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Community Health Needs Assessment

Mercy Hospital Jefferson

Fiscal Year 2019

Our Mission:

As the Sisters of Mercy before us, we bring to life the healing ministry of Jesus through our compassionate care and exceptional service.

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Community Health Needs Assessment

Jefferson County

Fiscal Year 2019

COMTREA HEALTH CENTER

Jefferson County Community Partnership

Jefferson County Health Department

Jefferson Franklin COMMUNITY ACTION CORPORATION

MercyHealth

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I. Executive Summary

Community Treatment, Inc. (dba COMTREA), Jefferson County Community Partnership (JCCP), the Jefferson County Health Department (JCHD), Jefferson Franklin Community Action Corps (JFCAC) And Mercy Hospital Jefferson (MHJ) are pleased to present the 2019-2021 Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the health needs and priorities associated within Jefferson County, Missouri. The goal of this report is to provide residents with a deeper understanding of the health needs in their community, as well as help guide organizations in their community benefit planning efforts and development of implementation strategies that address significant health needs. The CHNA involved review of both quantitative and qualitative data to attain the full scope of the community needs as they relate to health with a focus on the economically poor and underserved populations.

Throughout this Community Health Needs Assessment (CHNA) report, health indicator data of Jefferson County is compared to that of Missouri, the United States, and top U.S. performers. Inserted infographics and barometer charts (green needle=positive; red needle=negative) provide easy-to-interpret visual representations of comparisons.

This summary is documentation that Mercy Hospital Jefferson is in compliance with IRS requirements for conducting a community health needs assessment. The Mercy Hospital Jefferson board approved this CHNA on April 24, 2019. Mercy Hospital Jefferson last conducted a CHNA in 2016.

The Affordable Care Act (ACA) requires 501(c)(3), tax-exempt hospitals to conduct a CHNA every three tax years and adopt a strategic implementation plan for addressing identified needs.

Identified priorities for Mercy Hospital Jefferson for the next three years include:

- Mental Health
- Substance Use
- Access to Care

Many of the initiatives identified and implemented in the previous Community Health Needs Assessment will be continued along with new programs.

To learn more about Mercy Hospital Jefferson and to find a copy of this report online, visit https://www.mercy.net/about/community-benefits/.

II. Community Served by the CHNA Collaborative

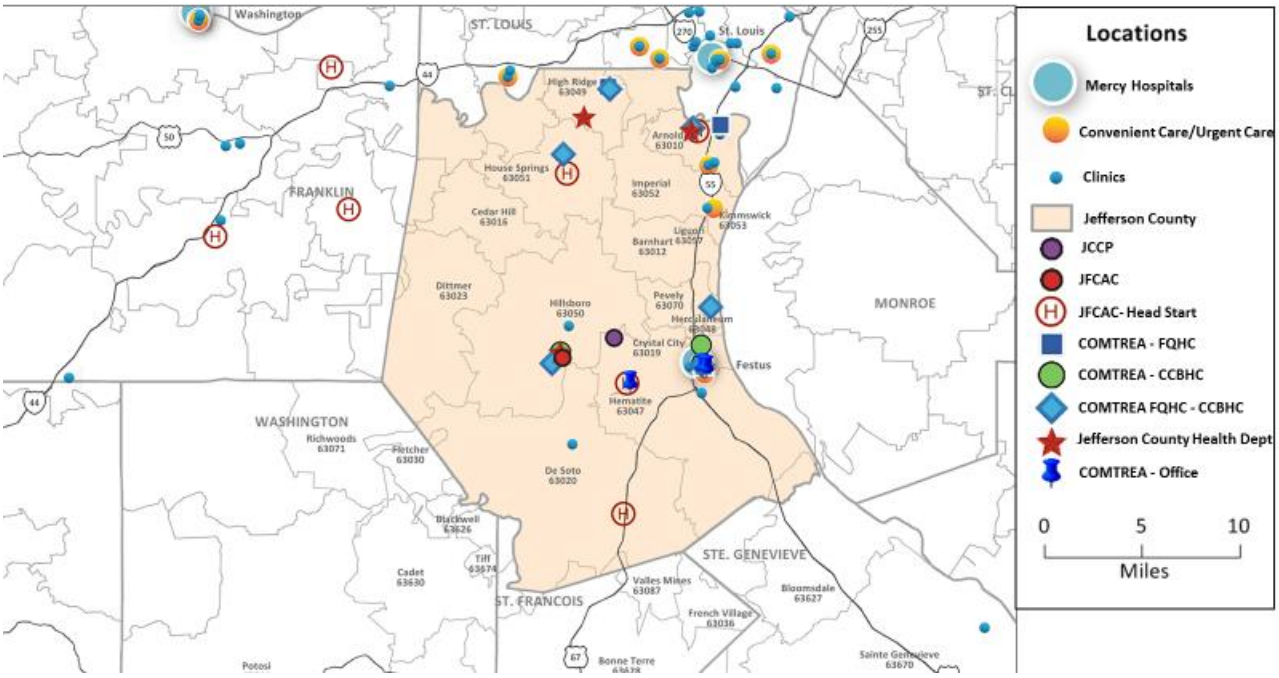
Description of Community Served

Jefferson County is located in the eastern part of Missouri, covering 664 square miles, and is the 6th most populous county in the state. There are 20 municipalities (15 zip codes) located in Jefferson County, and Hillsboro is the county seat.

Jefferson County has one full-service hospital, a county-wide health department, 12 access points for healthcare through a Federally Qualified Heath Center (FQHC), 10 access points to behavioral health services through a Certified Community Behavioral Health Center (CCBHC), and many social service organizations. Jefferson County is also home to:

- Several mobile units for primary, dental and mental healthcare
- Emergency shelter for victims of domestic abuse and intimate partner violence
- 11 public school districts, 15 private schools, and Jefferson College, a public, two-year community college
- 9 parks run by the Jefferson County Parks Dept. and several ball fields, playgrounds, campsites, fitness centers and golf courses
- 16 fire districts and 5 ambulance/EMS districts
- Numerous places of worship and 10+ local food pantries
- Many other organizations that collaborate together to help keep the Jefferson County community safe and healthy

Jefferson PSA and Locations



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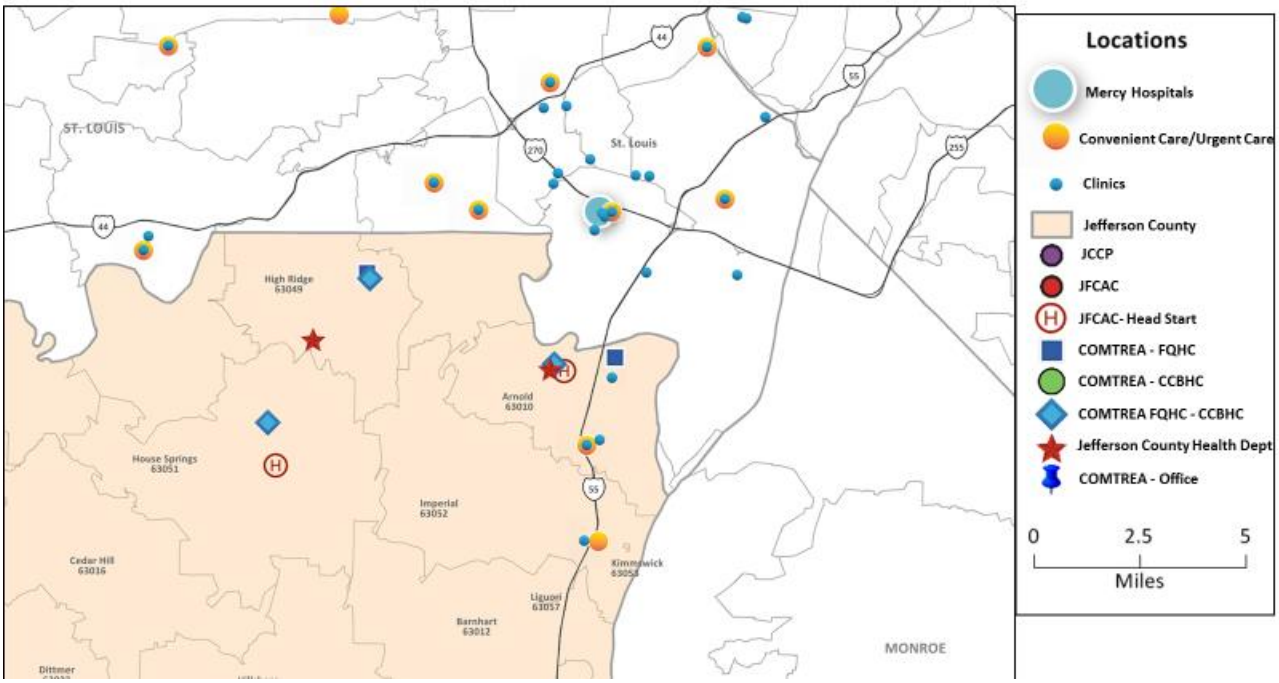

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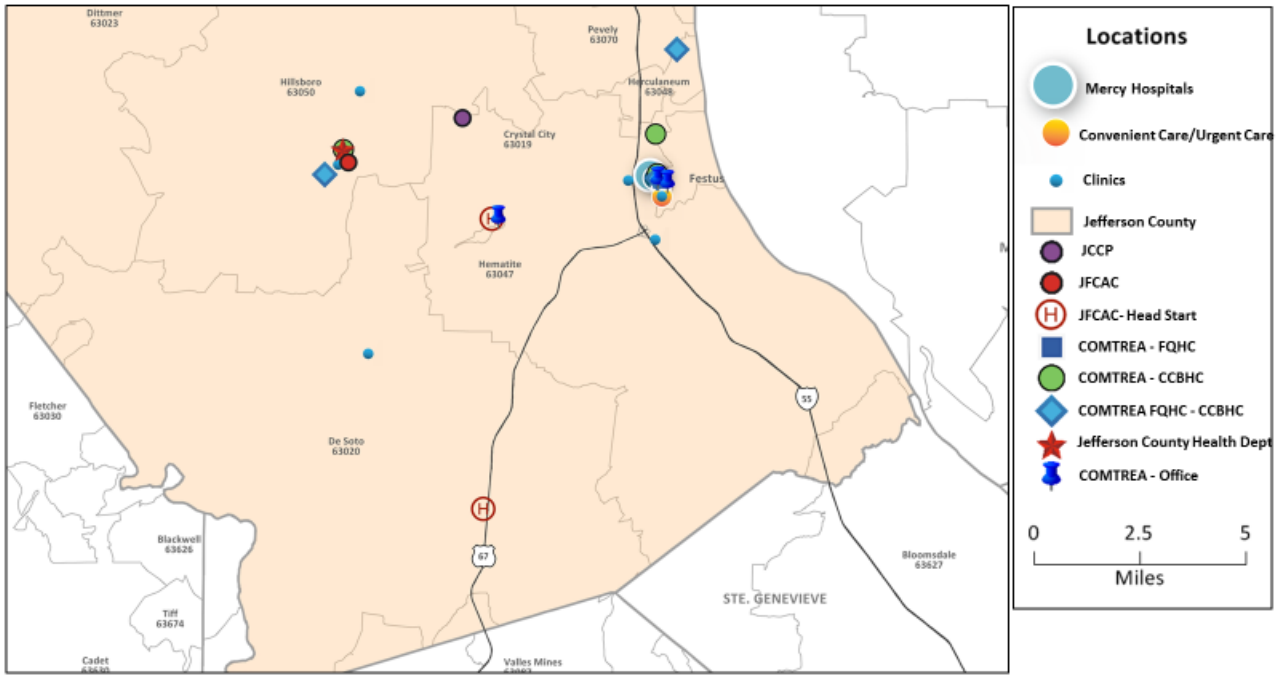


Demographics

The majority of residents of Jefferson County are White (96%), age 18-44 years (34%), have some college credit or an associate's degree, and a household income of $50,000 a year or less. The unemployment rate is at 5%. Compared to state and national data, Jefferson County has a larger percentage of White residents. All other values are consistent with both state and national data (Sg2 Market Demographics, Nielsen zip code data – 2017).

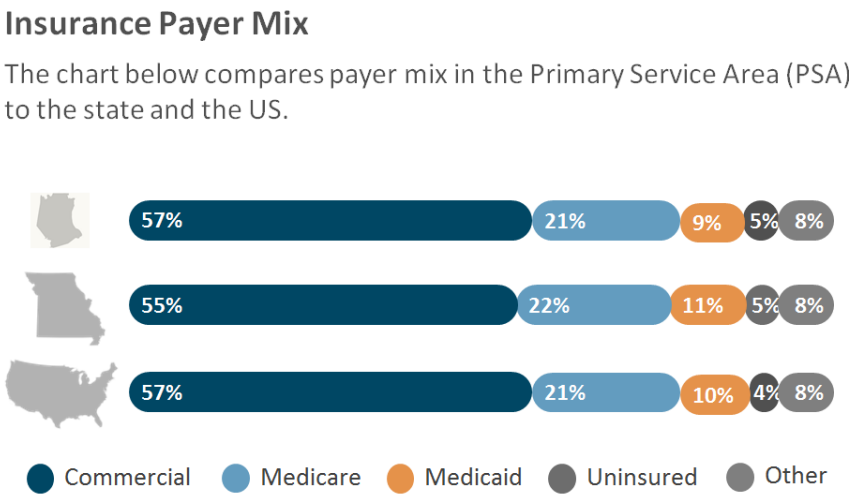
	Primary Service Area				5-Year	MO	US
	2017		2022		Growth	2017	2017
Total Population	199,771		204,497		2.4%	6,112,609	325,139,271
Age Groups	*Number*	*Percent*	*Number*	*Percent*	*Percent*	*Percent*	*Percent*
0-17	46,834	23%	46,236	23%	-1.3%	23%	23%
18-44	67,371	34%	67,695	33%	0.5%	35%	36%
45-64	56,176	28%	54,819	27%	-2.4%	26%	26%
65+	29,390	15%	35,747	17%	21.6%	16%	15%
Race & Ethnicity							
Asian & Pacific Is. Non-Hispanic	1,296	1%	1,377	1%	6.3%	2%	6%
Black Non-Hispanic	2,447	1%	3,095	2%	26.5%	12%	12%
Hispanic	3,973	2%	4,822	2%	21.4%	4%	18%
White Non-Hispanic	191,295	96%	194,601	95%	1.7%	79%	61%
All Others	4,733	2%	5,424	3%	14.6%	3%	3%

	Primary Service Area		MO	US
	2017	2022	2017	2017
Language*	*Percent*	*Percent*	*Percent*	*Percent*
Only English at Home	97%	97%	94%	79%
Spanish at Home	1%	1%	2%	13%
All Others	2%	2%	3%	8%
Workforce**				
Armed Forces	0%	0%	<1%	<1%
Civilian, Employed	60%	60%	59%	58%
Civilian, Unemployed	5%	5%	4%	5%
Not in Labor Force	35%	35%	37%	36%
Household Income				
<$15K	11%	10%	12%	12%
$15-25K	9%	9%	10%	10%
$25-50K	23%	22%	25%	23%
$50-75K	18%	17%	18%	17%
$75-100K	18%	19%	12%	12%
$100K-200K	14%	16%	18%	19%
>$200K	6%	7%	5%	6%
Families living below poverty level			11%	12%
Education Level***				
Less than High School	3%	3%	4%	6%
Some High School	9%	9%	8%	8%
High School Degree	34%	34%	31%	28%
Some College/Assoc. Degree	36%	36%	32%	31%
Bachelor's Degree or Greater	18%	18%	25%	28%

**Excludes population age <5 **Excludes population age <16 ***Excludes population age <25 and based on highest level achieved*
Note: Jefferson Primary Service Area consists of four Missouri counties
Source: Sg2 Market Demographics; Nielsen zip code data, 2017

Insurance status

According to Insurance Coverage Estimates for 2017 reported by Sg2, the percentage of those covered by health insurance in Jefferson County is comparable to state and national data.

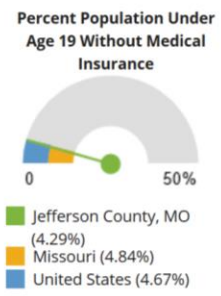


Note: Sg2 Insurance Coverage Estimates profile how the households in the PSA pay for health care services. Data is based on occupied housing units (a house, apartment or group of rooms intended to serve as separate living quarters). Other includes Veterans and all other.
Source: Sg2 Insurance Coverage Estimates, 2017

The percentage of youth (under age 19) without health insurance has dropped almost 2% from 2013 and adults 18-64 have dropped 5% from 2013. The infographics below display the percent population without medical insurance for those under the age of 18 and those between the ages of 18 – 64:

Download Data

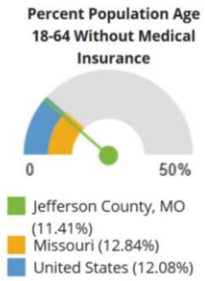
Report Area	Total Population Under Age 19	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Jefferson County, MO	54,861	52,510	95.71%	2,351	4.29%
Missouri	1,424,500	1,355,500	95.16%	69,000	4.84%
United States	76,219,054	72,659,457	95.33%	3,559,597	4.67%



Note: This indicator is compared with the state average.
Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2016. Source geography: County

Download Data

Report Area	Total Population Age 18 - 64	Population with Medical Insurance	Percent Population With Medical Insurance	Population Without Medical Insurance	Percent Population Without Medical Insurance
Jefferson County, MO	138,920	123,068	88.59%	15,852	11.41%
Missouri	3,615,438	3,151,069	87.16%	464,369	12.84%
United States	194,808,251	171,274,851	87.92%	23,533,400	12.08%



Note: This indicator is compared with the state average.
Data Source: US Census Bureau, Small Area Health Insurance Estimates. 2016. Source geography: County

Like many other communities, Jefferson County is projecting a significant increase (22%) in their 65+ population over the next five years, which will increase the number of those receiving Medicare.

Description of Services Available to Community Served

Access to Care

Jefferson County is home to the following health care providers:

- Jefferson County Health Department (JCHD) – provides public health services including dental, women's health, and mobile health units
- Community Treatment Inc. (COMTREA) – Federally Qualified Health Center (FQHC) with primary care, behavioral health including substance use disorders and mental health, and dental services. COMTREA is also a Certified Community Behavioral Health Organization Center (CCBHC), which is a Federal demonstration program designed to provide a comprehensive range of mental health and substance use disorder services to vulnerable individuals.
- Mercy Hospital Jefferson - 10.3 staffed hospital beds per 10,000 population (316 total beds and a population of 199,771) and provides outpatient primary, specialty and mental health services

In addition to direct health care services, Jefferson County organizations provide services that directly impact maintaining a healthy community and home life:

- Jefferson County Community Partnership – community collaborative that provides low cost home repair, affordable transportation, and healthy child/family development resources.
- Jefferson Franklin Community Action Corps – organization providing WIC, LIHEAP's Energy Assistance Program, energy efficiency services through the Weatherization program and Healthy Homes, early childhood services, housing opportunities through HUD's Housing Choice Voucher Program, and Community Services, which includes Direct Client Services such as youth programing (Cyber Seniors), job

training (Employment Coaching), and Community Empowerment Collaborations, such as Hunger Task Force and Back-to-School Fairs.

Jefferson County was declared a Health Professional Shortage Area (HPSA) by the U.S. Department of Health and Human Services in 2015. Jefferson County has far less providers per capita than the state of Missouri, as well as the national average. This shortage encompasses primary care, dental/oral care, and mental health services (County Health Rankings – 2018, Appendix A). The ratio of Jefferson County residents to primary care physicians and dentists have improved (decreased) from last CHNA cycle in 2016, while the ratio of mental health providers has increased (less providers per 100,000 residents).

	Jefferson County	Missouri	U.S. Top Performers
Primary care physicians	4,230:1	1,420:1	1,030:1
Dentists	2,870:1	1,810:1	1,280:1
Mental health providers	1,310:1	590:1	330:1

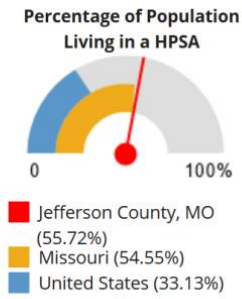
County Health Rankings – 2018

The indicator below reports the percentage of the Jefferson County population living in a geographic area designated as a HPSA:

Download Data

Report Area	Total Area Population	Population Living in a HPSA	Percentage of Population Living in a HPSA
Jefferson County, MO	218,733	121,880	**55.72%**
Missouri	5,988,927	3,266,848	54.55%
United States	308,745,538	102,289,607	33.13%

Note: This indicator is compared with the state average.
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Health Resources and Services Administration. April 2016. Source geography: HPSA



More information on health care providers in Jefferson County can be found in the secondary data section of Section V.

III. Community Health Needs Assessment Process

Primary community partners for the CHNA and Community Health Improvement Plan (CHIP) processes include:

- Community Treatment Inc. (COMTREA)
- Jefferson County Community Partnership (JCCP)
- Jefferson County Health Department (JCHD)
- Jefferson Franklin Community Action Corps (JFCAC)
- Mercy Hospital Jefferson (MHJ)

Methods of collecting and analyzing data and information included community focus groups, surveys, organization-specific data and published data.

