



Your life is our life's work.

Community Health Needs Assessment

Mercy Hospital Jefferson
Fiscal Year 2016



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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I. Executive Summary

Mercy Hospital Jefferson (MHJ) is a 203-bed hospital located in Festus, Missouri. It is a rural, Catholic hospital and serves as the only hospital in Jefferson County. It is one of four hospitals in Mercy's East Community.

MHJ provides 24-hour emergency room care and a full range of diagnostic, preventive and restorative health care services. Additionally, MHJ operates Mercy Clinic physician offices, outpatient hospital services and Urgent Care Centers throughout the county in the cities of Festus, Imperial, Arnold and more.

Due to the shortage of health care providers in many areas, including Jefferson County, science and technology are rapidly changing how health care is being delivered today. Mercy's Virtual Care Center that opened in St. Louis in 2015 employs cutting-edge technology that allows health care providers to "visit" patients via computer screens and devices when they cannot meet face-to-face. This has the potential to be extremely advantageous to patients in rural communities, such as those in Jefferson County.

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.

Based on the findings of this CHNA, Mercy Hospital Jefferson has chosen to address the following three significant health needs identified in Jefferson County:

- Access to care
- Mental health
- Substance use

These needs will be the basis of MHJ's three-year community health improvement plan (CHIP), which guides the coordination and targeting of resources to promote community health.

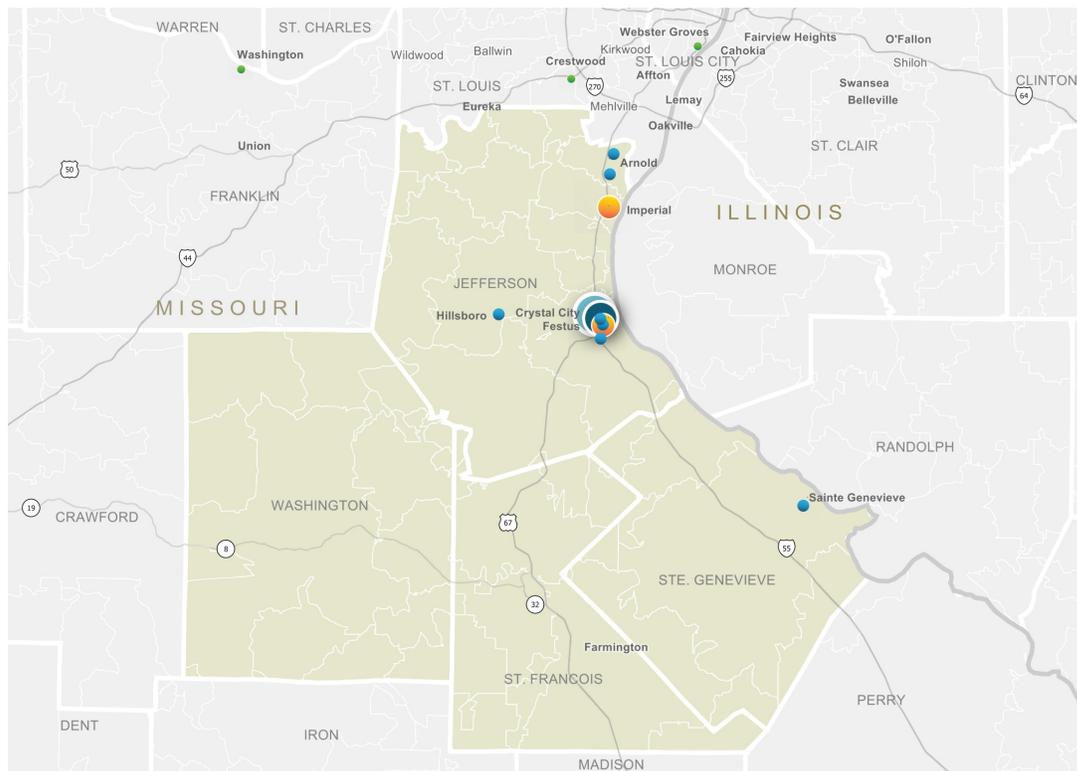
The process of preparing this Community Health Needs Assessment affirmed that Mercy's vision for advancement of health care matches the needs expressed by our community.

To learn more about Mercy Hospital Jefferson and to find a copy of this report online, visit www.mercy.net.

II. Community Served by the Hospital

Description of Community Served

Mercy Hospital Jefferson's service area is comprised of the 20 municipalities that make up Jefferson County (15 zip codes). For the purposes of this Community Health Needs Assessment (CHNA), MHJ has identified Jefferson County as its community because 61% of those discharged from the hospital in FY2015 were residents of Jefferson County. MHJ is the only hospital in Jefferson County and serves the surrounding counties of St. Francois, Ste. Genevieve and Washington.



Demographics

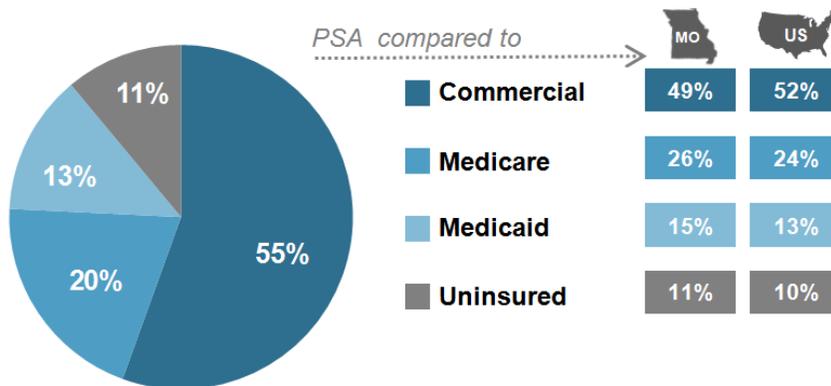
The majority of residents of Jefferson County are White (96%), age 18-44 years (34%), have some college credit or an associate's degree and a household income of \$50,000 a year or less. The unemployment rate is at 6%. These values are consistent with both state and national data (Sg2 Market Demographics, Nielsen zip code data – 2015, Appendix A).

Insurance status

According to Insurance Coverage Estimates for 2015 reported by Sg2, the percentage of those covered by health insurance in Jefferson County is higher than state and national data.

INSURANCE PAYER MIX

The chart below compares the PSA payer mix to that of the state and the US.

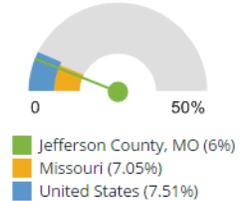


Note: Sg2 Insurance Coverage Estimates profile how the households in the PSA pay for health care services. Data is based on occupied housing units (a house, apartment or group of rooms intended to serve as separate living quarters).
Source: Sg2 Insurance Coverage Estimates, 2015

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	55,128	51,821	94%	3,307	6%
Missouri	1,434,519	1,333,337	92.95%	101,182	7.05%
United States	76,195,402	70,470,743	92.49%	5,724,663	7.51%

Note: This indicator is compared with the state average.
Data Source: US Census Bureau, [Small Area Health Insurance Estimates](#), 2013. Source geography: County

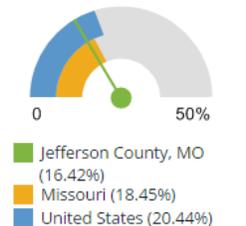
Percent Population Without Medical Insurance



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	138,519	115,776	83.58%	22,743	16.42%
Missouri	3,623,020	2,954,526	81.55%	668,495	18.45%
United States	192,461,139	153,124,895	79.56%	39,336,247	20.44%

Note: This indicator is compared with the state average.
Data Source: US Census Bureau, [Small Area Health Insurance Estimates](#), 2013. Source geography: County

Percent Population Without Medical Insurance



Like many other communities, Jefferson County is projecting a significant increase (21%) 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 has 10.3 beds per 10,000 population (203 total beds and a population of 196,580). In addition to Mercy Hospital Jefferson and its outpatient services, Jefferson County is home to the following health care providers:

- Jefferson County Health Department – public health services
- Community Treatment Inc. (COMTREA) – Federally Qualified Health Center (FQHC) with primary, specialty and mental health services

A map of additional health care providers in Jefferson County and surrounding counties can be found in Appendix B.

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 – 2014, Appendix C).

	Jefferson County	Missouri	U.S. Top Performers
Primary care physicians	4,340:1	1,420:1	1,040:1
Dentists	3,180:1	1,870:1	1,340:1
Mental health providers	1,270:1	600:1	370:1

County Health Rankings – 2014

III. Community Health Needs Assessment Process

The Jefferson County Health Department (JCHD) serves as the primary community partner for Mercy Hospital Jefferson in both the CHNA and Community Health Improvement Plan (CHIP) processes. JCHD utilizes the Mobilizing Action through Planning and Partnerships (MAPP) model, bringing agencies across Jefferson County together in a collaborative process. MHJ is currently engaged in the MAPP process through the Jefferson County Community Health Network (See Appendix D to access MAPP assessments).

A Community Health Council, led by Eric Ammons, President of Mercy Hospital Jefferson, guided the needs assessment process (Appendix E). 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 2016 CHNA. A Saint Louis University Master of Health Administration student provided support by collecting and reviewing data from various sources. These included: surveys, focus groups, published data, and hospital specific data.

External sources of published data are as follows:

- *Jefferson County Health Department Annual Summary Report – 2014*

This report, compiled by the Jefferson County Health Department, provides county-wide data on healthy behaviors and chronic conditions that result in the leading causes of disease and death in Jefferson County.

<http://www.jeffcohealth.org/images/stories/AdminServices/2014%20JCHD%20ANNUAL%20REPORT.pdf>

- *Jefferson Memorial Community Foundation – 2014 Report*

The Jefferson Memorial Community Foundation in conjunction with the Mission Center L3C – an organization that provides evaluation, research and capacity-building services to the nonprofit and social impact community – conducted a communitywide assessment of unmet needs in Jefferson County from August 2014 to January 2015.

http://jmcfmf.org/media/Needs_Assessment.pdf

- *County Health Rankings 2016*

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 Data Profiles & Missouri Information for Community Assessment (MICA)*

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.

<http://health.mo.gov/data/CommunityDataProfiles/index.html>

- *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

IV. Community Input

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

- a. Surveys – online and printed (for those with no computer access)
- b. Mercy Community Advisory Panels
- c. Community Coalitions and Stakeholder Meetings

Surveys

A Mercy Community Health Qualtrics (a top data collection software application) survey (available in both hard-copy and on-line format) was designed to assess the perceptions and thoughts of community members about the health needs of their community (Appendix F). A total of 84 individuals completed the survey over a 15-month time frame (from the fall of 2014 to the end of 2015). A significant effort was made to bring hard-copy surveys to local food pantries in order to include the voices of populations less likely to access the survey via the internet. A total of 39 survey responses were received as a result of direct distribution in areas with high populations of underserved, low-income individuals.

In collaboration with MHJ, a community health survey was created by Victory Health Ministry, the health and wellness arm of Victory Church (Appendix G). The survey was distributed to the church's parishioners, and a total of 154 responses were collected and reviewed.

Mercy Community Advisory Panels

Online community advisory panels are a key part of Mercy's ongoing dialogue with the community. Individuals are routinely surveyed to assess need, evaluate programming/service ideas, and provide feedback. Members are continuously added to the advisory panel as they sign up for MyMercy, a service that allows community members to connect with their Mercy care team and health information online at their convenience. Recent survey topics included senior services, walk-in/urgent care, and pediatric service needs.

Community Coalitions and Stakeholder Meetings

Mercy Neighborhood Ministry (MNM) is a department of Mercy also known as the Community Health & Access Department. It is dedicated to improving health and access in the communities Mercy serves, with a particular focus on the underserved population.

A MNM Community Outreach Coordinator, designated to the MHJ community, focuses on identifying unmet needs and gaps in services, making connections and referrals, developing partnerships, improving community health, and advocating for the most vulnerable.

Through active involvement with community groups, Mercy builds relationships with key community agencies, partnering to develop innovative solutions to address community health needs and issues associated with poverty. Partnering agencies and task forces in which the Outreach Coordinator is involved include:

- Jefferson County Community Health Network
- Methamphetamine Action Coalition
- Smoke Free Jefferson County

Mercy Neighborhood Ministry also manages:

- An emergency assistance fund that provides monetary aid towards basic needs, such as rent and utility fees, for individuals in crisis who are working with a case worker
- Resource lists on the Mercy website that contain health and social services available in Jefferson County and nearby
- A listserv consisting of 1,035 members who receive weekly communications announcing community events and services, including job fairs, support groups, health and social service events, and health equity and cultural competence workshops

Through continuous daily networking and collaboration, Mercy remains closely engaged with community partners and informed on the needs of the communities it serves.

V. Conducting the Needs Assessment

Primary Data

Community Survey Results

Mercy Community Survey Results

84 Responses: 63028 (25%) Festus, 63020 (23%) DeSoto, 63019 (10%) Crystal City, 63050 (8%) Hillsboro, Other (34%)

“Thinking about the community where you live, please read the statements below and tell us if you agree or disagree with each statement.”

Top 3 **positive** health indicators: (% = percent of respondents that answered “agree” or “strongly agree”)

1. There are places people can go for help with health problems like diabetes, high blood pressure and medications (78.8%).
2. My community has safe parks and public places for people to exercise (77.5%).
3. It’s easy to get immunizations for teenagers (70.3%) and children (83.6%) when needed.

Top 3 **negative** health indicators: (% = percent of respondents that answered “agree” or “strongly agree”)

- Smoking and tobacco usage is an issue among teens (81.6%) and adults (76.6%).
- Usage of illegal drugs is an issue among teens (77.3%) and adults (77.5%).
- Obesity is an issue among children (72.5%) and adults (82.1%).

