



Community Health Needs Assessment

Mercy Hospital Lincoln
Fiscal Year 2016



Your life is our life's work.



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 Lincoln (MHL) is a critical access hospital in Lincoln County, Missouri. By definition, the length of stay for inpatients at a critical access hospital is four days or less. The hospital is located in the city of Troy, a rural community located 55 miles northwest of St. Louis, MO. Since 1953, it operated as Lincoln County Memorial Hospital and, in 2015, it came under the sponsorship of Mercy. The facility was renamed Mercy Hospital Lincoln. It is a Catholic hospital and one of four hospitals comprising Mercy East Community.

Along with offering inpatient comprehensive medical and surgical, Mercy Hospital Lincoln offers outpatient services to the community, such as:

- 24-hr Emergency Care
- Urgent Care Center
- Behavioral Health Services
- Home Care
- Sleep Lab
- Wound Care
- Outpatient Rehabilitation
- Mammography

Due to the current shortage of health care providers in many areas, including Lincoln County, the advances being made in science and technology are rapidly changing how health care is being delivered. Mercy's Virtual Care Center, which 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 Lincoln County.

Throughout this Community Health Needs Assessment (CHNA) report, health indicator data of Lincoln 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 Lincoln has chosen to address the following significant health needs identified in Lincoln County:

- Access to Care
- Mental Health/Substance Use

These needs will be the basis of MHL's three-year Community Health Improvement Plan (CHIP), which guides the coordination and targeting of resources to promote community health.

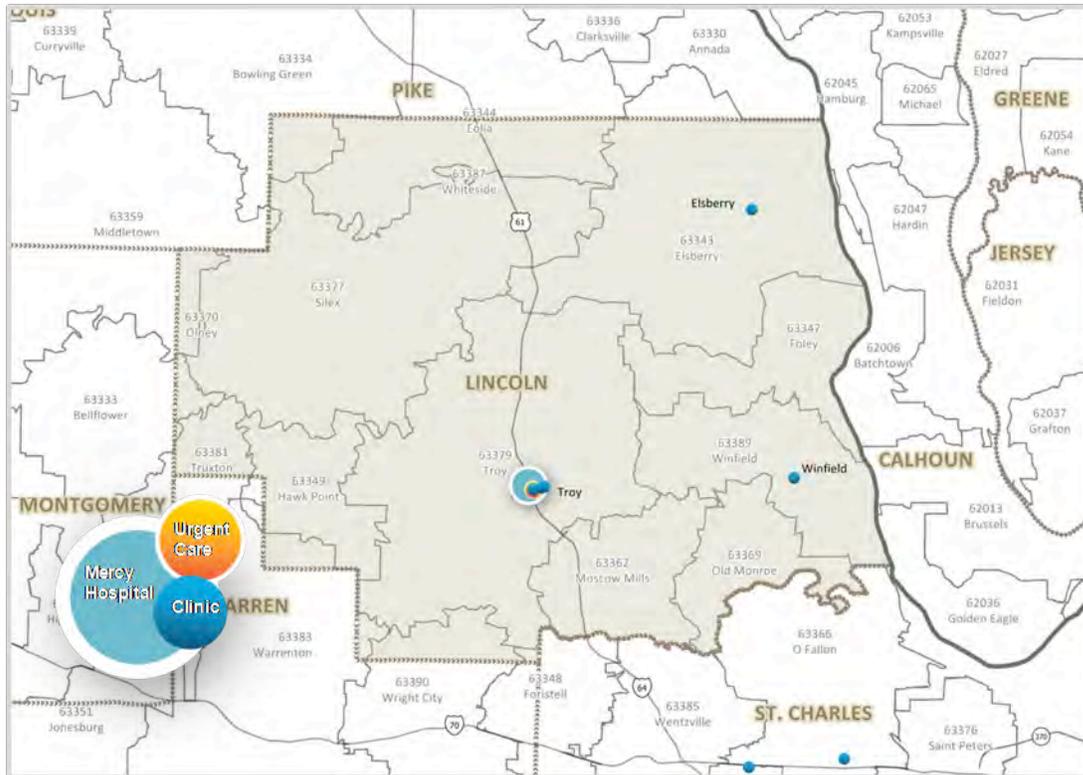
The exercise of preparing this Community Health Needs Assessment affirmed that Mercy's vision for advancement of health care matches the needs expressed by our community.

To learn more about Mercy Hospital Lincoln 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 Lincoln's service area is comprised of ten zip codes and is considered a 100% rural community. For the purposes of this community health needs assessment (CHNA), MHL has defined its community as Lincoln County because 88% of Mercy Hospital Lincoln's acute care patients reside in Lincoln County.



Demographics

The majority of residents of Lincoln County are white (92%), have at least a high school diploma (88%), and an average income of \$53,804 a year. Unemployment is at 5.1% as of March 2016, consistent with state and national averages (Sg2 Market Demographics, Nielsen zip code data – 2015). See Appendix A for a more detailed description of Lincoln County demographics.

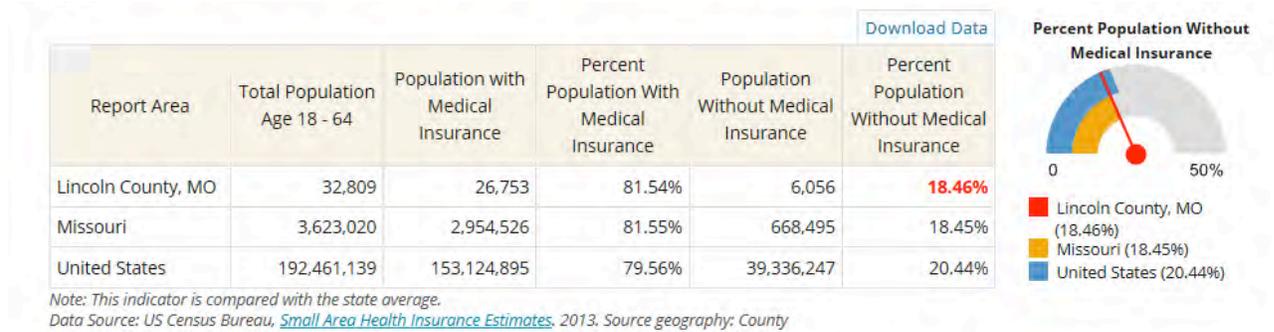
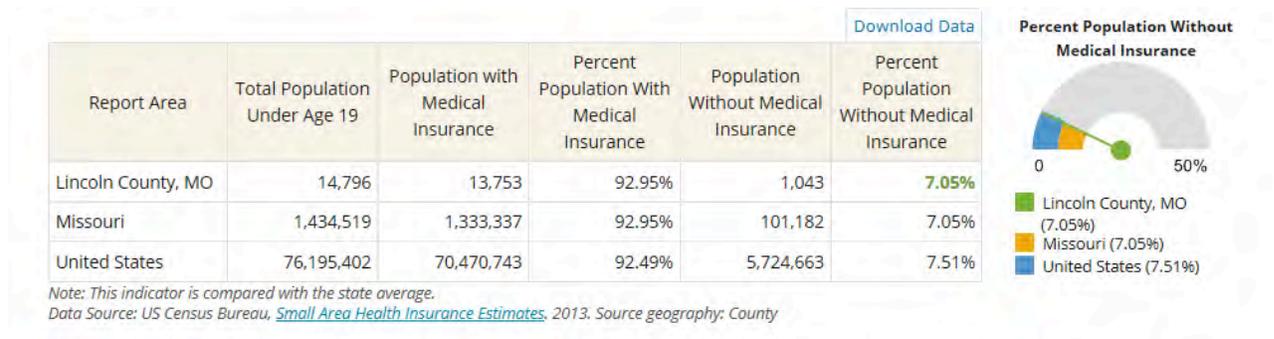
Insurance Status

According to Insurance Coverage Estimates for 2016 reported by Sg2, the percentage of those covered and not covered by health insurance in Lincoln County are consistent with both state and national estimates. The total population under the age of 19 that are not covered by health insurance is 7.05% or 1,043 people. The total population between the ages of 18-64 that are not covered by health insurance is 18.46% or 6,056 people. Both rates are consistent with the state rates

The Percent of Population that Carries Health Insurance

	Lincoln County	Missouri	United States
Commercial Health Insurance	42%	49%	52%
Medicare	32%	26%	24%
Medicaid	16%	15%	13%
Uninsured	10%	11%	10%

Sg2



Like many other communities, County Health Rankings is projecting a significant increase (19%) in the 65+ population over the next five years. This will significantly increase the number of Medicare recipients in Lincoln County.

