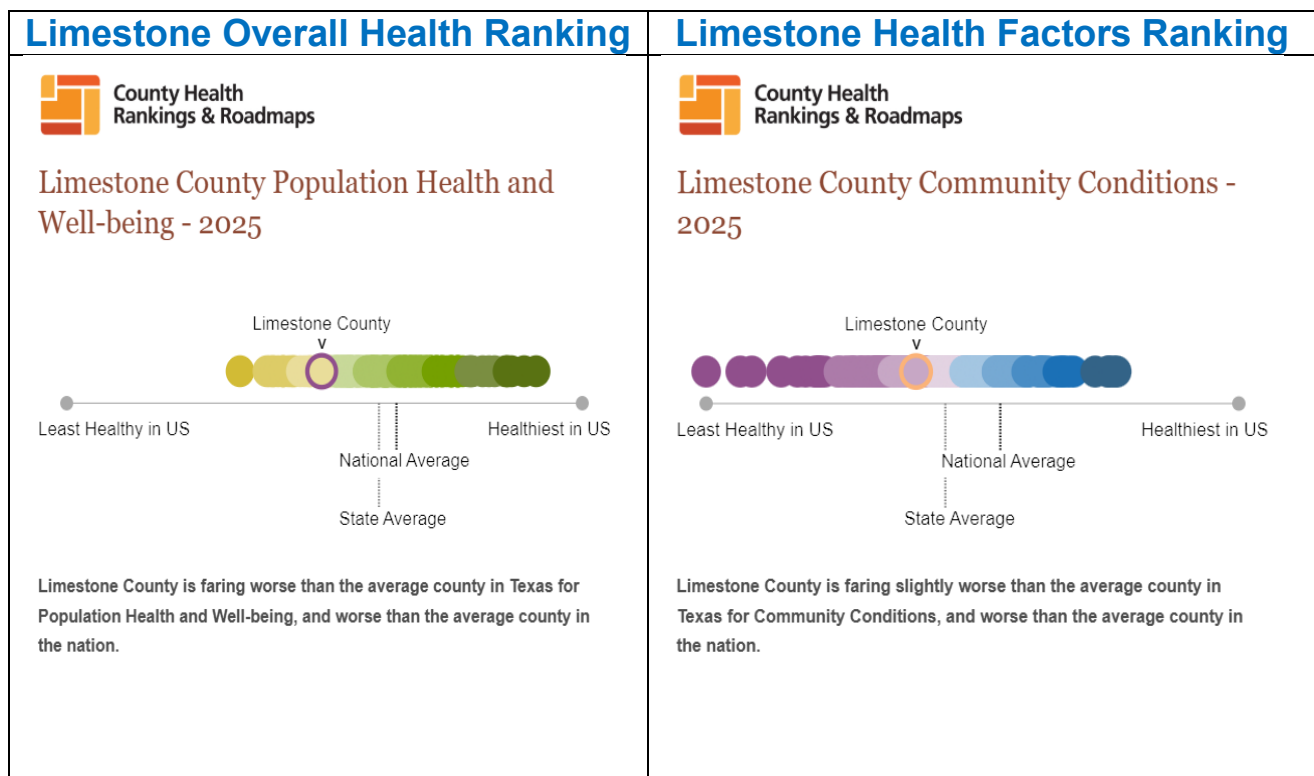
Primary market share for Limestone Medical Center based upon admissions and registrations extends north to Tehuacana and south to Kosse. Secondary market includes Mart to the west and east to I-45.

LIMESTONE COUNTY POPULATION HEALTH and WELL-BEING



Comparison of Community Health Infrastructure and Outcomes

2025 County Health Rankings (244 counties reporting)



Source: County Health Rankings and Roadmaps. www.countyhealthrankings.org/health-data

Comparison of Community Health Outcomes

	<u>Limestone County</u>	<u>Texas</u>	<u>U.S.</u>
<i>(Rank)</i>	2nd Quartile		
Length and Quality of Life <i>(Rank)</i>			
Life Expectancy	72.6	76.7	77.1
Poor or fair health	27%	20%	17%
Frequent Physical Distress	16%	12%	12%
Frequent Mental Distress	21%	16%	16%
Poor Physical Health Days (per 30 days)	5	3.8	3.9
Poor Mental Health Days (per 30 days)	6.1	5.1	5.1
Diabetes Prevalence	14%	13%	10%
HIV Prevalence (per 100k)	262	425	387
Suicides	23	14	14

Source: County Health Rankings and Roadmaps. 2025. www.countyhealthrankings.org/health-data

LIMESTONE COUNTY COMMUNITY CONDITIONS

Community Health Factors and Conditions	<u>Limestone County</u>	<u>Texas</u>	<u>U.S.</u>
<i>(Rank)</i>	2nd Quartile		
Food Environment Index	6.4	5.7	7.4
Food Insecurity	19%	16%	14%
Alcohol-Impaired Driving Deaths	21%	25%	26%
Excess Alcohol Consumption*	19%	19%	19%
STI's (per 100k)	409	518	495
Teen Births (per 1,000)	37	23	16
Adult Obesity	40%	36%	34%
Physical Inactivity	34%	25%	23%
Access to Exercise Opportunities	54%	82%	84%
Smoking (Adult)	21%	12%	13%
Uninsured Adults	24%	22%	11%
Uninsured Children	11%	11%	5%
Primary Care Physicians *Year 2022 data	2,460:1	1,660:1	1,330:1
Dentists *Year 2023 data	2,780:1	1,590:1	1,360:1
Mental Health Providers *Year 2025 data	1,850:1	590:1	300:1
Other Primary Care Providers *Year 2025 data	1,060:1	870:1	710:1
Mammogram Screening	21%	41%	44%
Flu Vaccinations	36%	45%	48%
Social and Economic Factors	Limestone County	Texas	U.S.
Median Household Income	\$58,109	\$75,721	\$77,700
Children in Poverty	26%	18%	16%
Children Eligible Free Lunch	75%	63%	55%
Child Care Cost Burden	27%	24%	28%
Injury Deaths (per 100k)	89	66	84
Motor Vehicle Crash Deaths (per 100k)	23	14	12
Firearms Deaths (per 100k)	19	14	13
Social Associations (per 10k)	9.9	7.4	9.1
High School Completion	86%	86%	89%
Blank			