Community focus groups were conducted to dialogue directly with local community members. There was a targeted effort to conduct focus groups in a variety of zip codes and locations so that all Jefferson County residents had the opportunity to attend. Community partners that assisted in data collection for community focus groups included Desoto School District, Jefferson County Library, Arnold Library, Desoto Library, Festus Library, Jefferson College, YMCA, Mapaville Fire Dept., JFCAC Head Start (Hematite and Desoto), Aging Ahead, and St. Andrew's UMC Desoto.

The JCHD conducted a county-wide **survey** during the summer of 2017. Through collaboration with multiple organizations and agencies, surveys were distributed and over 3,500 were completed. The goal of the survey was to gain insight into the perceptions of county residents on the most pressing health issues, risk factors, barriers to care, and health services utilization.

Each participating CHNA partner has an internal entity that guides the needs assessment process for their organization. A Community Health Council, led by Eric Ammons, President of Mercy Hospital Jefferson, guides the needs assessment process for MHJ (Appendix B). The council convenes quarterly and is accountable for ensuring that community benefit activities meet mission compliance and IRS guidelines. It consists of Mercy leaders from various departments, such as behavioral health, finance, care management, philanthropy, etc., and a hospital board member. The Council determines which health initiatives will be put forth in the hospital's three-year Community Health Improvement Plan (CHIP). Co-workers in Mercy's Community Health & Access Department served on the Council and were the primary leads of the 2019 CHNA.

External sources of published data are as follows:

- *County Health Rankings 2018*

  This resource provides county-level data that is updated annually by the University of Wisconsin-Population Health Institute and the Robert Wood Johnson Foundation.
  www.countyhealthrankings.org

- *Community Commons*

  This resource provides thousands of meaningful data layers to allow mapping and reporting capabilities for exploring community health to foster positive change. The site is managed by Institute for People, Place and Possibility; the Center for Applied Research and Environmental Systems; and Community Initiatives.
  www.communitycommons.org

- *Missouri KIDS COUNT*

  This resource **provides data about the children and families in the state of Missouri and focuses on the importance of community in improving the lives of children and families.**
  https://mokidscount.org/missouri-kids-count-data-book-release/

- *exploreMOhealth*

  This resource was created in partnership between Missouri Foundation for Health and the MHA Health Institute. It provides data at a granular geographic level to inform targeted resource allocations for community health improvement initiatives.
  https://exploremohealth.org/

- *Missouri Public Health Information Management System (MOPHIMS)*
  - Community Data Profiles & Missouri Information for Community Assessment (MICA)
  - Environmental Health Public Tracking Program (EPHT)

  This resource, provided by Missouri Department of Health & Senior Services-Bureau of Health Information, includes some of the most comprehensive community health assessment planning tools available, such as community data profiles on 115 Missouri counties, thirty health indicators, and the capability to create customized tables.
  https://webapp01.dhss.mo.gov/MOPHIMS/MOPHIMSHome

IV. Community Input

The voices of the people of Jefferson County were central to the health needs assessment process. The CHNA collaborative gathered community input through:

a. Community Focus Groups
b. JCHD Community Survey
c. Community Coalitions

Community Focus Groups

A total of 15 community focus groups were held throughout Jefferson County from August through December 2018 with 76 total participants. Three focus groups were cancelled due to inclement weather and/or low turnout. Focus groups were promoted through social media and by working with community partners where the focus groups were held. Below is a table of focus group dates, locations and number of participants.

Date	Zip Code	Group	# of participants
August 15, 2018	63028	Mapaville Fire Department	9
September 5, 2018	63020	Desoto Public Library	4
September 15, 2018	63050	Jefferson County Health Department - Hillsboro	3
September 20, 2018	63012	Windsor Branch Library	2
September 26, 2018	63028	Festus Public Library	11
October 3, 2018	63020	Sunrise School	1
October 9, 2018	63020	St. Andrews UMC DeSoto	7
October 20, 2018	63010	Comtrea, Arnold	5
October 24, 2018	63050	Jefferson College – Hillsboro Campus	9
November 5, 2018	63050	WIC Clinic - Hillsboro	5
November 8, 2018	63028	Hematite Head Start	3
November 9, 2018	63028	YMCA Festus	2
November 13, 2018	63010	Arnold Senior Center	2
November 27, 2018	63051	Aging Ahead – House Springs	9
December 10, 2018	63020	Desoto Head Start	4

In an attempt to capture input from a representative sample of Jefferson County residents, including low income and underserved individuals, focus groups were conducted in variety of zip codes around the county as well as in specific locations where certain demographics were more likely to attend. Additionally, $10 gift cards and light snacks were provided as incentives to participate. It should be noted that although the group received significant feedback from community members during the focus group sessions, a complete representative sample of Jefferson County was not captured. This information, although extremely useful to highlight the prominent issues in the county, cannot be completely generalized to the entire Jefferson County population. Focus Group participant demographic information can be found in Appendix C.

The facilitation team was made up of a lead facilitator, a note taker, and scribe. These included individuals from each 5 collaborating organizations. The facilitator led each community focus group and followed a written script to ensure consistent messaging at all events (Appendix D). A note-taker then recorded quotes and ideas from individuals as they responded to each question. The scribe provided visual feedback for participants by writing notes on large notepads, and provided any assistance needed from participants or facilitators. The Network for Strong Communities (NSC) assisted the CHNA collaborators by providing training for all facilitators to help reduce any inconsistency between different facilitators and note-takers. It was decided that recordings of the focus groups would not be used to allow participants to feel safe and discuss openly with the group.

Focus Group Questions:

The initial focus group questions were developed using the results from the 2017 JCHD Community Survey and input from the CHNA Collaborators. These questions were then edited and condensed after input from the focus group facilitators and the NSC. This process led to a final list of eight robust questions regarding health and healthcare in Jefferson County. The final list can be found below:

1. What is the biggest health issue that affects you, your family, and neighbors in Jefferson County?
2. What are your safety concerns in your neighborhood?
3. What stops you or people you know from receiving healthcare here in Jefferson County?
4. As a community member, do you feel there are enough resources around mental health?
5. What stops you from exercising?
6. Thinking about the food you eat, where do you get most of your food?
7. In the last 12 months, have you or anyone you know ever experienced difficulties in the following areas: (Have list of social determinants listed on preset papers and tally each one)
    a. Transportation issues
    b. Worried about losing stable housing
    c. Having your utilities turned off
    d. Obtaining and keeping employment
    e. Obtaining Child Care
8. Are health care materials/information you receive easy for you and your family to understand?

All focus group responses were coded and went through three rounds of review by CHNA collaborators to ensure accuracy. A high-level summary was created during a final review session.

Community Survey

A full description of methodology for the Jefferson County Health Department Community Survey is available in the 2017 Community Health Assessment Report located in Appendix E.

Community Coalitions

Through active involvement with community groups, CHNA Collaborative Organizations build relationships with key community agencies, partnering to develop innovative solutions to address community health needs and issues associated with poverty. Through continuous daily networking and collaboration, each organization remains closely engaged with community partners and informed on the needs of the communities it serves.

V. Conducting the Needs Assessment

Collaborative members employed the following data collection methods during its CHNA process:

Primary Data:

a. Community Focus Group – summarized in Section IV, full report in Appendix D
b. JCHD Community Survey – summarized in Section IV, full reports in Appendix E
c. Internal agency data

Secondary Data:

a. Published data (examples of sources are included in Section III)

Primary Data

Community Focus Groups Summary

Below represents a high-level summary of data collected from community focus groups described in section IV. A more comprehensive summary can be found in Appendix F.

"What is the biggest health issue that affects you, your family, and neighbors in Jefferson County?"

Top 3 responses:

1. **Insurance; cost and coverage**
   - Focus group participants expressed that insurance is not affordable, citing high deductibles and premiums, and difficulties affording medications
   - Notable Quote:
     "… cost of insulin in coverage gap is for $629 for 90 days and I cannot afford it."
2. **Health Conditions**
   - Participants discussed a variety of health issues that were important to both them and their friends and families. This coincided with the general understanding that Jefferson County residents are affected by various health conditions, depending on age, where they live, socioeconomic status, and other health factors.
   - Some health conditions that were mentioned during the focus groups include:
     - Cancer
     - Diabetes
     - Flu
     - STDs
     - Lead contamination
3. **Behavioral Health Needs**
   - Focus group participants named the following issues related to behavioral health services in Jefferson County:
     - Lack of providers
     - Stigma associated with seeking help
     - Difficulty navigating behavioral health resources
   - Notable Quote:
     "Mental health, especially with veterans, that hits hard with me because my friend is an Army veteran and committed suicide on Saturday while he was at home in the states."

"What are your safety concerns in your neighborhood?"

Top 3 responses:

1. **Perceived Threats**
    - Participants frequently were concerned about break-ins, theft, drug induced danger, or dangerous people in their neighborhoods.
    - Notable Quote:
        "My mom doesn't want a handicap ramp because she is afraid it will make them a target"
2. **Drugs/Drug Use**
    - Participants were concerned about the impact of drug use on the Jefferson community including:
        - finding used needle/syringes in public areas
        - impaired driving
        - people using drugs becoming violent
    - Notable Quote:
        "People don't realize that people are self-medicating, being diagnosed with fibromyalgia and ulcers, I feel that every time I go to the ER I am referred to pain management."
3. **Law Enforcement**
    - Participants reported a slow response time for law enforcement, especially in rural areas, due to various reasons, including a lack of resources.

"What stops you or people you know from receiving healthcare here in Jefferson County?"

Top 3 responses:

1. **Accessibility**
    - Participants brought up the following concerns linked with accessibility:
        - Lack of providers
        - Lack of transportations options
        - Not knowing what healthcare resources are available
    - Notable Quote:
        "I don't know what all the resources out there are for me."
2. **Cost**
    - Participants reported a high cost associated with medications, insurance and copays
    - Notable Quote:
        "As a senior citizen, drug costs are out of sight. I was put on a medication that was $180 a month after insurance…there's people who have drug costs that are way more than that. It's do I eat this week or do I take my medicine?"
3. **Insurance**
    - Participants frequently reported issues surrounding their insurance, including:
        - barriers obtaining health insurance coverage
        - people without insurance becoming accustomed to seeking care in the emergency room
    - Notable Quote:
        "People qualify for insurance but are unable to complete all the necessary paperwork by themselves."

"As a community member, do you feel there are enough resources around mental health?"

The majority of participants felt there were not enough resources around mental health in the county, when asked to elaborate, the top two issues discussed were:

1. **Education:**
    - Participants felt that there is a stigma surrounding mental health, therefore, some do not seek out help or do not know what resources are available.
    - Notable Quote:

        "Where do you find the resources [for mental health]? You end up calling, and in our county, it would be awesome…if there was one resource that said you need a mobile van with a mobile counselor, call the health department, you need [other resources, call this resource]".
2. **Lack of Providers**
    - Participants believe that there are not enough mental health providers in the county, including psychiatrist and counselors.
    - Notable Quote:

        "[we need] more psychiatrists for adults and children."

When participants were asked what resources they knew of, many were able to identify a large list of mental health providers in Jefferson County. However, many other mental health services in the county (for example, COMTREA school liaisons, JFCAC, JCHD counselors, Mercy's Intensive Outpatient services for Mercy) were not mentioned.

"What stops you from exercising?"

Top 2 responses:

1. **None**
    - A large portion of focus group participants provided positive feedback when asked about exercising. Participants stated that they exercised an adequate amount and did not have any issues with motivation. These participates mentioned hiking trails, parks, and other activities they enjoyed doing in the county.
    - Notable Quote:

        "My wife and I like to dance. Find things that you enjoy."
2. **Motivation and Time**
    - Participants cited motivation to exercise and finding the time to exercise as the biggest barriers.
    - Notable Quote:

        "Motivation…you need people with you. I'm not going to do it on my own."

"Thinking about the food you eat, where do you get most of your food?"

Top responses:

1. **Grocery Store**
    - The majority of participants mentioned getting their food at grocery stores. Some participants mentioned that transportation was a barrier to accessing the closest grocery store.
    - Notable Quote:

        "That is how we get our exercise is walking to get our groceries from our house."
2. **Other**
    - Some participants mentioned that they receive food from local food pantries and/or farmers markets and are satisfied with the affordable, healthy food options available.
    - Notable Quotes:

        "I signed up for [a food pantry] and I was amazed at the quantity and quality of the food. A shopping cart full of food! I've never had that much food in my house at one time."

        "I love summer when I can get fresh food from the Farmer's Market. I participate in the Co-Op and I enjoy that."

"In the last 12 months, have you or anyone you know ever experienced difficulties in the following areas:"

1. **Transportation issues**
    - The majority of participants knew someone or personally had experienced issues with transportation.
2. **Worried about losing stable housing**
    - When asked, participants cited that there is not enough affordable housing available in Jefferson County.
3. **Having your utilities turned off**
    - Participants brought up the cost associated with difficulty paying utilities.
    - Notable Quote:

        "Utilities - every month it's a game of paying everything and then it starts all over."
4. **Obtaining and keeping employment**
    - Although the majority of participants did not experience this issue, those who did mentioned barriers of transportation, age, mental health, and lack of support resources.
5. **Obtaining Child Care**
    - Participants brought up issues of affordability and availability of child care in the county
    - Notable Quote:

        "I think child care is very expensive. We need more affordable child care for low-income people especially. Would like to see employers offer child care to their employees"

"Are health care materials/information you receive easy for you and your family to understand?"

Participants provided a variety of ways that they receive their health care information, and also provided ways in which they struggle to understand information presented to them. Some common themes included:

- lack of understanding the information, no matter the type of presentation style
- some participants mentioned that in-person communication was beneficial, while others liked getting things online or on paper. From these responses, it would be good to have a variety of different ways to convey information
- information needs to be more understandable

Other notable findings

Other comments that did not align with the facilitator questions came up throughout each focus groups, which can be found in the Appendix F. The issues discussed below were not made by the majority of participants, but were worth highlighting due to the powerful nature of their implications. These included:

- Financial stability issues
  - Quote –

    "Beginning of month, food is plentiful, end of month is bare."

- Concerns on being able to find work
  - Quote –

    "A lack of general development in Jefferson County…jobs are not here. If you're in Arnold jobs are in Arnold. You still have a chance…if you're in the middle of Hillsboro, what is in the middle that your child could walk to and find a job?"

Internal Data

To determine the degree to which community improvement efforts meet the needs of Jefferson County residents, data specific to the Jefferson County community was also considered in the CHNA process.

Internal MHJ Data

A detailed report of Mercy Jefferson internal data can be found in Section IX: Evaluation of Impact.

Internal JFCAC Data

Following are five key statistics for each of JFCAC's six core programs for FY 2018:

WIC:

- FY18 caseload was 32,341 women, children, and families
- $2,056,106.72 was spent purchasing healthy foods with WIC checks administered by JFCAC
- 65% of JFCAC WIC infants initiated breastfeeding
- 47% of prenatal women served by JFCAC WIC enrolled during the first trimester
- 72% of pregnant women seen by JFCAC in WIC did not smoke or stopped smoking completely during pregnancy

Housing:

- 39 families left the program because they no longer needed housing assistance.
- 131 new families began receiving housing assistance
- 55 new participants enrolled in the Family Self-Sufficiency program.
- 6 Family Self-Sufficney participants received escrow funds
- $39,570 in escrow funds were released

Weatherization:

- The average direct service cost per home was $5,966.02, with $1,193.20 of that being for health and safety concerns.
- 52 homes were completed in FY18
- Children served FY18: 16
- Persons with a disability served FY18: 37
- Elderly persons served FY18: 16

CSBG:

- 65 households received free tax assistance
- 36 adults participated in Step Up to Leadership and Strengthening, Empowering, Lifting Families (SELF) classes
- 188 High School students participated in a Poverty Simulation
- 13 youth participated in leadership building through our Youth Step Up to Leadership classes and our Gift of Giving Volunteer Program
- 1785 daily lunches were served and 445 weekend food packs were provided to low-income children during summer break

Energy Assistance:

- 3,883 applications were processed for Energy Assistance (1,271 from Franklin County; 2,612 from Jefferson County)
- 1,728 households received assistance through the Winter Energy Crisis Intervention Program
- 1,477 households received assistance through the Summer Energy Crisis Intervention Program
- 10 household received window air conditioning units
- 142 households were enrolled in Keeping Current

Head Start

- Total of 603 children and their families were served
- 10% of children served were in the foster care system
- 11% of children served had diagnosed disabilities
- 26% of families served attained less than a high school diploma
- 49% of families served were unemployed

Internal COMTREA Data

From COMTREA 2018 Annual Report:

Overview

- Served 20,420 patients and clients
- Performed 158,032 home visits
- Served 13,910 FQHC patients
- Conducted 2,377 mobile health screenings
- Provided 2,152 emergency dental procedures

Patient Care

- 90% of adult patients had BMI screenings and follow-up
- 96% of patients received tobacco use screening and cessation

Youth

- 518+ students received services from COMTREA school liaisons
- Children's Advocacy Center saw an increase of 16% in clients and a 300% increase in interviews for sexual abuse allegations

Domestic Violence

- 6,289 nights of shelter at COMTREA's A Safe Place
- $681,197 raised for transitional housing project
- 1,166 women/families turned away

Internal JCHD Data

From JCHD 2018 Annual Report:

Family Planning/Women's Services

- 1,286 client visits to family planning
- 824 pregnancy tests administered
- 62 women enrolled in Show Me Healthy Women program for free breast and cervical screenings

Vaccinations

- Over 8,000 vaccinations provided
- 725 books provided to children under 6 years of age receiving an immunizatio

Screenings

- Over 2,300 screenings for chronic disease and disease management through The Wellness Clinic
- 360 children tested for lead poisoning
- Over 4,000 communicable disease screenings

Dental

- Over 5,000 dental care procedures provided through Youth Smiles to Go Dental Van
- 1921 dental care procedures provided through Senior Smiles to Go

Community Education

- 107 Car seat installations
- 755 Clinical Screenings
- 795 attendees for community presentations
- 14,770 K-12 student attendees for school presentations
- 132 nutrition consultations

Community Outreach

- Over 3,676 lbs. of prescriptions and over the counter medications collects through local Take Back events
- 105 trap sites for mosquito surveillance and control
- 2,699 retail food service inspections

Internal JCCP Data

From JCCP 2018 Annual Report:

Hammers of Hope

- 3 decks replaced/repaired
- 1 completed bathroom project
- 2 completed plumping projects
- 4 general home repairs
- 4 completed central air/furnace repairs
- 9 ramps built
- 42 air conditioners installed

Safe Babies/ Children's Trust Fund

- 32 individuals trained/equipped with Safe Babies information
- 24 Safe Sleep sets distributed to families in need
- 14 formal SIDS/Shaken Baby Trainings held

The Parenting Network

- 47 families (115 children) served through program
- 449 total home visits
- Increase in participant parenting knowledge of 30%
- 423 books distributed to families

JeffCo Express

- 16,955 one-way rides
- 957 rides for medical reasons
- 8,505 trips for employment, education or business
- 7,493 trips for recreation or shopping

Secondary Data

Health Status of Overall Population and Priority Population

Jefferson County ranks 25 out of 115 counties in the state of Missouri for health outcomes, "based on an equal distribution of length and quality of life" (County Health Rankings: Missouri, 2018). In 2018, the percentage of adults who reported being in poor or fair health was 15%, while the state average was 19% (County Health Rankings – 2018).

The following table provides an overview, or "at-a-glance" summary, of community health needs categorized by degree of significance as identified by review of secondary data for Jefferson County:

Lesser Concern	Moderate Concern	Significant Concern
ED Utilization Maternal & Infant Health Poverty Screening Utilization Sexually Transmitted Infections Unemployment Uninsured Rates Violent Crime	Asthma Access to Transportation Child Abuse/Neglect Inpatient Hospitalization Housing Stress Obesity Physical Inactivity Poor Nutrition Preventable Hospitalizations Tobacco Use	Access to Care Air/Water Quality Binge Drinking Cancer (Lung) Death from Chronic Lower Respiratory Disease Death from Unintentional Injuries High Blood Pressure Heart Disease & Stroke Mental Health Substance Abuse

Access to Care

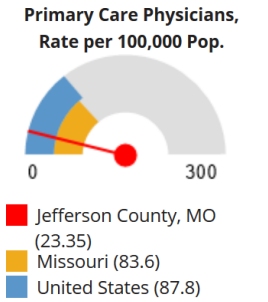
Primary care HPSA

The following data were collected on the availability of **primary healthcare** services in Jefferson County. The infographic below compares the number of primary care physicians in Jefferson County to state and national averages (HHS – 2014, via Community Commons). The rate of primary care physicians per 100,000 for the state of Missouri and nationally was more than triple the rate for Jefferson County in 2014.