Description of Services Available to Community Served

Mercy Hospital Lincoln has 25 inpatient beds, equivalent to 4.6 hospital beds per 10,000 population. In addition to Mercy, the following health care providers are located in Lincoln County:

- Lincoln County Department of Health – public health services
- Preferred Family Healthcare/Bridgeway Behavioral Health – substance abuse treatment, prevention, and mental health services

The following providers are located just outside of Lincoln County:

- Crider Health Center/Compass Health – Federally Qualified Health Center (FQHC); primary, specialty and mental health services – Wentzville, MO, St. Charles County
- SSM Health St. Joseph Hospital – Wentzville, MO, St. Charles County

Lincoln County was declared a Health Professional Shortage Area (HPSA) by the U.S. Department of Health and Human Services in 2015. The area has far fewer providers per capita than the state of Missouri and the U.S. This shortage encompasses primary care, dental/oral care, and mental health services (County Health Rankings - 2014) (See Appendix B).

	Lincoln County	Missouri	U.S. Top Performers
Primary Care Physicians	8,980:1	1,420:1	1,040:1
Dentists	6,780:1	1,870:1	1,340:1
Mental Health Providers	1,550:1	600:1	370:1

County Health Rankings - 2014

III. Community Health Needs Assessment (CHNA) Process

A Community Health Council (CHC) led by Tony Rothermich, Administrator of Mercy Hospital Lincoln, guided the needs assessment process. 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., in addition to a hospital board member. See Appendix C for a list of CHC members.

The Community Health Council evaluated all the data that was collected for this report alongside internal Mercy Hospital Lincoln records and input from the Lincoln County community to:

- Prioritize the community's health needs that were identified
- Assess the community resources available to address the identified needs
- Create a three-year Community Health Improvement Plan (CHIP) in partnership with the community resources that has the potential to make a positive impact in lessening these needs

Co-workers in Mercy's Community Health & Access Department serve 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 information that were reviewed are as follows:

1. *County Health Rankings 2016*
www.countyhealthrankings.org

This resource provides county-level data on important health indicators updated annually by the University of Wisconsin-Population Health Institute and the Robert Wood Johnson Foundation.

2. *CDC Community Health Status Indicator Report*
<http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/MO/Lincoln/>

Community Health Status Indicators (CHSI) 2015 is an online web application that produces health status profiles for each of the 3,143 counties in the United States and the District of Columbia. Summary Comparison Reports provide an "at a glance" summary of how the selected county compares with peer counties on the full set of Primary Indicators. (Appendix D)

3. *Missouri Department of Health & Senior Services – Bureau of Health Information and MICA (Missouri Information for Community Assessment)*
<http://health.mo.gov/data/CommunityDataProfiles/index.html>

This resource provides community health assessment planning tools and community data profiles on thirty health indicators on all 115 of Missouri's counties.

4. *Community Commons*
<http://www.communitycommons.org/>

This resource is designed to assist hospitals and other organizations seeking to better understand the needs and assets of their communities, and to encourage collaboration to make measurable improvements in community health and well-being.

IV. Community Input

The voices of the people of Lincoln County were central to the health needs assessment process. MHL employed the following communication modes in an effort to gather thoughts and concerns about health care in the community:

1. Mercy Community Health Needs Surveys
2. Community Stakeholders Roundtable Meetings
3. Mercy Community Advisory Panels
4. Community Coalition Memberships and Engagement in Lincoln County

Mercy Community Health Needs Surveys

A Qualtrics (a top data collection software application) survey was designed to capture the thoughts and perceptions Lincoln County residents have about health needs in their community. The survey was available both in paper copy and on-line. A total of 332 individuals who stated they receive their health care in Lincoln County completed the survey over a 15 month timeframe (October 2014 – December 2015). The majority of participants (52%) were residents of Troy, the city in which Mercy Hospital Lincoln is located.

Efforts were made to include the voices of populations less likely to access the online survey by providing guests of food pantries and meal programs the opportunity to complete a paper copy during their visit. Lincoln County Health Department obtained a large number of survey responses from their families that are enrolled in their Women, Infants & Children (WIC) nutrition program.

The raw data collected as well as summaries of the survey are included in Appendices E1 and E2.

Community Stakeholders Roundtable Meetings

Mercy Hospital Lincoln invited community stakeholders from the area to a series of roundtable meetings in August 2015. These discussions aimed to educate the community about Mercy and enable Mercy to learn more about the community.

Seventy-five community leaders participated in discussions facilitated by Mercy leaders. Attendees included Lincoln County Health Department workers, representatives from other health care services in the area, bankers, church leaders, farmers, as well as community leaders from nearby Pike County. During the meeting, those in attendance were asked to individually rank the given health issues based on their level of concern. The results along with the list of attendees are attached in Appendices F1 and F2.

Mercy Community Advisory Panels

On-line community advisory panels are a key part of Mercy's ongoing dialogue with the communities they serve. Individuals, especially those who have recently visited a Mercy health facility, are routinely surveyed to evaluate programs, service experience, assess need, and provide feedback. Additionally, members are continuously added to the advisory panel as they sign up for *MyMercy*, an on-line health care program that provides access to the individual's medical records 24/7. Recent survey topics included senior services, access to walk-in/urgent care services, and pediatric service needs.

Community Coalition Memberships and Engagement in Lincoln County

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 through community coalition memberships and engagement.

The MNM Outreach Coordinator designated to Mercy Hospital Lincoln focuses on identifying unmet needs and gaps in health care, developing partnerships with health and social service agencies, increasing knowledge of available resources, making connections and referrals, and advocating for those most vulnerable in the community.

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:

- Lincoln County Health Department
- Lincoln County Healthy Communities Coalition
- Lincoln County Resource Board
- Lincoln County Senior Task Force
- Crider Health Center/Compass Health Network
- Preferred Family Healthcare/Bridgeway Behavioral Health

The Outreach Coordinator engages MHL departments as appropriate to provide health screenings and education sessions in the community, hold employee collection drives for those in need, and to individually and collectively volunteer at meal programs and food pantries.

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 Lincoln County and nearby
- A listserve 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

Mercy Community Health Needs Survey Results

The majority of the 332 surveys returned were completed by residents of Troy, the city in which Mercy Hospital Lincoln is located. The raw data collected as well as summaries of the survey are included in Appendices E1 and E2.