Physical Environment			
Severe Housing Cost Burden	16%	18%	17%
Access to Parks	3%	46%	51%
Broadband Access	76%	90%	90%
Air Pollution Particulate (micr/m3)	8.5	8.1	7.3
Drinking Water Violations	Yes		

Source: County Health Rankings and Roadmaps. 2025. www.countyhealthrankings.org/health-data

Chronic Disease Prevalence, Mortality, and Other Health Data

Prevalence of Chronic Illness and Disease in Limestone County

	<u>Limestone</u>	<u>Texas</u>	<u>U.S.</u>
Asthma	5.9%	4.9%	5%
Diabetes (Adult)	7.6%	9.3%	8.9%
Diabetes (Medicare)	28%	27%	26%
Heart Disease (Medicare)	22%	23%	21%
High Blood Pressure (Medicare)	71%	67%	65%
Cancer	459	424	444

SparkMap.org. CHNA Report. Health Outcomes

- Asthma: Data Source: Centers for Medicare and Medicaid Services, [CMS Geographic Variation Public Use File](#). 2018
- Diabetes (Adult): Data Source: Centers for Medicare and Medicaid Services, [CMS Geographic Variation Public Use File](#). 2021.
- Diabetes (Medicare): Data Source: Centers for Medicare and Medicaid Services, [CMS Geographic Variation Public Use File](#). 2023.
- Heart Disease: Data Source: Centers for Medicare and Medicaid Services, [Mapping Medicare Disparities Tool](#). 2023.
- Hypertension: Data Source: Centers for Medicare and Medicaid Services, [Mapping Medicare Disparities Tool](#). 2023.

Mortality of Chronic Illness and Disease in Limestone County (per 100k population)

	<u>Limestone County</u>	<u>Texas</u>	<u>U.S.</u>
Heart Disease	193	90	111
Lung Disease	101	34	45
Stroke	66	40	48
Cancer	237	144	183

SparkMap.org. CHNA Report. Health Outcomes.

- Heart Disease: Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2019-2023.
- Lung Disease: Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2019-2023
- Stroke: Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2019-2023.
- Cancer: Data Source: Centers for Disease Control and Prevention, [CDC - National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2019-2023

*** Observation with personal comment and question: Prevalence of chronic disease in Limestone County is close to or equivalent with Texas and U.S. Mortality rates, however, are much higher than Texas and U.S.

- ??? Could this disparity be attributed to the population ages 55 years and older in Limestone County being much higher than Texas and U.S.? One could expect an older population to have a higher mortality rate.
- This may be an area for deeper review.

Summary of Population Health Outcomes and Conditions

(Summary from above tables)

UNFAVORABLE

Community Health and Wellbeing **OUTCOMES**

- Life Expectancy
- Poor Physical and Mental Health Days
- Frequent Physical and Mental Health Distress
- ***Suicides***

UNFAVORABLE

Community **FACTORS AND CONDITIONS** Impacting Health

- | | |
|---|---|
| <ul style="list-style-type: none"> • Food Insecurity • Teen Births • Adult Obesity • Physical Inactivity • Adult Smoking – Significantly higher • Uninsured Adults • Mammogram Screening • Flu Vaccinations • Primary Care Physicians, Dentists, Mental Health Professionals | <ul style="list-style-type: none"> • Children on Free Lunch • Injury Deaths • Motor Vehicle Crash Deaths • Firearm Deaths • Access to Exercise • Access to Parks • Access to Broadband • Drinking Water |
|---|---|

UNFAVORABLE

Prevalence and Mortality of Illness and Disease

Prevalence

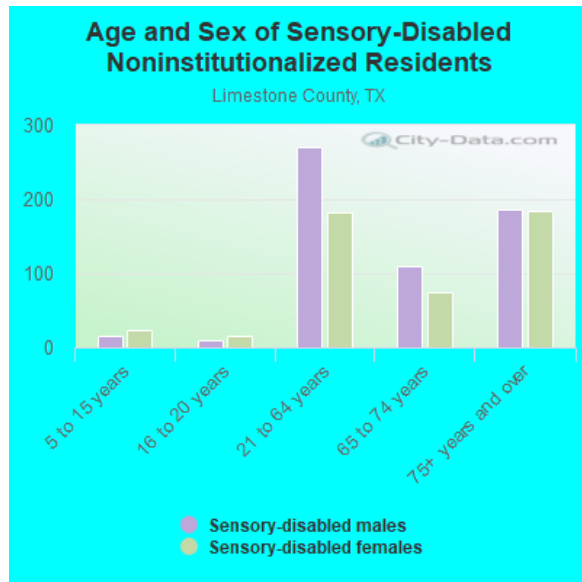
- High Blood Pressure
- Asthma
- Cancer

Mortality

- Heart Disease
- Lung Disease
- Stroke
- Cancer

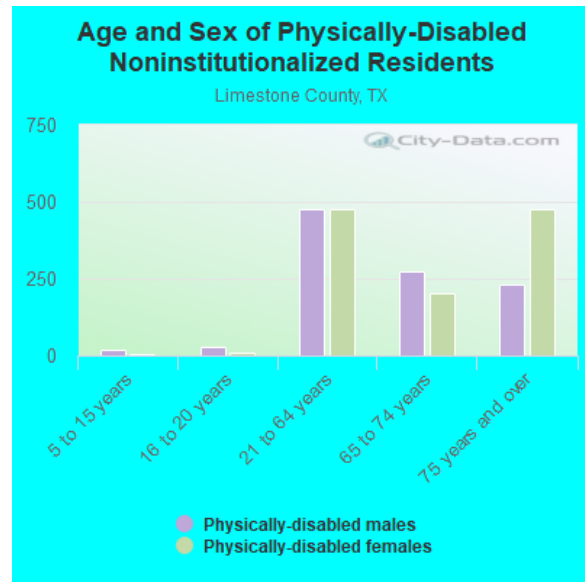
Sensory and Physically Disabled Persons in Limestone County