Download Data

Report Area	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
Jefferson County, MO	222,716	52	**23.35**
Missouri	6,063,589	5,072	83.6
United States	318,857,056	279,871	87.8

Note: This indicator is compared with the state average.
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2014. Source geography: County

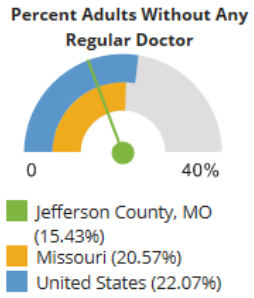


Despite these statistics, the infographic below shows that the percentage of adults without any regular provider was lower in Jefferson County than state and national averages (CDC BRFSS – 2012, via Community Commons). Only 15% of Jefferson County residents were without a regular doctor in 2012, compared to 21% for the state and 22% for the U.S.

Download Data

Report Area	Survey Population (Adults Age 18+)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Jefferson County, MO	146,136	22,544	**15.43%**
Missouri	4,560,355	938,202	20.57%
United States	236,884,668	52,290,932	22.07%

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County



Additionally, Jefferson County has Federally Qualified Health Centers that provide comprehensive, quality health care services to medically underserved areas and vulnerable populations. The table below compares the rate of (FQHCs) in Jefferson County to state and national rates (HHS – 2018, via Community Commons). The rate of FQHCs per 100,000 population in Jefferson county is greater than the state and national rates.

Download Data

Report Area	Total Population	Number of Federally Qualified Health Centers	Rate of Federally Qualified Health Centers per 100,000 Population
Jefferson County, MO	218,733	8	3.66
Missouri	5,988,927	202	3.37
United States	312,471,327	8,329	2.67

Note: This indicator is compared with the state average.
Data Source: US Department of Health & Human Services, Center for Medicare & Medicaid Services, Provider of Services File. March 2018. Source geography: Address

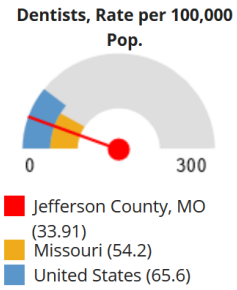
Dental HPSA

The following data were collected on **dental healthcare** for Jefferson County. The infographic compares the number of dentists in Jefferson County to state and national averages (HHS – 2015, via Community Commons):

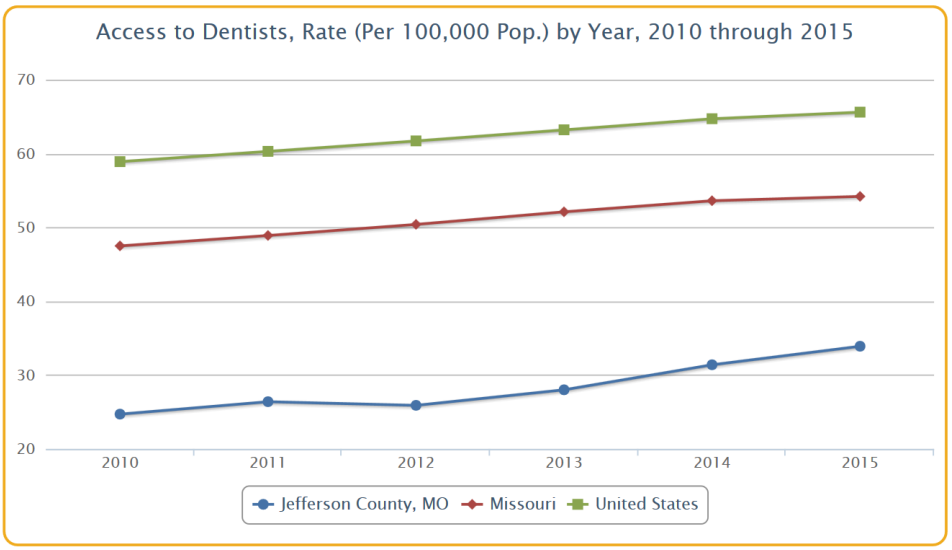
Download Data

Report Area	Total Population, 2015	Dentists, 2015	Dentists, Rate per 100,000 Pop.
Jefferson County, MO	224,124	76	33.91
Missouri	6,083,672	3,299	54.2
United States	321,418,820	210,832	65.6

Note: This indicator is compared with the state average.
Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2015. Source geography: County



In 2015 the state rate for dentists per 100,000 population was 1.5 times higher than the county rate, and the national rate for dentists per 100,000 population was double the county rate. Despite this gap, the graph below shows that the number of dentists per 100,000 population in Jefferson County has steadily increased from 2010-2015 (HHS – 2015, via Community Commons).



Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File. 2010- 2015. Source geography: County

According to the 2016 Missouri County Level Data Study, 59% of respondents reported that they received a recent dental exam, placing Jefferson County in the 2nd highest quartile compared to other Missouri Counties.

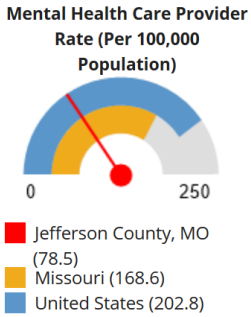
Jefferson County, MO accounts for the majority of Mercy's urgent care dental visit volume (Internal Mercy Data – 2018) Mercy Urgent Care Festus accounts for more dental urgent care visits than any other Mercy urgent care (Internal Mercy Data – 2018). However, overall urgent dental visits counts have decreased for all locations from 3 years ago.

Mental Health HPSA

The following data were collected on **mental healthcare** for Jefferson County. The infographic below compares the number of mental health care providers to state and national averages (County Health Rankings – 2018, via Community Commons):

Download Data

Report Area	Estimated Population	Number of Mental Health Providers	Ratio of Mental Health Providers to Population (1 Provider per x Persons)	Mental Health Care Provider Rate (Per 100,000 Population)
Jefferson County, MO	222,703	175	1,272.6	**78.5**
Missouri	6,017,783	10,147	593.1	168.6
United States	317,105,555	643,219	493	202.8



Note: This indicator is compared with the state average.
Data Source: University of Wisconsin Population Health Institute, County Health Rankings. 2018. Source geography: County

From 2014 to 2018, the number of mental health providers in Jefferson County has more than doubled; however, the rate of providers for the county is significantly lower than state and national rates.

Risk Factor Behaviors

Obesity and Related Behaviors

The following data were collected on **physical inactivity** for Jefferson County:

- According to the 2016 Missouri County Level Data Study, 75% of Jefferson County respondents reported that they participated in physical activities or exercise in the last 30 days, placing the county in top quartile compared to other Missouri counties (exploreMOhealth).
- The Jefferson County Health Department (JCHD) Community Health Assessment Survey conducted in 2017 found that:
    - 71% of respondents exercise three of fewer times a week for 30 minutes
    - 78% of respondents watch 2+ hours of television per day
    - 67% of respondents prefer exercising at home

The following data were collected on **nutrition** for Jefferson County:

- The Food Environment Index measures the availability of economical, close, and nutritious food options in a community; 0 being the worst and 10 being the best. Jefferson County has a Food Environment Index of 7.8 compared to 6.7 for the state and 8.6 for U.S. top performers (County Health Rankings)
- According to the 2016 Missouri County Level Data Study, 90% of Jefferson County respondents reported eating less than five servings of fruits and vegetables per day, placing the county in the bottom 3rd quartile compared to other Missouri counties (exploreMOhealth).
- The United Way of Greater St. Louis received a total of 4,267 calls from Jefferson County residents in calendar year 2018, with 206 (5%) of calls relating to food insecurity (211 Counts Data – 2018).

The following data were collected on **obesity** for Jefferson County:

- According to the 2016 Missouri County Level Data Study, 40% of Jefferson County respondents reported being overweight (BMI 25.0-29.9) and 31% reported being obese (BMI >=30) (exploreMOhealth). These percentages are comparable to results from the 2011 Missouri County Level Data, suggesting that county obesity rates have remained constant over the five year period (Missouri Department of Health and Senior Services).
- In 2014, 32% of residents were considered to be obese. This percentage is comparable to the overall obesity rate of Missouri, but significantly higher when compared to U.S. top performing counties (County Health Rankings).
- In 2017, 29% of The Jefferson County Health Department (JCHD) Community Health Assessment Survey respondents reported being overweight or obese, and 49% of respondents felt that obesity was a top health issue in the Jefferson County community.

Tobacco Use

The following data were collected on **tobacco use** for Jefferson County:

- According to the 2016 Missouri County Level Data Study, 27% of Jefferson County respondents reported daily cigarette use, placing the county in the lower 3rd quartile compared to other Missouri counties (exploreMOhealth).
- The JCHD Community Health Assessment Survey reported that 44% of respondents felt that smoking and electronic cigarette use was a top health issue in the Jefferson County community (2017).
- The Missouri Student Survey found in 2016 that 17% of school-age children have used cigarettes and 31% have used electronic cigarettes (Missouri Department of Mental Health).
- According to the 2017 Status Report on Missouri's Substance Use and Mental Health, 20% of mothers reported smoking while pregnant (Missouri Department of Mental Health).
- According to a survey conducted by JCHD, 95% of respondents believe that cigarette smoking is very harmful to a person's health, [and] only about 50% believe that e-cigarette smoking is very harmful to one's health (Tobacco Use, Beliefs, and Knowledge, Jefferson County Health Department - September 2015)

Screening Utilization

The following data collected on **health screenings** for Jefferson County residents compare local rates of Pap and colon cancer screenings to state and national averages:

Jefferson County was found to be in the most favorable quartile for utilization of the following screenings (exploreMOhealth):

- Women over 40 that have had a mammogram in the past 2 years
- Women 18 and older that have had a PAP test (2nd quartile for women 18 and older having a PAP smear in the last 3 years)

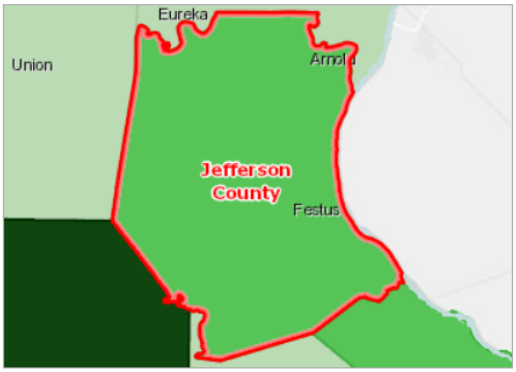
View larger map

Women Over 18 Who Have Never Had a Pap Smear, Percent by County, Missouri CLS 2016

12.21 - 28.18
9.19 - 12.20
6.42 - 9.18
1.83 - 6.41
Jefferson County, MO

Among Jefferson County men and women age 50 and older (2016 County Level Study via exploreMOhealth):

- 32% have never received a colonoscopy (2nd most favorable quartile)
- 38% have not received a colonoscopy in the last 10 years (2nd most favorable quartile)



View larger map

Never Had a Colonoscopy, Percent by County, Missouri CLS 2016

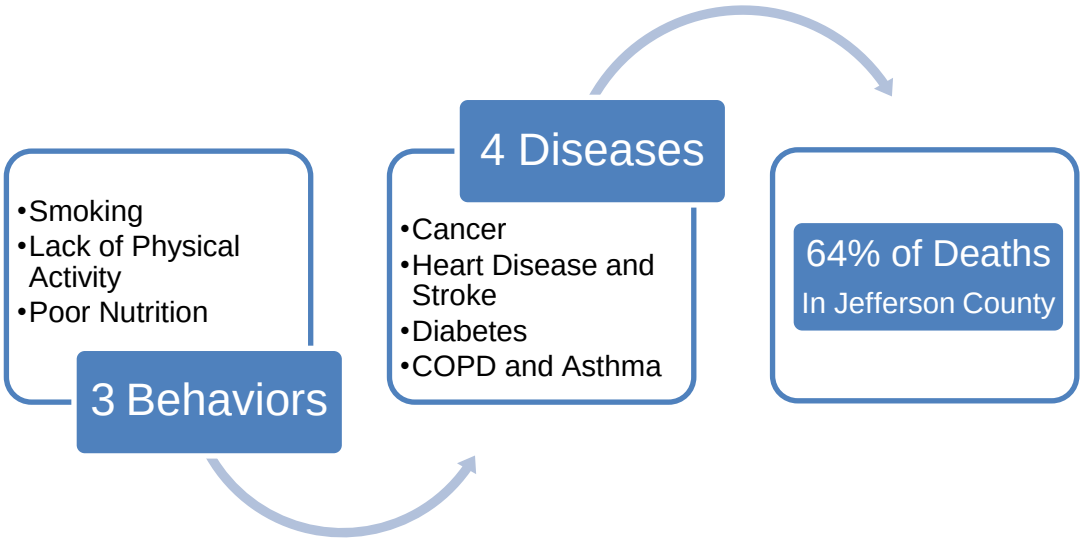
40.89 - 50.31
35.58 - 40.88
31.24 - 35.57
17.75 - 31.23
Jefferson County, MO

Morbidity and Mortality

For the past several decades, rising rates of chronic diseases have been a national concern. As of 2012, approximately 1 in 2 adults suffered from one or more chronic conditions, while 1 in 4 was reported as having two or more chronic conditions (Center for Disease Control and Prevention – 2015). Chronic diseases affect millions of Missourians and cost billions of dollars in medical expenses each year (Missouri Health and Senior Services – 2015).

Cause of Death

Three behaviors contribute to four diseases that cause 64% of deaths in Jefferson County (Jefferson County Annual Report, Missouri Department of Health and Senior Services 2017).



According to the Missouri Department of Health and Senior Services, heart disease and cancer accounted for the highest number of deaths in Jefferson County from 2007-2017, in accordance with the national trend.

The following statistics on **heart disease related deaths** were provided by the CDC Interactive Atlas for Heart Disease and Stroke (2014 - 2016):

- 255 age-adjusted coronary heart disease deaths per 100,000 population (significantly higher than both state and national averages)
- 249 high blood pressure-related deaths per 100,000 population (significantly higher than both state and national averages)

Mortality from all cancers in Jefferson County was higher than the state rate, national rate, and the *Healthy People 2020* target. County residents experienced the highest mortality from lung and bronchial cancers, which exceeded both the state and national rates (National Cancer Institute – 2015).

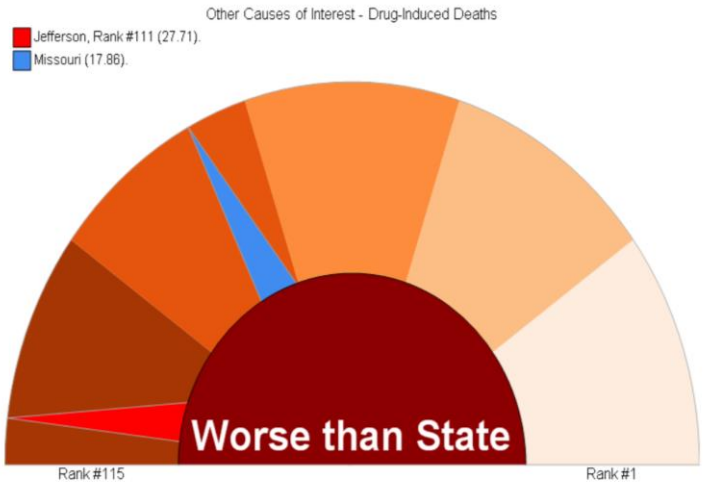
The following table reveals the ten most common causes of death for all Jefferson County residents from 2007 to 2017:

Leading Causes of Death in Jefferson County
2007 – 2017

Leading Cause of Death	County Rate (per 100,000)	State Rate (per 100,000)	Statistically Significant Difference
Heart Disease	221.02	199.32	H
Cancer (All)	197.30	178.90	H
Lung	69.01	54.06	H
Breast	11.74	12.54	N/S
Chronic Lower Respiratory Disease	62.52	51.81	H
Stroke/Other Cerebrovascular Disease	49.35	43.35	H
Unintentional Injuries Including Motor Vehicle Accidents	70.11	49.98	H
Alzheimer's Disease	34.57	28.09	H
Diabetes Mellitus	19.76	20.34	N/S
Pneumonia and Influenza	21.49	18.03	N/S
Kidney Disease	17.54	18.85	N/S
Suicide	18.74	15.45	H

Missouri Department of Health & Senior Services, 2017

The Missouri Department of Health and Senior Services also notes that drug-induced deaths are another cause of interest, with a county rate of 27.71 which is significantly higher than the state rate of 17.68. The info graphic below shows Jefferson county ranks #111 out of 115 counties in Missouri:



Heart Disease

The rate of heart disease in Jefferson County is comparable to state and national averages, while the rate of high blood pressure in Jefferson County is significantly higher than the state of Missouri (Missouri Department of Health and Senior Services – 2016). Heart disease is the leading cause of death in the county, with rates significantly higher than the state (Missouri Department of Health and Senior Services 2007 – 2017).

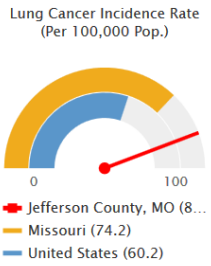
Cancers

The following data were collected on **cancer rates** for Jefferson County:

The rate of lung cancer in Jefferson County was higher than both state and national rates (National Cancer Institute – 2015).The following infographic compares the rate of lung cancer in Jefferson County to state and national averages.

Report Area	Estimated Total Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Jefferson County, MO	24,180	214	88.5
Missouri	728,167	5,403	74.2
United States	36,137,043	217,545	60.2

Note: This indicator is compared to the state average.
Data Source: State Cancer Profiles. 2011-15. Source geography: County → Show more details



Incident rates for breast, prostate, colon and rectum cancer are all either lower or comparable to state and national rates (State Cancer Profiles 2011-2015 accessed via MU CARES).

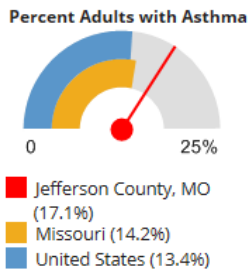
Asthma

The following infographic compares the rate of adult asthma in Jefferson County to state and national averages:

Download Data

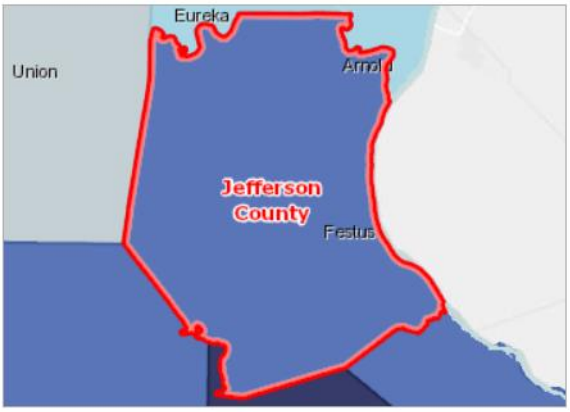
Report Area	Survey Population (Adults Age 18+)	Total Adults with Asthma	Percent Adults with Asthma
Jefferson County, MO	145,705	24,858	17.1%
Missouri	4,553,696	644,403	14.2%
United States	237,197,465	31,697,608	13.4%

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES. 2011-12. Source geography: County



- The rate of inpatient hospitalizations due to asthma is significantly lower for Jefferson County (5.67) compared to the state rate (9.53) (Environmental Public Health Tracking program

- According to the 2016 Missouri County Level Data Study, 11% of Jefferson County respondents reported having asthma, which is comparable to the state rate (County Level Study via exploreMOhealth).



View larger map

Asthma, Percent by County, Missouri CLS 2016

- 11.17 - 18.69
- 9.67 - 11.16
- 7.79 - 9.66
- 3.21 - 7.78
- Jefferson County, MO

Emergency Department Usage, Inpatient Hospitalization Rates and Preventable Hospitalizations

Emergency Department Usage

In 2015, Emergency Department (ED) utilization in Jefferson County was significantly lower than the Missouri average (Missouri Department of Health and Senior Services – 2015).