“Below is a list of some community programs. Please tell us how satisfied you are with your community’s programs.”

Top 2 programs: (% = percent of respondents that answered “satisfied” or “very satisfied”)

1. Health screenings such as blood pressure, cholesterol, mammograms, etc. (44.9%)
2. Meals on Wheels (35.1%)

Bottom 2 programs: (% = percent of respondents that answered “dissatisfied” or “very dissatisfied”)

- Programs for stress management (46.2%)
- Programs for mental health issues (40.3%)

Other health issues identified in the written feedback section include:

- II. Access to healthcare – specifically dental and behavioral health
- III. Transportation issues
- IV. Not having adequate knowledge of programs offered in the community

Top 3 health issues that **respondents have or have had in the past:**

- Arthritis or joint pain (44%)
- High blood pressure (37%)
- Depression (32%)

Victory Church Survey Results

154 total responses

The following table identifies the top 10 health issues identified by Victory Church parishioners when asked the question: “How much interest do you have in learning more and taking active steps to improve health on each of these topics?”

Health Issue	Percent of parishioners that responded “agree” or “strongly agree” (%)
Exercise Classes	86.4%
Healthy eating/lifestyle	86.1%
First aid training and CPR instruction	84.5%
Mental health and wellness	80.8%
Weight control	79.1%
End of life issues	73.8%
Loss and grief	73.4%
Coping with chronic illness/disability	73.0%
Health insurance/financial issues	71.3%
Parenting resources	67.5%

Other key findings include:

- **Health Improvement:** Parishioners would like exercise programs, stress management classes, and weight control programs implemented in their church and/or local community.
- **Emergency Department Usage:** Approximately **12%** of parishioners reported that they visit the emergency department 3 or more times per year, while approximately **20%** reported that a family member visits the emergency department 3 or more times a year.
- **Access to Care:** **93%** of parishioners are medically insured and **66%** have dental insurance
- **23%** reported that it is difficult or very difficult for them to pay for their **medical/dental insurance**

Internal MHJ Data

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

At Mercy Hospital Jefferson, “psychoses” was the most commonly reported cause for inpatient admission in FY 2015. The following table reveals the top ten most common inpatient discharges at Mercy Hospital Crystal City, accounting for 39% of the hospital’s total inpatient discharges during the 12 month period.

**Top Inpatient Discharges – Mercy Hospital Crystal City
(July 1, 2014 – June 30, 2015)**

MSDRG Code	FY15 Inpatient Discharges	FY15 Total Discharges	% of Total Discharges
885	PSYCHOSES	1,329	13%
871	SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	727	7%
945	REHABILITATION W CC/MCC	393	4%
177	RESPIRATORY INFECTIONS & INFLAMATIONS W MCC	253	2%
291	HEART FAILURE & SHOCK W MCC	245	2%
621	O.R. PROCEDURES FOR OBESITY W/O CC/MCC	238	2%
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	211	2%
872	SPETICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	188	2%
775	VAGINAL DELIVERY W/O COMPLICATING DIAGNOSIS	180	2%
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	177	2%

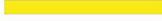
EPIC Hospital Billing Report, 2015

Secondary Data

Health Status of Overall Population and Priority Population

Jefferson County ranks 33 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, 2016). In 2014, the percentage of adults who reported being in poor or fair health was 15%, while the state average were 17% (County Health Rankings – 2014).

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:

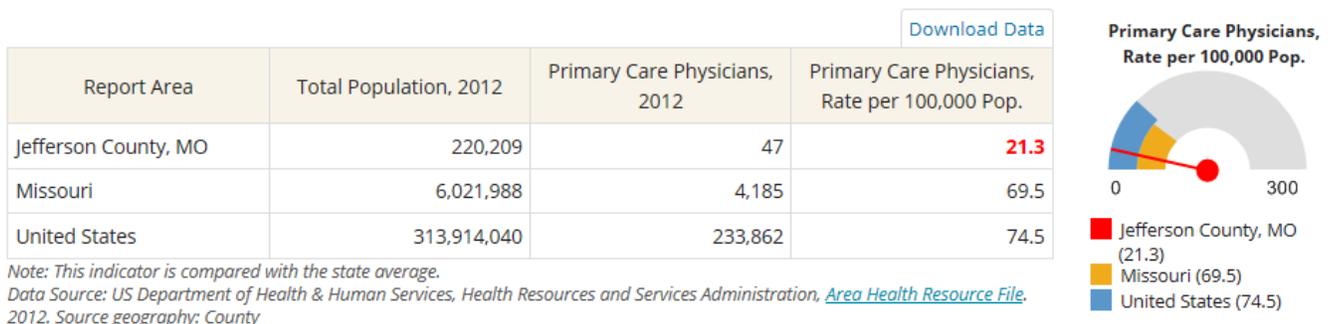
Lesser Concern 	Moderate Concern 	Significant Concern 
ED Utilization Maternal & Infant Health Poverty Sexually Transmitted Infections Unemployment Uninsured Rates Violent Crime	Asthma Access to Transportation Binge Drinking Child Abuse/Neglect Inpatient Hospitalization Housing Stress Obesity Physical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

Access to Care

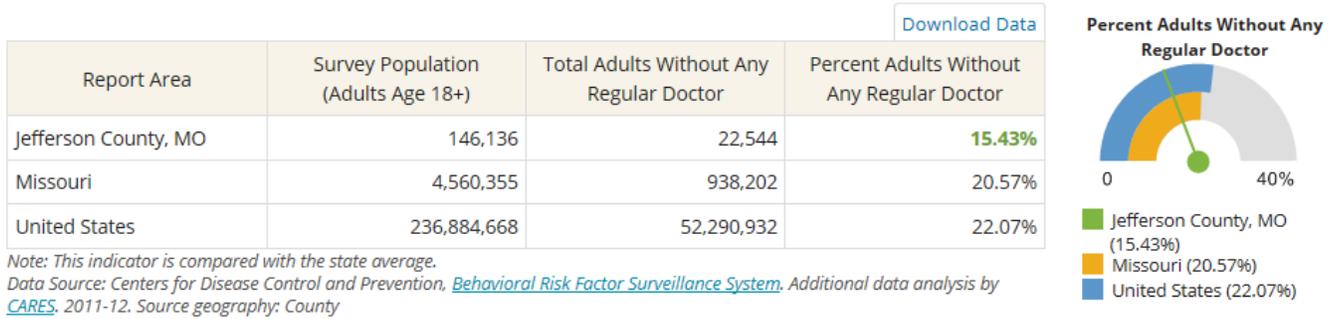
Primary care HPSA

The following data were collected on the availability of **primary healthcare** services in Jefferson County:

- Ranked in bottom quartile for primary care provider access when compared to “peer” counties (HHS Community Health Status Indicators – 2011, Appendix H)
- 70% of The Jefferson Memorial Community Foundation Report respondents felt that affordable healthcare was a “crisis-level” or “high” priority for those who do not qualify for Medicaid or the health insurance marketplace (Jefferson Memorial Community Foundation Report – 2014, Appendix I).
- The following infographic compares the number of primary care physicians in Jefferson County to state and national averages (HHS – 2012, via Community Commons):



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):



Dental HPSA

The following data were collected on **dental healthcare** for Jefferson County:

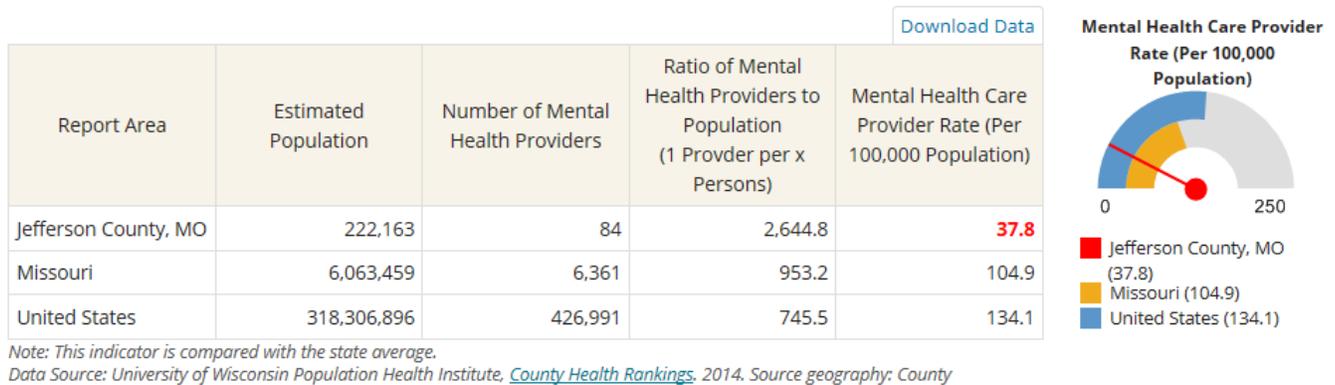
- Jefferson County, MO accounts for the majority of Mercy's urgent care dental visit volume (Internal Mercy Data – 2015)
- Mercy Urgent Care Festus accounts for more dental urgent care visits than any other Mercy urgent care (Internal Mercy Data – 2015)
- The Mercy Community Health Survey results revealed that limited access to healthcare – specifically dental services – is a problem in this.
- Victory Church survey revealed that 66% of parishioners have dental insurance, but 23% reported having difficulty paying for their medical/dental insurance.
- The Jefferson Memorial Community Foundation Community Needs Assessment Survey reported that 72% of respondents felt that dental care was a “crisis-level” or “high” priority for adults
- The following infographic compares the number of dentists in Jefferson County to state and national averages:



Mental Health HPSA

The following data were collected on **mental healthcare** for Jefferson County:

- Mercy Community Health Survey results revealed that limited access to behavioral health services is a concern in this community.
- The following infographic compares the number of mental health care providers to state and national averages:

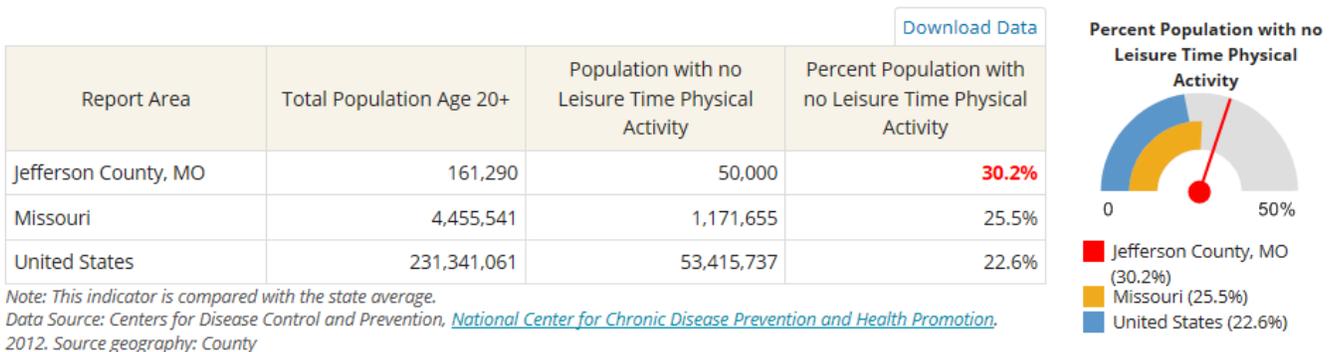


Risk Factor Behaviors

Obesity and Related Behaviors

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

- 30% of adults report not getting enough exercise or other physical activity (Jefferson Memorial Community Foundation Assessment - 2015)
- As of 2012, the percent of adult physical inactivity was higher than state and national averages (Community Commons – 2012)
- In 2014, the percentage of opportunities to exercise was higher than Missouri average (County Health Rankings - 2014)
- 77.5% of Mercy Community Health Survey respondents reported that the community has safe parks and public places for people to exercise
- 86% of Victory Church parishioners had an interest in exercise classes in their church and/or community
- The following infographic compares the rate of physical activity during leisure time in Jefferson County to state and national averages:



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

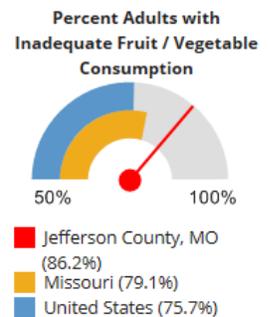
- Limited access to healthy foods when compared to counties with similar demographics (HHS Community Health Status Indicators – 2010)
- 56% of Jefferson Memorial Community Foundation CNA Survey respondents feel that affordable, nutritious food is a “crisis-level” or “high” priority
- 86% of Victory Church parishioners had an interest in improving healthy eating
- The following infographic compares the percentage of Jefferson County residents that consume an inadequate number of fruits and vegetables to state and national averages:

[Download Data](#)

Report Area	Total Population (Age 18+)	Total Adults with Inadequate Fruit / Vegetable Consumption	Percent Adults with Inadequate Fruit / Vegetable Consumption
Jefferson County, MO	161,057	138,831	86.2%
Missouri	4,473,226	3,538,322	79.1%
United States	227,279,010	171,972,118	75.7%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#), 2005-09. Source geography: County



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

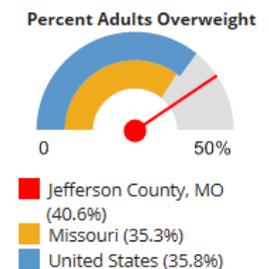
- In 2014, 35.1% of residents were considered to be obese, placing Jefferson County in the bottom quartile for the state (Community Commons)
- Comparable obesity rate to counties with similar demographics (HHS Community Health Status Indicators – 2012)
- As of 2012, the percentage of overweight adults was higher than Missouri average, but percentage of obese adults was comparable to Missouri average (Community Commons – 2012)
- Mercy Community Health Survey respondents reported that obesity is an issue among children (72.5% agree or strongly agree) and adults (82.1% agree or strongly agree).
- 79% of Victory Church parishioners had an interest in improving weight control
- The following infographics compare the rate of overweight or obese adults in Jefferson County to state and national averages:

[Download Data](#)

Report Area	Survey Population (Adults Age 18+)	Total Adults Overweight	Percent Adults Overweight
Jefferson County, MO	138,061	56,000	40.6%
Missouri	4,363,655	1,541,649	35.3%
United States	224,991,207	80,499,532	35.8%

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



Tobacco Use

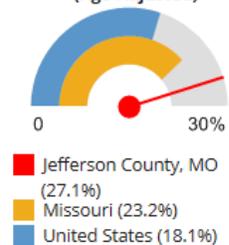
The following data were collected on **tobacco use** for Jefferson County:

- In 2014, 27.6% of adults were reported smoking, placing Jefferson County in the 3rd quartile for the state (*Community Commons*)
- In 2012, the percentage of adults smoking was higher than state and national averages (*CDC BRFSS – 2012, via Community Commons*)
- According to a report produced by the Missouri Behavioral Health Epidemiology Work Group, “53.6% of [Jefferson County] youth believe that it would be easy to get cigarettes and 43.8% have friends who smoke” (Behavioral Health Profile: Jefferson County – 2015).
- 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, September 2015 – Appendix J)
- The Mercy Community Health Survey respondents reported that smoking and tobacco usage is an issue among teens (81.6% agreed or strongly agreed) and adults (76.6% agreed or strongly agreed).
- 43% of Jefferson Memorial Community Foundation CNA Survey respondents reported that the need for a new approach to smoking prevention is a “crisis-level” or “high” priority
- The following infographic compares the rate of smoking cigarettes in Jefferson County to state and national averages:

Report Area	Total Population Age 18+	Total Adults Regularly Smoking Cigarettes	Percent Population Smoking Cigarettes (Crude)	Percent Population Smoking Cigarettes (Age-Adjusted)
Jefferson County, MO	162,494	44,848	27.6%	27.1%
Missouri	4,532,155	1,024,267	22.6%	23.2%
United States	232,556,016	41,491,223	17.8%	18.1%

[Download Data](#)

Percent Population Smoking Cigarettes (Age-Adjusted)



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County

Screening Utilization

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

[Download Data](#)

Report Area	Female Population Age 18+	Estimated Number with Regular Pap Test	Crude Percentage	Age-Adjusted Percentage
Jefferson County, MO	157,961	117,681	74.5%	75.3%
Missouri	3,846,348	2,877,068	74.8%	76.6%
United States	176,847,182	137,191,142	77.6%	78.5%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County

Percent Adults Females Age 18+ with Regular Pap Test (Age-Adjusted)



■ Jefferson County, MO (75.3%)
 ■ Missouri (76.6%)
 ■ United States (78.5%)

[Download Data](#)

Report Area	Total Population Age 50+	Estimated Population Ever Screened for Colon Cancer	Crude Percentage	Age-Adjusted Percentage
Jefferson County, MO	49,404	29,494	59.7%	56.3%
Missouri	1,532,083	972,873	63.5%	60.3%
United States	75,116,406	48,549,269	64.6%	61.3%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [Behavioral Risk Factor Surveillance System](#). Accessed via the [Health Indicators Warehouse](#). US Department of Health & Human Services, [Health Indicators Warehouse](#). 2006-12. Source geography: County

Percent Adults Screened for Colon Cancer (Age-Adjusted)



■ Jefferson County, MO (56.3%)
 ■ Missouri (60.3%)
 ■ United States (61.3%)

[Download Data](#)

Report Area	Survey Population (Smokers Age 18+)	Total Adults Never Screened for HIV / AIDS	Percent Adults Never Screened for HIV / AIDS
Jefferson County, MO	135,175	96,488	71.38%
Missouri	4,226,096	2,840,197	67.21%
United States	214,984,421	134,999,025	62.79%

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

Percent Adults Never Screened for HIV / AIDS



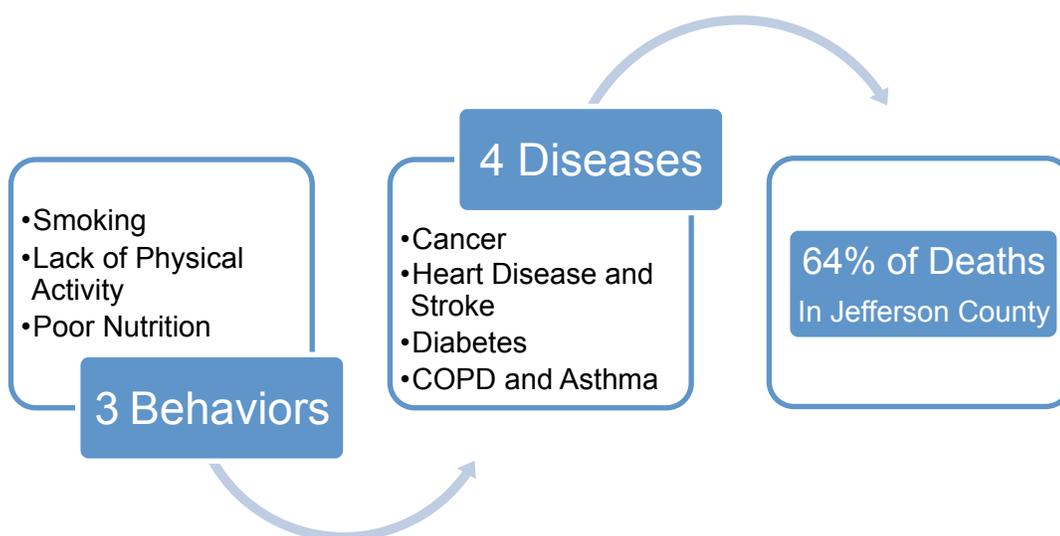
■ Jefferson County, MO (71.38%)
 ■ Missouri (67.21%)
 ■ United States (62.79%)

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 – 2014).



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 2003-2013, in accordance with the national trend. The number of deaths caused by chronic lower respiratory disease follows in third (60.6 per 100,000 population), which is significantly higher than the state average.

The following statistics on **heart disease related deaths** were provided by the CDC Interactive Atlas for Heart Disease and Stroke (2013):

- 149.2 age-adjusted coronary heart disease deaths per 100,000 population (significantly higher than both state and national averages)
- 117.2 high blood pressure-related deaths per 100,000 population (92 deaths per 100,000 population in the state of Missouri)

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 – 2012).

According to the Missouri Department of Health and Senior Services, The following table reveals the ten most common causes of death for all Jefferson County residents from 2003 to 2013:

Leading Causes of Death in Jefferson County 2003 – 2013

Leading Cause of Death	County Rate (per 100,000)	State Rate (per 100,000)	Statistically Significant Difference
Heart Disease	248.8	216.7	H
Cancer (All)	208.9	188.9	H
Lung	74.4	58.7	H
Breast	13.3	13.6	N/S
Chronic Lower Respiratory Disease	60.6	50.3	H
Stroke/Other Cerebrovascular Disease	56.0	47.8	H
Unintentional Injuries Including Motor Vehicle Accidents	61.9	47.5	H
Alzheimer's Disease	32.6	25.8	H
Diabetes Mellitus	23.4	22.0	N/S
Pneumonia and Influenza	22.8	20.3	N/S
Kidney Disease	17.0	18.1	N/S
Suicide	16.0	13.7	H

Missouri Department of Health & Senior Services, 2013

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 state and national averages (Center for Disease Control and Prevention – 2012).

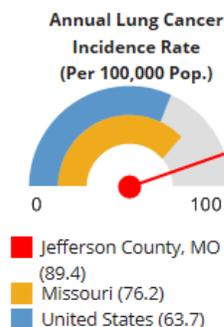
Cancers

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 – 2012).
- The following infographics compare the rate of lung cancer and colon/rectum cancer in Jefferson County to state and national averages:

Report Area	Sample Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Jefferson County, MO	21,923	196	89.4
Missouri	687,139	5,236	76.2
United States	33,565,463	213,812	63.7

[Download Data](#)



Note: This indicator is compared with the state average.

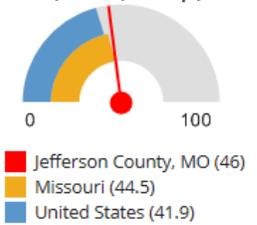
Data Source: National Institutes of Health, National Cancer Institute, [Surveillance, Epidemiology, and End Results Program. State Cancer Profiles](#). 2008-12. Source geography: County

Annual incidence of colon cancer was also higher than the state and national rates, and significantly higher than the *Healthy People 2020* target.

[Download Data](#)

Report Area	Sample Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Jefferson County, MO	21,304	98	46
Missouri	679,325	3,023	44.5
United States	33,516,229	140,433	41.9
HP 2020 Target			<= 38.7

Annual Colon and Rectum Cancer Incidence Rate (Per 100,000 Pop.)



Note: This indicator is compared with the state average.

Data Source: National Institutes of Health, National Cancer Institute. [Surveillance, Epidemiology, and End Results Program. State Cancer Profiles. 2008-12.](#) Source geography: County

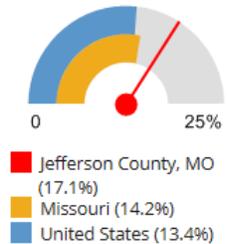
Asthma

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%

Percent Adults with Asthma



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

Emergency Department Usage, Inpatient Hospitalization Rates and Preventable Hospitalizations

Emergency Department Usage

In 2013, Emergency Department (ED) utilization in Jefferson County was significantly lower than the Missouri average (Missouri Department of Health and Senior Services – 2013).

Inpatient Hospitalization

In 2012, the overall inpatient hospitalization rate for Jefferson County was significantly higher 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 (2012)

Disease Indication	County Rate (per 100,000)	State Rate (per 100,000)
Infection	51.9	42.2
Septicemia	45.3	35.3
Mental Disorders		
Affective Disorders	20.6	17.3
Brain/Spinal Cord/Eyes/Ears	38.2	31.6
Heart and Circulation	183.4	174.7
Stroke and Other Cerebrovascular Disease	32.7	28.3
Respiratory (Throat and Lung)		
Pneumonia and Influenza	43.3	38.7
Digestive System	127.7	114.4
Biliary Tract (Gallbladder)	19.6	13.8
Kidneys/Bladder/Genitalia	64.5	54.0
Urinary Tract Infection	20.7	17.1
Pregnancy/Childbirth/Reproduction		
Normal Pregnancy and Delivery	8.0	6.1
Skin	28.3	24.0
Skin Infections	26.3	21.8
Bone/Connective Tissue/Muscle	69.9	64.8
Injury and Poisoning	106.2	99.8
Symptoms and Ill-Defined Conditions	43.7	35.1
Rehab Care/Fitting/Adjusting Prosthesis and Devices	21.9	15.7

Missouri Department of Health & Senior Services, 2012

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:

- 1,233 preventable hospitalizations per 100,000 population in 2013 (Missouri Health and Senior Services – 2013)
- Increased rate of preventable hospitalizations since 2012, significantly higher than state and national values (Dartmouth College Institute for Health Policy and Clinical Practice via Community Commons – 2012)
- 93.44 preventable hospitalizations per 1,000 Medicare beneficiaries in 2014; higher than the state and national averages, increasing since 2012 (County Health Rankings via Community Commons-2014)
- Jefferson County compared unfavorably to the state rate with respect to preventable hospital stays among low-income individuals (Jefferson Memorial Community Foundation’s 2014 report)

The following data were collected on **preventable hospitalizations** for Mercy Hospital Jefferson:

- In 2013, 34.9% of Mercy Hospital Jefferson's inpatient admissions were designated Potentially Avoidable Admissions (PAAs), which was consistent with state and national averages of 34.8% and 35.4%. 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 – 2013).
- Mercy Hospital's 30-Day Readmissions Index was higher than state and national medians (1.01 compared to 0.95 and 0.97, respectively) (Sg2 Medicare Performance Rankings – 2013).

Infectious diseases

Sexually Transmitted Infections

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

- Incidence rates for Chlamydia, Gonorrhea, and HIV/AIDS were significantly lower than state and national rates (Community Commons – 2010, 2012)
- Ranked in the most favorable quartile when compared to peer counties for syphilis incidence (HHS Community Health Status Indicators – 2012)

Tuberculosis

In 2015, 2 cases of tuberculosis were reported in Jefferson County (0.9 per 100,000 population), lower than the state average (1.6 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 (Appendix K):

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

Behavioral Health

Substance Abuse

The following data were collected on **substance abuse** in Jefferson County:

- 52 alcohol-related and 98-drug related hospitalizations were reported in Jefferson County in 2012. Additionally, 237 alcohol-related and 367 drug-related crises emergency department visits were reported (Behavioral Health Profile: Jefferson County – 2015).
- Alcohol, marijuana, and heroin use were the most commonly reported “primary drug problem(s)” within substance abuse treatment programs, followed by the use of stimulants (primarily methamphetamine) (Missouri Behavioral Health Epidemiology Work Group – 2015).
- 69% of Jefferson Memorial Community Foundation survey respondents reported that substance abuse *treatment* is a “crisis-level” or “high” priority in Jefferson County, while 66% of respondents reported a grave need for improved substance abuse *prevention*.