The needs identified in the community by the Mercy survey are:

Top Negative Health Indicators in Lincoln County (in order):

- Illegal drugs – adults & teens
 - Tobacco use – adults & teens
 - Overweight – adults, teens & children
 - Alcohol use – adults & teens
 - Teen Pregnancy – teens
-

Top Dissatisfactory Community Programs (in order):

- Mental Health programs
 - Stress Management programs
-

Other health issues identified:

- Need more specialists in the area, especially mental health
 - Need more substance abuse services
 - More programs and services for those living in poverty
-

Top 5 health issues that respondents have or have had in the past:

- Arthritis or joint pain 95%
 - Depression 95%
 - Obesity 90%
 - High blood pressure 86%
 - High cholesterol 74%
-

Top health issues of respondent's children:

- ADD/ADHD 39%
- Asthma 29%
- Obesity 25%
- Depression 22%

Community Stakeholders Roundtables Rankings

According to the attendees of the Community Stakeholders Roundtables meetings, **substance abuse** and **mental health** emerged as the top areas of concern:

1. Drug abuse
2. Mental health services
3. Cancer
4. Children in poverty
5. Uninsured

Additionally, stakeholders expressed a desire for “**more convenient access to physician specialists** and specific services that should be provided locally,” including:

- OB/GYN
- Cardiology, dermatology, GI, oncology/chemotherapy, orthopedics, respiratory therapy, and sleep study services
- Urgent Care services in Bowling Green and Winfield
- Increased number of retail pharmacies

Mercy Hospital Lincoln considers all areas of community health to be important for Lincoln County, but only a few will be put forth as top initiatives to focus on for the Community Health Improvement Plan (CHIP). MHL will continue to participate in additional collaborative opportunities impacting the health of its community.

Additionally, community members expressed concern over lack of transportation to providers outside of Lincoln County for seniors and identified a need for skilled nursing facilities and congregate living facilities (Mercy Hospital Lincoln Community Roundtable Discussions – 2015).

Top Inpatient Discharges at Mercy Hospital Lincoln

In FY2015, the top five most common inpatient discharges at Mercy Hospital Lincoln were, in order:

- | | |
|--|-----|
| 1. Respiratory infections/disorders | 17% |
| 2. Rehabilitation/joint replacement/reattachment | 13% |
| 3. Digestive disorders | 6% |
| 4. Cellulitis | 3% |
| 5. Chest Pain | 2% |

For the complete list of Top Inpatient Discharges, see Appendix G.

Secondary Data

The secondary data health topics and indicators that were reviewed for this report as they related to Lincoln County were:

- Health Status of Overall Population and Priority Population
- Access to Care
- Risk Factor Behaviors
- Morbidity and Mortality
- Emergency Department Usage and Inpatient Hospitalization Rates
- Preventable Hospitalizations
- Cause of Death
- Infectious Diseases
- Maternal, Child, and Infant Health
- Healthy and Safe Environment
- Physical Environment

The table below organizes health needs by level of priority according to the information presented in the Secondary Data section of this report.

Lesser Concern 	Moderate Concern 	Significant Concern 
Asthma and Allergies Maternal & Infant Health Poverty Screening Utilization Sexually Transmitted Infections Uninsured Rates Violence	Air/Water Quality Child Abuse/Neglect Emergency Dept. Utilization Housing Stress Inadequate Social Support Preventable Hospitalizations Tobacco Use Transportation Unemployment	Access to Care Accidental Injuries Alcohol & Substance Abuse Cancer Heart Disease High Blood Pressure Mental Health Obesity/Physical Inactivity/ Poor Nutrition

Health Status of Overall Population and Priority Population – Access to Care & Behavioral Health

According to County Health Rankings, in 2015, Lincoln County ranked favorable (24th out of 115 counties in the state of Missouri) in terms of health outcomes “based on an equal distribution of length and quality of life” (County Health Rankings: Missouri – 2016).

As of 2014, the percentage of adults who reported being in poor or fair health was 15%, compared to the state average of 17% (County Health Rankings – 2014).

Access to Care

As previously mentioned, Lincoln County was declared a Health Professional Shortage Area (HPSA) by the U.S. Department of Health and Human Services in 2015, meaning that it has too few health care providers for the number of people living in the county. This shortage encompasses primary care, dental/oral care, and mental health services (County Health Rankings – 2012).

• Primary Care

- **24.31%** of the adult population (13,029) in Lincoln County did not see a primary care doctor in 2012, which was **higher** than state and national values (Center for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS) – 2012)
- **6** primary care physicians were located in Lincoln County in 2012 to care for a population of 53,354, which was far **less** than the state and national values (U.S. Department of Health and Human Services – 2012)

• Dental/Oral Care

- **39.9%** of adults (14,634) in Lincoln County had **not** had a recent dental exam within the last 12 months, which was **higher** than state and national values (CDC BRFSS – 2011)
- **8** dentists were located in Lincoln County in 2013 to serve a population of 53,860 which is far **less** than the state and national values (U.S. Department of Health and Human Services – 2013)

• Mental Health

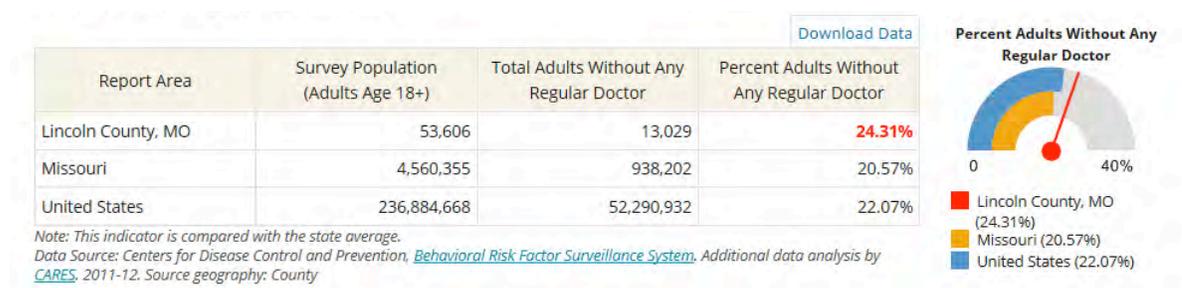
- According to County Health Rankings, the mental health provider rate per 100,000 population reported in 2014 was **25.9** for Lincoln County, far less than 104.9 reported for the state of Missouri and 134.1 reported for the United States
- **14** mental health providers were located in the county during this time

Health care provider shortages serve as barriers to accessing quality care and significantly impact members of the community. Participants of the Mercy survey voiced their concerns about these shortages, especially regarding specialty care, such as mental health care services. Comments or concerns voiced by the community regarding the changes they would like to see include:

- Add more primary care physicians, including those who accept Medicaid
- Provide both ambulatory and inpatient mental health and substance abuse services
- Provide OB/GYN services
- Provide more pediatricians
- Add more dentists and pharmacies in the area

Additional data on mental health in Lincoln County is located under “Behavioral Health” in this report.