Inpatient Hospitalization

In 2015, the overall inpatient hospitalization rate for Jefferson County was not considered significantly different than the state rate. Specifically, inpatient hospitalization rates were higher than the state rate for the following conditions:

Inpatient Hospitalization Rates for Diagnoses Higher than the State Rate (2015)

Disease Indication	County Rate (per 100,000)	State Rate (per 100,000)
Infection	68.81	58.19
Septicemia	63.81	52.12
Mental Disorders		
Affective Disorders	89.34	72.24
Brain/Spinal Cord/Eyes/Ears	38.2	31.6
Skin	25.54	21.20
Skin Infections	23.62	19.12
Bone/Connective Tissue/Muscle	68.45	64.05
Spondylosis/Intervertebral Disc/Other Back Problems	17.99	15.00

Missouri Department of Health & Senior Services, 2015

Inpatient hospital rates that were lower than the state rate include the following conditions:

- Blood and blood-forming
- Schizophrenia and related disorders
- Alcohol related disorders
- Heart Disease
- COPD
- Asthma
- Pregnancy/Childbirth

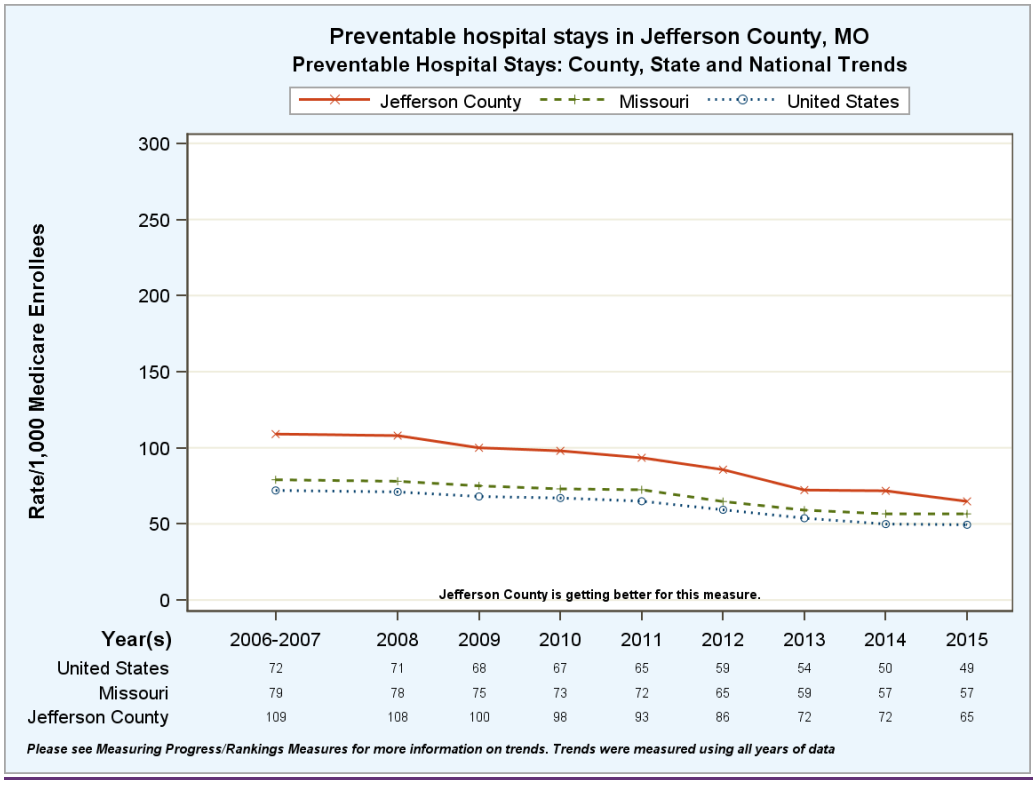
Preventable Hospitalizations

Preventable hospitalizations refer to hospitalizations for diagnoses that are designated Ambulatory Care Sensitive Conditions (ACSCs) by the Agency for Healthcare Research and Quality. ACSCs are conditions that could have been prevented if the patient had received adequate primary or preventative care, including:

- Congestive heart failure
- Asthma, diabetes
- Chronic obstructive pulmonary disease
- Pneumonia

The following data were collected on **preventable hospitalizations** in Jefferson County:

- 2,602 preventable hospitalizations per 100,000 population in 2015 (Missouri Health and Senior Services – 2015)
- Decreased rate of preventable hospitalizations since 2012, significantly lower than state rates (Missouri Health and Senior Services – 2015)
- In 2016, 10% of Mercy Hospital Jefferson's inpatient admissions were designated Potentially Avoidable Admissions (PAAs), compared to 34.9% in 2013. PAA rate is typically used as a proxy for effective disease management, indicating the presence of overall effective disease management throughout the hospital's primary service area (Sg2 Medicare Performance Rankings – 2016).
- Below is a graph depicting number of hospital stays for ambulatory care-sensitive conditions per 1,000 Medicare enrollees
    - 65 preventable hospitalizations per 1,000 Medicare enrollees were recorded in 2015; higher than the state and national averages, but steadily declining since 2006 (County Health Rankings 2016)



Infectious diseases

Sexually Transmitted Infections

The following data were collected on sexually transmitted infections (STIs) in Jefferson County:

- Incidence rates for Chlamydia, Gonorrhea, and HIV/AIDS were significantly lower than state and national rates (MU CARES – 2015)
- Newly diagnosed cases of Chlamydia were significantly lower than the state rate, 154 per 100,000 population compared to 435 per 100,000 population (County Health Rankings – 2018).

Tuberculosis

In 2017, 17 cases of tuberculosis were reported in Jefferson County (7.6 per 100,000 population), lower than the state rate (38.8 per 100,000 population) (Missouri Department of Health and Senior Services).

Maternal, Child, and Infant Health

Jefferson County compares favorably to state and national averages for the following health indicators (Missouri Department of Health and Senior Services 2016-2017):

- Infant mortality rate
- Low birth weight rate
- Rate of mothers with late or no prenatal care
- Teen birth rate

According to the America Community Survey Conducted by the US Census Bureau in 2017:

- 23.5% of Jefferson County infants ages 0-5 live in poverty, compared the 23% for the state. (U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates for Jefferson County, Missouri.)
- 14.9% of Jefferson County children ages 5-17 live in poverty, compared to 18.9% for the state U.S. Census Bureau, 2017 American Community Survey 1-Year Estimates for Jefferson County, Missouri.)

Behavioral Health

Substance Use

In 2017, Jefferson County residents had a total of 72 alcohol-related and 148 drug-related hospitalizations. In addition there were 311 alcohol-related and 523 drug-related ER visits that did not include a hospital stay. (Behavioral Health Profile: Jefferson County – 2017).

Alcohol:

The following data were collected on **alcohol use** in Jefferson County:

- In 2016, 20.91% of adults age 18 or older self-reported binge drinking, defined as five or more drinks per day for males and four or more drinks per day for females, placing Jefferson County in the least favorable quartile for the state (ExploreMoHealth 2016).
- Alcohol abuse accounted for the largest amount of substance abuse treatment admissions in FY2017 (Missouri Department of Mental Health)

Opioids:

The following data were collected on **opioid use** in Jefferson County:

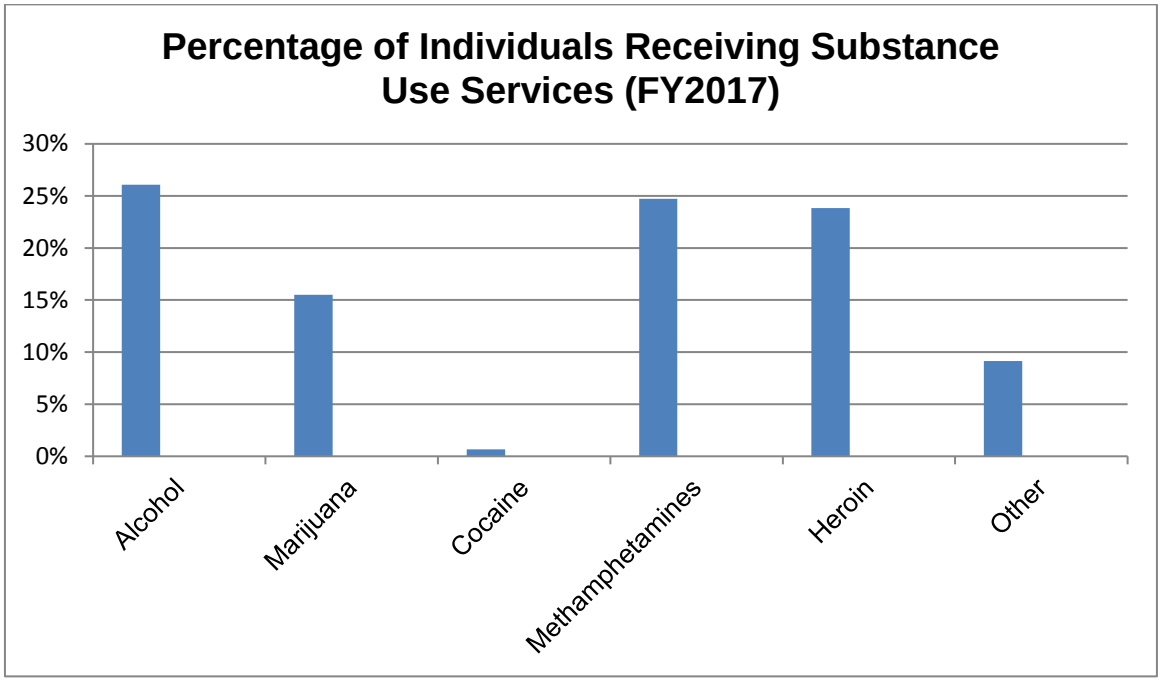
- From 2013-2017, Jefferson County had the second highest opioid related death rate and heroin related death rate in the state of Missouri:
    - 29.11 opioid related deaths per 100,000 population (324 deaths total) (Missouri Department of Health and Senior Services 2017).
    - 12.31 heroin related deaths per 100,000 population (137 deaths total) (Missouri Department of Health and Senior Services 2017).
- From 2012-2016, Jefferson County had the second largest amount of Emergency Room visits due to heroin use in the state (Missouri Department of Health and Senior Services 2017).

Methamphetamines:

The following data were collected on **methamphetamine use** in Jefferson County:

- Methamphetamine abuse accounted for the second largest amount of substance abuse treatment admissions in FY2017 (Missouri Department of Mental Health).
- In 2017, 91 methamphetamine lab seizures were reported across the state, with the highest number of incidents (25) occurring in Jefferson County (Missouri State Highway Patrol).
- Jefferson experiences more methamphetamine incidents as a county than 28 states nationwide (Missouri Highway Patrol – 2017).

According to the Missouri Department of Mental Health, 1,334 individuals entered treatment for substance use in FY 2017. Alcohol, marijuana, methamphetamines, and heroin accounted for the vast majority of primary drug problems. The following graph depicts the percentages of individuals who received treatment for each of these drug types in FY2017.



Mental Health

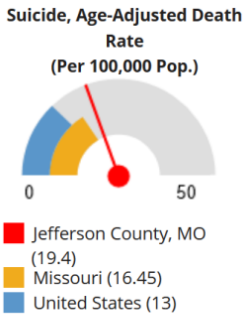
The following data were collected on **mental health** in Jefferson County:

- In 2017, over one half of Jefferson County residents who entered substance use treatment were registered as having one or more co-occurring psychological problems (Missouri Department of Mental Health Division of Behavioral Health-2017).
- In FY 2017, “psychoses” was the most common cause for inpatient discharge at Mercy Hospital Jefferson, accounting for 14.6% of all discharges during the year (Internal EPIC data – 2017).
- The rate for inpatient hospitalizations due to mental health disorders was comparable to the state rate, and ED utilization for mental health crises was lower than the state average (Missouri Health and Senior Services – 2015).
- Suicide was identified as a top 10 cause of death with a rate higher than the state (MO HSS – 2017).

- The following infographic compares the age-adjusted death rate for suicide in Jefferson County to state and national averages. The rate of suicide for Jefferson County is higher compared to state and national rates.

Download Data

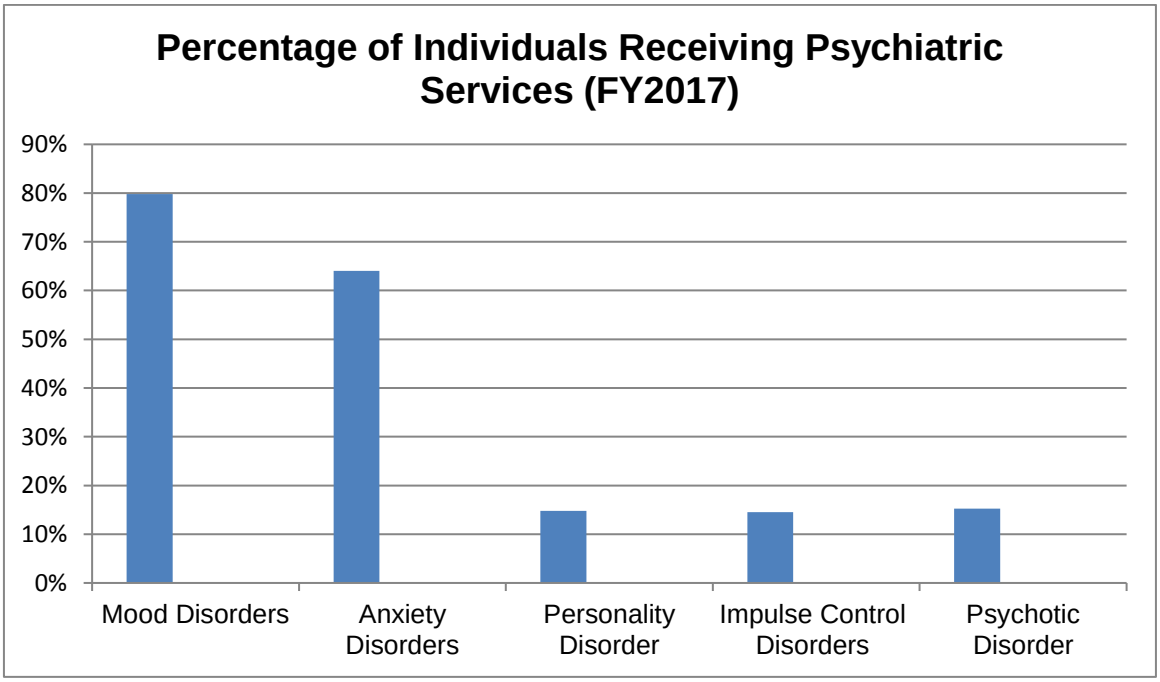
Report Area	Total Population	Average Annual Deaths, 2010-2014	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Jefferson County, MO	222,534	44	19.9	**19.4**
Missouri	6,061,284	1,015	16.75	16.45
United States	318,689,254	42,747	13.4	13
HP 2020 Target				**<= 10.2**



Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER. 2012-16.
Source geography: County

- Based on the Behavioral Risk Factor Surveillance System (BRFSS) survey question: "Thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?", the average number of poor mental health days experienced by county residents (4.2) was consistent with Missouri average (4.4) (County Health Rankings – 2016).

According to the Missouri Department of Mental Health, 2,056 individuals entered treatment for mental health disorders in FY 2017. Mood, anxiety, personality, impulse control, and psychotic disorders accounted for the vast majority of patient diagnoses. The following graph depicts the percentages of individuals who received treatment for each of these disorders in FY2017.



Missouri Department of Mental Health, 2017
Note: The sum of percentages exceeds 100% due to the fact that some individuals were diagnosed with more than one type of disorder.

Healthy and Safe Environment

Violent Crime & Domestic Abuse

The following data were collected on **violent crime and domestic abuse** in Jefferson County:

- As of 2017, the rate of violent crime in Jefferson County was significantly lower than the state average (Community Commons), and the number of deaths due to homicide per 100,000 population was lower than state rate (Missouri Department of Health and Senior Services 2017).
- 519 violent offenses were reported in 2017: 185 were aggravated assault, and 5 were homicides (MO State Highway Patrol).
- 1,494 domestic violence incidents were reported in 2017 (MO State Highway Patrol).

Child Abuse & Parenting

The following data were collected on **child abuse and parenting** in Jefferson County:

- In 2016, the percentage of Jefferson County children living in poverty (13%) was lower than the state percentage (19.2%) and has been decreasing since 2014 (County Health Rankings).
- The rate of children entering or reentering state custody in Jefferson County in 2016 is 7.8 per 1,000, compared to a state rate of 5.2 (MO KIDS COUNT-2017).
- Additionally, the percentage of Jefferson County children placed in permanent homes within 12 months of entering foster care has decreased in 2018 (Missouri Department of Social Services – Children's Division 2018)
- From 2012 – 2016, 29% of children were living in single-parent households which was lower than state rate (34%) but higher than top U.S. performers (at 20%) (County Health Rankings – 2018).
- In 2018, there were 119 children seen at the Children's Advocacy Center in Festus in response to allegations of child sexual and physical abuse. Of these 119 children seen, 97 were from Jefferson County.

Natural Environment

The following data were collected on **natural environment** in Jefferson County:

- Level of air pollution (particulate matter) higher than state at 11.3 micrograms per cubic meter compared to 9.5 for Missouri (CDC National Environmental Public Health Tracking Network – 2014)
- 4.0 unhealthy air quality days per year (median US: 5.7 days) (AARP Livability Index-2018)
- At least one community water system in Jefferson County received a water violation in 2016 (County Health Rankings-2016)
- Jefferson County had 48 Days with maximum temperatures about 90°F during May-September 2016 (CDC National Environmental Public Health Tracking Network)

Transportation and Housing

Transportation

Jefferson County is home to numerous transportation resources that enable residents to access health care, commute to work, or simply to run errands. A few transportation resources include:

- JeffCo Express - Jefferson County's first non-profit public transportation system which offers affordable deviated fixed route services to provide greater transit options for seniors, people with disabilities, and the lower income population while serving the general population of Jefferson County.
- Mercy Hospital Jefferson Shuttle – a robust transportation department, currently operating 25 different vehicles to transport patients to and from the hospital.
- Organized Alternative Transportation Service (OATS) – public transportation system that schedules trips to medical facilities and shopping centers.

Additional transportation data for Jefferson County:

- The United Way of Greater St. Louis received a total of 4,267 calls from Jefferson County residents in calendar year 2018, with 177 (4%) of calls relating to transportation assistance (211 Counts 2018)
- 86% of Jefferson County residents commute to work alone compared to 82% for the state (County Health Rankings 2016).
- Among Jefferson County workers who commute in their car alone, 54% commute more than 30 minutes compared to 31% for the state (County Health Rankings 2016).

Housing

According to County Health Rankings and the HHS Community Health Status Indicators website, "A house is defined as stressed if one or more of the following criteria is met:

1. Housing unit lacked complete plumbing
2. Housing unit lacked complete kitchens
3. Household is overcrowded (>1 person per room)
4. Household is cost burdened (severe cost burden is defined as monthly housing costs, including utilities, that exceed 30% of monthly income)"

Per the definition above, Jefferson County:

- Jefferson County experienced a lower rate of severe housing problems compared to state average (County Health Rankings – 2014)
- The percentage of Jefferson County households where housing costs exceed 30% of total household income is lower than state and national percentages (HHS Community Health Status Indicators -2016).
- The United Way of Greater St. Louis received a total of 4,267 calls from Jefferson County residents in calendar year 2018, with 1,406 (33%) of calls relating to housing needs (211 Counts 2018).
- According to the Missouri Balance of State, 22 people were identified as homeless during the annual Point in Time census in 2018
- During Jefferson County's 2018 Project Homeless Connect, 88 individuals (50 families) were identified as homeless or having housing related issues (Appendix G).

VI. Prioritized Significant Community Health Needs

The nominal group technique was used in the priority setting process. The Mercy Hospital Jefferson Community Health Council (CHC) was presented with the quantitative and qualitative community health data and members were asked to rank these health issues by **level of concern** and **ability to collaborate on the issue to produce results**. The strengths and services of MHJ along with the strategic plan were also considered. The averages of the rankings are included in the table below.

Community Health Issue	Level of Concern (*Rankings Average*) 1=Low, 5=High	Potential to Collaborate to Produce Results (*Rankings Average*) 1=Low, 5= High
Mental Health (Depression, Suicide)	5.0	4.8
Substance Abuse (Drugs, Alcohol)	4.8	4.6
Access to Care (Availability of Services)	4.5	4.6
Housing – (Affordability and Availability)	4.3	3.5
Chronic Disease Monitoring/Management	3.7	4.0
Food Insecurity	3.6	3.9
Transportation	4.0	3.5
Access to Care (Insurance Coverage)	3.8	3.2
Obesity/Poor Nutrition/Physical Inactivity	3.6	3.4
Violence (Domestic/Family/Child Abuse)	3.4	3.6
Tobacco Use	3.0	2.8
Dental/Oral Health	2.9	3.5
Environment (Air/Water Quality)	2.4	2.4
Accidents/Unintentional Injuries	2.1	2.6

Upon review and discussion of the primary and secondary data gathered, the hospital's Strategic Plan, and the resources available at the hospital and in the community, CHC members decided to maintain the same top health priorities for the 2019-2021 CHNA cycle to continue working on programs and projects outlined in Section IX:

1. Mental Health
2. Substance Use
3. Access to Care

Next, the Community Health Council will create the Community Health Improvement Plan (CHIP) for MHJ, identifying specific initiatives related to improving each of these health priorities. The council will set realistic, measurable, and attainable goals that will align with the mission and strategy of the organization.

VII. Significant Community Health Needs Not Being Addressed and Why

Additional needs being addressed by the hospital include:

- Violence: Domestic, Elderly, Child Abuse, and Trafficking

  Mercy will continue its involvement with COMTREA's A Safe Place, a local domestic violence shelter. Additionally, Mercy will continue the awareness and education campaigns it has begun with restroom resource posters, a training video, and the incorporation of a screening question/referral process in Mercy's Electronic Medical Record (EMR).

- Cancer: Lung/Tobacco Use

  Efforts to address tobacco cessation will continue through Mercy's Certified Health and Wellness Coach/Mercy Road to Freedom program though Mercy's Cardiopulmonary Rehab area. Additionally, Mercy will continue to advocate around measures that promote tobacco cessation.