Alcohol:

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

- In 2012, 23.6% of adults age 18 or older self-reported heavy drinking, defined as two or more drinks per day for males and one or more drinks per day for females (Community Commons – 2015).
- By 2014, the percentage of adults who self-reported binge or heavy drinking decreased to approximately 18% (County Health Rankings – 2014).
- Jefferson County experienced higher rates of excessive drinking than both state and national averages in 2014 (County Health Rankings – 2014 & CDC BRFSS – 2012, via Community Commons).
- Jefferson County experienced a higher percentage of alcohol-impaired driving deaths than state and national averages (County Health Rankings – 2014 & Missouri Department of Health and Senior Services – 2013).
- Additionally, rate of binge drinking among youths grades 6 to 12 was higher than the state, with an average age of first use being 12.89 years (Behavioral Health Profile: Jefferson County – 2015).
- Alcohol abuse accounted for 37% of total substance abuse treatment admissions in FY2014 (Missouri Department of Mental Health)

Heroin:

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

- Jefferson Memorial Community Foundation identified heroin use as a growing problem within the community.
- 77.3% of Mercy Community Health Survey respondents reported that illegal drug usage was an issue for Jefferson County adults; 77.5% reported that it was an issue for teens.
- Heroin use was the third most common “primary drug problem” reported by substance abuse treatment programs, after alcohol and marijuana use during FY2014 (Missouri Department of Mental Health Division of Behavioral Health-2014).

Methamphetamines:

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

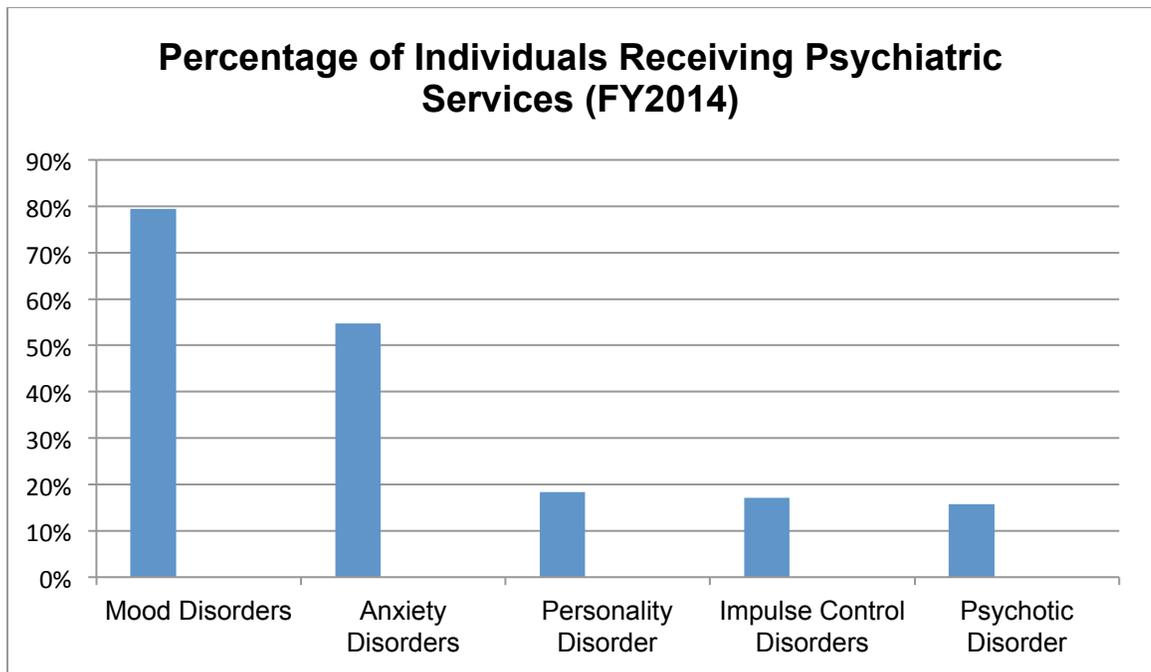
- As of September 2015, 403 methamphetamine incidents were reported across the state, with the highest number of incidents (105) occurring in Jefferson County (Missouri State Highway Patrol).
- Jefferson experiences more methamphetamine incidents as a county than 36 states nationwide (Missouri Highway Patrol – 2015).
- In 2014, 20.7% of Jefferson County youths grades 6 through 12 reported that they believed it would be easy to obtain methamphetamine, in addition to other illegal drugs (Behavioral Health Profile: Jefferson County – 2015).

Mental Health and Wellness

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

- In 2014, nearly one half of Jefferson County residents who entered substance abuse treatment were registered as having one or more co-occurring psychological problems (Missouri Department of Mental Health Division of Behavioral Health-2014).
- In FY 2015, “psychoses” was the most common cause for inpatient discharge at Mercy Hospital Jefferson, accounting for 13% of all discharges during the year (Internal EPIC data – 2015).
- The rate for inpatient hospitalizations due to mental health disorders was higher than the state, although ED utilization for mental health crises was lower than the state average (Missouri Health and Senior Services – 2012, 2013).
- According to the Jefferson Memorial Community Foundation Report, Jefferson County community stakeholders perceived low access to mental health services (2014).
- Suicide was identified as a top 10 cause of death with a rate higher than the state (MO HSS – 2013).
- Jefferson County compared unfavorably to Missouri in rate of death by suicide, and 55% of survey respondents identified adult mental health services as a “crisis-level” or “high” priority (Jefferson Memorial Community Foundation report – 2014).
- The number of poor mental health days Jefferson experienced by county residents was consistent with Missouri average (County Health Rankings – 2014).
- According to the results of the Mercy Community Health Survey:
 - 32% of respondents have or have had depression in the past
 - 40.3% of respondents were dissatisfied or very dissatisfied with community programs for mental health issues
 - 46.2% of respondents were dissatisfied with programs for stress management
 -

According to the Missouri Department of Mental Health, 1,982 individuals entered treatment for mental health disorders in FY 2014. 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 FY2014.



Missouri Department of Health and Senior Services, Division of Behavioral Health, 2014

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 2012, the rate of violent crime in Jefferson County was significantly lower than state and national averages (Community Commons), and the number of deaths due to homicide per 100,000 population was lower than state rate (County Health Rankings-2012).
- 487 violent offenses were reported in 2014: 363 were aggravated assault, 83 were rapes, and were 2 homicides (MO State Highway Patrol).
- 1,308 domestic violence incidents were reported in 2014 (MO State Highway Patrol).

Child Abuse & Parenting

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

Child abuse/neglect data:

- Child deaths, ages 1–14 (per 100,000) from 2009-2013 were lower than state rate (MO KIDS COUNT-2014)

- Additionally, child abuse/neglect & family assessments (per 1,000) in 2013 were lower than state rate but have increased since 2009 (MO KIDS COUNT-2014)
- Rate of out-of-home placement entries (per 1,000) in 2013 was higher than state rate and has increased since 2009 (MO KIDS COUNT-2014)
- 69% of Jefferson Memorial Community Foundation survey respondents felt that housing for youth who lack stable living conditions was a “crisis-level” or “high” priority

Parenting data:

- Children in single-parent families has increased from 20.0% to 28.5% from 2000-2012 (MO KIDS COUNT-2014), which was lower than state rate (at 33%) but higher than top U.S. performers (at 21%) (County Health Rankings-2014).
- 50% of Jefferson Memorial Community Foundation Survey respondents felt that counseling/education for families was a “crisis-level” or “high” priority.
- 67% of Victory Church parishioners have interest in seeing improvement in parenting resources

Natural Environment

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

- Level of air pollution (particulate matter) higher than state at 11.5 micrograms per cubic meter compared to 10.2 Missouri average (County Health Rankings-2011)
- Jefferson County falls within the fourth (most favorable) quartile in the state for daily concentration of fine particulate matter (PM2.5) (Community Commons-2014)
- 65.0 unhealthy air quality days per year (median US: 8 days) (AARP Livability Index-2015)
- At least one community water system in Jefferson County received a water violation from FY2013-FY2014 (County Health Rankings-2014)

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 seeks to provide greater transit options for people with disabilities while serving the entire 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.

Although Jefferson County has the aforementioned transportation resources, many county residents feel that services are not comprehensive enough to support the need:

- 52% of Jefferson Memorial Community Foundation Survey respondents feel that transportation to jobs is a “crisis-level” or “high” priority
- 57% of Jefferson Memorial Community Foundation Survey respondents feel that transportation to services is a “crisis-level” or “high” priority
- The Mercy Community Health Survey results revealed that transportation is a problem in the community

Housing

According to County Health Rankings and the HHS Community Health Status Indicators site, “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 – 2012)
- Ranked in the middle two quartiles for high housing costs and housing stress compared to “peer” counties (HHS Community Health Status Indicators -2011)

VI. Prioritized Significant Community Health Needs

The nominal group technique was used in the priority setting process. The Mercy Hospital Jefferson Community Health Council 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
Substance Abuse (i.e. Meth, Alcohol, Opiates)	4.88	4.25
Mental Health (Depression, Suicide)	4.63	4.67
Violence: Domestic/Family/Child Abuse	4.50	4.25
Access to Care: Services	4.25	3.88
Transportation	4.13	4.63
Dental/Oral Health	4.00	3.50
Tobacco Use	3.88	3.75
Access to Care: Coverage	3.75	3.63
Obesity/Poor Nutrition/Physical Inactivity	3.63	4.25
Accidents/Unintentional Injuries	2.50	3.00

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, the following priorities were selected:

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, measureable, and attainable goals that will align with the mission and strategy of the organization.

VII. Potentially Available Resources

Collaboration with other community health and social service providers is key to improving the health of those residing in the MHJ community. 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 Franklin County.

“Alive and Well, an initiative of the St. Louis Regional Health Commission, 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 L)

Mercy also maintains strong partnerships with the Jefferson County Health Department (JCHD) and Community Treatment, Inc. (COMTREA), a Federally Qualified Health Center (FQHC). JCHD leads several initiatives to address public health concerns, while COMTREA provides a full spectrum of mental health services, physical health services, dental care and counseling to the Jefferson County community.

Other Vital resources available in Jefferson County include (but are not limited to) the following:

- Partners Responsible for Increasing Drug Education (P.R.I.D.E)
- Methamphetamine Action Coalition (MAC)
- Jefferson Franklin Community Action Corporation (JFCAC)
- JeffCo Express

VIII. Evaluation of Impact

Mercy Hospital Jefferson's most recent Community Health Improvement Plan (CHIP) – 2014-2016 – focused on the following health topics:

- Access to Care (Health Insurance Coverage and Continuity of Care)
- Tobacco Use
- Mental Health/Substance Abuse
- Domestic Violence/Human Trafficking

Because other Mercy hospitals within Mercy East Community chose similar issues, much of the outcomes data was reported collectively. Unless otherwise specified, the following statistics represent the outcomes of Mercy East Community, which consists of the following counties in Missouri:

- Jefferson County
 - St. Louis City
 - St. Louis County
 - Franklin County
 - St. Charles County
 - Warren County
 - Lincoln County
-

1. ACCESS TO CARE

Health Insurance Coverage

Healthy People 2020 Goal (United States):

Persons with medical insurance (percent, <65 years)
Target=100.0% insured

Baseline: 83.2% (2008)
82.5% (2009)
81.8% (2010)
82.8% (2011)
83.1% (2012)
83.3% (2013)

Mercy Goal (Missouri):

- Support the Missouri Foundation for Health (MFH) goal to reduce the number of uninsured in Missouri (17%) to 5% in five years

Baseline: 17.0% (2013)
13.7% (2015)

Mercy Action:

- Developed a Mercy Coverage Assistance Program (MCAP) to promote education and enrollment in the Affordable Care Act (ACA) in the numerous counties in Missouri served by Mercy

Measurement (Mercy East Community):

Output

- | | |
|--------------------------|--------|
| ○ Education Events | 561 |
| ○ Education Participants | 15,140 |

Outcomes

- | | |
|---------------|-----|
| ○ Enrollments | 822 |
|---------------|-----|

Recommendation:

- Continue education and enrollment programming which will increase access to health and social services
- Advocate for the state of Missouri to expand Medicaid

2. TOBACCO USE

Healthy People 2020 Goal (United States):

1. Adult cigarette smoking (age adjusted, percent, 18+ years)
Target=12.0%

Baseline: 20.6% (2009)
19.3% (2010)
19.0% (2011)
18.2% (2012)
17.9% (2013)

2. Adolescent cigarette smoking in past 30 days (percent, grades 9-12)
Target=16.0%

Baseline: 19.5% (2009)
18.1% (2011)
15.7% (2013)

Mercy Goal (Missouri):

- Increase the number of individuals who are screened for tobacco use and provided follow-up intervention
- Increase smoking cessation success by adult smokers
- Decrease percentage of adolescents who start smoking

Mercy Action:

- Captured adult and adolescent patient responses in EPIC (electronic medical record program) on their tobacco use and tracked intervention efforts
- Offered three smoking cessation options to co-workers and the community
 - Mercy developed and implemented a local well-coach based cessation program administered by a Mayo Clinic certified health and wellness coach
- Developed “Are You Ready to Kick the Habit?” video featuring Dr. Adeel Kahn, Mercy Pulmonologist
- Implemented a surcharge to co-workers/spouses covered through Mercy who use tobacco and were not participating in a cessation program
- Partnered with the Jefferson County Health Department to host “Clearing the Air” smoke-free poster contest and information session for school age children and their parents (Appendix M)

Measurement:

- Auriculotherapy – 32 of 102 participants reported quitting
- Freedom from Smoking (group support) – 21 coworkers reported they quit and 11 still were not smoking 6 months post-group. Program was discontinued due to lack of interest.
- Mercy Road to Freedom (well-coach providing individual telephonic coaching & support) – 86 reported quitting
- Health Teacher – Tobacco Use module was available to all school districts served by Mercy East Community

Recommendation:

- Follow the recommendations of the Mayo Clinic in offering combination cessation aids to patients and co-workers, including approved medications