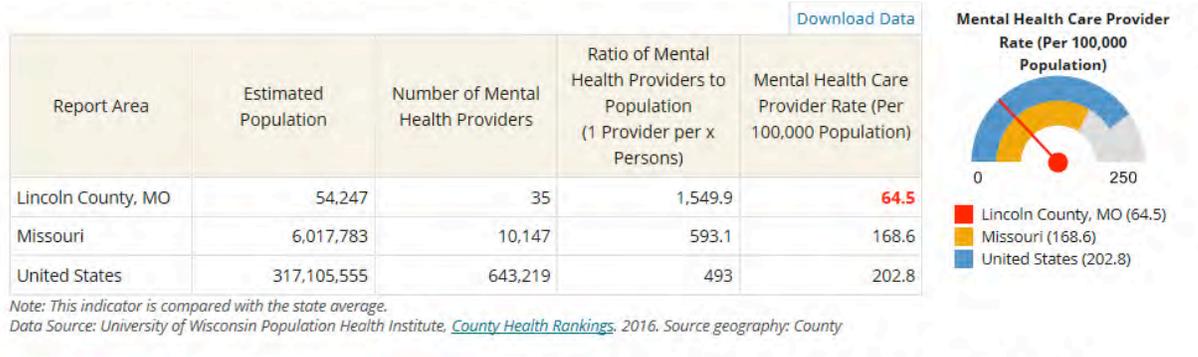
Primary care



Oral Health and Dental Care



Mental Health



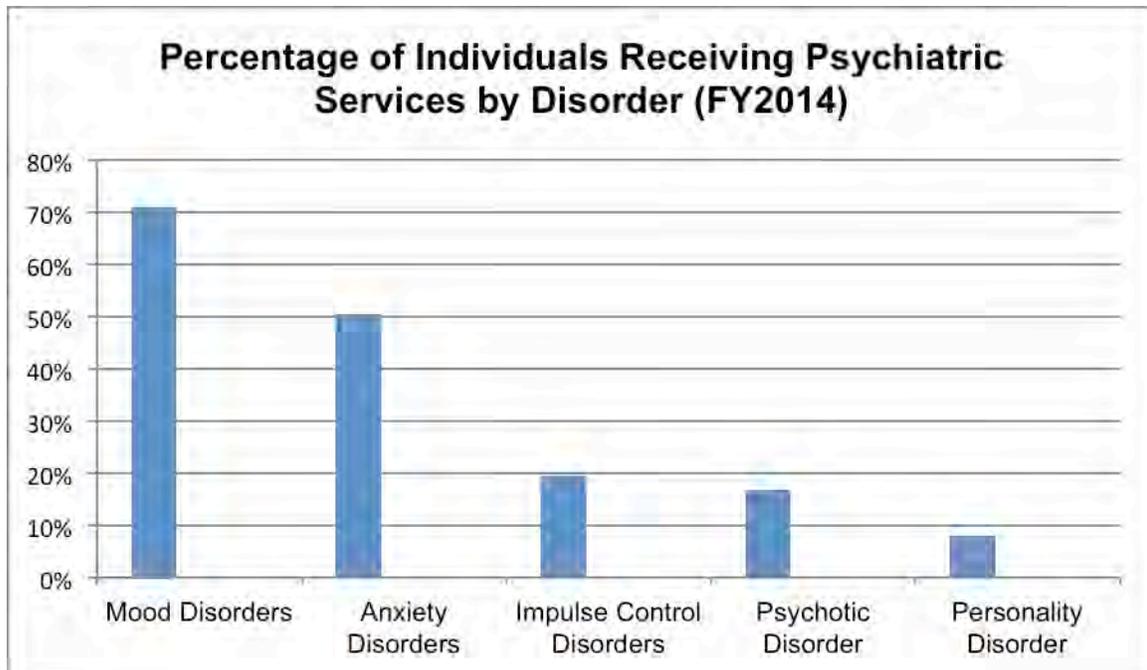
Behavioral Health

Mental Health and Wellness

According to the Missouri Department of Mental Health, Division of Behavioral Health:

- **982** individuals from Lincoln County entered treatment for mental health disorders in FY2014, compared to 904 in FY2013 and 989 in FY2012
- Mood, anxiety, impulse control, psychotic, and personality disorders accounted for the vast majority of patient diagnoses
- **27%** of Lincoln County residents who entered substance abuse treatment in 2014 were registered as having one or more co-occurring psychological conditions

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.

Additional mental health and wellness data for Lincoln County residents indicated that:

- The rate for inpatient hospitalizations due to mental health disorders, specifically affective and schizophrenia-related disorders, was **significantly higher** than that of Missouri (Missouri Department of Health and Senior Services – 2012).
- Emergency Department utilization for mental health disorders was **lower** than the state rate (Missouri Department of Health and Senior Services – 2013).
- Percentage of adults self-reporting that they receive “insufficient social and emotional support all or most of the time” **exceeded** state and national values (HHS Health Indicators Warehouse – 2012, via Community Commons).
- Hospitalization for self-inflicted injuries from 2002-2012 was **higher** than state rate (MO Dept Health and Senior Services – 2012).
- Suicide was the tenth leading cause of death from 2003-2013, and mortality from suicide was **higher** than state rate (MO Dept Health and Senior Services – 2013).

The Mercy Community Health Survey revealed the following:

- 42% of respondents have or have had depression in the past
- 36% were dissatisfied with community programs for mental health issues
- 37.1% were also dissatisfied with programs for stress management

Substance Abuse

In 2012, county residents visited the Emergency Department for 213 alcohol-related and 146 drug-related crises resulting in 19 alcohol-related and 43 drug-related hospitalizations (Behavioral Health Profile: Lincoln County – 2015).

The Mercy Community Health Survey revealed that:

- 75.4% reported that use of illegal drugs was an issue among county teens
- 74.2% of respondents believed that the use of illegal drugs was an issue among Lincoln County adults

Alcohol:

According to the Missouri Department of Mental Health, alcohol abuse accounted for 41% of total substance abuse treatment admissions in Lincoln County in FY2014.

Alcohol abuse was **the most commonly** reported “primary drug problem” within Lincoln County substance abuse treatment programs, followed by marijuana, heroin, and stimulant (primarily methamphetamine) use (Missouri Behavioral Health Epidemiology Work Group – 2015).

Overall, Lincoln County experienced higher rates of excessive drinking than both state and national averages (County Health Rankings – 2014, CDC BRFSS – 2012, via Community Commons).

Adults

- As of 2014, **17.0%** of adults ages 18 or older self-reported binge drinking, defined as “consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the last 30 days,” or heavy drinking (consuming two or more drinks per day for males and one or more drinks per day for females) (County Health Rankings – 2016, Community Commons – 2015).
- Lincoln County **compared moderately** to “peer” counties for prevalence of adult binge drinking, with a **higher** percentage of alcohol-impaired driving deaths than the state rate in 2014 (CDC Community Health Status Indicators – 2012, County Health Rankings – 2014).

Youth

- As of 2012, 54% of Lincoln County youths grades 6 through 12 reported having consumed alcohol at some point during their lifetime (Lincoln County Resource Board – 2014).

- Underage drinking among county youths remained **significantly higher** than the state rate, at 40% of the survey sample (Lincoln County Resource Board – 2014).
- Of the students surveyed (Lincoln County Resource Board – 2014):
 - 27% reported having consumed alcohol in the past month, compared to 18% of students statewide
 - 66% believed that it would be easy to obtain alcohol, a 13% increase since 2006
 - The average age of first use was 12.81 years

Marijuana, Heroin & Methamphetamines:

Following alcohol, marijuana, heroin and methamphetamines were the most common “primary drug problems” in Lincoln County. The table below indicates the number of admissions to substance abuse treatment programs over a three year period and the percentage of individuals being treated for each of the three conditions (Missouri Department of Mental Health, Division of Behavioral Health – 2014).