- Obesity/Poor Nutrition/Physical Inactivity

  Although MHJ did not choose healthy lifestyles as a *priority* community health need to be addressed, Mercy has focused on its own coworkers, 10,000+ in the St Louis region, as a start to addressing this need. A robust initiative, Mercy's *Healthification* program, provides comprehensive health evaluation, screening, education, and incentives to increase healthy behaviors and improve health among Mercy coworkers.

- Chronic Conditions: Heart Disease, Diabetes, Asthma and Allergies

  MHJ continues to provide education and support to those patients and community members with chronic conditions. In addition to having a Deaconess Faith Community Nurse and Mercy home health team, who provide patients with chronic disease management and education, a specialized congestive heart failure clinic was established within the cardiology clinic in Jefferson.

The following need is not being addressed by the hospital:

- Environmental: Air/Water Quality

  MHJ will continue its partnership with the Jefferson County Health Department (JCHD) and will collaborate with any environmental initiatives they develop. However, it was felt by Mercy's Community Health Council (CHC) that while continued attention to this issue was important, Mercy's focus remains on providing quality healthcare. Therefore, the issues of access and the community's crisis with behavioral health and addiction, demanded Mercy's focus at this time.

VIII. Potentially Available Resources

Collaboration with other community health and social service providers is key to improving the health of those residing in the Jefferson County community. By understanding the relevance of available resources and barriers, greater public health awareness will bolster and foster strong partnerships with existing resources. This will allow for duplicate efforts to be identified, and help pinpoint gaps in care. Each of the primary Community Health Needs Assessment (CHNA) collaborative partners maintains a strong relationship with each other and are committed to the health and wellbeing of the residents of Jefferson County.

Mercy's Community Health & Access Department, known as Mercy Neighborhood Ministry, partners with over 100 community health and social service agencies, and maintains over 40 resource lists that focus on connecting the economically underserved with health and social service resources. These resource lists assist both Mercy staff and partner agencies when referring clients and patients to additional help. All resource lists can be accessed at www.mercy.net/mnm or in print, upon request.

Mercy's resource lists can be used in partnership with United Way 2-1-1's resource database to help address significant health care needs. United Way 2-1-1 is a nation-wide organization that connects people to a variety of resources – from basic needs to child care to disaster relief to counseling. United Way of Greater St. Louis serves 16 counties in Illinois and Missouri, including all counties that Mercy serves in the East Community. Local agencies and individuals can learn about and access area resources by calling 2-1-1 and speaking to a trained resource specialist or by accessing the www.211helps.org web database.

In 2015, Mercy formed a partnership with the Alive and Well program, a regional initiative that educates health care providers and the community on how trauma impacts our daily lives. The program began in St. Louis and has now expanded to include surrounding areas, including Jefferson County. COMTREA, Jefferson County Health Department and Mercy Hospital Jefferson are founding organizations of the Alive and Well JeffCo initiative.

> "Alive and Well Communities is a community-wide effort focused on reducing the impact of stress and trauma on our health and well-being. The research is clear. Stress and traumatic experiences are making many of us sick and together are a leading cause of poor health outcomes." (Appendix H)

Other vital resources available in Jefferson County include (but are not limited to) the following (others listed in Section II):

- Disability Resource Association
- Pony Bird
- Jefferson Foundation
- Jefferson College
- Jefferson Community Health Network (JCHN) (hosted by JCHD)
- JeffCo Express

IX. Evaluation of Impact

Mercy Hospital Jefferson's most recent Community Health Improvement Plan (CHIP), 2016-2018 focused on the following areas of health need:

- Access to Care (health insurance coverage and continuity of care)
- Mental Health
- Substance Use

Because other hospitals with the Mercy East Community chose to address similar needs, some of the following data is reported collectively (Mental Health and Substance Use). Unless otherwise specified, the provided statistics represent the outcomes of the Mercy East Region, which consists of seven counties in Missouri: St. Louis, Franklin, Jefferson, Lincoln, St. Charles, Warren, and St. Louis City.

ACCESS TO CARE – NAVIGATION

Goal 1:
Increase the number of patients who receive **follow-up and preventive care** from a healthcare provider, with emphasis on the uninsured and underinsured (underinsured is defined as those who have insurance through the Missouri Health Care Marketplace but do not qualify for subsidies).

Objectives:

- Expand the Community Referral Coordinator (CRC) program at Mercy Hospital St. Louis to the MHJ emergency department (ED) and provide patients without a medical home assistance in finding a primary care or specialty care provider, along with social service support, as appropriate
- CRC patient encounters will result in scheduled appointments.
- Patients will keep the CRC-scheduled appointments (show rates will improve from that of baseline data)

Community Referral Coordinator Program MHJ	**FY17***	**FY18****	**FY19 *** (Q1-Q2)**
# of Patient encounters	399	395	752
# of Appointments made	179	159	322
% of Appointments made from encounters	46%	40%	42%
# of appointments kept	93	64	57
% of appointments kept	70%	57%	58%

*** program implemented January 2017 – only 6 months of data for FY17**
**** two changes-overs in CRC position in FY18**
***** full time CRC hired**

Activities:

1. Secure Mercy Caritas grant for program expansion from FY17-19 and allowed program to expand from part time to full time position in FY19

2. Emergency Department and Mercy Clinic staff refers uninsured and underinsured ED patients to the CRC prior to patients' discharge to facilitate face-to-face CRC patient encounters.
3. CRC provides social service support in collaboration with Health Leads, as appropriate, to patients to address needs that may impede their ability to keep a medical appointment.

IMPACT STATEMENT:

1. Patients discharged from ED with an appointment to see a PCP were able to receive follow-up care at an affordable price and appropriate level of care.
2. Patients referred to a PCP established a "medical home" which may be more appropriate for future healthcare needs vs. an Emergency Dept. visit.
3. County residents have more options in accessing care close to their homes with the increased number of primary care providers, nurse practitioners and specialists working in the area.

Goal 2:

Increase the number of Mercy Clinic Jefferson patients who receive **social service resource assistance** using the Health Leads model

Objectives:

- Mercy Clinic Jefferson will implement Health Leads program in order to assist patients with health-related social needs through resource referral.
- Patients' identified health-related social needs will be addressed, following the Health Leads model.
- Mercy Clinic Jefferson will evaluate whether access to community services impacts total health care costs and recipients' health outcomes through data analysis and referral follow-up.

Health Leads Program MHJ	**FY17**	**FY18**	**FY19 (Q1-Q2)**
# Patients screened	n/a	6147	4166
# Patients screened positive	n/a	1548	569
# Enrolled in Health Leads program	n/a	496	217
# of needs met	n/a	735	129

Activities:

1. Hire a new FTE who will oversee and begin to develop a detailed program design and implementation plan.
2. Develop a comprehensive resource directory using the Health Leads Reach tool
3. Train co-workers from Mercy Clinic Jefferson on administering the Health Leads questionnaire and appropriate follow-up.
4. Recruit a student volunteer workforce to assist with patient resource and referral.
5. Screen all Mercy Clinic Jefferson Primary Care patients using predesigned questionnaire. Core screening areas will include: housing instability and quality, food insecurity, utility needs, interpersonal violence, and transportation needs beyond medical transportation.
6. Provide community referrals and follow-up to all patients determined to have unmet health-related social needs.

IMPACT STATEMENT:

1. Mercy Clinic Jefferson patients enrolled in the Health Leads program received referrals and navigation assistance with health-related social needs.
2. The average cost of care, ED visits and admissions for uninsured patients and high-risk Medicare and Medicaid beneficiaries were reduced.
3. The health and quality of care for patients enrolled in the program were improved.

Goal 3:

Increase the number of Jefferson County **families connected to programs and services** through the Crisis Nursery.

Objective:

1. Mercy Hospital Jefferson will work with the Crisis Nursery to establish a Crisis Nursery Outreach Center and staff an outreach coordinator on-site in order to assist parents with creating a stable environment for their children

Crisis Nursery Outreach Center MHJ	**FY18**	**FY19 (Q1 only)**
Home Visits	270	81
Hospital Referrals/Onsite Referrals	43	32
Basic Need Items Provided	500	426
Family Empowerment Program Participants	28	30

Activities:

1. Develop an MOU between MHJ and the Crisis Nursery
2. Hire Crisis Nursery Outreach and begin providing outreach in Jefferson County
3. Develop community/internal plans to inform patients on how and why to contact Crisis Nursery Outreach Coordinator
4. Crisis Nursery Outreach coordinator will lead Family Empowerment Program and provide as-needed follow-up case management to 100 Jefferson County families every year

IMPACT STATEMENT:

1. Jefferson County families in need received referrals and navigation assistance with health-related social needs, as well as basic need items.
2. Through the Family Empowerment Program, families received strength-based, trauma-informed counseling and parenting skills development

ACCESS TO CARE – TRANSPORTATION

Goal 4:
Decrease non-emergent transportation barriers for individuals/families accessing primary and specialty care

Objectives:

- Decrease the number of missed medical appointments due to transportation issues for patients of MHJ and Mercy Jefferson Clinic

ACCESS – TRANSPORTATION

Patient Transportation MHJ	**FY17**	**FY18**	**FY19 (Q1-Q2)**
Ambulance Trips	102	79	26
Ambulance Cost	$47,354	$24,514	$7,983
Inpatient and Outpatient Trips	1,307	916	621
Inpatient and Outpatient Cost	$56,277	$33,892	$24,840
Clinic Trips	3,319	7,700	5,021
Clinic Cost	$122,803	$284,900	$200,840
SafeRide Trips	1,161	1,840	436
SafeRide Cost	$97,708	$121,990	$21,866
TOTAL RIDES	**5,889**	**10,535**	**6,104**
TOTAL COST	**$324,142**	**$465,296**	**$255,529**

Activities:

1. Track reasons for missed appointments at targeted Mercy Clinic (first 30-60 days for baseline)
2. Pilot SafeRide Program at MHJ for clinic and discharged patients who need transportation and do not meet current transportation criteria
3. Evaluate contractual relationships with transportation providers, such as ZipCare, OATS, JeffCo Express, Lyft and Safe Rides

IMPACT STATEMENT:

1. Missed appointments due to transportation barriers were reduced
2. During the current CHIP reporting period, over 20,000 rides were provided for patients that had no other means of transportation to and from medical appointments

ACCESS TO CARE – HEALTH INSURANCE COVERAGE

Goal 5:
Increase health care insurance coverage for Missourians under the age of 65

Objectives:

- Reduce the percentage of uninsured Missourians under age 65 to less than 5% (per Missouri Foundation for Health)
- In Mercy East Community, Mercy Certified Application Counselors (CAC) will enroll 225 lives in private health plans in a Missouri Health Insurance Marketplace plan
- In Mercy East Community, Mercy CACs will provide awareness and education of health plan options and usage to more than 10,000 individuals

ACCESS – HEALTH CARE COVERAGE

ACA & IP Medicaid – Mercy East	**FY17**	**FY18**	**FY19**
ACA – Lives Covered	229	195	N/A
ACA – Counseling Only	99	76	N/A
ACA – Outreach Events	85	82	N/A
ACA – Lives Touched at Outreach Events	3,019	7,318	N/A
ACA – Mercy Certified Application Counselors	3	**3**	N/A
			N/A
Medicaid Screenings	39,763	46,319	N/A
% of Uninsured Inpatient Population Screened	91%	93%	N/A
# of Medicaid Approvals	7,053	8,016	N/A

Activities:

1. Funding for CAC positions was obtained through Missouri Foundation for Health, and they provided outreach and enrollment in the 7 counties of Mercy East (St. Louis City, St. Louis County, St. Charles, Warren, Lincoln, Franklin and Jefferson Counties) as required by the grant in FY17 and FY18. The MFH grant was not pursued by Mercy for renewal in FY19.
2. Mercy Eligibility Services increased their scope of Medicaid screening from only self pay inpatients to now attempting to screen all inpatients.
3. All Mercy patients must apply to Medicaid if eligible before being awarded financial assistance.

IMPACT STATEMENT:

1. In Mercy East, which includes Jefferson County, 15,069 people are now receiving healthcare coverage through the ACA Market Place plans or Medicaid.
2. Mercy's Financial Assistance is better utilized when self-pay Mercy patients are first deemed ineligible for other health care coverage.
3. Mercy patients with primary health insurance coverage may be eligible for Medicaid as a secondary coverage and will be screened as appropriate which may result in less out-of-pocket expenses to the patient.
4. People who have health insurance tend to be healthier which can lead to a more productive and fulfilling life.

MENTAL HEALTH

Goal 1:

Increase the number of Mercy East Community members able to access appropriate, quality mental health treatment

Objectives:

- Services to address mental health needs in the Mercy East Community will expand and/or be enhanced
- The number of low income/uninsured patients able to access mental health treatment will increase
- Emergency Dept. staff will receive training for improved intake of suicidal/homicidal patients

Emergency Room Enhancement Project (ERE)	**FY17**	**FY18**	**FY19 (Q1-Q2)**
MHSL			
# Program Referrals	N/A	114	44
# Appts Scheduled	N/A	75	34
% Engagement Rate	N/A	72%	93%
MHJ			
# Program Referrals	N/A	17	2
# Appts Scheduled	N/A	12	2
% Engagement Rate	N/A	67%	100%
MHS (SAMC)			
# Program Referrals	N/A	43	22
# Appts Scheduled	N/A	30	18
% Engagement Rate	N/A	77%	50%
MHW			
# Program Referrals	N/A	N/A	7
# Appts Scheduled	N/A	N/A	3
% Engagement Rate	N/A	N/A	59%
MHL			
# Program Referrals	N/A	N/A	2
# Appts Scheduled	N/A	N/A	2
% Engagement Rate	N/A	N/A	100%
ALL PROGRAM REFERRALS	**N/A**	**174**	**77**
ALL APPOINTMENTS SCHEDULED	**N/A**	**117**	**59**

Hospital Community Linkages (HCL) Inpatient	**FY17**	**FY18**	**FY19 (Q1-Q2)**
MHSL			
# Program Referrals	N/A	133	56
# Appts Scheduled	N/A	86	52
% Engagement Rate	N/A	70%	40%
MHJ			
# Program Referrals	N/A	64	9
# Appts Scheduled	N/A	52	7
% Engagement Rate	N/A	77%	69%
MHS (SAMC)			
# Program Referrals	N/A	210	72
# Appts Scheduled	N/A	149	57
% Engagement Rate	N/A	74%	66%
ALL PROGRAM REFERRALS	**N/A**	**407**	**137**
ALL APPOINTMENTS SCHEDULED	**N/A**	**287**	**116**

Activities:

1. Through a partnership with area mental health providers and Behavioral Health Network (BHN), plus funding received through a SAMHSA (Substance Abuse and Mental Health Services Administration) grant, Mercy implemented:
   a. The Emergency Room Enhancement Projects (ERE) in their Mercy East hospitals to address high utilizers of emergency rooms. The program began at MHJ in FY18.
   b. The Youth ERE Enhancement Project in Mercy St. Louis and Mercy South Hospitals to better address the mental health needs of youth in emergency rooms.
   c. The Hospital Community Linkages (HCL) Inpatient Program in Mercy St. Louis, Mercy Jefferson and Mercy South to identify and refer patients to community mental health services before they are discharged from inpatient care.

2. Through partnership with the National Alliance on Mental Illness (NAMI), Mercy Hospital St. Louis and Mercy Hospital Jefferson implemented the NAMI Family-to-Family and Finding Help and Hope Programs to address the needs of family members of those living with mental illness.
3. In December of 2018, the Mercy East community opened a Behavioral Health Regional Access Center.

IMPACT STATEMENT:

1. ERE, Youth ERE and HCL streamlined the process for more than 600 patients in obtaining the appropriate level of behavioral health care services needed and reduced preventable hospital readmissions for mental health services.
2. Over 100 family members have participated in the NAMI Family-to-Family and Finding Help and Hope Programs on Mercy Hospital St. Louis and Mercy Hospital Jefferson campuses

3. Behavioral Health Regional Access Center provides more efficient throughput of patients into psychiatric beds and provides a “one stop shop” for end users to make referrals for hospital-based behavioral health services.

SUBSTANCE USE

Goal 2:

Reduce and manage patients' pain without increasing their risk of addiction to prescription opioid/opiates

Objectives:

- The opioid/opiate prescribing rates within Mercy East Community hospitals and clinics will decrease
- Missouri will implement a state-wide Prescription Drug Monitoring Program

SUBSTANCE USE – ELIMINATION OF UNUSED MEDICATIONS, PRIMARILY OPIOIDS

Deterra Bags (Medication Disposal System)	**FY17**	**FY18**	**FY19 (Q1-Q2)**
MHL	360	250	20
MHW	8,000	250	0
MHJ	4,000	600	458
MHSL	8,000	0	0
TOTAL ACQUIRED FOR DISTRIBUTION	**20,360**	**1,100**	**478**
COST TO MERCY	**$0**	**$931**	**$0**

SUBSTANCE USE – NARCAN

Mercy East Narcan Training	**FY17**	**FY18**	**FY19**
# of Narcan Training Sessions	3	5	Data not yet available
# of Students	105	139	
Training Locations	Franklin County	Washington & Lincoln Counties, SLU Campus, Washington PD, St. Clair EMS	
Cost of Training not offset by grants		$379	
Narcan Distribution Doses	96	147	
Cost of Narcan Distribution Doses	Paid for by Narcotics Task Force	Paid for by Narcotics Task Force	

Activities:

1. Mercy advocated to state, county and local governments to implement or join an established Prescription Drug Monitoring Program (PDMP). *Partner:* Missouri, County and Local Government
    - Mercy Hospital Jefferson participated in a county-wide mass PDMP registration of providers and delegates in April of 2018
2. Mercy distributed 21,918 Deterra Bags to Mercy patients for disposing of unused prescription and over-the-counter medications. *Partner:* NCADA, Mallinckrodt
3. Mercy trained 244 first responders in multiple counties on the use of Narcan and Mercy Pharmacies agreed to store first responders' replenishment inventory (243 doses). *Partner:* Multi-County Drug Task Force, local Police Departments

4. Providers have reduced the amount of pain medications being prescribed to each patient.

IMPACT STATEMENTS:

1. All 7 counties comprising Mercy East are now enrolled in and utilizing the St. Louis County PDMP since one is not available at a state level https://stlouisco.com/PDMP. This allows clinicians to identify patients who are obtaining opioids from other providers or prescribed other substances that may increase the risk of opioid or adverse drug reactions.
    - 722 Mercy providers enrolled in the PDMO systems and 100+ new Mercy Jefferson integrated and affiliated providers/ delegates registered through mass registration
2. Mercy providers now prescribe only a 7-day or less course of opioid medication (currently only for new prescriptions).
3. Use of Deterra bags decreases the amount of unused prescription drugs in residents' homes making it inaccessible for drug-seeking visitors which also decreases the chance of accidental overdoses and medical emergencies.
4. Administering Narcan (naloxone HCl) counteracts the life-threatening effects of an opioid overdose. Lives are being saved when this is available and used by first responders, as well as family, friends and caregivers. www.narcan.com/

Goal 3:
Increase the number of Mercy East Community members able to access appropriate, quality substance use treatment

Objectives:

- Substance use treatment services in the Mercy East Community will expand and/or be enhanced
- The number of low income/uninsured patients able to access substance use treatment will increase

EPICC (Engaging Patients in Care Coordination)	**FY17**	**FY18**	**FY19 (Q1–Q2)**
MHSL			
# Program Referrals	N/A	97	59
# Appts Scheduled	N/A	92	54
% Engagement Rate	N/A	57%	67%
MHJ			
# Program Referrals	N/A	62	44
# Appts Scheduled	N/A	55	38
% Engagement Rate	N/A	40%	49%
MHS (SAMC)			
# Program Referrals	N/A	62	100
# Appts Scheduled	N/A	55	94
% Engagement Rate	N/A	61%	60%
MHW			
# Program Referrals	N/A	31	42
# Appts Scheduled	N/A	28	33
% Engagement Rate	N/A	64%	51%
MHL			
# Program Referrals	N/A	2	1
# Appts Scheduled	N/A	2	1
% Engagement Rate	N/A	100%	0%
ALL PROGRAM REFERRALS	**N/A**	**254**	**246**
ALL APPOINTMENTS SCHEDULED	**N/A**	**232**	**220**
% ENGAGEMENT RATE FOR ALL		**64%**	**TBD**

Activities:

1. Mercy partnered with the Behavioral Health Network (BHN) to implement the Engaging Patients in Coordinated Care (EPICC) in Mercy East hospitals upon receiving a SAMHSA (Substance Abuse and Mental Health Services Administration) grant. The program began at MHJ in FY18.
2. Through our partnership with BHN, these patients are expedited in the initiation of and access to Medication-Assisted Treatment, counseling, behavioral therapy and a peer-support specialist.

IMPACT STATEMENT:

1. Mercy patients who have overdosed and been brought to the Emergency Department may qualify for EPICC services regardless of having health insurance.
2. There were 452 overdosed patients connected to EPICC services with an average engagement rate of 64% vs. the national average of 17%.