3. MENTAL HEALTH/SUBSTANCE ABUSE

Healthy People 2020 Goal (United States):

Suicide (age adjusted, per 100,000 population)
Target=10.2

Baseline: 11.3 (2007)
11.6 (2008)
11.8 (2009)
12.1 (2010)
12.3 (2011)
12.6 (2012)
12.6 (2013)

Adolescents with major depressive episodes (12-17 years)
Target=7.5%

Baseline: 8.3% (2008)
8.1% (2009)
8.0% (2010)
8.2% (2011)
9.1% (2012)
10.7% (2013)

Mercy Goal (Missouri):

- Continue regional approach in growing inpatient and outpatient services in surrounding counties
- Expand child/adolescent services based on prioritized community need

Mercy Action:

Mercy Hospital Washington (MHW)

- Opened Intensive Outpatient Program (IOP) at Mercy Hospital Washington (MHW) for adults in December 2014 and have served over 250 patients
- Expanded the IOP program to accept adolescents in May 2016

Mercy Hospital St. Louis (MHSL)

- Adolescent Behavioral Health Unit opened in Mercy Children's Hospital in 2013
- Placed a Mercy social worker, LCSW, in three Catholic elementary schools in St. Louis City to provide counseling and referral services
- Opened a virtual clinic at Chaminade College Prep School in St. Louis in 2015, including mental health screenings

Mercy Hospital Jefferson (MHJ)

- Annual Suicide Awareness and Prevention Conference was held at Mercy Hospital Jefferson (MHJ)

Mercy East Community (MEC)

- Telepsychiatry services were launched in 2013
- Began partnership and awareness campaign with the Regional Health Commission to promote their trauma-informed care program, "Alive and Well"

Measurement:

- 226 adult patients have been seen at the IOP at MHW

- The LCSW in schools
 - Presented educational material to 250 students
 - Provided interventions to 180 students
- 800-900 children and adolescents are seen each year at the Adolescent Behavioral Unit
- 185 community members attended the Suicide Awareness and Prevention Conference at MHJ

Recommendation:

- Expand Adult Psychiatric Inpatient program by 12 beds at MHJ
- Launch central intake model pilot that incorporates virtual care
- Implement a trauma-informed model of care throughout Mercy
- Continue and expand the Suicide Awareness and Prevention Conference
- Decrease the prescribing of, diversion of, and access of opioids in the community by working with a multidisciplinary team to create pain management policies and procedures related to appropriate prescribing and monitoring of opioids
- Expand education and awareness on proper disposal of prescription and over-the-counter medications

4. DOMESTIC VIOLENCE/HUMAN TRAFFICKING

Healthy People 2020 Goal (United States):

Injury deaths (age adjusted, per 100,000 population)

Target=53.7

Baseline: 58.5 (2008)

56.5 (2009)

57.1 (2010)

58.4 (2011)

58.7 (2012)

58.8 (2013)

Homicides (age adjusted, per 100,000 population)

Target=5.5

Baseline: 5.9 (2008)

5.5 (2009)

5.3 (2010)

5.3 (2011)

5.4 (2012)

5.2 (2013)

5.1 (2014)

(NOTE: Injury Deaths and Homicide data are being used as proxy data)

Mercy Goal (Missouri):

- Expand Mercy Hospital St. Louis's Project HOPE (a program that allows victims to file for Orders of Protection while still in a hospital setting) to other Mercy facilities, including MHW
- Increase the number of individuals consistently screened for domestic violence

Mercy Action:

- Strengthened Mercy's partnership with
 - ALIVE (Alternatives to Living in Violent Environments) in St. Louis and Franklin County
 - A Safe Place – a program of COMTREA in Jefferson County
 - Robertson Center – a program of Bridgeway in Lincoln County
- Created training video for Mercy clinical staff on assessment and appropriate/effective referrals
- Established process allowing victims to obtain a restraining order through hospital Emergency Department (ED)
- Displayed over 1,500 posters with emergency hotline information in restrooms
- Captured patient responses and intervention rates in EPIC to the question, "Are you in a relationship with someone who hurts you?"

Measurement:

- Domestic Violence intervention rates at Mercy Hospital St. Louis increased from 49% at the start of 2015 to 68% at the end of 2015
- Outcome measurements of partnership program with ALIVE included:
 - 100% of survivors reported having increased strategies for enhancing their safety
 - 84% of survivors reported having knowledge of available resources
 - 94% of survivors reported having received support to improve their ability to cope with the aftermath of domestic and/or sexual violence

DV data per Mercy EPIC:

The following table represents domestic violence data gathered from patients in the Emergency Department at Mercy Hospital Washington. If the patient responded “Yes” to the question, “Are you in a relationship with someone who hurts you?” they were referred to a DV organization or given other options, and/or given educational and legal materials upon their consent.

		Oct-Dec 2014	Jan-Mar 2015	Apr-Jun 2015	Jul-Sep 2015	Oct-Dec 2015	Total
MHJ	# Patients	5,495	4,447	5,246	5,711	5,660	26,559
	# Screened	5,370	4,322	4,609	5,087	4,924	24,312
	# of Yes Replies	52	39	16	21	24	152
	# Referred	13	22	11	13	12	71

Recommendation:

- Continue co-worker trainings
- Evaluate pre- and post-tests included in the Mercy training video

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Appendix A

POPULATION DEMOGRAPHICS

	Primary Service Area			Missouri	US
	2015	2020	% Growth	2015	2015
Female Population	99,611	101,422	2%	3,093,857	162,189,591
Male Population	97,892	99,382	2%	2,975,956	157,270,400
Total Population	197,503	200,804	2%	6,069,813	319,459,991
Age Groups					
00-17	24%	23%	-2%	23%	23%
18-44	34%	33%	0%	35%	36%
45-64	29%	27%	-2%	27%	26%
65-UP	14%	16%	21%	16%	15%
Race & Ethnicity*					
White	96%	96%	1%	-	-
Black (African American)	1%	1%	23%	-	-
Asian	1%	1%	6%	-	-
Multiple Races	1%	2%	12%	-	-
Hispanic of Any Race	2%	2%	17%	-	-
Language**					
Only English at Home	97%	97%	2%	94%	79%
Spanish at Home	1%	1%	2%	3%	13%
All Others	2%	2%	1%	4%	8%
Workforce***					
Armed Forces	<1%	<1%	-1%	<1%	-
Civilian Employed	61%	61%	3%	58%	-
Civilian Unemployed	6%	6%	3%	6%	-
Not in Labor Force	33%	33%	3%	36%	-
Household Income					
<\$15K	10%	10%	-4%	14%	13%
\$15-25K	9%	8%	-1%	12%	11%
\$25-50K	26%	24%	-4%	26%	24%
\$50-75K	24%	23%	1%	18%	18%
\$75-100K	14%	15%	5%	12%	12%
\$100K-200K	15%	17%	15%	14%	18%
>\$200K	2%	2%	37%	3%	5%
Families living below poverty level	9%	9%	2%	11%	12%
Education Level****					
Less than High School	4%	4%	2%	4%	6%
Some High School	10%	10%	1%	8%	8%
High School Degree	35%	35%	1%	32%	28%
Some College/Assoc. Degree	36%	35%	1%	32%	31%
Bachelor's Degree or Greater	16%	16%	0%	25%	27%

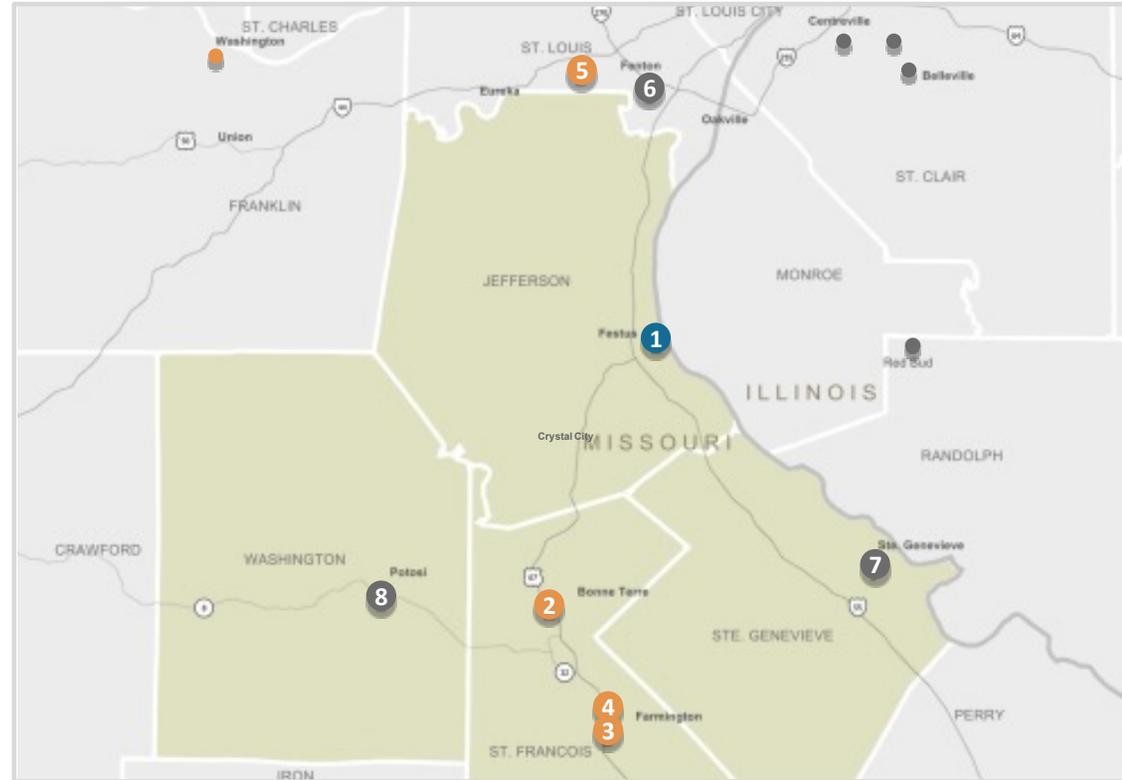
*Ethnicity not considered for White, Black, Asian or Multiple Races; Hispanic ethnicity includes all races; **Excludes population age <5; ***Excludes population age <16; ****Excludes population age <25 and based on highest level achieved
 Note: St. Louis Jefferson Primary Service Area consists of 15 zip codes in Missouri as noted in map illustration at right

Appendix B

Jefferson Community Provider Map & Stats

The hospitals numbered on this map are either within the Primary Service Area or are in close proximity with significant market share. Hospital data for these providers is listed in the table below.

All other acute care hospitals located in surrounding areas are represented on the map with a smaller, unnumbered dot.



System Affiliation	ID	Hospital	City, State	Type	Total Staffed Beds	Total Inpatient Discharges	Total Births
Mercy	1	Mercy Hospital Jefferson	Crystal City, MO	Acute	203	10,095	363
BJC HealthCare	2	Parkland Health Center – Bonne Terre	Bonne Terre, MO	Critical Access	3	5	0
	3	Parkland Health Center – Liberty Street	Farmington, MO	Acute	103	3,235	476
	4	Parkland Health Center – Weber Road* (closed)	Farmington, MO	Acute	108	2,893	277
SSM Health	5	SSM Health St. Clare Hospital	Fenton, MO	Acute	180	10,391	1,129
Other System or Independent	6	St. Anthony's Medical Center	St. Louis, MO	Acute	693	26,916	1,108
	7	Ste. Genevieve County Memorial Hospital	Ste. Genevieve, MO	Critical Access	25	645	123
	8	Washington County Memorial Hospital	Potosi, MO	Critical Access	25	524	0

*Parkland Health Center - Weber Road closed January 31, 2016 and clinical services have been relocated to the Liberty Road facility
 Sources: Mercy - Mercy Finance, FY15; All other: inpatient discharges and births - HIDI, FY15; beds (all bed types/total complex)

Appendix C

<http://www.countyhealthrankings.org/app/missouri/2016/rankings/jefferson/county/factors/overall/snapshot>

Appendix D <http://www.jeffcohealth.org/reports-and-references/reports>

Appendix E

COMMUNITY HEALTH COUNCIL MERCY HOSPITAL JEFFERSON

LEADERS

Eric Ammons – President

Jared Bryson – Vice-President, Mission Services

MEMBERS

Jared Bryson – Vice-President, Mission Services

Donna Easter – Community Relations Specialist, Marketing and Communications

Dan Eckenfels – Vice-President, Finance

Ronald Finnan – Manager, Clinic Operations

Rick Fischer – Community and Government Relations Advocate

Madeline Gemoules – Outreach Coordinator, Mercy Neighborhood Ministry/Community Health & Access (MHJ)

Heidi Hastings – Executive Director, Business Development

Andrew Held – Director, Development

Brenda Johnston – Director, Nursing & Behavioral Health

Ken Joyce – Director, Mission Services

Jack King – Board Member

Michelle Meyer – Vice-President, Operations

Patty Morrow – Executive Director, Behavioral Health

Sharon Neumeister – Director, Mercy Neighborhood Ministry/Community Health & Access

Erin Poniwaz – Treatment Supervisor, Behavioral Health

Annette Richardson-Latham – Regional Director, Inpatient Care Management

Ray Weick, MD – VP, Physician Growth and Business Development

1. We'd like to know a bit about you. Please select your preferred language from the drop down box in the upper right corner. Next, please select the state where you receive most of your health care:

Answer	Response	%
Missouri	84	100%
Total	84	100%

2. Please select the name of the city closest to where you receive most of your health care.

Answer	Response	%
EAST-CRYSTAL CITY	84	100%
Total	84	100%

3. Please enter your five digit zip code for your mailing/home address:

Zip Code	#	%
63028	21	25%
63020	19	23%
63019	8	10%
63050	7	8%
63628	4	5%
63052	4	5%
63670	3	4%
63640	2	2%
63023	2	2%
63048	2	2%
63010	2	2%
63627	1	1%
63645	1	1%
63012	1	1%
63775	1	1%
63129	1	1%
63664	1	1%
63016	1	1%
63026	1	1%
63117	1	1%
63051	1	1%
Total	84	100%

4. Gender:

Answer		Response	%
Female		67	80%
Male		17	20%
Total		84	100%

5. Please choose the race/ethnicity that best fits you. Select all that apply or you can simply choose "prefer not to answer."