Source: City-Data.com. 2023. www.city-data.com/county/Limestone_County-TX.html



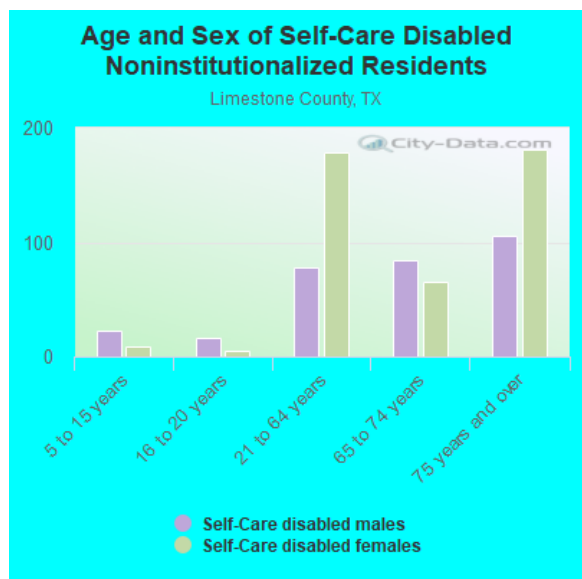
Approximate number of persons:

Age 21-64	Male 270	Female 180
Age 65-74	Male 90	Female 60
Age 75+	Male 180	Female 180



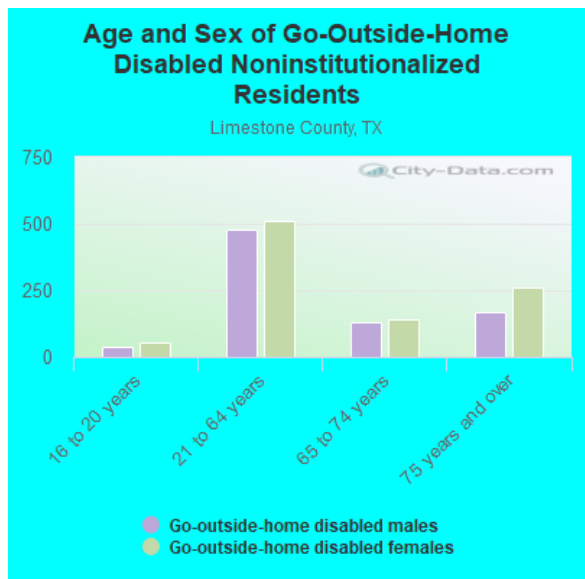
Approximate number of persons:

Age 21-64	Male 490	Female 490
Age 65-74	Male 260	Female 230
Age 75+	Male 240	Female 490



Approximate number of persons:

Age 21-64	Male 75	Female 180
Age 65-74	Male 80	Female 65
Age 75+	Male 105	Female 185



Approximate number of persons:

Age 21-74	Male 490	Female 500
Age 65-74	Male 100	Female 110
Age 75+	Male 150	Female 250

COMMON CHALLENGES FACED BY RURAL HOSPITALS

Rural hospitals in Texas and the U.S. are increasingly threatened with survival. The *Cecil Sheps Center for Health Services Research* reports that 109 rural hospitals have closed in the U.S. since 2005, with 24 of those hospitals being in Texas. A 2025 study by the *Center for Healthcare Quality and Payment Reform* identified 22 rural hospitals in Texas at risk of closure in the next 2-3 years. Texas leads the nation in the number of rural hospital closures. (<https://ruralhospitals.chqpr.org/>).

The average person living in rural America is growing increasingly older and sicker as younger people move to urban areas for better jobs and wages. Rural hospitals struggle to maintain a workforce of doctors, professional providers, and other trained staff to provide care to the community. Over 60% of hospital revenue in rural communities is from Medicare, Medicare Advantage, and Medicaid which most often fails to cover the cost of providing services. Many of the remaining population are largely uninsured or underinsured.

Three common factors threaten all rural hospitals: 1. Lack of primary care physicians, advanced practice providers (APP's), nurses and other specialized staff; 2. Outmigration to larger urban or regional hospitals; 3. Lack of financial resources to maintain technology and facilities necessary to keep up with medical practice standards of care. With the population of rural communities becoming increasingly older, this creates real hardships on those living in these areas.

So how does Limestone County compare to other Texas counties? Like most rural counties, age demographics is much higher, and income demographics are much lower in Limestone County compared with overall Texas and U.S. counties. And while trailing slightly behind overall Texas and U.S. counties for the number of medical providers, Limestone County appears to be more favorably served locally than the average rural county per population. As a public hospital district, LMC has wisely invested its resources in building its medical staff, modern facilities and current technology. LMC compares very favorably among rural hospitals.

Community Networks: Communities must begin thinking of “healthcare” more broadly than merely “hospital.” Rural hospitals must actively become engaged with their community greater than ever before in seeking innovative ways to sustain operations and fulfill their mission to improve health and wellbeing.

Community health involves much more than the presence of a hospital or any single medical provider. Rural hospitals are beginning to see benefits in establishing collaborative networks that include other area health providers, social and service resource groups, public services, faith communities, and others to collectively meet local health needs. This is much more effective to truly improve the wholistic health and well-being of a community. Health issues are rarely single dimensional. They typically include intertwined wholistic factors involving body, mind, social, and spiritual components. (Hancock, Katie, Texas A&M University Health Science Center; Brian Sasser,

Episcopal Health Foundation. "Texas Communities Facing Rural Hospital Closures. Texas A&M Rural and Community Health Institute. May 23, 2017. <https://architexas.org/news/rural-hospital.html>)

Health and well-being involve much more than the absence of illness and disease. Collaborative networks of local community groups and service providers can be more effective in improving the health and well-being of a community than waiting for an adverse event to occur that leads to hospital admission.

There is growing evidence that improving social factors that impact health and wellbeing of a community can contribute to reduced crime and violence. Many life-threatening safety calls involving police are related to health and adverse social behaviors that escalate over periods of time. Police and Sheriff departments today actively seek ways to interact with other social services to reduce the incidence of crime and create safer communities.

Public services in Limestone County maintain collegial and positive networking relationships with the various civic, business, charitable, faith, private, and other public organizations within the county. This provides LMC an opportunity to build upon collaborative networks already established to improve community health and well-being.

Information Technology and Data Access: Access to sound, analytical data needed for hospital leadership to make informed strategic decisions has historically been a weakness for rural community hospitals. This is much improved today through the electronic health record and internet access to many sources of data analytics. This enables hospitals today to make better, safer, more informed decisions than in the past.