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Appendix A

http://www.countyhealthrankings.org/app/missouri/2019/rankings/jefferson/county/outcomes/overall/snapshot

Appendix B

Community Health Council
Mercy Jefferson

Leadership

Chair:
Eric Ammons – President

Members:

- **Behavioral Health/Nursing:** Stacy Blankenship, Angel Mortensen, Patty Morrow, Alicia Rauh & Julie McDowell
- **Care Management:**
  - **Inpatient** – Amanda Darling
  - **Outpatient** –Cathy Martin
- **Community Health and Access (Neighborhood Ministry):** Madeline Gemoules & Sharon Neumeister
- **Development:** Andy Held
- **Finance:** Benny Stover
- **Home Health & Hospice**: Ryan Johnston
- **Integrated Marketing:** Donna Masters
- **Mercy Clinic:** Ryan Hamilton & Ray Weick
- **Mercy Jefferson Board:** Jack King
- **Mission:** Sara Lee
- **Operations:** Michelle Meyer
- **Pastoral Services:** Rich Hadley

Responsibilities

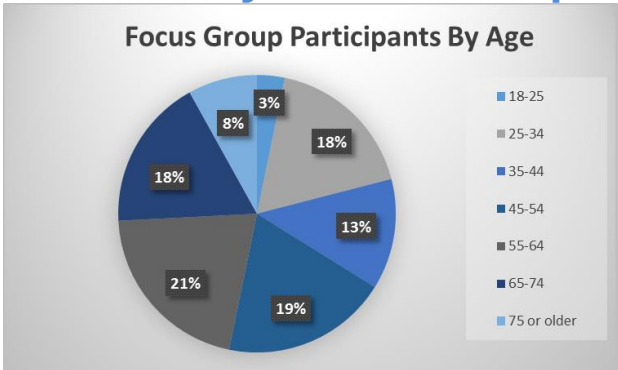
1. Completes:
   a. Community Health Needs Assessment every three years
   b. Annual written Community Health Implementation Plan
   c. Annual community impact plan
2. Develops & manages a Community Benefit budget
   a. Annual Community Benefit amount falls between 5-8%
3. Assures Community Benefit activities:
   a. Meet a prioritized community health need
   b. Make a measurable impact on a community health indicator
   c. Involve collaboration/partnership with key community stakeholders and advocacy with key legislators
   d. Connect programs to service line and community master planning strategies
   e. Develop innovative programs/medical management of charity & Medicaid populations
4. Reports:
   a. Community Benefit activities accurately and thoroughly
   b. Information for 990H/990, especially narrative questions
   c. Community Benefit activities quarterly to local boards and ministry oversight group

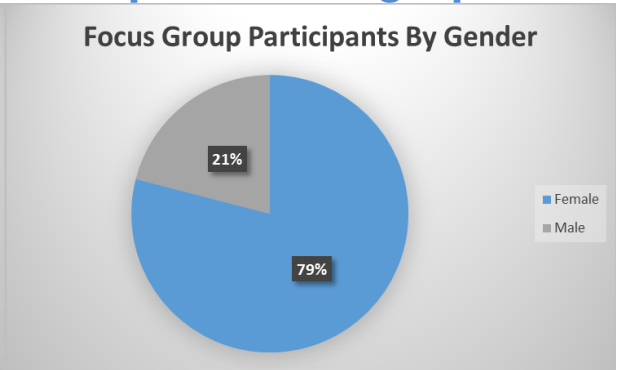
To comply with IRS guidelines, the following timeline will guide Community Benefit program development and reporting:

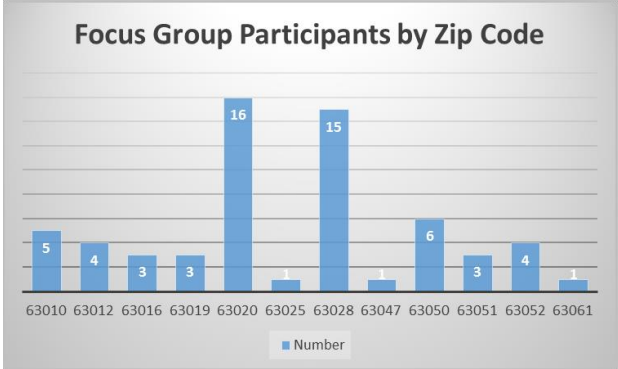
1. Community Health Needs Assessments completed (including posting) – **6/30/2019**
2. Community Health Implementation Plans written and approved by local boards – **11/15/2019**
3. FY16 tax return prepared and submitted – **Spring 2018**

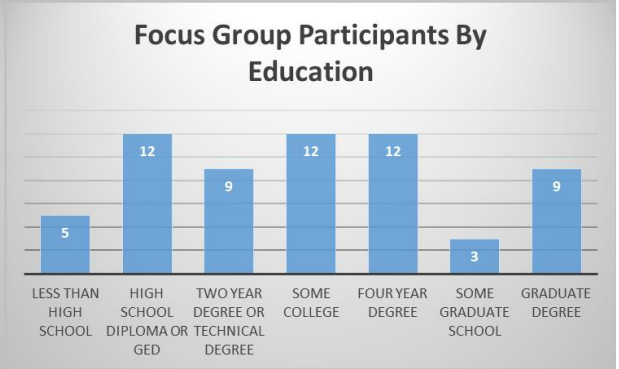
Appendix C

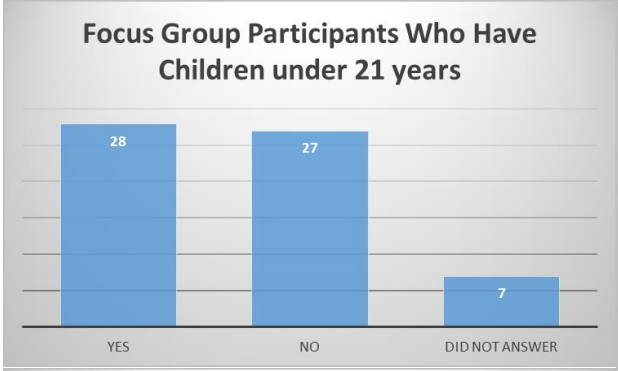
Community Focus Group Participant Demographics:

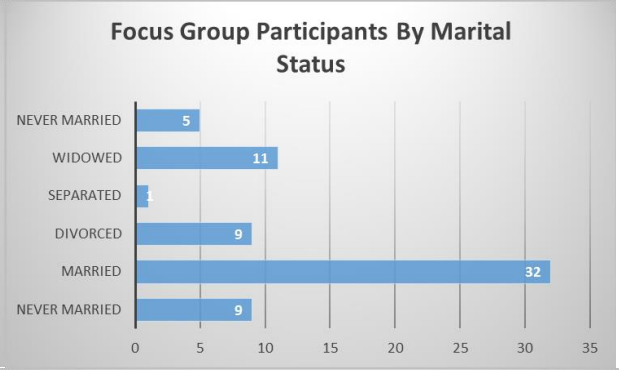


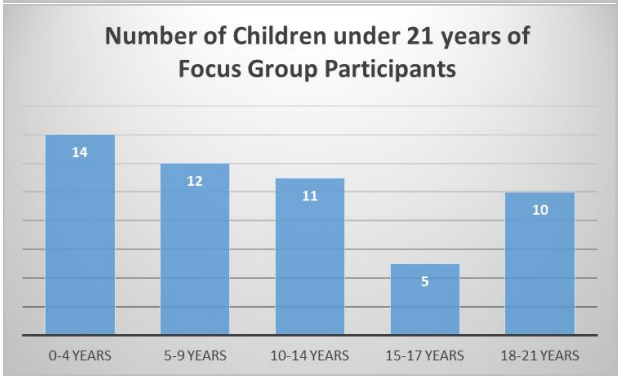


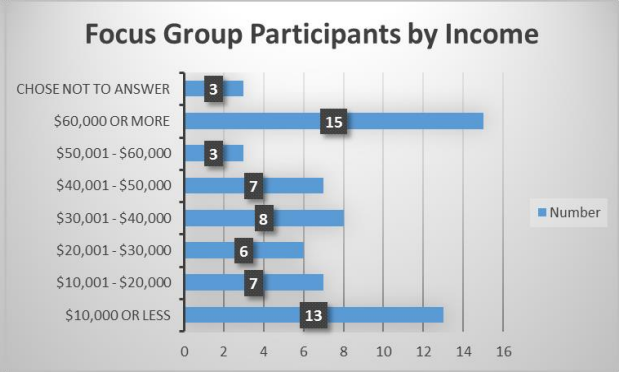












Appendix D

Jefferson County Community Health Needs Assessment 2019

Facilitators Guide

Preparation

Each focus group will be groups of 3, a moderator, assistant moderator, and note taker. The roles are generally self-explanatory: the moderator will ask the questions and steer the conversations along, the assistant moderator will help write on the large notepads during the listing questions, as well as provide support if someone needs to step out or is asked to leave, and the note taker will observe the group, taking notes on answers and writing any significant quotes.

Items needed:

- Large notepads for lists and polling
- Markers
- Computer or paper to take notes
- Refreshments (vary by session)
- Gift cards/incentives

Script

Welcome and Background on Focus Group (1 minute)

Welcome everyone! Thank you for making time to be here today. My name is _____ and I am a _____ from _____.

Before we get started, I want to give you an introduction about what we're doing tonight and the reasons we're doing it.

Several organizations in the community have come together to hear from community members like yourselves. We want to hear from you about how we can work to improve the community. This focus group is a part of a health needs assessment being done in Jefferson County to determine the current and future health needs of the residents here. The feedback we get tonight will be combined with other community research, presented together in a public report, and used to create a long-term strategy to increase the quality of life in Jefferson County.

Logistics (1 minute)

So that's the big picture. Now let's talk about how this process will work. We'll be here for about one hour. Please help yourself to refreshments if you haven't done so already. If you want to get up and get more to eat or drink, or go to the bathroom feel free to do so! We also have several others here with us tonight. _____ from _____ is here to help us capture everyone's thoughts and ideas, and _____ from _____ will help write any lists on the large note pads. Your conversation and comments will be kept completely confidential, and we will never identify you personally as a participant. At the end of the session today everyone will be provided a $10 gift card for their participation. Finally, we want to let everyone know that this is a safe place and if at any time you feel uncomfortable you are free to leave and will still receive a gift card.

Ground Rules (2 minutes)

Have any of you have participated in a focus group before?

The rules are simple: I'll bring up a topic, and I want to get your thoughts and opinions. Sometimes I'll ask a question and I'll go around the room and get everyone's thoughts, and other

times I'll just wait for anyone to answer. Feel free to respond to something that someone else says, and feel free to disagree, but please show respect for others even if you disagree. Remember there are no wrong answers!

Keep in mind we want to hear from everyone. At times I might encourage you to speak out on a certain topic if we haven't heard from you a lot. We want to make sure that everyone has the opportunity to have their voice heard

Finally, it is part of my role to keep the conversation on topic so I may guide side conversations back on point, however, we will make note of the various topics that our conversations lead to. Your thoughts, ideas, and opinions are valued and we want to make sure we capture everything while honoring your time as well.

Introductions (5 minutes)

Before we begin with the questions, let's around the room quickly and introduce ourselves. Tell us your name, where you're from, and how long you've lived in Jefferson County.

General

With all the introductions out of the way, let's get started! We'll start with a general question about Jefferson County.

9. What is the biggest health issue that affects you, your family, and neighbors in Jefferson County?
    a. *Build a list with the preset papers)*

10. What are your safety concerns in your neighborhood?
    -Probing Questions:
    a. Something in your house?
    b. Something outside your house?

Access/Barriers to Care

"Next we are going to move onto some questions about the healthcare services in Jefferson County."

11. What stops you or people you know from receiving healthcare here in Jefferson County?
    -Probing Questions:
    a. What would you do to fix it?
    b. How would you like healthcare organizations to help?

12. As a community member, do you feel there are enough resources around mental health?
    a. What resources or services are there that you know of?
    b. Thinking more about this, what specific services do you think the county needs more of?
    c. What stops you or people you know from accessing those services?

Healthy Living

"Now let's talk about some aspects of healthy living."

13. What stops you from exercising?

14. Thinking about the food you eat, where do you get most of your food?
    a. *Probing:* Why do you get it there?
    b. Does that change from the week to the weekend?

Social Determinants

"Moving on, next we'd like to talk about some hardships you or people you know may face. We have a list over on our paper notepad and I will read off each one and have you raise your hand if you or anyone you know has experienced this problem. Then we can talk more about some of them if there's time. Does that make sense?"

15. In the last 12 months, have you or anyone you know ever experienced difficulties in the following areas: *(Have list of social determinants listed on preset papers and tally each one)*
    a. Transportation issues
    b. Worried about losing stable housing
    c. Having your utilities turned off
    d. Obtaining and keeping employment
    e. Obtaining Child Care

Information and Communications

"At this point in the discussion, we'd like to talk with you about health information and the communications in the county that would be effective for you."

16. Are health care materials/information you receive easy for you and your family to understand?

    -Probing Questions:
    a. Tell me more about that.
    b. How do you usually receive healthcare information?
    c. What do you find most confusing about healthcare information that you look for or receive? On paper, in person, online, other)

Conclusion

"Well everyone that is all the questions we have for today! Thank you very much for your time and thoughts today. The information you provided will be very useful to the county as we analyze how to best continue to serve and communicate with folks like yourselves. Now, we have the gift cards here for you, once you get those feel free to take any extra refreshments and have a wonderful day!"

FOCUS GROUP NOTE-TAKING

Note taking is the primary responsibility of the note taker

Clarity and consistency are important. Anticipate that others will use your notes days or weeks later when memory has faded.

Things to remember

1. *Quotes* – These are the well-said sentences or phrases that illustrate an important point of view because they are enlightening or eloquently expressed. Place name or initials of speaker next to quote as you will most likely not be able to write the quote in its entirety. The addition of initials will make it easier to find the statement in the tape recording.

2. *Non-verbal cues from participants* – Head nodding, laughter, discomfort, pauses. Remember during analysis that non-verbal cues can mean different things on different cultures. Make note of non-verbals but don't make assumptions about what they mean.

3. *Key points and themes for each question* – These will likely be identified by several different participants. Or sometimes they are said only once, but in such a manner that deserves attention.

4. *Big ideas, hunches or thoughts of the note-taker* – Occasionally the assistant moderator will discover a new concept that will be helpful in later analysis. Jotting these down increases the likelihood they will be remembered during the analysis phase.

FOCUS GROUP NOTE-TAKING SUMMARY

Date of Focus Group	
Location of Focus Group	
Number of Participants	
Facilitator Name	
Note Taker Name	
Scribe Name	

Responses to Questions

Q1. What is the biggest health issue that affects you, your family, and neighbors in Jefferson County?

Brief Summary/Key Points	Notable Quotes

Q2. What are your safety concerns in your neighborhood?

Brief Summary/Key Points	Notable Quotes

Q3. What stops you or people you know from receiving healthcare here in Jefferson County?

Brief Summary/Key Points	Notable Quotes

Q4. As a community member, do you feel there are enough resources around mental health?

a. What resources or services are there that you know of?

Brief Summary/Key Points	Notable Quotes

Q5. What stops you from exercising?

Brief Summary/Key Points	Notable Quotes

Q6. Thinking about the food you eat, where do you get most of your food?

Brief Summary/Key Points	Notable Quotes

Q7. In the last 12 months, have you or anyone you know ever experienced difficulties in the following areas:

Brief Summary/Key Points	Notable Quotes
1. Transportation issues 2. Worried about losing stable housing 3. Having your utilities turned off 4. Obtaining and keeping employment 5. Obtaining Child Care	

Q8. Are health care materials/information you receive easy for you and your family to understand?

Brief Summary/Key Points	Notable Quotes

Appendix E

Jefferson County Health Department

2017 Community Health Assessment

Acknowledgements

The following community health assessment was completed due to the generous support of the Jefferson Foundation, as well as the hard work and diligence of the Jefferson County Health Department staff, and a variety of community partners and organizations.

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Executive Summary

The Jefferson County Health Department (JCHD) is the local public health agency for Jefferson County, Missouri. Our mission is to promote and protect quality of life through education, leadership, partnership, prevention and response.

The Jefferson County Health Department is continually looking for the best ways to provide needed services to community members of Jefferson County. To do this, a complete understanding of the unique issues and problems Jefferson County community members face on a daily basis was needed. The goal of the 2017 Community Health Assessment was to gain insight into the perceptions of county residents on the most pressing health issues, risk factors, barriers to care, and health services utilization. Our hope was this assessment would also give community members a voice in what services they need and want, and act as a springboard moving forward with community collaborations and initiatives. We believe the information we obtained provides a good snapshot into the health and well-being of the county.

Now more than ever, local health departments must focus on innovative programs, initiatives, and partnerships that provide the meaningful impact to community populations while being an efficient use of time and resources. With a high prevalence of chronic disease and substance abuse throughout Jefferson County, JCHD is in a unique position to be a catalyst for change and foster a culture of health for all ages.

Process and Methods

Timeline

DECEMBER 2016
Grant awarded by Jefferson Foundation

APRIL-MAY 2017
Survey developed by JCHD staff

JUNE-AUGUST 2017
Survey disseminated and data collected

NOVEMBER 2017
Data analysis and interpretation begins

Methods

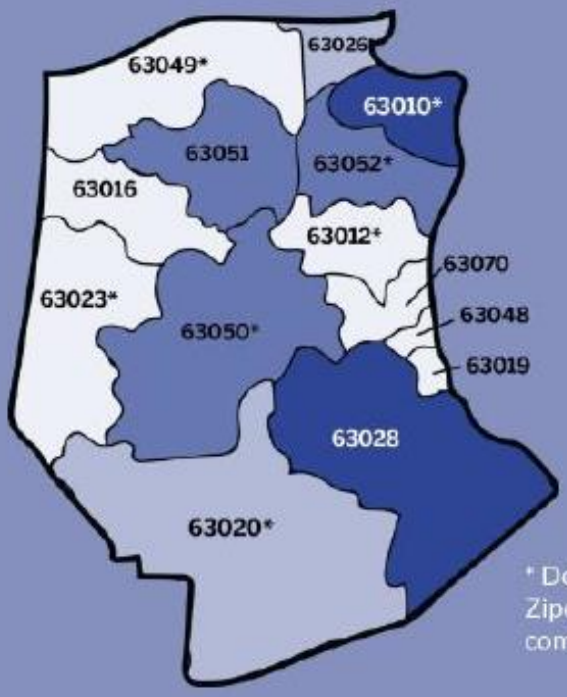
The JCHD Community Health Assessment was unique in regards to what specific information it was looking to gain from the community. JCHD wanted to get a good picture of the health issues residents face in our community, what residents feel are the most important issues, how the community utilizes health department services, and what programs or services the community would like to see offered. To do that, the survey included questions about health choices and behaviors that are not typically addressed in standard community health assessments such as where do they obtain most of their meals, how often do they engage in physical activity and where, barriers preventing from eating healthy foods and obtaining health services, and what services they would like to see offered in the community.

Data analysis and interpretation used primarily by the analytic programs within QuestionPro, Microsoft Excel, and the GIS mapping software. Utilizing these three programs, descriptive statistics were compiled and interpreted.

To disseminate the survey, a variety of methods were used to capture complete data. Online and paper surveys were distributed through social media platforms and newspaper publications, as well as at food pantries, libraries, recreation centers, and other public locations.

Survey Demographics

Number of Respondents by Zipcode Area

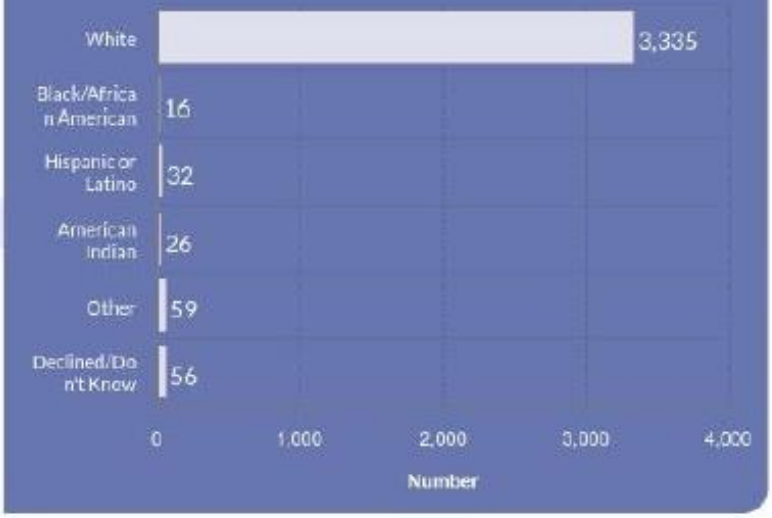


0 - 180
181 - 360
361 - 540
541 - 720

* Designates multiple zipcode areas. Zipcodes of 10 or fewer respondents were combined with a larger neighboring zipcode.