Answer		Response	%
White		77	92%
Prefer not to answer		4	5%
Hispanic, Mexican, Latino or Spanish		2	2%
African-American		1	1%
Asian		0	0%
Native American		0	0%

Statistic	Value
Total Responses	84

6. Please select the education level that best describes you.

Answer		Response	%
Some high school		2	2%
High school graduate		8	10%
GED		4	5%
Some college		21	25%
College graduate		32	38%
Post-college		17	20%
Total		84	100%

7. Please select the age range that best fits you.

#	Answer		Response	%
1	18 to 25 years-old		11	13%
2	26 to 35 years-old		13	15%
3	36 to 45 years-old		13	15%
4	46 to 64 years-old		44	52%
5	65 years and older		3	4%
	Total		84	100%

8. We'd like to get your opinion about your community. Thinking about the community where you live, please read the statements below and tell us if you agree or disagree with them. General Topics

#	Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total Responses	Mean
1	There are places people can go for help with health problems like diabetes, high blood pressure and medications.	2.50%	6.25%	12.50%	52.50%	26.25%	80	3.94
2	Healthy food choices are readily available in my community.	1.27%	11.39%	13.92%	48.10%	25.32%	79	3.85
3	My community has safe parks and public places for people to exercise.	2.50%	5.00%	15.00%	50.00%	27.50%	80	3.95
4	It seems like there has been more bullying among children and teens in my community over the last year.	2.53%	12.66%	40.51%	29.11%	15.19%	79	3.42
5	I know where to get help with mental health issues.	3.75%	5.00%	18.75%	47.50%	25.00%	80	3.85

9. Children

#	Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total Responses	Mean
1	It's easy to get immunizations, or shots, for your kids when you need them.	1.37%	4.11%	10.96%	43.84%	39.73%	73	4.16
2	Children being overweight is a problem in my community.	0.00%	2.63%	22.37%	35.53%	39.47%	76	4.12
3	After school programs for kids are available and easy to find.	6.85%	30.14%	26.03%	28.77%	8.22%	73	3.01

10. Teenagers

#	Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total Responses	Mean
1	Teens using alcohol is a problem in my community.	0.00%	5.26%	25.00%	36.84%	32.89%	76	3.97
2	Teens being overweight is a problem in my community.	0.00%	5.33%	24.00%	41.33%	29.33%	75	3.95
3	Teens using illegal drugs is a problem in my community.	0.00%	4.00%	18.67%	30.67%	46.67%	75	4.20
4	Smoking and tobacco usage by teens is a problem in my community.	0.00%	5.26%	13.16%	36.84%	44.74%	76	4.21
5	It's easy to get immunizations, or shots, for teenagers when you need them.	2.70%	4.05%	22.97%	48.65%	21.62%	74	3.82
6	Teen pregnancy is a problem in my community.	1.32%	5.26%	30.26%	47.37%	15.79%	76	3.71

11. Adults

#	Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total Responses	Mean
1	Adult alcohol abuse is high in my community.	1.25%	3.75%	28.75%	40.00%	26.25%	80	3.86
2	Adults using illegal drugs is a problem in my community.	1.25%	5.00%	16.25%	40.00%	37.50%	80	4.08
3	Health and social programs are available for senior citizens in my community.	3.85%	6.41%	41.03%	34.62%	14.10%	78	3.49
4	Smoking and tobacco usage by adults is a problem in my community	1.30%	3.90%	18.18%	27.27%	49.35%	77	4.19
5	Adults being overweight is a problem in my community.	0.00%	3.85%	14.10%	38.46%	43.59%	78	4.22

12. Do you have any other feedback about issues facing your community? Please use the box below to share with us.

Text Response

transportation is an issue for many clients seeking services. Also, we have a large number of uninsured individuals.

We need to have healthcare in our community for those who cannot afford insurance, doctor visits and medications.

Not at this time.

I am new to the Crystal City area and that is why some of the answers imply a lack of knowledge

OB CARE! Help!!!

Dental services for adults who don't qualify for medicaid and can't afford or don't have access to coverage is an extreme challenge in my community. Wait times for appointments are months, even in situations of severe pain. So they end up in the emergency room repeatedly trying to manage the pain. Those individuals who are just above qualifying for medicaid but can't afford the government mandated insurance are facing great challenges in obtaining healthcare.

A lack of urgent care or odd hours care. A lack of in your face education like posters and billboards with easy to understand messages. Messages you could see and understand in a moments passing. "SICK? STAY HOME." or "ELBOW YOUR COUGH" maybe "YOU SMOKE, YOU STINK"

drug use and how it affects families and children.

We need options for activities, things to do close to home.

Problems particular to my community include lead dust from local industry. There are buried deposits of hazardous chemicals in various parts of the county as well. Poverty is a common problem. People are underserved because they can not afford care and/or do not transportation to get there.

Good library system. Extension Office offerers courses for self improvement and how to help the environment. 20% increase in new people using the food bank over the last 6 months.

transportation

i think Mercy has really moved the community forward and look forward to much more interation and healthy seminars.

Jefferson County remains fairly rural in many areaas. i think transportation is often the challenge for this communittee.

No

There are no proactive behavioral health or substance abuse programs available for children. The few services available are only for crisis.

Comtrea is here physically for clients with mental illness but it seems to be very difficult to qualify for help or to get the help that is needed.

issues for families being in the sandwich generation between children and aging parents.

Definitely drugs are a big issue around here. From using to steeling to get money.

Need more education and healthy copmmunity atifities that are FREE.

Statistic	Value
Total Responses	20

13. Below is a list of some community programs. Please tell us how satisfied you are with your community's programs.

#	Question	Very Dissatisfied	Dissatisfied	Neutral	Satisfied	Very Satisfied	Total Responses	Mean
1	Parenting skills education	3.85%	26.92%	46.15%	21.79%	1.28%	78	2.90
2	Programs to address teen pregnancy	5.19%	33.77%	48.05%	11.69%	1.30%	77	2.70
3	Classes to help teen parents	5.13%	28.21%	52.56%	11.54%	2.56%	78	2.78
4	Education for chronic conditions such as diabetes, asthma, arthritis, etc.	6.41%	28.21%	38.46%	26.92%	0.00%	78	2.86
5	Education for improving personal health such as weight management, exercise, smoking cessation, etc.	8.97%	21.79%	30.77%	35.90%	2.56%	78	3.01
6	Programs for stress management	8.97%	37.18%	37.18%	16.67%	0.00%	78	2.62
7	Meals on Wheels	7.79%	10.39%	46.75%	31.17%	3.90%	77	3.13
8	Health related activities for Senior Citizens	6.41%	21.79%	48.72%	20.51%	2.56%	78	2.91
9	Health screenings such as blood pressure, cholesterol, mammograms, prostate cancer, etc.	2.56%	14.10%	38.46%	39.74%	5.13%	78	3.31
10	Programs for mental health issues	9.09%	31.17%	40.26%	18.18%	1.30%	77	2.71

14. Do you have any other feedback about the community programs in your area? Please use the box below to share with us.

Text Response

Very limited in community programs in my area.

Not at this time.

Not familiar w/how these programs operate or are carried out.

Meals on Wheels need funding expansion. So many are in need.

Having programs for chronic medical conditions does not reach the people if transportation is not included. Many people are aware they should be taking better care of their health, but many ignore the information. So while programs are offered, they aren't accomplishing what they set out to do.

Once a month free hot cooked dinner for anyone at the local catholic church -- last number served was 200.

There are not many programs in my community.

Even if there are programs in the community, many residents do not have an awareness the programs are available. How does the hospital get the info to these people. Many seniors do not have a computer.

No

Resources are difficult to find for screening. Advertising is very minimal for resources. Preventative programs are too limited.

Lack of dental care for under insured or uninsured individuals or individuals on Medicaid

not applicable

Statistic	Value
Total Responses	12

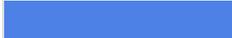
15. We have just a few questions about you and your family. Do you have medical insurance?

#	Answer	Response	%
1	Yes		95%
2	No		5%
	Total	78	100%

16. Do you have a regular family doctor, nurse practitioner or physician's assistant you see at least once a year?

#	Answer	Response	%
1	Yes		88%
2	No		12%
	Total	78	100%

17. Have you participated in a health screening in your community in the past 12 months?

#	Answer	Response	%
1	Yes		51%
2	No		49%
	Total	78	100%

18. Below are some health issues. Please check the ones you have or have had in the past.

#	Answer		Response	%
1	Arthritis or joint pain		25	44%
2	Asthma		12	21%
3	Cancer		2	4%
4	Depression		18	32%
5	Diabetes		9	16%
6	Heart problems		2	4%
7	High blood pressure		21	37%
8	High cholesterol		14	25%
9	Obesity		14	25%
10	Stroke		0	0%

19. When was the last time you went to your regular doctor, nurse practitioner or physician's assistant for a complete physical or regular check-up?

#	Answer		Response	%
1	Within past 12 months		56	73%
2	1 to 2 years ago		11	14%
3	3 to 5 years ago		6	8%
4	More than 5 years ago		4	5%
	Total		77	100%

20. Do you have kids in your household?

#	Answer		Response	%
1	Yes		41	52%
2	No		38	48%
	Total		79	100%

21. How many kids live in your household?

#	Answer		Response	%
1	1 to 2		31	78%
2	3 to 4		5	13%
3	5 or more		4	10%
	Total		40	100%

22. How old are your kids? Please mark all the ages that fit your kids.

#	Answer		Response	%
1	Less than one year-old		7	18%
2	1 to 2 years-old		8	20%
3	3 to 4 years-old		7	18%
4	5 to 7 years-old		11	28%
5	8 to 10 years-old		9	23%
6	11 to 13 years-old		8	20%
7	14 to 16 years-old		8	20%
8	17 years-old and older		9	23%

23. Do the kids in your house have a doctor, nurse practitioner or physician's assistant they see on a regular basis?

#	Answer		Response	%
1	Yes		39	98%
2	No		1	3%
	Total		40	100%

24. Do the kids in your house have any health problems? Please look at the list below and mark the health problems that apply to them.

#	Answer		Response	%
1	Asthma		4	44%
2	Cancer		0	0%
3	Depression		3	33%
4	Diabetes		0	0%
5	High blood pressure		0	0%
6	High cholesterol		0	0%
7	ADD/ADHD		7	78%
8	Obesity		0	0%

25. Have the kids in your house seen a dentist in the last year?

#	Answer		Response	%
1	Yes		29	73%
2	No		11	28%
	Total		40	100%

26. Have any of the kids in your house complained of bullying in the past 6 months?

#	Answer		Response	%
1	Yes		15	38%
2	No		25	63%
	Total		40	100%

1. VICTORY HEALTH MINISTRY SURVEY

Victory Health Ministry is the health and wellness arm of Victory Church. In order to better serve the people of our church and community, we invite you to complete our survey. You are helping to direct our plans for programs, outreaches and services here at Victory. This survey is voluntary and anonymous, but everyone's input is very important. Thank you in advance for your honest answers.

Age of the person taking this survey:

Answer		Response	%
18-24		7	5%
25-35		30	19%
36-45		23	15%
46-55		40	26%
56-65		28	18%
65+		26	17%
Total		154	100%

2. Are you:

Answer		Response	%
Married		108	71%
Single		14	9%
Divorced		21	14%
Widowed		9	6%
Total		152	100%

3. How many children in your household?

Answer		Response	%
None		77	50%
1		29	19%
2		29	19%
3		12	8%
4		5	3%
5+		1	1%
Total		153	100%

4. Ages?

Answer		Response	%
1		7	10%
2		8	11%
3		7	10%
3		0	0%
4		9	13%
5		11	15%
7		15	21%
8		6	8%
9		3	4%
10		8	11%
11		6	8%
12		1	1%
13		5	7%
14		5	7%
15		7	10%
16		12	17%
17		9	13%
18		13	18%

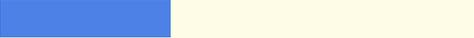
5. How much interest do you have in learning more and taking active steps to improve health on each of these topics?