LMC has adopted CPSI as its electronic health technology system. CPSI has a long history as a cost-effective EHR in rural hospitals that meets meaningful-use standards required for future growth, changes in healthcare delivery, and access to vital patient health data.

Governance: Stability of a local hospital board focused on governance while empowering an accountable senior leadership team is and has always been a key factor in achieving ongoing success. One key success indicator for rural hospital survival is effective board governance led by capable and engaged community board members. Conversely, hospitals that are led by boards focused on personal agendas or micro-managing rather than policy and accountability are the ones most likely to fail. (Toney, Mark E. and Richard B. Becker, M.D. "Rural and Community Hospitals – Disappearing Before Our Eyes.": Rural Health Voices. National Rural Health Association. Friday July 31, 2020. <https://www.ruralhealthweb.org/blogs/ruralhealthvoices>)

LMC is a public hospital district governed by a seven-person board of directors. These directors serve voluntarily to ensure that the hospital is operated by competent and accountable leadership. The hospital governance and leadership team has earned the continued support of their constituency who utilize the local services for their personal

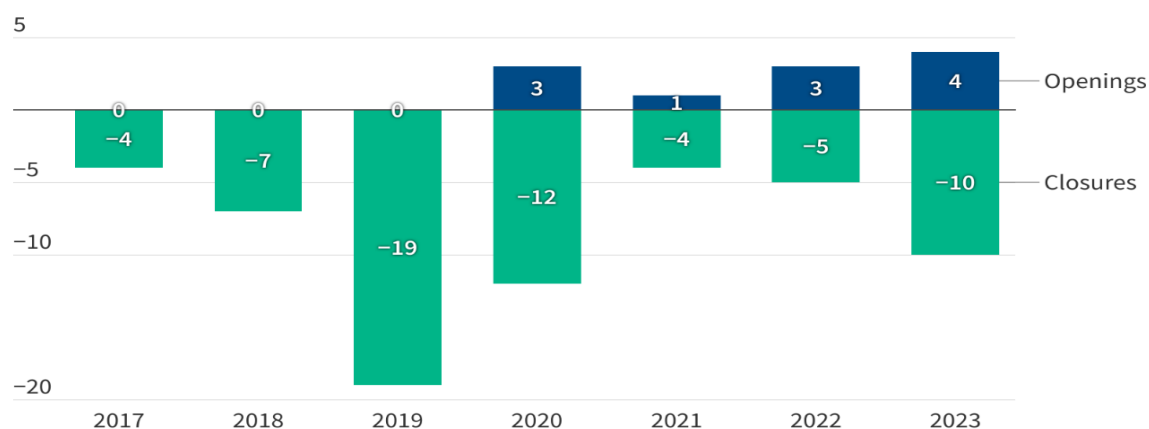
health needs. The community recognizes the challenges faced by the hospital and supports efforts of the board to maintain essential health services for the community.

The following two tables are included as added emphasis to show the very real threats to sustainability of rural hospitals in the U.S.

Figure 20

Hospital Closures Outpaced Openings in Rural Areas From 2017 to 2023

Number of general acute care hospital openings and closures in rural areas, 2017 to 2023



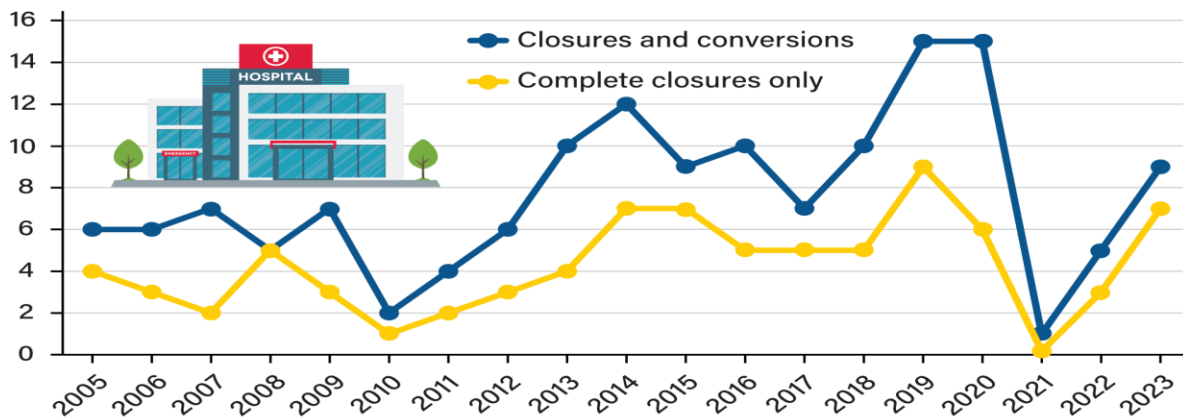
Note: Rural is defined as nonmetropolitan.
Source: MedPAC Data Books, 2022 and 2024.

KFF

Hospital closures and conversions in rural U.S. counties, 2005–23

USDA Economic Research Service
U.S. DEPARTMENT OF AGRICULTURE

Number of hospital closures



Note: A hospital that no longer provides health services is considered a **complete closure**. A facility that closed its inpatient unit but continues to provide other health services is considered a **conversion**. Counties are defined using USDA, Economic Research Service's Rural-Urban Continuum Codes, which classify counties into three metro categories based on population size and six nonmetro (rural) categories based on their degree of urbanization and adjacency to a metro area.

Source: USDA, Economic Research Service using data from the Cecil G. Sheps Center for Health Services Research at the University of North Carolina.