	FY2014		FY2013		FY2012	
	Number	Percentage	Number	Percentage	Number	Percentage
Marijuana	85	23%	87	23%	88	23%
Heroin	65	18%	64	17%	66	18%
Methamphetamines	43	11%	36	9%	18	5%

Risk Factor Behaviors – Obesity, Physical Activity, Nutrition, Tobacco Use and Screening Utilization

During the Mercy Hospital Lincoln Community Stakeholders Roundtable discussions, low health literacy was identified as a major factor in preventing community members from understanding the negative health impacts related to smoking, drug use, and obesity, and the positive health benefits associated with good nutrition and physical activity.

Obesity, Physical Activity, and Nutrition

As of 2012, the CDC Behavioral Risk Factor Surveillance System indicated the following:

- 46.4% of adults were overweight, which was **higher** than state (35.3%) and national (35.8%) percentages
- 32.6% of adults were obese, which was **higher** than state (30.3%) and national (27.1%) percentages
- 29.6% of adults had **less leisure time** for physical activity than those in the state (25.5%) or U.S. (22.6%)

In 2013, the U.S. Census Bureau reported only **two** currently operating recreation and fitness facilities in Lincoln County to serve a population of 52,566.

Nutritional data for the residents of Lincoln County indicates that:

- The percentage of households that received benefits from the Supplemental Nutrition Assistance Program (SNAP) from 2010 to 2014 was 14.41%, **slightly higher** than both state and national averages (U.S. Census Bureau – 2014, via Community Commons)
- Children on SNAP increased from 30.6% to 32.9% from 2009-2013 (Missouri KIDS COUNT – 2014)
- The number of grocery stores per 100,000 population was significantly **lower** than state and national values (U.S. Census Bureau-2013, via Community Commons)

Obesity



Physical Activity

[Download Data](#)

Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Lincoln County, MO	37,624	11,400	29.6%
Missouri	4,455,541	1,171,655	25.5%
United States	231,341,061	53,415,737	22.6%

Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#), 2012. Source geography: County

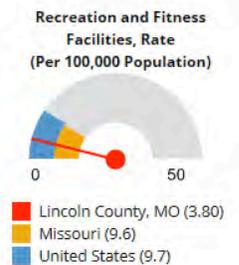


[Download Data](#)

Report Area	Total Population	Number of Establishments	Establishments, Rate per 100,000 Population
Lincoln County, MO	52,566	2	3.80
Missouri	5,988,927	575	9.6
United States	312,732,537	30,393	9.7

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [County Business Patterns](#). Additional data analysis by CARES, 2013. Source geography: County



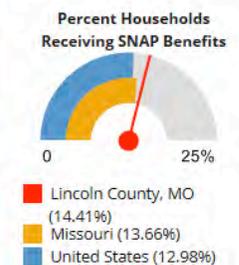
Nutrition

[Download Data](#)

Report Area	Total Households	Households Receiving SNAP Benefits	Percent Households Receiving SNAP Benefits
Lincoln County, MO	18,521	2,669	14.41%
Missouri	2,361,232	322,657	13.66%
United States	116,211,088	15,089,358	12.98%

Note: This indicator is compared with the state average.

Data Source: US Census Bureau, [American Community Survey](#), 2010-14. Source geography: Tract



Tobacco Use

As of September 2015, Lincoln County **did not** have any tobacco-free ordinances (Tobacco Free Missouri - 2015).

In 2014, 21% of Lincoln County adults smoked; a rate consistent with the state rate (21%), but higher than the national rate (16.8%) (County Health Rankings – 2014 & CDC – 2014).

According to the 2012 Missouri Student Survey, 60.2% of Lincoln County youths believe that it would be easy to obtain cigarettes and 44.7% have friends who currently smoke (Missouri Department of Mental Health - 2015).

The Mercy Community Health Survey revealed that 75.1% of respondents “agree” or “strongly agree” that smoking/tobacco usage is an issue among community teens, and 70.0% felt it was an issue among community adults.

Morbidity and Mortality – High Blood Pressure, Heart Disease & Asthma

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).

The CDC Behavioral Risk Factor Surveillance System (BRFSS) reported the following on Lincoln County residents in 2014:

- The percentage of adults with high blood pressure and heart disease exceeded state and national rates
- Incidence rates for colon, rectal, and lung cancers were higher than the state and national rates

Historically, incidence rates for colon, rectal, and lung cancers in Lincoln County have been higher than state and national rates, while incidences of breast and prostate cancers have been lower than state and national rates (Community Commons – 2012).

In 2012, the asthma prevalence among adults in Lincoln County was 14.7%, which was consistent with the state rate (14.2%), but higher than the national rate (13.4%) (CDC BRFSS – 2012, via Community Commons).

In 2013, Missouri Information for Community Assessment (MICA) reported 117 Emergency Department visits and 7 hospitalizations for residents under the age of 18 with asthma in Lincoln County.

The majority of Mercy’s Community Health Survey respondents reported:

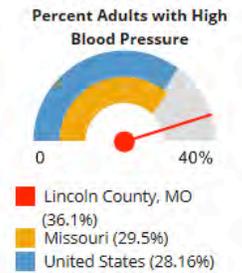
- Having one or more chronic conditions
- Asthma as a top health issue for their children, despite the relatively low prevalence of asthma in Lincoln County

High Blood Pressure & Heart Disease

[Download Data](#)

Report Area	Total Population (Age 18+)	Total Adults with High Blood Pressure	Percent Adults with High Blood Pressure
Lincoln County, MO	37,398	13,501	36.1%
Missouri	4,532,155	1,336,986	29.5%
United States	232,556,016	65,476,522	28.16%

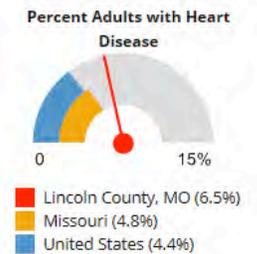
Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2006-12. Source geography: County



[Download Data](#)

Report Area	Survey Population (Adults Age 18+)	Total Adults with Heart Disease	Percent Adults with Heart Disease
Lincoln County, MO	53,607	3,491	6.5%
Missouri	4,527,296	218,318	4.8%
United States	236,406,904	10,407,185	4.4%

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

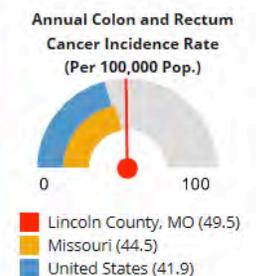


Cancer

[Download Data](#)

Report Area	Sample Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Lincoln County, MO	5,050	25	49.5
Missouri	679,325	3,023	44.5
United States	33,516,229	140,433	41.9
HP 2020 Target			<= 38.7

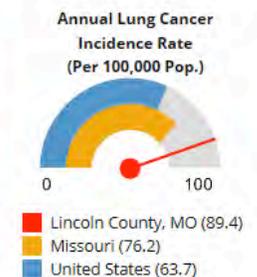
Note: This indicator is compared with the state average.
Data Source: National Institutes of Health, National Cancer Institute, Surveillance, Epidemiology, and End Results Program. State Cancer Profiles, 2008-12. Source geography: County



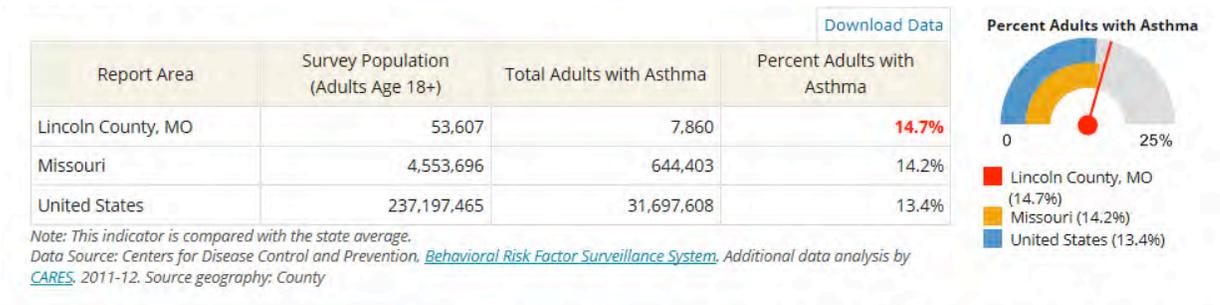
[Download Data](#)