Question	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Total Responses	Mean
Abuse/Domestic abuse	7.4%	7.4%	33.3%	26.9%	25.0%	108	3.5
Substance abuse	6.2%	6.2%	29.2%	26.5%	31.9%	113	3.7
Babysitting classes	6.6%	7.5%	49.1%	25.5%	11.3%	106	3.3
Caregiver of family member(s)	5.4%	5.4%	33.9%	30.4%	25.0%	112	3.6
Coping with chronic illness/disability	4.3%	3.5%	19.1%	40.0%	33.0%	115	3.9
First aid training and CPR instruction	0.8%	1.6%	13.0%	33.3%	51.2%	123	4.3
End of life issues	3.4%	2.5%	20.3%	42.4%	31.4%	118	4.0
Exercise classes	2.3%	1.5%	9.8%	37.9%	48.5%	132	4.3
Housing resources	5.2%	7.8%	31.0%	28.4%	27.6%	116	3.7
Health insurance/financial issues	2.5%	4.9%	21.3%	32.0%	39.3%	122	4.0
Healthy eating/lifestyle	1.5%	2.3%	10.0%	34.6%	51.5%	130	4.3
Parenting resources	2.6%	2.6%	27.4%	31.6%	35.9%	117	4.0
Suicide prevention	6.0%	3.4%	28.4%	25.0%	37.1%	116	3.8
Loss and grief	3.2%	4.0%	19.4%	32.3%	41.1%	124	4.0
Mental health and wellness	1.6%	3.2%	14.5%	34.7%	46.0%	124	4.2
Parenting special needs children	4.5%	5.4%	33.0%	33.0%	24.1%	112	3.7
Cancer care	3.5%	1.8%	28.9%	36.0%	29.8%	114	3.9
Alzheimer's/memory loss	3.6%	2.7%	29.1%	31.8%	32.7%	110	3.9
Smoking cessation	6.5%	7.4%	38.0%	24.1%	24.1%	108	3.5
Weight control	2.2%	3.0%	15.7%	32.1%	47.0%	134	4.2

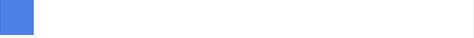
6. In our church's meetings, classes, worship, and sermons, do you hear or talk about each of the following from a faith perspective? (Select all that apply)

Answer	Response	%
Physical health	71	56%
Emotional/mental health	98	78%
Social/relational health	95	75%
Medical care issues	43	34%
Concern or special programs offered to the poor	71	56%

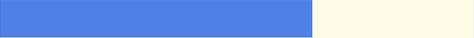
7. Are there any specific health-related activities you would like to see? (Select all that apply)

Answer		Response	%
Health Awareness Week		48	36%
Health Fair		58	44%
Exercise Program		86	65%
Weight Control Program		70	53%
Smoking Cessation Program		26	20%
Steady Group on Health Issues		39	29%
Stress Management Classes		72	54%
Illness Screening		53	40%

8. Do you have health insurance?

Answer		Response	%
Yes		141	93%
No		11	7%
Total		152	100%

9. Do you have dental insurance?

Answer		Response	%
Yes		101	66%
No		52	34%
Total		153	100%

10. Do you have a primary care doctor or nurse practitioner?

Answer		Response	%
Yes		125	83%
No		25	17%
Total		150	100%

11. How difficult is it to: (If the question doesn't apply to you select N/A)

Question	Very Difficult	Difficult	I can manage	Not a problem	Total Responses	Mean
Pay for your health/dental insurance	6.9%	16.0%	32.1%	45.0%	131	3.2
Pay co-pays at your primary care provider's office	6.8%	12.0%	37.6%	43.6%	117	3.2
Purchase prescription medications	6.5%	11.3%	42.7%	39.5%	124	3.2

12. How often in a given year do you/your family visit your doctor or nurse practitioner?

Question	Not At All (0)	Occasionally (1-2 times)	Frequently (3+)	Total Responses	Mean
You	6.25%	54.17%	39.58%	144	2.33
Family member	7.04%	53.52%	39.44%	71	2.32

13. How often in a given year do you/your family visit the emergency room or urgent care center?

Question	Not At All (0)	Occasionally (1-2 times)	Frequently (3+)	Total Responses	Mean
You	42.54%	45.52%	11.94%	134	1.69
Family member	34.78%	44.93%	20.29%	69	1.86

14. Are there any other health concerns you have that haven't been mentioned in this survey?

Text Response

Alcoholic Anonymous Classes

Being a care giver and the stresses involved.

Drug addiction programs and give help to members with information and direction to help us be informed.

No.

No.

Regarding Emergency Room or Urgent Cares, we do not go often. Regarding Primary Doctors, we have regular check ups.

Flu shots availability (Low Cost)

Protecting our hearing from illness, loud music, etc. Healing and renewal hearing.

We only go to the doctor when we are sick. Health concerns not mentioned: Eye Care.

Our yearly visits to the ER are 7-8 times.

We go to the Emergency Department as needed. Health concerns that haven't been mentioned:Internal.

Reduced free clinic based at Victory-maybe mobile.

Detox/ Holistic treatments

Please no "health fad" companies.

No

Severe Chronic Pain

It's neithr easy nor difficult to pay for health/dental insurance, paying co-pays at primary care provider's office, and purchasing prescription medications.

We visit a doctor/ nurse practitioner at least monthly.

Visit doctor/nurse practitioner 4 times a year. Visit the ER or Urgent Care at least 7 times a year.

This past year I have not gone to an Urgent Care or an Emergency Room.

Diseases and how to deal with them.

I think there is a lot of need for emotional and mental health support.

I go to the ER about every other year.

We need to offer assistance to families who have no health care to help them sign up for health care programs. Also, a flu vaccine, blood drive type of events, maybe partner with a local hospital.

No.

The kids have a primary care doctor, but I do not.

Substance outreach to the local jail.

Illness that doctors can't find.

No

Due to my cancer, I have a large base of knowledge in most health topics.

No

No

Maintain good health and nutrition education both to create health and combat/prevent diseases. Thanks. The Church's health ministry mission statement is a great idea.

Anger Management.

Back problems and Diabetes.

It is especially hard to pay for primary care and prescriptions before the deductible is met.

Would like a weight control program that is without weight product, nutritional instead. I only go to the doctor or nurse practitioner when NEEDED. I can't afford to go to Urgent Cares or Emergency Rooms.

No

I would like to hear more about encouraging all to eat more healthy! We should glorify God by our body! Our body is a temple.

NO MENTAL HEALTH SUPPORT AT CHURCH. I would like to see MENTAL HEALTH SUPPORT related activities at the Church.

Long term chronic problem-praying for healing not yet fully answered.

See primary doctor/nurse practitioner 12 times a year.

Kids see their primary care doctor/nurse practitioner as needed. We go to the ER not often but as needed.

Can Victory as a group purchase group insurance?

No

I would go to an ER or Urgent Care if necessary. Can a church group subscribe to a group health insurance plan? I pay penalties so as not to subscribe to OBAMA CARE.

Natural homeopathic medicine.

Nope

Children help screenings- Add ADHD, asbergers, social awkwardness, and so on. The middle ground of mental health not extreme end.

Pain management options- I really need to know the best (proven) options. (In my case- back pain with elderly loved one. Doctors say they cannot fix; stenosis, arthritis, degenerative disk, bulges) praying for a miracle.

Eye care

No

A FREE support group for eating disorder victims (Anorexia nervosa). There are none around and this is a chronic/important need everywhere. It is more common than you think it is and it can be fatal.

Depression, Mental Health. Regarding question 5 about issues heard in church's meeting, classes, worship, and sermons, "Wouls love to hear and talk more about EACH or these from a faith perspective."

No

Diabetes. Thank you for caring! God Bless

No

I go to the ER or Urgent Care as needed only.

Only use the ER or Urgent Care for Emergencies.

Nutrition is a big key to avoiding disease! We focus on that!

We go less than once a year to the ER or Urgent Care.

The healing of faith in the Lord Jesus you will be healed.

Pain Management

Would be great to see something geared towards pregnancy.

Back pain and how to manage in the aging.

no

"Understanding those who have mental illness-overcoming the fear". [We need classes, meetings, worship, and sermons on] "mental health-I keep offering but never hear back"

Have health insurance because "Government Mandated" "Haven't used" primary care provider.

no

no

no. Would not like to see specific health-related activities.

Therapy.

*Resources for survivors of Rape and Abuse. Especially within marriage. If you get people to help with weight management, etc.. classes that they are not condescending and realize that weight is often due to other factors than just eating and exercise habits.

Rarely see primary or ER/ Urgent Care.

Statistic	Value
Total Responses	74

Appendix I http://jmcfmo.org/media/Needs_Assessment.pdf

Jefferson County Health Department Tobacco Use, Beliefs, and Knowledge— Survey Results, September 2015



SURVEY DESCRIPTION

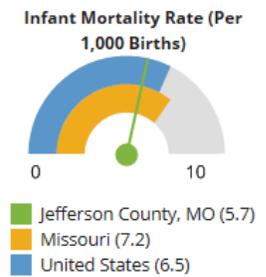
The Jefferson County Health Department developed a survey to fulfill specific objectives outlined in the Maternal Child Health Services Contract. The purpose of this survey was to measure the knowledge, attitudes, and beliefs about tobacco use and cessation among teachers, civic organizations, businesses, and youth leaders in Jefferson County. By collecting this information from leaders in the community, the JCHD hopes to gain a better understanding of how to meet the needs of Jefferson County residents. Additionally, the results of this survey will guide recommendations for creating policies to lessen the impact of tobacco use in Jefferson County.

The survey was accessible through a link that was sent out via email in August 2015. Email recipients were given about 4 and a half weeks to respond to the link, with a reminder email sent out a week before the deadline. 125 surveys were completed in the time frame allotted.

Infant Mortality Rate

The following infographic compares the **infant mortality rate** of Jefferson County to state and national averages:

Report Area	Total Births	Total Infant Deaths	Infant Mortality Rate (Per 1,000 Births)
Jefferson County, MO	14,415	82	5.7
Missouri	399,460	2,876	7.2
United States	20,913,535	136,369	6.5
HP 2020 Target			<= 6.0



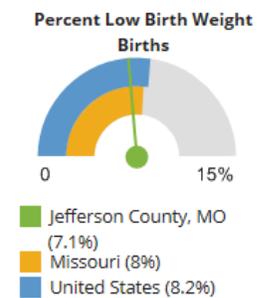
Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), Centers for Disease Control and Prevention, [Wide-Ranging Online Data for Epidemiologic Research](#). 2006-10. Source geography: County

Rate of Low Birth Weight

The following infographic compares the rate of **low birth weight births** in Jefferson County to state and national averages:

Report Area	Total Live Births	Low Weight Births (Under 2500g)	Low Weight Births, Percent of Total
Jefferson County, MO	20,244	1,437	7.1%
Missouri	556,612	44,529	8%
United States	29,300,495	2,402,641	8.2%
HP 2020 Target			<= 7.8%



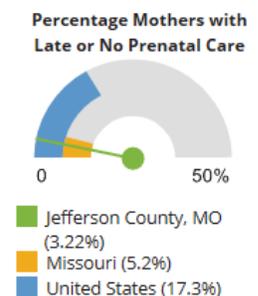
Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, [Health Indicators Warehouse](#). Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#). 2006-12. Source geography: County

Women Receiving No or Late Prenatal Care

The following infographic compares the rate of **mothers with late or no prenatal care** in Jefferson County to state and national averages:

Report Area	Total Births	Mothers Starting Prenatal Care in First Semester	Mothers with Late or No Prenatal Care	Prenatal Care Not Reported	Percentage Mothers with Late or No Prenatal Care
Jefferson County, MO	11,383	2,312	366	8,705	3.22%
Missouri	318,557	56,322	16,666	245,569	5.2%
United States	16,693,978	7,349,554	2,880,098	6,464,326	17.3%



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](#), Centers for Disease Control and Prevention, [Wide-Ranging Online Data for Epidemiologic Research](#). 2007-10. Source geography: County

Teen Pregnancy Rate

The following infographic compares the **teen birth rate** in Jefferson County to state and national averages:

[Download Data](#)

Report Area	Female Population Age 15 - 19	Births to Mothers Age 15 - 19	Teen Birth Rate (Per 1,000 Population)
Jefferson County, MO	7,319	230	31.4
Missouri	206,847	8,170	39.5
United States	10,736,677	392,962	36.6

Note: This indicator is compared with the state average.

Data Source: US Department of Health & Human Services, [Health Indicators Warehouse](#), Centers for Disease Control and Prevention, [National Vital Statistics System](#). Accessed via [CDC WONDER](#), 2006-12. Source geography: County

Teen Birth Rate (Per 1,000 Population)



- Jefferson County, MO (31.4)
- Missouri (39.5)
- United States (36.6)

In partnership with the St. Louis Mental Health Board, Alive and Well STL presents:

How Trauma Impacts Social, Emotional and Health Outcomes

Wednesday, December 2, 2015

8:00 - 10:00 a.m.
 Mercy Hospital-Jefferson
 Conference Room A
 1400 US-61
 Festus, MO 63028

OR

Thursday, December 10, 2015

5:00 - 7:00 p.m.
 Mercy Hospital-Jefferson
 Conference Room A
 1400 US-61
 Festus, MO 63028

The presentation will explore:

- the prevalence and impact of trauma on children’s brain development;
- the Adverse Childhood Experiences Study (ACES) which first introduced us to the long-term impact that trauma can have on social, emotional and health outcomes;
- what we must do to help children and families recover from trauma; and
- what is behind many of the behaviors we see and how we can shift our perspective to serve children and families through the lens of trauma.

The presentation sets the groundwork for future in-depth training opportunities in understanding trauma. This program meets one of the training requirements for becoming an Alive and Well STL Ambassador.

Who should participate?

Anyone is welcome to participate in this training. Space is limited, so you are encouraged to register quickly.

About Alive and Well STL

Alive and Well STL, an initiative of the St. Louis Regional Health Commission, 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.