CHARTS of NOTE

Growth of Medicare Advantage Plans v. Traditional Medicare (*national aggregate*)

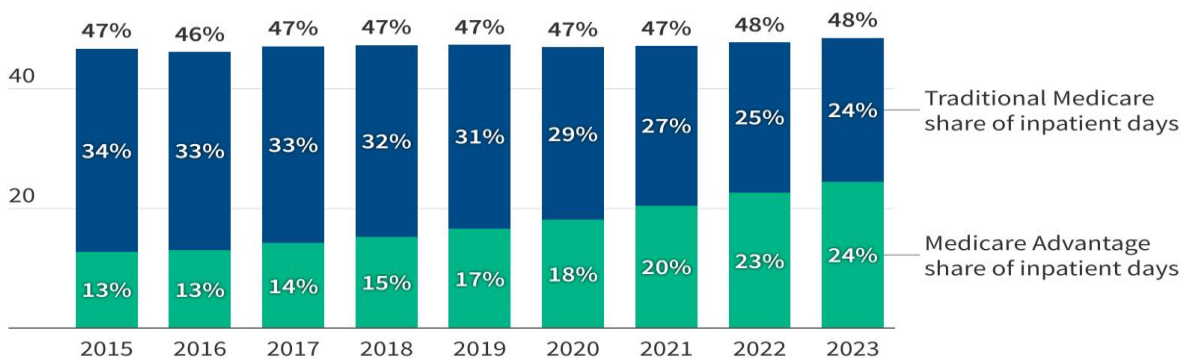
- MC Advantage plans have an adverse impact on Critical Access Hospitals

Figure 24

Medicare Advantage Steadily Increased As Share of Inpatient Days Between 2015 and 2023, While the Share Attributable to Traditional Medicare Decreased

Traditional Medicare and Medicare Advantage inpatient days as a percent of total inpatient days

60% of inpatient days



Note: Analysis of general short-term hospitals, excluding those in U.S. territories. The total Medicare share in 2023 may differ from the share reported in Figure 23 because the latter is based on discharges rather than days and pulls from a different data source and group of hospitals.

Source: KFF, Medicare Advantage Enrollees Account for a Rising Share of Inpatient Hospital Days, updated with 2023 data.

KFF

LOOKING FORWARD



COVID-19 and the years 2020 - 2021 will be looked back upon as a major transformational period in healthcare, all of America and the entire world. The foundations of these transformations have been evolving for more than a decade but have now escalated into full force. Many of these changes will remain and bring added value to healthcare access and delivery.

Following is a summary of some innovative practices using new ideas or improved methods that have potential to improve access and quality of care to rural communities.

Technology: Telehealth and other digital technology to support virtual and remote patient care is rapidly becoming accepted as the new norm. Advanced uses of telehealth are expanding exponentially. New digital applications are being introduced almost daily to provide face-to-face virtual patient care visits. Numerous healthcare apps for chronic care conditions are available to download onto personal devices such as watches and phones, monitored 24/7 by your provider. Many of these are beginning to interface with the patient's personal medical record. (Harrison, Marc. Psychiatric Services 68:5, May 2017. Harvard Business Review. <https://hbr.org/2020/07/what-one-health-care-ceo-is-learning-from-the-pandemic>)

This technology can present a range of new options and opportunities for rural communities. Technology is being effectively used to bring primary and specialty medical consultations to small rural communities that cannot attract or support physicians. In communities that have basic primary care coverage, diagnostic equipment can be placed in the local clinic or hospital that will transmit results to a specialist located elsewhere.

Technology and alternate care models will continue reducing demand for hospital beds as patients are able to be treated at home, outpatient centers, or other non-hospital sites.

Prevention and Reduction of Social Disparities: Health delivery in the U.S. is slowly shifting from sick care to health care. Healthcare in the U.S. has historically been built around an episodic model where people seek access to care only after an adverse event happens. Delivery now is shifting toward a focus on prevention by maintaining health and wellbeing. It has been estimated that roughly 60% of health conditions in the U.S. are determined by behavioral lifestyle and environmental factors, 30% by genetics, and approximately 10% to 20% to actual medical conditions.

It has been determined that the greatest single determinant of health in the U.S. is the zip code in which a person lives. Focusing on social determinants of health leads to the formation of community networks involving medical providers including the hospital, school district, city, county and state services, social and mental health services, faith communities, and others. These community networks work collaboratively to reduce the incidence of illness, disease, accidents, violence, drugs, malnutrition, and other factors that impact health. (O'Neill Hayes, Tara and Rosie Delk. Sept. 4, 2018. American Action Forum. <https://www.americanactionforum.org/research/understanding-the-social-determinants-of-health/>)

Integrate Mental Health with Primary Care: The national shortage of mental health providers and services is multiple times worse in rural populations than urban across Texas and the U.S.

There is a movement to use primary care practitioners to detect mental health issues in patients during routine medical exams, hopefully before harmful events occur. Telehealth is now being used to effectively expand the reach of mental health professionals into rural populations. It is further believed that the reduction of social disparities through the collaborative efforts of community networks discussed above can lead to improved mental health in rural areas. (Carpenter-Song, Ph.D., Elizabeth, and Claire Snell-Rood, Ph.D. "The Changing Context of Rural America: A Call to Examine the Impact of Social Change on Mental Health and Mental Health Care." *Psychiatric Services* 68:5, May 2017. <https://ps.psychiatryonline.org/doi/pdf/10.1176/appi.ps.201600024#:~:text=The%20Changing%20Context%20of%20Rural%20America%3A%20A%20Call,States%20have%20affected%20the%20experience%20and%20meaning%20of>)

Accelerated Innovation: The speed at which new innovations in healthcare delivery is being introduced will continue at an even faster rate. Besides new technology and community networks mentioned above, new models for healthcare delivery are being introduced almost daily. CVS, Walgreen, and Walmart are all beginning to offer primary care services. Amazon has created a healthcare division that they claim will revolutionize the delivery of healthcare the same way they have redefined retail

purchasing. Innovative methods of providing home visits to check on patients following discharge from the hospital or Emergency Department are becoming common.

Consumer Centric: Consumers have become a significant driver of changes in health delivery over the past decade and will only become more dominant. In the past doctors mostly determined the care plan and patients mostly followed their doctor's recommendations. Today, through internet access to information, satisfaction surveys, new technologies, etc., consumers are more knowledgeable and aware of options and express their opinions for courses of action. This trend will continue.

Consolidation of Healthcare Providers: Consolidation of healthcare providers working for or with hospitals and health systems is expected to continue in the future. (Toney, Mark E. and Richard B. Becker, M.D. "Rural and Community Hospitals – Disappearing Before Our Eyes.": Rural Health Voices. National Rural Health Association. Friday July 31, 2020. <https://www.ruralhealthweb.org/blogs/ruralhealthvoices>)

Hospital Alternative Delivery Models and Options: Community health is in a current state of transition. Despite best efforts, many rural communities will not be able to sustain their hospital into the future. There are viable alternatives to consider for communities that are threatened with losing their hospital. Rural Emergency Hospitals (REH) is one new classification enabling qualified hospitals which are endangered to offer services limited to Emergency Department and outpatient services. A new payment model is in place to support these limited service REH's.