3,523
Number of respondents

Respondents By Race



Survey Demographics

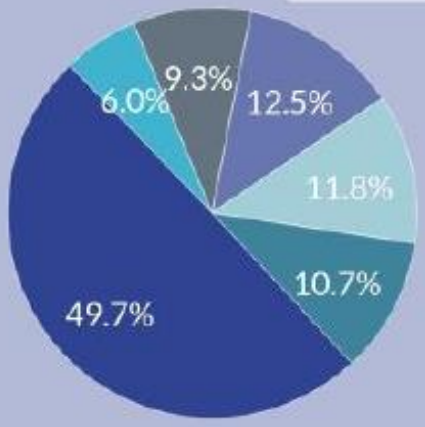
Most respondents were female who own or rent their place of residence. It was also found that the majority of respondents had completed at least a high school education. Almost half of respondents reported an average yearly income of $50,000 or more.

85 %
Percentage of respondents with a high school education

2267	Females	64%
1182	Males	34%
7	Other	0.2%
67	Declined/ Don't Know	2%

91 %
Percentage of respondents who rent or own their place of residence

Total Household Income



$10,000 or Less	199	$10,001-$20,000	311
$20,001-$30,000	419	$30,001-$40,000	393
$40,001-$50,000	358	$50,000 or Above	1,661

* 182 respondents declined to report their income

Health Insights

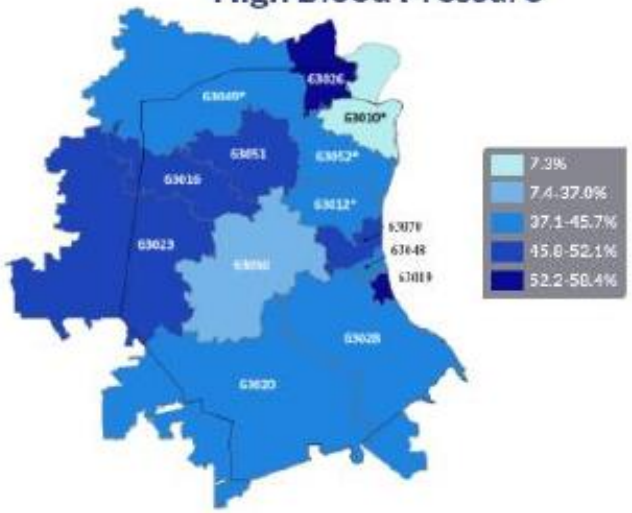
Adult Diagnoses

Respondents were asked to list any health conditions they had been diagnosed with. It was found that the top 5 reported diagnoses included:

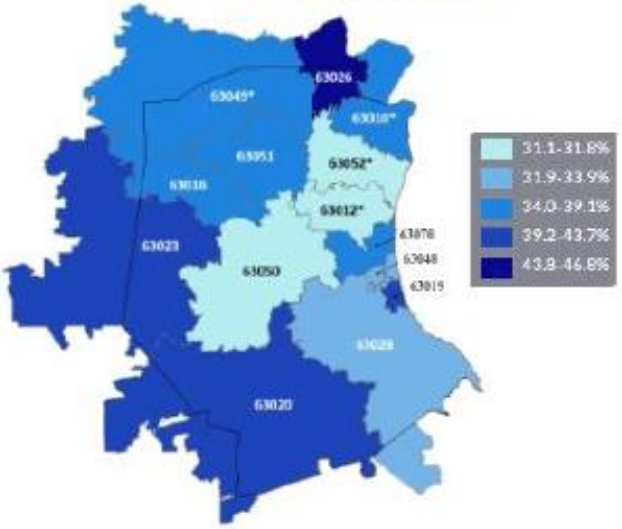
- 45% High Blood Pressure
- High Cholesterol 35%
- 29% Overweight/ Obese
- Depression or Anxiety 28%
- 17% Diabetes (Not gestational)

The maps below and on the next page break down each one of the top five reported adult diagnoses by zipcode area, reporting the percentage of those respondents who have the condition. These percentages are not weighted by respondent size, but still provide a detailed picture to the areas of the county with the highest health disparities.

High Blood Pressure

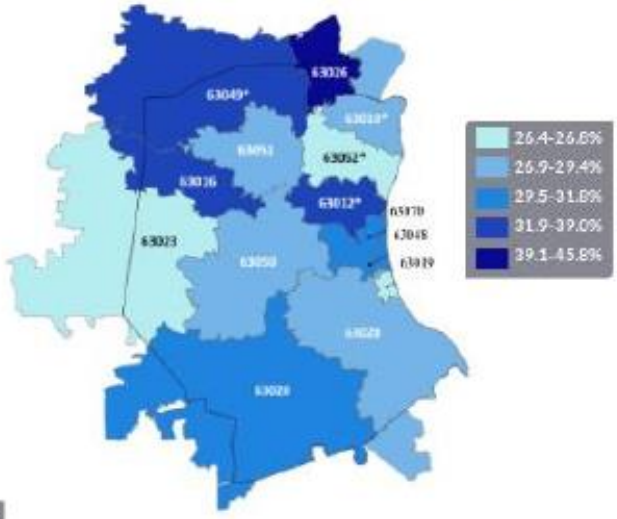


High Cholesterol

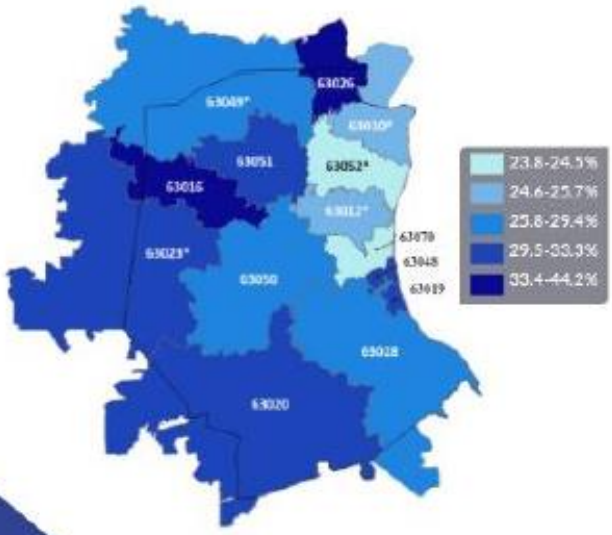


Health Insights

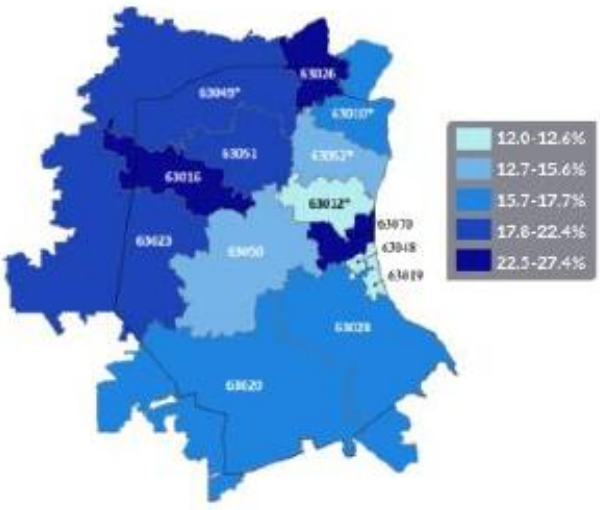
Overweight/Obese



Depression or Anxiety



Diabetes (not gestational)



Adult Diagnoses (continued)

Health Perceptions

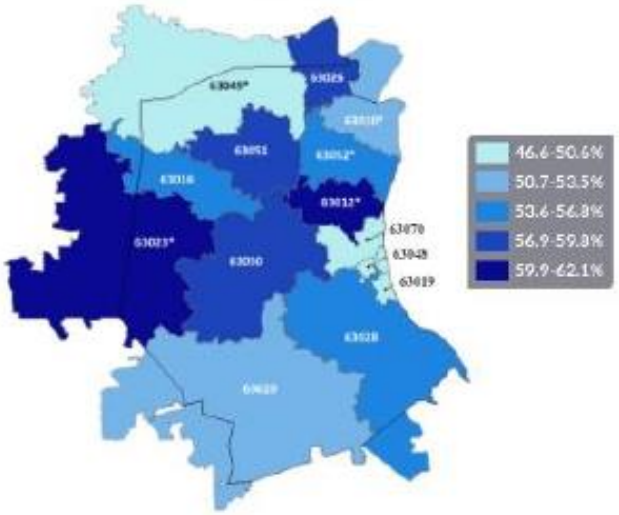
Health Issues

Respondents were asked what they felt were the top 5 health issues in their community. It was found that the top 5 reported health issues included:

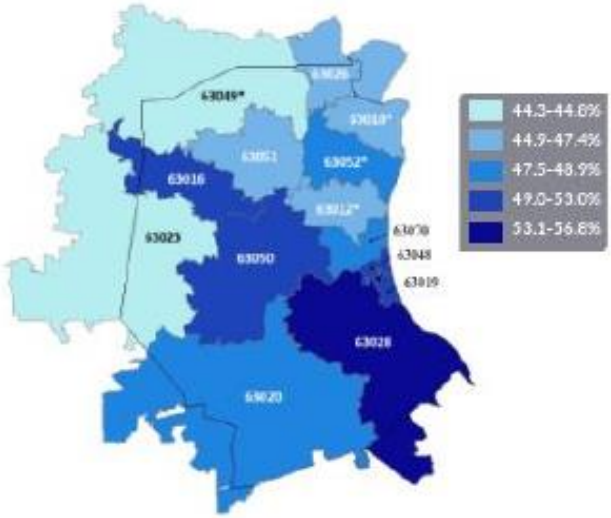
- 55% Alcohol/ Substance Abuse
- Obesity 49%
- 47% Prescription Drug Misuse
- Smoking/ Vaping 44%
- 29% Diabetes (Not gestational)

The maps below and on the next page break down each one of the top five reported health issues by zipcode area, reporting the percentage of the respondents who believe the health issue is a top 5 problem in their community.

Alcohol/Substance Abuse

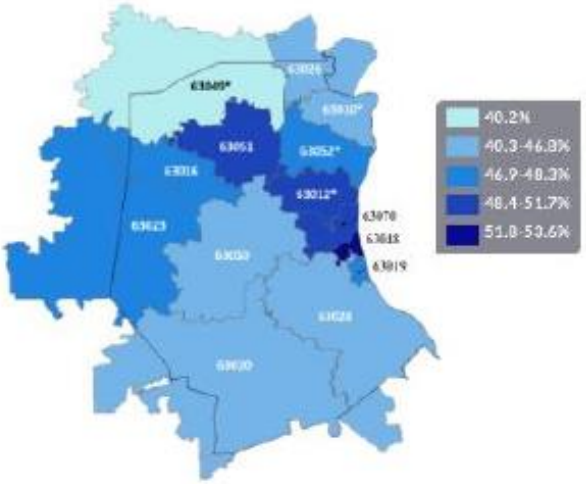


Obesity

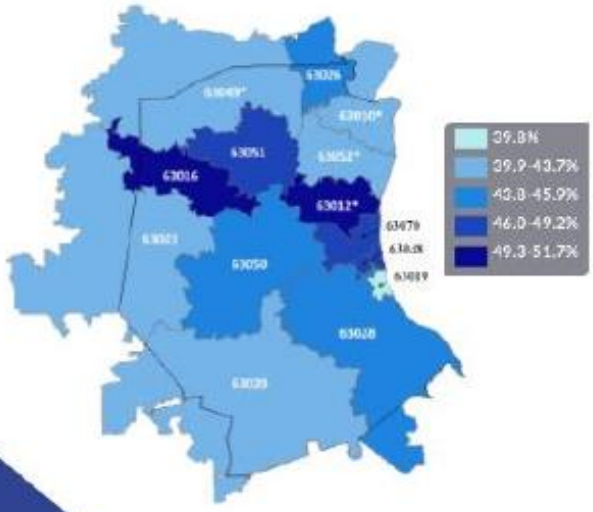


Health Perceptions

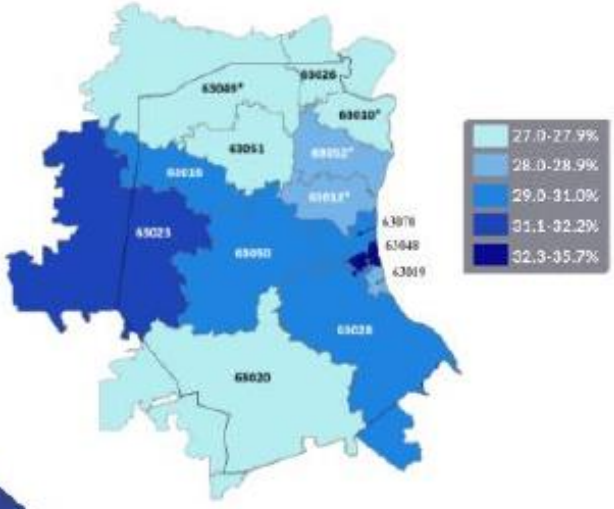
Prescription Drug Misuse



Smoking/Vaping



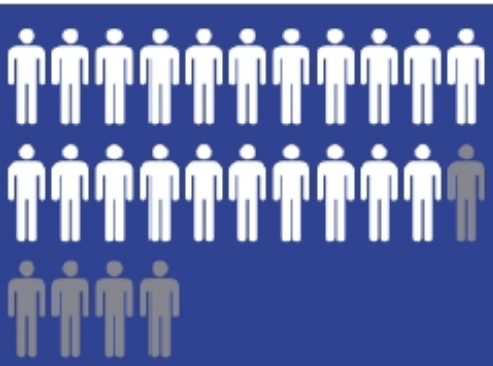
Diabetes (not gestational)



Health Issues (continued)

Health Insights

Perceived Health



The survey found that the large majority of respondents, 82%, perceived themselves as healthy or very healthy.

Health Conditions

On average, respondents who reported themselves as unhealthy or very unhealthy had over twice as many diagnosed health conditions than those who reported themselves as healthy or very healthy.

Health Services

80%

81%

Most of the respondents reported getting the majority of their health information from a doctor or nurse and most commonly going to a doctor's office for their medical care.

Health Insights

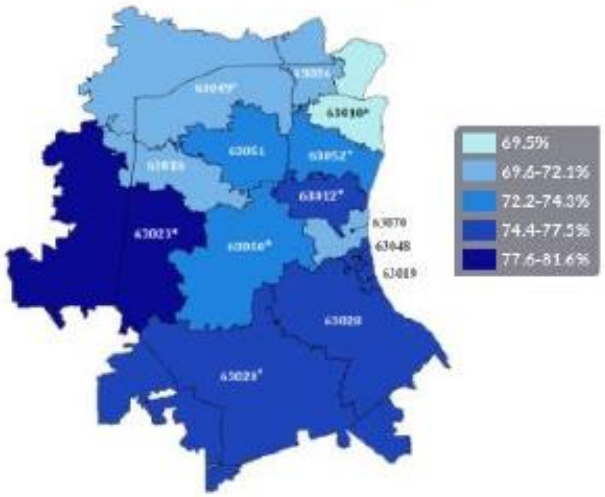
Risk Factors

Respondents were asked to list the top 5 risky behaviors that impact the health in their community. Below shows the collective top 5 selected by the respondents.

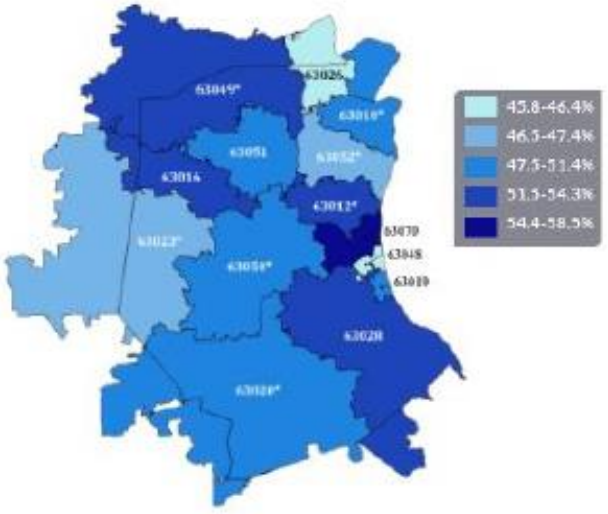
- 55% Alcohol/ Drug Use
- Smoking/ Vaping 49%
- 47% Poor Eating Habits
- Lack of Exercise 44%
- 29% Reckless/ Drunk Driving

The maps below and on the next page break down each one of the top five reported risk factors by zipcode area, reporting the percentage of the respondents who believe the factor is a top 5 issue to health in their community.

Alcohol/Drug Use

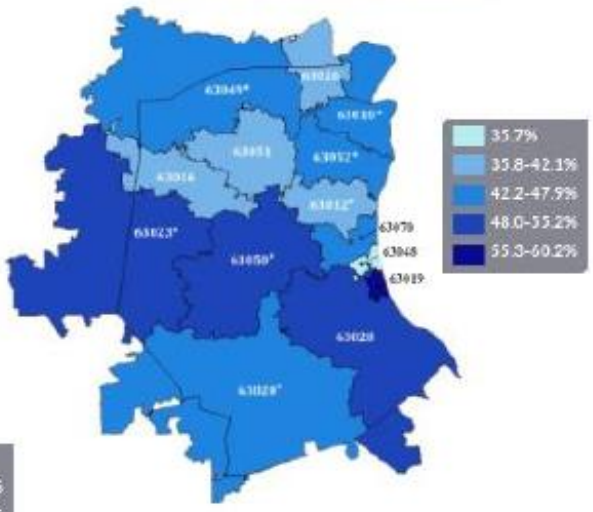


Smoking/Vaping

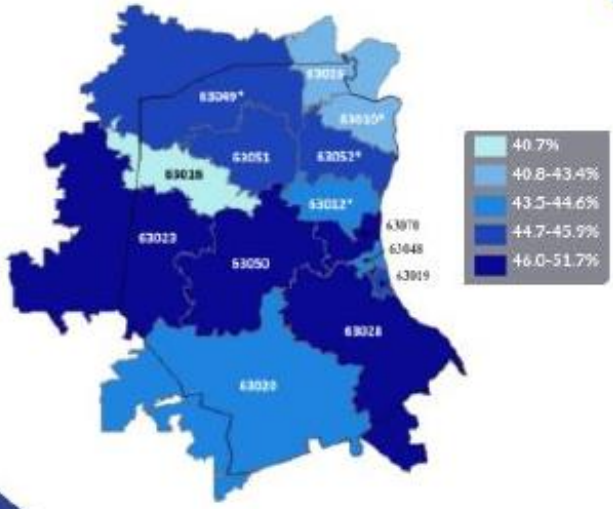


Health Insights

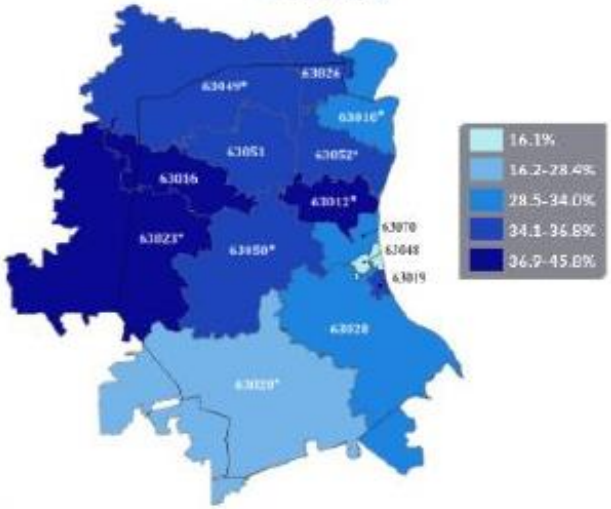
Poor Eating Habits



Lack of Exercise



Reckless/Drunk Driving



Risk Factors (continued)

Health Insights

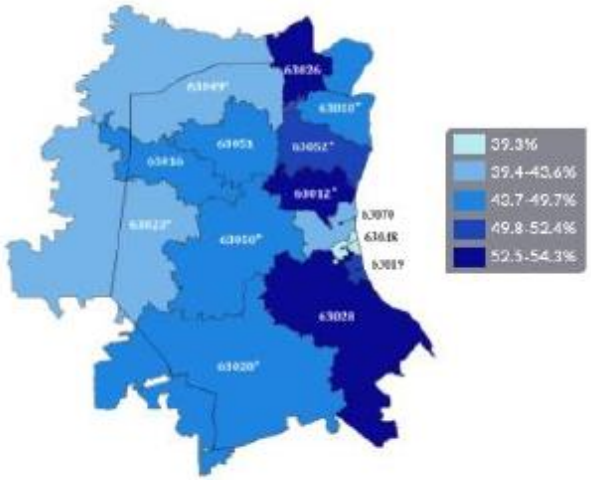
Social Factors

Respondents were asked to list the top 5 social factors that impact the health in their community. Below shows the collective top 5 selected by the respondents.