Report Area	Sample Population	New Cases (Annual Average)	Cancer Incidence Rate (Per 100,000 Pop.)
Lincoln County, MO	5,033	45	89.4
Missouri	687,139	5,236	76.2
United States	33,565,463	213,812	63.7

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



Emergency Department Usage, Inpatient Hospitalization Rates & Cause of Death

Emergency Department Usage

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

Specifically, utilization was higher for the following diagnoses:

Emergency Department Utilization Rates for Diagnoses Higher than the State Rate (2013)

Disease Indication	County Rate (per 100,000)	State Rate (per 100,000)
Injury and Poisoning	121.7	88.1
Fractures	14.4	10.4
Open Wounds	23.3	17.0
Sprains and Strains	32.4	20.9
Burns	1.8	1.4
Complications of Device/Surgery/Medical Care	2.4	1.9
Poisoning	3.9	2.7
Symptoms and Ill-Defined Conditions	0.9	45.1
Digestive System	6.5	29.4
Teeth and Jaw Disorders	14.7	10.2
Bone/Connective Tissue/Muscle	30.6	27.4
Spondylosis/Intervertebral Disc Disorders and Other Back Problems	15.1	12.9
Heart and Circulation	22.4	20.4
Heart Disease	16.7	15.0
Stroke and Other Cerebrovascular Disease	1.3	0.8
Infection	9.9	9.0
Viral Infections	7.5	5.3
Respiratory (Throat and Lung)		
Pneumonia and Influenza	6.8	5.5

Inpatient Hospitalization:

In 2012, the overall inpatient hospitalization rate for Lincoln 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)
Heart and Circulation	209.8	174.7
Heart Disease	153.1	116.6
Mental Disorders	197.9	134.7
Affective Disorders	116.9	67.8
Schizophrenia and Related Disorders	31.0	17.3
Injury and Poisoning	121.0	99.8
Complications of Surgical Procedures/Medical Care	20.0	15.6
Infection	63.5	42.2
Septicemia	58.0	35.3

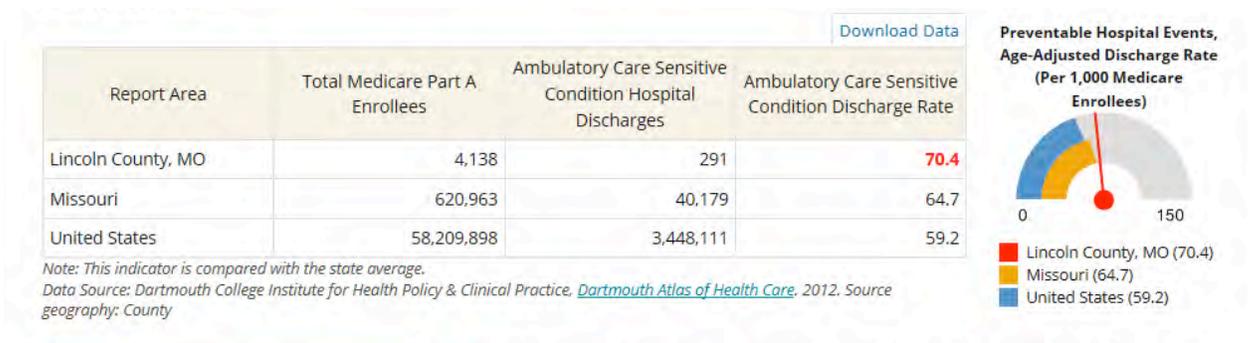
Missouri Department of Health & Senior Services, 2012

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 include congestive heart failure, asthma, diabetes, chronic obstructive pulmonary disease, pneumonia, and other conditions. It is believed that if the patient had received adequate ambulatory care (primary or preventative care) for these conditions that the need for hospitalization may have been prevented or reduced.

In 2013, the rate of preventable hospitalizations for Lincoln County residents was estimated to be 1,276 per 100,000 population (Missouri Health and Senior Services – 2013).

Among Medicare beneficiaries, Lincoln County ranked in the third (second **least** favorable) quartile for prevalence of preventable hospital stays, with 77.3 admissions per 1,000 beneficiaries in 2016 (County Health Rankings, via Community Commons – 2016). The rate of preventable hospitalizations in Lincoln County has increased since 2012, and remains higher than state and national averages (Dartmouth College Institute for Health Policy and Clinical Practice via Community Commons – 2012).



Cause of Death

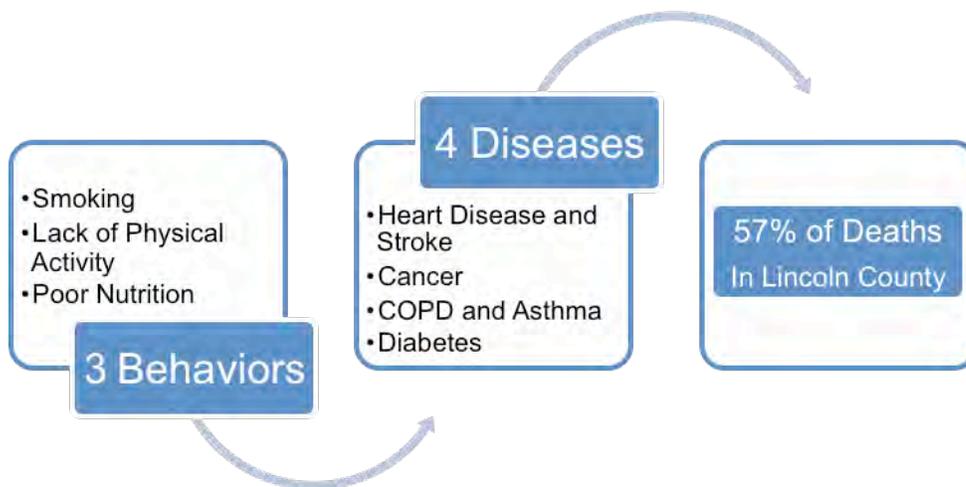
Leading Causes of Death in Lincoln County 2003 – 2013

Leading Cause of Death	County Rate (per 100,000)	State Rate (per 100,000)	Statistically Significant Difference
Heart Disease	241.2	216.7	H
Cancer (All)	199.0	188.9	N/S
Lung	71.5	58.7	H
Breast	11.9	13.6	N/S
Unintentional Injuries Including Motor Vehicle Accidents	49.1	47.5	N/S
Stroke/Other Cerebrovascular Disease	48.8	47.8	N/S
Chronic Lower Respiratory Disease	46.0	50.3	N/S
Alzheimer's Disease	40.4	25.8	H
Pneumonia and Influenza	29.1	20.3	H
Kidney Disease	27.6	18.1	H
Diabetes Mellitus	19.2	22.0	N/S
Suicide	17.5	13.7	H

Missouri Department of Health & Senior Services, 2013

Significant Difference: "H" indicates the county rate is higher than the state rate and N/S indicates the difference is not statistically significant.

Three behaviors contribute to four diseases that cause 57% of deaths in Lincoln County (Missouri Department of Health and Senior Services – 2013).