KEY FINDINGS FROM COMMUNITY INTERVIEWS AND DATA SOURCES



This section provides an account of direct feedback, perceptions, and other key findings received from community constituents related to access and availability of local healthcare services. It includes comments about services that are currently available or lacking but needed. Community focus groups were asked to comment about other facets of the community that impact health: Social and Physical Environment; Chronic Illness and Disease; Mental Health and Drug Abuse; and Lifestyle Behaviors. This section includes ideas from the general public on opportunities to improve community health and their perception of top priorities.

❖ **FOCUS GROUP PERCEPTION OF LOCAL HEALTHCARE SERVICES, NEEDS AND OPPORTUNITIES**

- **Describe current access to local primary healthcare services**
 - Access to clinics and hospital is very good
 - Open to all who present for care
 - Hospital provides assistance with extended payment plans, qualification for payment programs, insurance support, etc.
 - Transportation to clinic or other medical appointments is an issue for some patients
 - Noted that 2 vans have been recently purchased for the hospital to provide transportation
- **What hospital or medical service lines do you consider to be most critical to be maintained locally in the District?**
 - Clinics – Primary and Specialty
 - Emergency Department
 - EMS
 - Physical Therapy
 - Swing Bed

- **What unmet needs impacting health do you consider to be the most critical in the District?**
 - Emergency weather housing shelter
- **What medical specialty services not currently available do you consider most needed in the community?**
 - Dialysis
 - Hyperbaric Oxygen added to wound care
 - Mammography
 - Senior Mental Health Services
- **What medical services are local residents most likely to travel out of town to receive?**
 - Cataract Surgery
 - Gynecology
 - Oncology
 - Endocrinology
- ❖ **How would you rate your confidence in Limestone Medical Center and its providers to care for your emergency and primary care needs? (scale of 1 to 10 with 10 being the highest)**
 - Scores ranging from “**8**” to “**10**” were consistently awarded by all participants in each of the 8 separate focus groups. Positive comments and personal experiences were repeatedly shared to support these high ratings.

❖ **FOCUS GROUP PERCEPTION OF ISSUES RELATED TO SOCIAL DETERMINANTS IMPACTING LOCAL HEALTH**

Social and Physical Environment

Favorable	Issues / Opportunities / Requests
<p>Sufficient local food pantries with shared participation among churches and civic groups</p> <p>Local Housing Authority. 80 apartments plus rental homes. Variable rates adjusted for income.</p> <p>Senior Services Center in Groesbeck. Good resource for socialization, daily meals (in-house and delivered), and various classes</p> <p>Heart of Texas “Blue” Transportation System. Good public resource for regional medical appointments. Scheduling difficulties limit utilization.</p> <p>Limestone Medical Center Foundation has recently purchased 2 vans to provide medical transportation for those in the district. This will be an improvement.</p> <p>Nutrition classes provided by Texas A&M AgriLife and other local educators</p>	<p>Affordable housing needed</p> <ul style="list-style-type: none"> More housing needed for low-income residents. Lengthy waiting list for housing authority More housing to provide for new workers or families needed to fill local jobs <p>Ongoing and recurrent water supply issues in Thornton</p> <p>Improved access to healthy food choices such as fruits and vegetables for the low-income population</p>

Mental Health and Substance Abuse

Favorable	Issues / Opportunities / Requests
<p>On-site access to licensed professional counseling and mental telehealth services through LMC participation with Texas Tech University (TTU) rural outreach program.</p> <p>Active substance abuse recovery programs provided locally through Alcoholics Anonymous and Celebrate Recovery</p>	<p>County jail serves as primary lockup and holding site for drug abusers</p> <p>Substance Abuse – Lack of substance abuse treatment programs available locally</p>

Chronic Illness & Disease

Favorable	Issues / Opportunities / Requests
<p>Primary Care Providers manage chronic illness and offer personalized education in the clinic. Continued growth of medical staff is a plus.</p> <p>Texas A&M AgriLife provides ongoing nutrition education and individual consultations upon request</p> <p>A Diabetic and Nutrition counselor is available once per month to provide consultations and education</p> <p>Cardiac Rehab available at LMC</p> <p>Annual health fair is provided</p> <p>EMS provides blood pressure monitoring at various community venues</p>	<p>Additional community health education requested pertaining to various health and wellness topics</p> <p>Personalized education on wholistic, nutritional, lifestyle, and behavioral management of chronic illness</p> <p>Lack of an outpatient pharmacy located within the hospital district.</p>

Lifestyle Behaviors

Favorable	Issues / Opportunities / Requests
<p>Senior Center – Socialization, meals, exercise and other activities</p> <p>After School Centers on Education (ASCE) – Activities for students and adolescents</p> <p>City park offering recreational, disc golf, baseball, soccer and other activities</p> <p>Hospital cafeteria is cited as one of the most popular local places for eating outside the home.</p>	<p>Obesity</p> <p>Sidewalks</p> <p>Public walking and recreation areas</p>

❖ **AREA RESOURCES IDENTIFIED FOR POTENTIAL COLLABORATIVE OPPORTUNITIES**

<ul style="list-style-type: none"> • Senior Services Center in Groesbeck • Groesbeck Independent School District • Cities of Groesbeck, Thornton, Kosse • Limestone County Public Services • Texas A&M AgriLife • Texas Tech University Rural Health Outreach Programs • Heart of Texas Blue Line Transportation Network 	<ul style="list-style-type: none"> • Local Volunteer Fire Departments • Area Churches and Faith Communities • Texas Community Coordination Resource Group (CCRG) • Call 211 – Texas Information and Referral Network (TIRN) • Vacant Dialysis Center in Groesbeck • Other area hospitals
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❖ **PRIORITY ISSUES AND RECOMMENDATIONS EXPRESSED BY COMMUNITY FOCUS GROUPS (no rank order)**

○ **Priority Issues**

- Affordable Housing
- Transportation
- Dialysis Center
- Community Health Education
- Senior Mental Health Services
- Pharmacy

○ **Other Issues and Recommendations**

- 2nd EMS station located in south end of the county
- Community sidewalks for safe walking
- More youth activities
- Improved stability of water supply in Thornton

RECOMMENDATIONS

The following recommendations for community health improvement are based upon a combination of recurring feedback from direct community response and supported with public data pertaining to community health.