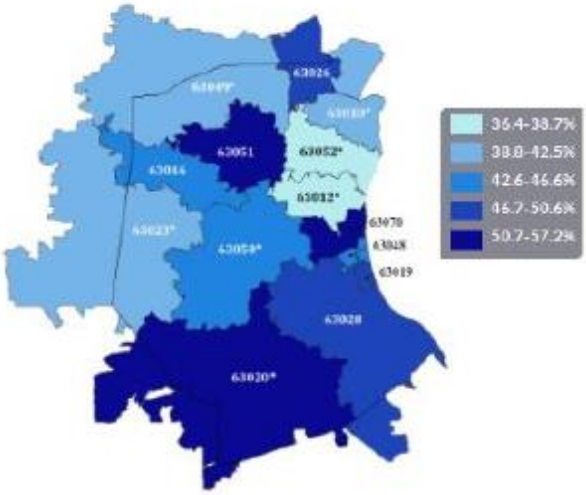
- 49% Affordability of Health Services
- Low Income/ Poverty 45%
- 38% Lack of Health Insurance
- Lack of Job Opportunities 30%
- 28% Unemployment

The maps below and on the next page break down each one of the top five reported social factors by zipcode area, reporting the percentage of the respondents who believe the factor is a top 5 issue to health in their community.

Affordability of Health Services

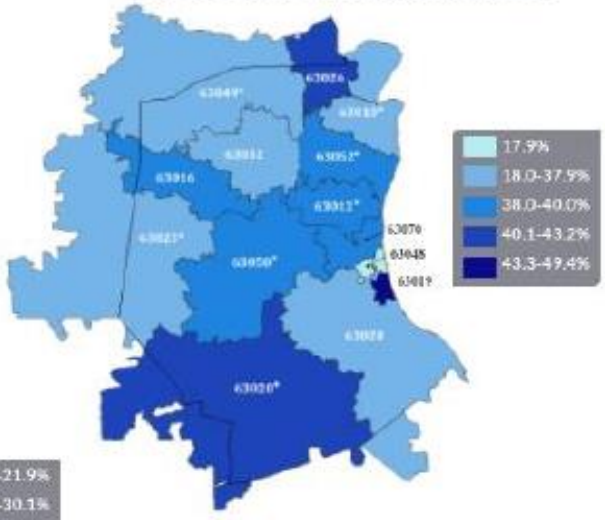


Low Income/Poverty

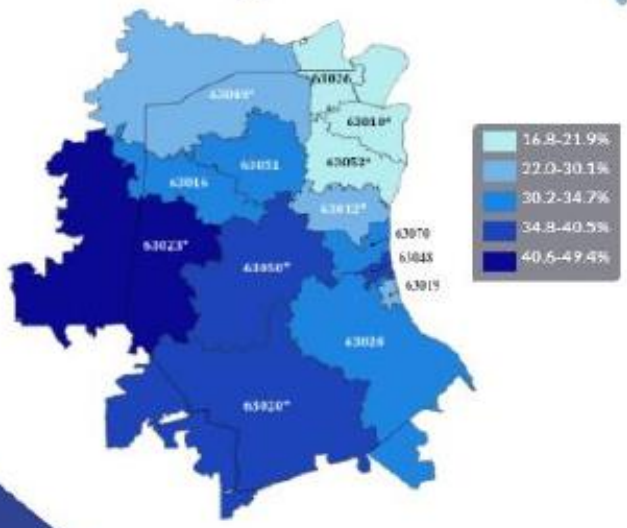


Health Insights

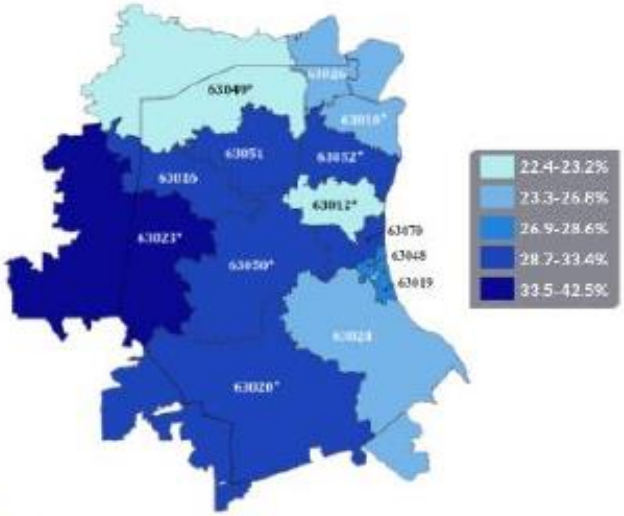
Lack of Health Insurance



Lack of Job Opportunities



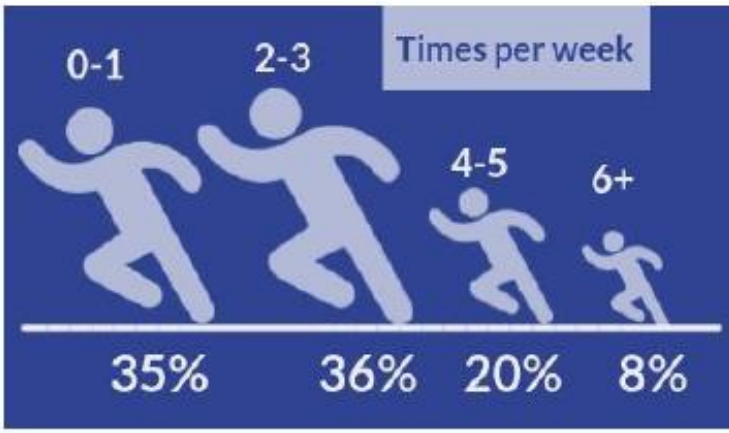
Unemployment



Social Factors (continued)

Activities

Physical Activity



Lack of consistent exercise was found to be a common issue among the respondents, the large majority (71%) exercising 3 or fewer times a week for 30 minutes.

Exercise Locations

Respondents' top places to exercise included their homes, parks, public recreation centers (including YMCA), and private gyms. Within the "Other" category, respondents noted most often exercising outside (hiking, walking sidewalks, etc.), and getting exercise through their jobs (manual labor).

Screen Time

2-3+ hours a day

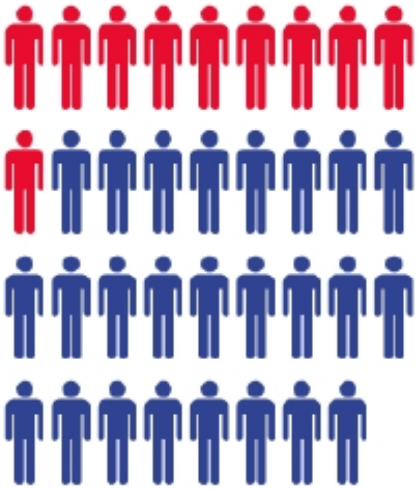
The large majority of respondents watched at least 2-3 hours a day, however, that percentage dropped to 34% at 4-5+ hours a day

Drug Use

Tobacco

Respondents reported being exposed to secondhand smoke in a variety of places, with restaurants/businesses most often at 18% and homes second most often at 9%

Opioids

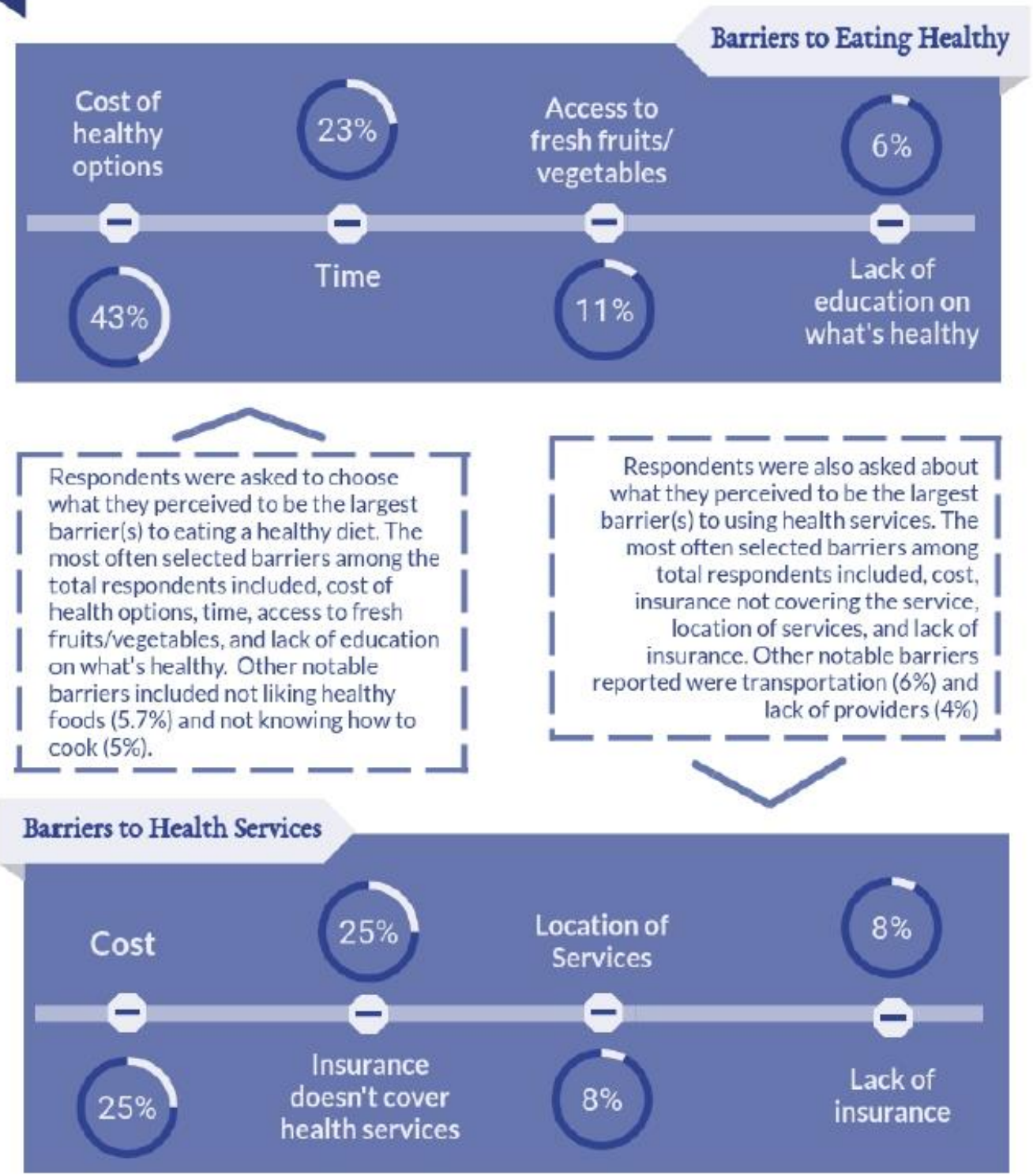


Smoking and vaping among the respondents was found to be lower than the county average of 21%

13%

The prescription drugs/opioid problem is a widely known issue in Jefferson County. It was found that over 29% of the respondents have been affected in some way by prescription drug or opioid misuse, either personally, through a family member, or friend.

Barriers to Health



Needed Services

Respondents were asked to list any services they felt were needed and were not currently available or accessible. The top responses included healthy cooking classes, aging resources, physical activity classes, substance abuse treatment, and mental health services. Many of these choices were not surprising given the reported health issues and social factors. These findings reaffirm the need for targeted operations in these areas.

Moving forward

Summary

The results found from the community health assessment provided JCHD with a good picture of the health issues residents face in our community, what residents feel are the most important issues, how the community utilizes health department services, and what programs or services the community would like to see offered. Our hope is that the community will be able to use this information to better understand the needs of the population and develop programs/provide services to combat those issues.

Limitations

- The survey was not weighted to account for socioeconomic status of the residents and thus has the potential to be biased.
- Our goal was to gain a general understanding of the perceptions of residents and we understand that the data can only be loosely generalized to the general population of Jefferson County.

Moving Forward

The information obtained from health assessment has already proven invaluable in the development of future programs and initiatives. The information highlighted recurrent barriers and needs of respondents and JCHD has already begun to develop responses to the results. These include:

- Purchasing of a mobile wellness van to provide services to locations with difficult or no access to care
- Partnering with Healthy Lifestyles Initiative (12345 Fit-Tastic) to enhance our educational messaging and wellness programming.
- 3.4.50 framework, a community health improvement strategy based on evidence that three health behaviors elevate risk for four chronic conditions that together cause more than fifty percent of deaths, will become a driving force in future program development.
- Development of a large scale grocery store initiative has begun, targeting healthy food education and availability.

visme

Appendix F

Community Focus Group Summary

QUESTION	RESPONSES	#	%
What is the biggest health issue that affects you, your family, and neighbors in Jefferson County?	Insurance Cost and Coverage	32	33%
	Health Conditions	16	16%
	Behavioral Health Needs and Provider Shortage	16	16%
	Transportation Issues	5	5%
	Access to Care	4	4%
	Hospital Services	4	4%
	Opioid Epidemic	3	3%
	Recreation Options	3	3%
	Education and Marketing of Health Resources	3	3%
	Safety	2	2%
	Vaping	2	2%
	Community Support	2	2%
	Finances	2	2%
	Mobile Services	2	2%
	Drugs	1	1%
	Emergency Access	1	1%
		98	100%
What are your safety concerns in your neighborhood?	Perceived Threat	15	19%
	Drugs	9	12%
	Law Enforcement	7	9%
	Homelessness	6	8%
	Theft	6	8%
	Driving safety	5	6%
	Sidewalks	5	6%
	Environmental	4	5%
	Break-Ins	4	5%
	Housing	3	4%
	Road Safety	3	4%
	School Safety	2	3%
	Utilities	2	3%
	Train-Tracks	1	1%
	Bus Routes	1	1%
	Crime	1	1%
	Emergency Services	1	1%
	Flooding	1	1%
	Gun Access	1	1%
	None	1	1%
		78	100%
	Accessibility	22	23%
	Cost	17	18%

What stops you or people you know from receiving healthcare here in Jefferson County?	Insurance	15	16%
	Jobs	6	6%
	Solutions	6	6%
	Transportation	6	6%
	Education	4	4%
	Wait time	4	4%
	Doctors	3	3%
	Disorganization	2	2%
	Requirements	2	2%
	Addiction	1	1%
	Embarrassment or Stigma	1	1%
	Excessive tests	1	1%
	Health literacy	1	1%
	Immigrants	1	1%
	Western Medicine System	1	1%
	None	1	1%
		94	100%
As a community member, do you feel there are enough resources around mental health?	Yes	1	1%
	No	51	70%
	No Indication	21	29%
	Total	73	100%
	Category	**#**	**%**
	Education	13	18%
	Lack of Providers	13	18%
	Drug	4	5%
	Insurance	4	5%
	Advertising	3	4%
	Cost	3	4%
	Mental Health Mobile Clinic	3	4%
	Suicide	3	4%
	Available Appointments	2	3%
	Hotline	2	3%
	Parents	2	3%
	Limited Resources	2	3%
	School Resources (Counselors)	2	3%
	Accessibility	1	1%
	Alcohol	1	1%
	Children Services	1	1%
	Domestic Violence	1	1%
	Homelessness	1	1%
	Insensitivity	1	1%
	Lack of services	1	1%
	Lack of Need	1	1%
	Lack of time with provider	1	1%

	Money	1	1%
	Privacy	1	1%
	Resources	1	1%
	Substance Abuse	1	1%
	Support groups	1	1%
	Technology	1	1%
	Transportation	1	1%
	Veterans	1	1%
		73	100%
What resources or services are there that you know of?	AA		
	Catholic Charities		
	Children Services		
	COMTREA		
	DMH		
	DRA		
	Fox Service Center		
	Mercy		
	NAMI		
	Next Steps		
	Provident		
	Social Services		
What stops you from exercising?	None	20	22%
	Motivation	13	15%
	Time	11	12%
	Cost	8	9%
	Awareness	5	6%
	Chronic Illness	4	4%
	Safety	4	4%
	Transportation	4	4%
	Accountability	3	3%
	Physical Ailments	3	3%
	Self-Conscious	2	2%
	Weather	2	2%
	Physical Therapy	1	1%
	Priorities	1	1%
	Space	1	1%
	Access	1	1%
	Age	1	1%
	Depression	1	1%
	Family responsibilities	1	1%
	Organization	1	1%
	Parks	1	1%
	Work	1	1%
		89	100%
	Grocery Store	26	50%

Thinking about the food you eat, where do you get most of your food?	Food Pantry	7	13%
	Farmer's Market	6	12%
	Fast Food	4	8%
	Co-op	2	4%
	School meals	2	4%
	Convenience Store	1	2%
	EBT	1	2%
	Meat Market	1	2%
	Parent (Mom's)	1	2%
	Restaurant	1	2%
		52	100%
In the last 12 months, have you or anyone you know ever experienced difficulties in the following areas:		**Yes**	**No**
	Obtaining Child Care	56	18
		76%	24%
	Transportation issues	43	31
		58%	42%
	Having your utilities turned off	37	37
		50%	50%
	Worried about stable housing	35	39
		47%	53%
	Obtaining and keeping employment	29	45
		39%	61%
	Total Participants	74	
Are health care materials/information you receive easy for you and your family to understand? *(N/A responses not calculated in the response %)*	Yes	20	50%
	No	20	50%
	N/A *(Not applicable)*	43	
	Total	40	100%
	Category	**#**	**%**
	Information Presentation	34	41%
	Insurance Issues	14	17%
	Medicine Information	6	7%
	Comprehension of Information	5	6%
	Providers	5	6%
	Marketing	3	4%
	Telemed and Access	3	4%
	Information Access	2	2%
	Dissatisfied Providers	2	2%
	Satisfied	2	2%
	Insurance and Providers	1	1%
	Focus-group Suggestion	1	1%
	HIPPA	1	1%
	Helpful Providers	1	1%
	Literacy	1	1%
	Suggestion	1	1%

	Vaccines	1	1%
		83	100%
Other Comments - Not related to the questions asked.	Resources	17	18%
	Transpiration	5	5%
	Cost	4	4%
	Drugs	4	4%
	Communication	3	3%
	Hunting / Game	3	3%
	Inflation	3	3%
	Jobs	3	3%
	Mental Health	3	3%
	Resource Recommended	3	3%
	Barriers	2	2%
	Communication of Resources	2	2%
	Farmers Market	2	2%
	Fast Food	2	2%
	Frustration	2	2%
	Housing	2	2%
	Marketing	2	2%
	Bullying	1	1%
	Caregiver Support	1	1%
	Churches	1	1%
	Collaboration	1	1%
	Confusion	1	1%
	Convenience Store	1	1%
	Demographics	1	1%
	Dietician	1	1%
	Education	1	1%
	Education/Marketing	1	1%
	Embarrassment or Stigma	1	1%
	Food Availability	1	1%
	Food Cost	1	1%
	Food Pantry	1	1%
	Funding	1	1%
	Home Cooked Meals	1	1%
	Homemade food	1	1%
	Mercy	1	1%
	Mobile Services	1	1%
	Over-scheduled	1	1%
	Police	1	1%
	Quality	1	1%
	Resources for Kids	1	1%
	Restaurants	1	1%
	School Gardens	1	1%
	Seniors	1	1%
	Single Households	1	1%

Snack food	1	1%
Social Media	1	1%
Taxes	1	1%
Vegetarian	1	1%
Weekends	1	1%
	94	100%

Appendix G

Project Homeless Connect Final Survey Numbers:

Numbers Served

88 individuals

50 families

Numbers Served

Gender: Males 26 Females 52 Unknown 10

Age: Adults 69 Children 19

Race: White 67 Black 3 Bi-racial 1

Native American 1 Unknown 16

Appendix H

Jefferson County

Partners: Mercy Hospital Jefferson, Comtrea, Jefferson County Health Department

8 trainings conducted by Alive and Well staff to 133 community members

10 new Jefferson County Trauma Awareness Trainers provided training for 104 community members

All staff and divisions in Jefferson County Health Department trained by Jefferson County Trainers

Bootheel

Partner: Missouri Bootheel Regional Consortium

Five trainings conducted by Alive and Well staff trained nearly 300 education, healthcare, faith and community leaders about the impact of trauma, the importance of self-care, and what they can do to help make their community alive and well.

Questions? Want to learn more? Contact Alive and Well Communities at info@awcommunities.org

Appendix I

List of Acronyms:

ACA – Affordable Care Act
AIDS- Acquired Immune Deficiency Syndrome
BRFSS-Behavioral Risk Factor Surveillance System
CAC – Certified Application Counselor
CDC- Centers for Disease Control and Prevention
CHIP – Community Health Improvement Plan
CHNA-Community Health Needs Assessment
CRC – Community Referral Coordinator
DMH – Department of Mental Health
ED-Emergency Department
FY – Fiscal Year
HHS – United States Department of Health and Human Services
HPSA – Health Professionals Shortage Area
HP2020- Healthy People 2020
HRSA – Health Resources and Services Administration
JCCP – Jefferson County Community Partnership
JCHD – Jefferson County Health Department
JFCAC – Jefferson Franklin Community Action Corporation
MHJ – Mercy Hospital Jefferson
MICA – Medical Information for Community Assessment
MNM – Mercy Neighborhood Ministry (Community Health & Access)
MO DHSS – Missouri Department of Health and Senior Services
PDMD – Prescription Drug Monitoring Database
STD- Sexually Transmitted Disease

NOTES:

NOTES:

Mercy
14528 S. Outer Road
Chesterfield, MO 63107
314.579.6100

Mercy

Your life is our life's work.