According to the Missouri Department of Health and Senior Services, heart disease and cancer accounted for the highest number of deaths per 100,000 population from 2003-2013, in accordance with the national trend. Lincoln County fell within the middle quintile compared to Missouri counties for age-adjusted coronary heart disease mortality rate, with 132.0 deaths per 100,000 population. This value is higher than both state and national averages.

Deaths from heart attacks also presented cause for concern, with 102.5 deaths per 100,000 population compared to the state and national rates of 55.8 and 33.6 deaths per 100,000 population, respectively (CDC Interactive Atlas for Heart Disease and Stroke – 2013).

Mortality from all cancers in Lincoln County was significantly higher than the state and national rates, as well as the Healthy People 2020 target (Community Commons – 2013). County residents experienced the highest mortality from lung and bronchial cancers, exceeding both the state and national rates (National Cancer Institute – 2012). Mortality from breast cancer was lower than state and national rates, in addition to the Healthy People 2020 target (National Cancer Institute – 2012).

Infectious diseases – Sexually Transmitted Infections & Tuberculosis

Sexually Transmitted Infections

Incidence rates for Chlamydia, Gonorrhea, and HIV/AIDS were significantly lower than state and national rates (Community Commons – 2013, 2014). Additionally, Lincoln County compared favorably to peer counties for syphilis incidence, indicating that sexually transmitted infections are not a concern within this community (HHS Community Health Status Indicators – 2012).

Tuberculosis

According to the Missouri Department of Health and Senior Services, there were **no reported cases** of Tuberculosis in Lincoln County in 2015, active nor latent.

Maternal, Child, and Infant Health – Infant Mortality Rate, Rate of Low Birth Weight & Teen Birth Rate

According to the CDC and the Missouri Department of Health and Senior Services, Lincoln County performs **comparably or above average** in the areas of Maternal, Child and Infant Health, including infant mortality rate, low birth weight and teen birth rate.

Infant Mortality Rate



Rate of Low Birth Weight



Teen Birth Rate

The number of teen births in 2013 was 34.4 per 1,000 population, which was a significant decrease from 64 teen births per 1,000 population that was reported in 2009. Despite the significant decrease, the county rate continues to exceed the state rate of 30 births per 1,000 population (Missouri KIDS COUNT – 2014).

Healthy and Safe Environment – Violent Crime & Domestic Abuse and Child Abuse/Neglect & Parenting

Violent Crime & Domestic Abuse

The following data was collected on the prevalence of violent crime and domestic abuse in Lincoln County:

- From 2010 to 2012, the number of violent crime offenses per 100,000 population was significantly **lower** than state and national rates (County Health Rankings-2012 & FBI Crime Reports – 2012, via Community Commons).
- 119 violent crimes were reported in 2014, including 90 aggravated assaults, 25 rapes, and 0 homicides (MO State Highway Patrol)
- **256** domestic violence incidents were reported in 2014 (MO State Highway Patrol)



Child Abuse & Parenting

According to the 2016 Missouri Kids Count report, Lincoln County showed favorable trends in all Child Protection & Safety indicators except “Substantiated Child Abuse/Neglect and Family Assessments” (per 1,000 population). The number of reported cases of child abuse/neglect and family assessments **increased** from 411 in 2010 to 648 in 2014.

Physical Environment – Air & Water Quality, Transportation and Housing

In 2014, County Health Rankings ranked Lincoln County 110th out of 115 Missouri counties for “physical environment,” indicating significant opportunity for improvement in the areas of air and water quality, transportation and housing.

Air and Water Quality

The following data was collected regarding air and water quality in Lincoln County:

- According to Community Commons, Lincoln County falls within the fourth (most **favorable**) quartile within the state for air pollution, measured in daily concentration

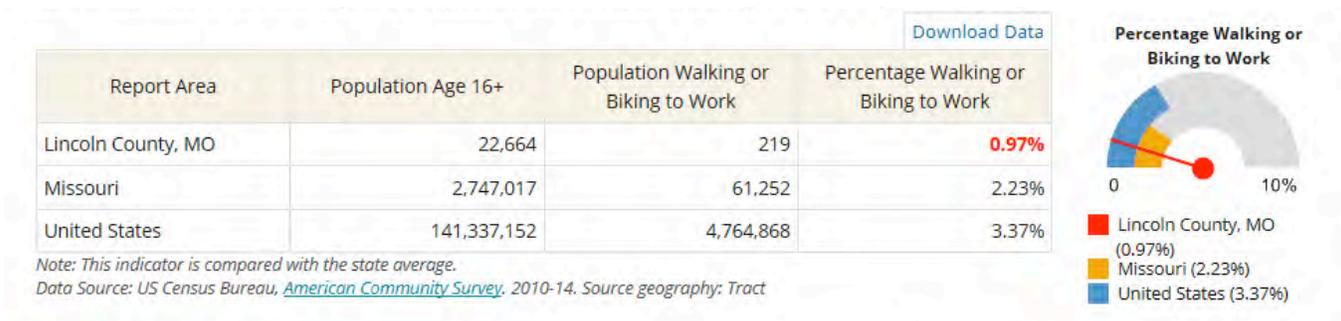
of fine particulate matter (measured in micrograms per cubic meter) (Community Commons – 2014).

- The AARP Livability Index reports 8.3 unhealthy air quality days per year in Lincoln County, a rate **comparable** to the U.S. median of 8 unhealthy air quality days per year (AARP Livability Index – 2015).
- At least one community water system in Lincoln County received a water violation from FY2013-FY2014 (County Health Rankings – 2014).

Transportation

According to County Health Rankings, “The transportation choices that communities and individuals make have important impacts on health through active living, air quality, and traffic crashes. The choices for commuting to work can include walking, biking, taking public transit, carpooling, or the most damaging to the health of communities which is individuals commuting alone. In most counties, the latter is the primary form of transportation to work.”

As with most rural communities, Lincoln County has very limited public transportation services. Many county residents are not able to walk or bike to work, resulting in a higher percentage of individuals using automobiles as their primary mode of transportation.



In 2014, 56% of county residents had a long commute driving alone (30 minutes or more), compared to the Missouri average of 30% and the top U.S. performers average of 15% (County Health Rankings – 2014).

Mercy Community Health Survey respondents indicated that transportation was a problem in general in their community, especially when needing to traveling outside the service area to access health care providers who accept Medicaid.

Transportation was also mentioned as a health care barrier during the Mercy Roundtable discussions, especially in more rural parts of the service area.

Housing

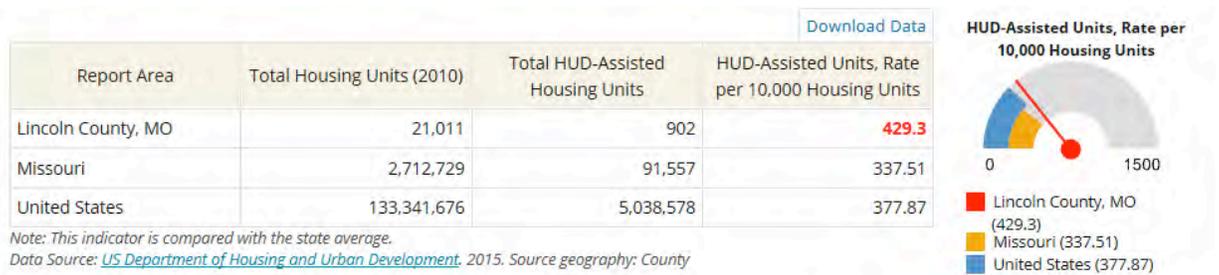
According to County Health Rankings and the HHS Community Health Status Indicators site, “A house is defined as stressed if one or more of the following criteria is met:

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)”

The Lincoln County Resource Board’s 2014 Needs Assessment reported that, “Almost 5,000 Lincoln County households are at risk of not being able to keep up with their standard of living and afford services that may be needed for their children.”