Some of these recommendations for improving community health extend beyond the scope of Limestone Medical Center. The hospital lacks the resources, scope, or ability to address these recommendations alone. Effective action will be achieved only through the collaborative efforts of other organizations working together to improve community health.

- Collaborative Community Network to Improve Social and Environmental Factors that Impact Health
- Dialysis Center
- Geriatric Mental Health Services
- Women's Health Services
- Community Health Education, Awareness and Outreach

➤ **RECOMMENDATION: Collaborative Community Network to Improve Social and Environmental Factors that Impact Health**

It is recommended that collaborative efforts be made to include cross sections of the community to identify and recommend action to improve multi-faceted social determinants that impact community health.

Health is more than the absence of illness and disease. It involves social, mental, physical, and spiritual dimensions. It includes public health, economic opportunities, education and other facets.

Housing, education, employment, access to food, transportation, public utility and environmental services, public safety, faith and spirituality, recreation, etc. all factor into the health and wellbeing of individuals and communities.

It is essential to include multi-disciplinary participants beyond medical providers whose interest and experience is related to identified issues to effectively impact social determinants of health.

Issues Cited:

- Lack of available and affordable housing was repeatedly cited as a major issue adversely impacting population growth, personal health, and sustainability of essential community services
- Transportation was cited as an issue constraining the ability of some individuals, particularly those in outlying areas of the county, to attain medical care or other essential services that impact wellbeing. (LMC Foundation has recently provided two vans to the hospital for medical transportation.)
- Safety and reliability of the water supply in Thornton was cited by local residents as an ongoing issue.
- Lack of livable-wage employment opportunities is considered to be causing younger families to leave the county, impacting schools, healthcare, employment and housing development, and other social factors.
- School districts are challenged to maintain health of students and teachers to strengthen education, maximize funding, and achieve other mission objectives
- Access to affordable nutritious foods was commonly expressed as limited.
- A need for sidewalks, safe walking paths, and improved access to recreation areas was commonly expressed
- The need for a local pharmacy was frequently cited.

Ideas for Consideration

- Selectively assemble a collaborative network of diverse community partners whose interests, objectives, and experiences qualify them to contribute to finding resolutions to issues impacting community health and wellbeing.
 - The network should include participants from non-healthcare occupations, public, private, education, and social services, as well as healthcare sector
 - Prioritize current issues that negatively impact local community health
 - Identify contributing causes to these issues
 - Develop a plan of action including funds needed.
 - Identify grant or foundation support to provide funding assistance
- LMC, Groesbeck ISD, TX A&M AgriLife network to address common issues:
 - Identify common issues and objectives according to School District SHAC (School Health Advisory Council), Hospital's CHNA (Community Health Needs Assessment), and AgriLife Community Assessment that impact community health.
 - Identify opportunities for LMC and GISD to partner in student training for health related occupations such as Certified Nursing Aid, Pharmacy Tech, safety training for baby-sitting, elder care support, etc.
 - Collaborate with schools, public and private service organizations to offer adolescent programs focusing on prevention and positive messaging campaigns
 - Work with GISD to provide convenient access to hospital clinic providers for student, teacher, and staff primary visits. Virtual telehealth visits or physical site presence can be considered.
 - Potential to expand primary care access to students, especially those who qualify for Medicaid or other medically underserved programs, benefitting both the patient and rural health clinic.
 - Potential to reduce absentee days for students and teachers

➤ **RECOMMENDATION: Dialysis Center**

It is recommended that concerted hospital and community efforts be made to gain opening of the local Dialysis Center that is already built but unopened.

The need for closer access to dialysis services was strongly expressed in all community focus groups including those in surrounding communities of Mexia, Kosse, Thornton, and Teague. A modern fully equipped dialysis center stands unopened located just one block from the hospital. Concerted efforts by hospital, city, county leaders and Chamber of Commerce leaders should continue to secure an experienced provider to open and operate this available valuable resource.

➤ **RECOMMENDATION: Geriatric Mental Health Services**

It is recommended that outpatient geriatric mental health services be considered as a new service line

Intensive outpatient programs offer focused activities, individual and group counseling for geriatric patients. Limestone County has a much larger population age 55 and older than the Texas or U.S. average. There are several nursing homes and senior housing centers in Limestone and surrounding counties. IOP's offer a good resource to help enable seniors to remain in their home environment. These geriatric programs are common and successful extensions of numerous critical access hospitals in rural Texas counties.

➤ **Women's Health Services**

It is recommended that consideration be given to developing, packaging, and promoting select services that focus on women's health.

Women's health services are important in any community to maintain both personal and family health. Women commonly serve as primary care giver in the home and influencer of family health decisions. Women's health was cited as need for which many travel out of town to receive. A family medicine physician who recently joined with LMC to establish her full-time practice has expressed interest in focusing on women's health. This presents a natural opportunity to develop a plan to promote women's health as a service line.

➤ **RECOMMENDATION: Community Health Education, Outreach, Communication, and Collaboration**

It is recommended that LMC continue to grow its efforts to promote wellness, community health education, and communication of locally available services. LMC has a solid organization, facilities, and exemplary staff in place to grow its community outreach and education.

LMC is active with communities throughout the year in promoting awareness of hospital services. The hospital sponsors an annual health fair and EMS is active in providing free blood pressure checks at various locations.

Feedback from individuals who contributed to this CHNA states a desire for more community education on health topics and awareness of hospital and clinic services.

Topical health programs can be presented by various LMC providers, practitioners, and staff. These programs would achieve multiple objectives: Provide meaningful health education to the community; Introduce providers to the community; Promote hospital, clinics, and services available.

Health fairs are beneficial to provide education, information of the hospital and other health services available, and basic health screenings.

The hospital cafeteria is a popular place where the public chooses to eat. This presents a good opportunity for the hospital to introduce “heart healthy” menu choices and recipes to influence healthier nutrition

These activities should continue while always seeking new ways to improve communication and outreach.

Ideas for Consideration

- Present relevant community health topics using medical staff providers and practitioners as presenters in communities throughout the service area.
 - Topic Ideas: Self-management of chronic health issues like diabetes, hypertension, COPD, nutrition education, colon care, stress management, and other topics.
 - Consider using Zoom or other virtual transmission to expand access to view these programs.
 - Offer programs at places where people naturally congregate
 - Food often provides a positive incentive to attract audiences!.
- Provide community health fairs to offer screenings, health education, and greater awareness of local resources available.