Register for a training by visiting mhjtraumatraining.eventbrite.com



Questions? Contact Emily Luft
 at eluft@stlrhc.org or (314) 446-6454 x 1031

Trauma Awareness Trauma Responsive Trauma Informed Trauma Treatment



Media and Advertising Dashboard

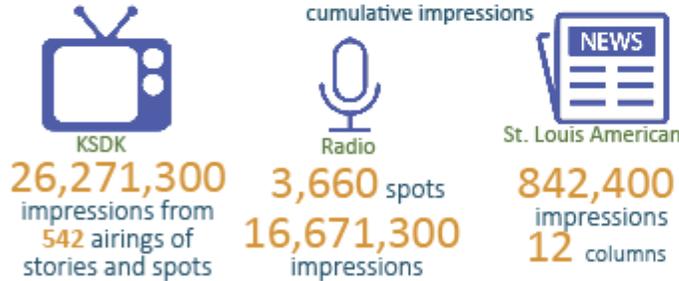
March 2016



Broadcast and Print Reach

43,785,000

cumulative impressions



What's Trending

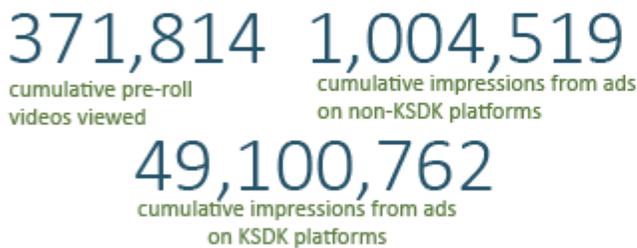
Individual Story Reach:
57,350
Likes: 461
Shares: 114
Comments: 52



Highlight Reel

- Alive and Well STL has been named as an honoree for the FOCUS St. Louis 19th Annual What's Right with the Region! awards. This award honors Alive and Well STL for its work in "Responding to Community Needs and Entrepreneurs."
- The St. Louis Regional Health Commission was named the Health Advocacy Organization of the Year by the St. Louis American. The award honors the Commission's efforts to support the healthcare safety net, but also the work of Alive and Well STL to help create a trauma-informed community.

Digital Advertising



Data from August 1, 2015- March 31, 2016



Alive and Well Logic Model

Program Goals: Improve the health and well-being of the citizens of the St. Louis region by normalizing the conversation about emotional wellbeing among the general public and encouraging service providers to adopt trauma-informed practices

Objectives	Strategies →	Inputs →	Activities →	Outputs →	Short-term outcome <1 year →	Midterm Outcome 1-3 years →	Final Outcomes 3-5+ years →
Increase understanding in the general community that good health is dependent on achieving physical and emotional wellbeing, motivating citizens to take action that improves their own emotional health as well as that of their families and communities	<p>Use strategic media partners to identify and tell stories that:</p> <ol style="list-style-type: none"> Increase understanding about the impact of toxic stress and trauma on health and other outcomes Demonstrate how resiliency skills can lessen the impact of toxic stress and trauma De-stigmatize professional mental health support Demonstrate how asking "What Happened?" instead of "What's Wrong?" creates opportunities for healing/better outcomes Encourage people to take action to build supportive, healthy communities 	<p>\$\$ for media partnerships and development of digital platforms</p> <p>Staff time for creation of content and management of partnerships and content.</p> <p>Volunteer contributions to content development</p>	<p>Regular, ongoing content on KSDK NewsChannel 5, HOT 104.1, Old School 95.5, and in the St. Louis American; significant presence online and in social media; content in media that reach immigrant populations; and earned media opportunities as available to reach the general community with Alive and Well STL messaging</p>	<ol style="list-style-type: none"> 45-50 KSDK News Stories <ol style="list-style-type: none"> 10 million impressions 400 KSDK Commercials <ol style="list-style-type: none"> 25 million impressions 60 million impressions from online advertising 15 Radio shows/Podcasts 3000 Radio Spots <ol style="list-style-type: none"> 13 million impressions 15 STL American Columns <ol style="list-style-type: none"> 1 million impressions from print content 15,000 Facebook followers <ol style="list-style-type: none"> 5,000,000 impressions from social media 100,000 pageviews on aliveandwellstl.com 	<p>More than 15,000 individual community members demonstrate engagement with content by the end of August 2016:</p> <ol style="list-style-type: none"> Signing up to receive information on Alive and Well STL.com Signing up to become an Alive and Well STL Ambassador Subscribing to an Alive and Well STL social media platform (Facebook/Twitter, etc.) Attending a community event and receiving information about Alive and Well STL <p>Engaged individuals report an increased understanding of toxic stress and trauma on health.</p> <p>Outcomes measured by: Alive and Well will collect numbers from digital platforms and event registrations, eliminating duplicates (as possible).</p> <p>Alive and Well STL to survey engaged individuals at four month intervals, including collecting zip code level data</p>	<p>Citizens, media and organizations demonstrate an understanding of Alive and Well STL by:</p> <ol style="list-style-type: none"> Demonstrating an increased capacity to tell a story or anecdote that connects with the work of the initiative Effectively describing the goals of the Alive and Well STL initiative <p>Outcome measured by: Alive and Well STL is exploring narrative analysis as a method to obtain qualitative measurement and build capacity in the St. Louis community to use strategic storytelling as a way to advance those practices that reduce the impact of trauma and toxic stress.</p>	<p>Citizens have strong understanding that trauma and toxic stress impact overall health and are able to articulate this message to others.</p> <p>Citizens have taken action to improve the emotional wellbeing of themselves, their family or their community. Actions may include:</p> <ol style="list-style-type: none"> Practicing resiliency skills to lessen the impact of toxic stress and trauma Seeking professional mental health services when appropriate Asking "what happened" rather than judging what's wrong with others in their community Involvement with or support for an effort or organization that reduces the exposure to or impact of toxic stress and trauma Engaging in communities to make them more supportive for their citizens <p>Outcome measured by: Alive and Well STL will explore a general population survey to measure the actions included above.</p>

	<p>Use community events and partnerships to:</p> <ol style="list-style-type: none"> 1. Increase understanding about the impact of toxic stress and trauma on health and other outcomes 2. Demonstrate how resiliency skills can lessen the impact of toxic stress and trauma 3. De-stigmatize professional mental health support 4. Demonstrate how asking "What Happened?" instead of "What's Wrong?" creates opportunities for healing/better outcomes 5. Encourage people to take action to build supportive, healthy communities 	<p>\$\$ required for space and logistical support, as needed</p> <p>Staff time to manage opportunities</p> <p>Partner organization resources to provide content expertise</p>	<p>Co-sponsorship of Address Stress Seminars with Mental Health America of Eastern Missouri to help build the resiliency of citizens within the region.</p> <p>Partnership with Behavioral Health Network/Bridges to Care and Recovery to reach faith communities to reduce stigma about trauma and mental health</p> <p>Participation in select community events as budget and staff resources allow to obtain community input, provide needed education or services, or foster key partnerships</p> <p>Other opportunities as identified</p>	<p>500 individuals reached</p>	<p>Partnerships with Alive and Well STL will support the objectives and strategies of the initiative and be feasible given the program's financial and staff resources.</p> <p>Each partnership activity will include an evaluation component as directed by the lead partner.</p> <p>For short-term outcomes, individuals who participate will be added to the Alive and Well STL listserv and will receive the survey as described above.</p> <p>It is anticipated that individuals reached through the partnerships will be able to report an increased understanding of toxic stress and trauma on health.</p>		
	<p>Build a grassroots Ambassador program to reach faith communities, youth, neighborhoods and individuals to:</p> <ol style="list-style-type: none"> 1. Increase understanding about the impact of toxic stress and trauma on health and other outcomes 2. Demonstrate how resiliency skills can lessen the impact of toxic stress and trauma 3. De-stigmatize professional mental health support 4. Demonstrate how asking "What Happened?" instead of "What's Wrong?" creates opportunities for healing 5. Encourage people to take action to build supportive, healthy communities 	<p>Staff time to recruit and engage ambassadors</p> <p>\$\$ to host gathering for Ambassadors and tools they need</p> <p>Time and resources contributed by volunteer Ambassadors</p>	<p>Recruitment: Actively recruit ambassadors from throughout St. Louis Region</p> <p>Convening: Convening ambassadors at least 1 time per quarter to learn and interact with the initiative</p> <p>Individual Support: Support ambassadors in their individual goals</p>	<p>75 Ambassadors engaged throughout region</p> <p>50 different communities and/or organizations represented within Ambassador program</p>	<p>Ambassadors demonstrate an increased understanding of toxic stress and trauma on health and are able to demonstrate an understanding of Alive and Well STL by:</p> <ol style="list-style-type: none"> 1. Demonstrating an increased capacity to tell a story or anecdote that connects with the work of the initiative 2. Effectively describing the goals of the Alive and Well STL initiative 	<p>Ambassadors are taking action in support of the objectives and strategies of Alive and Well STL. Examples include: training individuals in their organizations/professional societies, etc; actively share the messages of Alive and Well STL with friends/family/community members; and taking action to improve their own emotional wellbeing.</p>	

<p>Increase the number of service providers in healthcare and other sectors who are actively using trauma-informed practices to improve outcomes for the people they serve.</p>	<p>Provide free and low-cost training opportunities to expose interested individuals to trauma-informed principles.</p> <p>Encourage training attendees to generate interest within their own organization or community to increase their understanding of trauma and implement trauma-informed practices</p>	<p>\$\$ to finance logistics of training</p> <p>Staff time to organize and provide trainings and presentations</p> <p>Volunteer time of trainers</p>	<p>Trauma Trainings: Trauma Awareness Trainings offered to social services professionals in partnership with St. Louis Mental Health Board as demand indicates</p> <p>Individual Training: Provide training opportunities directly to interested organizations</p> <p>Community Presentations: Provide introductory presentations to community organizations</p>	<p>2000 trained social services professionals</p> <p>200 organizations reached</p>	<p>Reach 2,000 professionals, who work in professions that can benefit from implementing trauma-informed principles, including:</p> <ul style="list-style-type: none"> • Health care professionals • Educators • Criminal justice professionals • Social service providers for youth and adults 	<p>Early adopters in each sector are identified and are actively working to advance trauma-informed principles in their organizations as evidenced by their movement from trauma aware to trauma informed</p>	<p>Early adopters begin to see improved outcomes in their own organizations ((e.g. reducing recidivism for violence in EDs, improving adherence to medications and other interventions for chronic disease management in FQHCs, reducing recidivism in courts)</p> <p>Additional organizations in each sector begin to advance trauma-informed practices in their organizations</p> <p>Reporting by organizations of increased level of support for trauma-informed practices.</p>
	<p>Develop a regional team of trainers who can bring the “trauma awareness” information to their organizations and other professionals within the region</p>	<p>\$\$ to finance training logistics</p> <p>Training curriculum and protocol</p> <p>Staff time in organization and managing trainers</p> <p>Time and resources of volunteer trainers</p>	<p>Train the Trainer Trainings Recruit and train interested trainers.</p> <p>Develop and perfect curriculum and protocol</p> <p>Ongoing trainings throughout the region, as indicated by demand</p>	<p>50 Trauma Awareness Trainers</p>	<p>Outcome measurement strategy: Alive and Well will collect data on the number of individuals who receive training and the types of organizations they represent, monitoring their state of readiness</p>	<p>Outcome measurement strategy: Organizations will report what measures they are aiming to impact and share results with Alive and Well STL.</p>	
	<p>Develop a learning collaborative model that creates peer educators and supports organizations in implementing trauma-informed practices</p> <p>Support peer educators in establishing additional learning collaboratives to support continued interest</p>	<p>\$\$ to support meeting logistics</p> <p>Staff time to organize and convene partners</p> <p>Expertise from partners (such as DMH) to support learning collaboratives</p>	<p>Respond to requests for learning collaboratives.</p> <p>Charter and create learning collaboratives.</p> <p>Provide ongoing support and linkages to support the work of the learning collaboratives.</p>	<p>5 learning collaboratives chartered and formed, as interest arises</p>	<p>Alive and Well will survey training participants using the approved Trauma Awareness and Trauma Responsive Training Evaluations.</p> <p>Alive and Well STL will implement an assessment tool to be utilized by organizations interested in understanding their readiness or ability to implement trauma-informed practices</p>		

Clearing the Air For a Healthier Jefferson County

This FREE community event is open to EVERYONE!

Learn about opportunities to help your community, family members or yourself in becoming smoke free; participate in the Lung Games and learn about the dangers of tobacco and electronic cigarettes.

When: Thursday, April 7th
6:15pm-7:45pm (doors open at 6:00)

Where: Mercy Jefferson – Conference Room B&D
1400 US-61, Festus, MO 63028

Guest speakers include:

Dr. Kenneth R. Kilian, MD – Mercy Clinic Family Medicine
BJC School Outreach and Youth Development Diseased Organ Program
and... a guest appearance by FREDBIRD!



Fredbird will be presenting the awards to the contest winners for each of the age group entrants from Jefferson County schools. Photo opportunities will be available for everyone!

For more information call:
Cassandra Miller at the Jefferson County Health Department
636-282-1010 x 268

Appendix N: List of Acronyms

ACA – Affordable Care Act
ACSC- Ambulatory Care Sensitive Condition
ADD/ADHD – Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder
AIDS- Acquired Immune Deficiency Syndrome
BRFSS-Behavioral Risk Factor Surveillance System
CAC – Certified Application Counselor
CC – Complication or Comorbidity
CDC- Centers for Disease Control and Prevention
CHIP – Community Health Improvement Plan
CHNA-Community Health Needs Assessment
CHSI – Community Health Status Indicators
DV – Domestic Violence
ED-Emergency Department
EMR – Electronic Medical Record
FY – Fiscal Year
JCHD – Jefferson County Health Department
HIDI – Hospital Industry Data Institute
HIV- Human Immunodeficiency Virus
HHS – United States Department of Health and Human Services
HPSA – Health Professionals Shortage Area
HP2020- Healthy People 2020
HRSA – Health Resources and Services Administration
IP-In Patient
MAPP – Mobilizing for Action through Planning & Partnership
MCC – Major Complication or Comorbidity
MO DHSS – Missouri Department of Health and Senior Services
MHJ – Mercy Hospital Jefferson
MICA – Medical Information for Community Assessment
MNM – Mercy Neighborhood Ministry (Community Health & Access)
MV – Mechanical Ventilation
PAA – Potentially Avoidable Admission

Mercy
14528 S. Outer Road
Chesterfield, MO 63107
314.579.6100



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