- Each day include one “heart healthy” menu selection on the cafeteria line (among popular choices) to introduce good tasting healthy foods to begin influencing improved nutrition. Consider offering a discount to encourage positive selection and make recipes available to take home.
- Promote hospital, clinic services and wellness education using various social media platforms to expand awareness and availability of services. Sources like Facebook, X, and Tik Tok are being used increasingly by hospitals to promote services and health information.
- Host community health fairs to provide screenings, health education, and introduction to services and resources available locally.
- Engage EMS paramedics to provide community health screenings and personal safety education at places where groups congregate such as senior centers.
- Actively seek collaborative opportunities with other organizations such as the School District, Texas A&M AgriLife, Food Pantry, churches, and others to promote healthy lifestyle and behaviors.
- Post links to contemporary health topics from reputable sources on the hospital website.
- Provide public information informing of public services available such as:
 - Texas Area Agency on Aging
 - Call 211 – Single number gateway to reference and access a full range of Texas public services
 - Education on insurance plans available and differences between plans offered by LMC
 - Texas Community Resource Coordination Groups (CRCGs) - County based groups of local partners and community members that work with parents, caregivers, youth and adults to identify and coordinate support services, including behavioral health, basic needs and caregiver support. They help people whose needs can't be met by one single agency and who would benefit from interagency coordination. CRCG's are State funded resources. Contact:
 - Colette Pauley,
Chair 801 Austin Ave. Suite 820
Waco, TX 76701
(254) 683-8109
- *Gardens on the Go* is an easy and innovative concept to improve community access to affordable vegetables and fruit while also achieving cost savings and goodwill for the hospital. The hospital can purchase full-box quantities of vegetables and fruit from its contract food service distributor, retain what it needs for its patient and cafeteria use, and sell the remainder to the public at a break-even price to recover its purchase price with no profit margin. The assorted fresh

vegetables and fruit can be bagged and sold for \$5. A cost savings to the hospital is achieved from paying lower cost full case pricing and having no spoilage. * NOTE: *It is recommended that legal advice be received prior to starting to ensure the charitable distribution program does not violate any IRS laws or other ordinances for public entities.)*

SUMMARY

Limestone Medical Center is a well-respected vital healthcare provider serving Limestone and surrounding counties. LMC is a good steward in its use of limited resources to provide essential services that enhance the safety and wellbeing of the diverse populations they serve.

LMC is guided by a dedicated board of directors, leadership team, medical staff, and employees. Hospital leadership is intentional in efforts to cooperate with city, county, school, other public entities and constituents to improve upon the wholistic needs of the people they serve. There is a real sense of “community” among the diverse constituents who contributed to this Community Health Needs Assessment.

This is a Community Health Needs Assessment ... not a hospital needs assessment. The primary issues impacting the health and wellbeing of Limestone County as presented by survey participants are indeed community issues, not merely hospital issues. LMC strives to do its part to improve community health, but, as this CHNA indicates, greater impact can be achieved only through the combined efforts of all community sectors working together.

The strong “spirit of community” within the LMC South Limestone Hospital District creates favorable opportunity to act on these recommendations. This cooperative culture provides a positive framework to make a tangible impact in improving community health.

Next Steps: *Present this CHNA to the hospital Board of Directors and hospital leadership team.*

- *Share this CHNA with all focus group participants who contributed to this assessment.*
- *Post this CHNA on the hospital website for public access. Sharing this assessment with the community is required and often creates synergy leading to combined strategic efforts of individuals and groups.*
- *Rank and prioritize the recommendations of this CHNA based upon urgency, impact, and available resources. All cannot be implemented at once.*
- *Invite collaborative partners from other service providers to join in reviewing, responding, and contributing to the recommendations*
- *Prepare an action plan and timeline to address these recommendations.*

Thank you for inviting TORCH Management Services, Inc. to conduct this Community Health Needs Assessment on behalf of the hospital and community. A special thanks is extended to all the participants who took their time to meet and contribute to this assessment. The recommendations in this report are a direct result of their input

combined with public data. The recommendations are intended to serve as a platform to promote concerted efforts, identify solutions, and overcome obstacles leading to improved community health for all who live and work in the Limestone County service area.



END OF REPORT

FOCUS GROUP QUESTIONS

Community Health Needs Assessment

From your perspective:

- How would you describe the current access and availability of health services in this area?
- What do you consider to be the most critical health needs in your county?
 - How well are these needs being met by the hospital and other providers or resources in the area?
- What service lines provided by your local hospital do you consider to be most critical to this community?
 - What would the impact be if those services were not available?
- What service lines that are NOT available do you think are most needed in the community?
- What physician specialties that are NOT available locally do you consider to be most needed?
- What medical services are local residents most likely to travel out of town to receive?
- How much confidence do you (and the community) have in the services provided by this hospital?
 - On a scale of 1 to 10 (10 being highest) how would you and/or the community rank the hospital for the services provided?
 - What hospital service lines do you consider to be high quality?
 - What hospital service lines do you think need improvement?

Community Health

- When I speak of “community health” or “healthy community,” what is the first thing that comes to your mind?
- What do you consider to be “healthy” or “unhealthy” about your community?

- In describing health and wellbeing, what aspects other than illness and disease do you consider?
- “Other” Categories of Community Health
 - Social and Physical Environment (*Nutrition, Housing, Transportation, Violence, Domestic Abuse, etc.*)
 - What are the 2 biggest issues in this category?
 - What area resources are available?
 - Chronic Illness and Disease (*Diabetes, Hypertension, COPD, CHF, etc.*)
 - What are the 2 biggest issues in this category?
 - What area resources are available?
 - Mental Health and Substance Abuse
 - What are the 2 biggest issues in this category?
 - What area resources are available?
 - Lifestyle Behaviors (*Teen pregnancy, STI's, Obesity, Smoking, Exercise, Recreation, etc.*)
 - What are the 2 biggest issues in this category?
 - What area resources are available?
 - How aware do you think people in your community are of the availability of services for the above issues?
 - Of every issue or need expressed today, what would you say are the “Top 3 priority issues?”