- 44% of renters are paying 30% or more of their household income for rent
- 30% of owner-occupied units pay more than 30% of their household income for their leases (Lincoln County Resource Board – 2014)

The barometer below reports the total number of Housing & Urban Development (HUD)-funded assisted housing units available to eligible renters (Community Commons – 2010).



VI. Prioritized Significant Community Health Needs

The nominal group technique was used in the CHNA priority setting process. The Mercy Hospital Lincoln Community Health Council was presented with quantitative and qualitative community health data. Based on the needs voiced by the community and the council's own estimation of amenable collaboration with providers in the area, the members selected two of the top health issues the hospital would address in their Community Health Improvement Plan (CHIP).

The strengths and services of MHL, along with the hospital's strategic plan were also considered.

The following priorities were selected:

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

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

VIII. Potentially Available Resources

Mercy Hospital Lincoln will continue to communicate and forge partnerships with community health and social services agencies and coalitions, including:

- Lincoln County Health Department
- Lincoln County Healthy Communities Coalition
- Lincoln County Resource Board
- Lincoln County Senior Task Force
- Crider Health Center/Compass Health Network
- Preferred Family Healthcare/Bridgeway Behavioral Health

Collaboration with other community health and social service providers is key to improving the health of those residing in Mercy's service areas. Future efforts with community partners will focus on coordinated planning, funding, and identifying common goals in order to achieve positive outcomes.

Lincoln County is a rural community that has many valuable resources, services, organizations, and coalitions. Located 55 miles northwest of St. Louis, additional resources are accessible when needed, such as those provided by larger medical facilities and social service agencies.

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 Lincoln 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 H)

IX. Evaluation of Impact

Mercy acquired Lincoln County Medical Center, formerly known as Lincoln County Memorial Hospital, in March of 2015. While the former hospital had collaborated with the Lincoln County Health Department to produce a Community Health Needs Assessment, no documented Community Health Improvement Plan of the hospital was known. Therefore, Mercy does not currently have a CHIP to evaluate.

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A. Lincoln County Demographics

Mercy Lincoln Primary Service Area Demographics

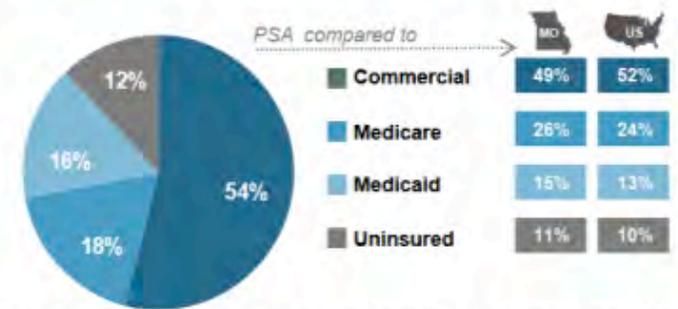
POPULATION DEMOGRAPHICS

	Primary Service Area			Missouri	US
	2015	2020	% Growth	2015	2015
Female Population	26,293	27,196	3%	3,093,657	162,189,591
Male Population	26,302	27,053	3%	2,975,956	157,270,400
Total Population	52,595	54,249	3%	6,069,613	319,459,991
Age Groups					
00-17	26%	23%	<1%	23%	23%
18-44	34%	32%	3%	35%	36%
45-64	27%	27%	-1%	27%	26%
65-UP	13%	18%	21%	16%	15%
Race & Ethnicity*					
White	95%	95%	3%	-	-
Black (African American)	2%	2%	8%	-	-
Asian	<1	<1	-2%	-	-
Multiple Races	2%	2%	7%	-	-
Hispanic of Any Race	2%	3%	21%	-	-
Language**					
Only English at Home	98%	98%	3%	94%	79%
Spanish at Home	1%	1%	2%	3%	13%
All Others	1%	1%	4%	4%	8%
Workforce***					
Armed Forces	<1%	<1%	0%	<1%	-
Civilian Employed	59%	59%	4%	58%	-
Civilian Unemployed	9%	9%	5%	6%	-
Not in Labor Force	33%	33%	5%	36%	-
Household Income					
<\$15K	10%	10%	-5%	14%	13%
\$15-25K	10%	10%	-1%	12%	11%
\$25-50K	25%	24%	-1%	26%	24%
\$50-75K	22%	21%	-2%	18%	18%
\$75-100K	16%	15%	2%	12%	12%
\$100K-200K	16%	19%	22%	14%	18%
>\$200K	1%	2%	52%	3%	5%
Families living below poverty level	11%	11%	5%	11%	12%
Education Level****					
Less than High School	5%	5%	5%	4%	6%
Some High School	11%	11%	4%	8%	8%
High School Degree	41%	41%	4%	32%	28%
Some College/Assoc. Degree	30%	30%	3%	32%	31%
Bachelor's Degree or Greater	13%	13%	3%	25%	27%

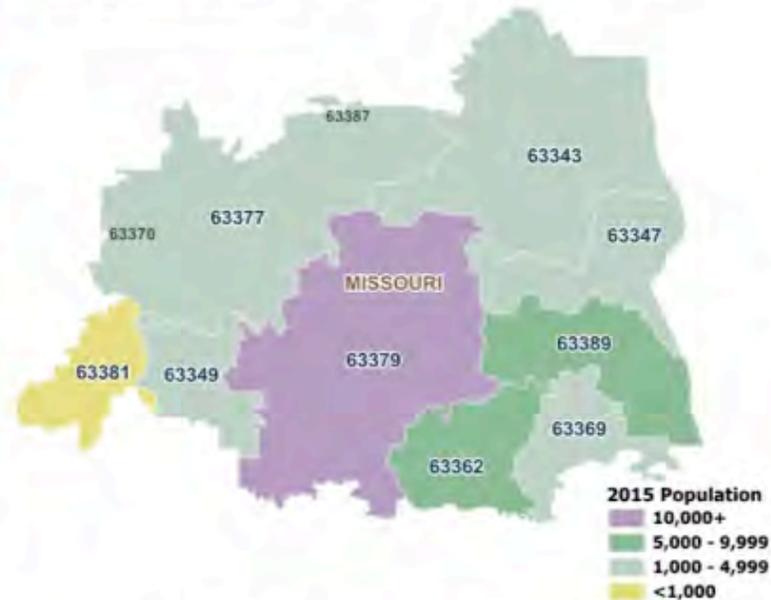
*Ethnicity not considered for White, Black, Asian or Multiple Races; Hispanic ethnicity includes all races. **Excludes population age <5. ***Excludes population age <16. ****Excludes population age <25 and based on highest level achieved.
 Note: Lincoln Primary Service Area consists of 11 zip codes in Missouri as noted in map illustration at right
 Source: Sg2 Market Demographics, Missouri zip code data, 2015

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



Note: Zip Codes 63370 and 63387 are included in 63377 population data

B. County Health Rankings 2016 – Lincoln County

Lincoln County by the Numbers – County Health Rankings 2016

	Lincoln County	Missouri	Top U.S. Performers*	Rank (of 114)
HEALTH OUTCOMES				24
Length of Life				33
Premature death	7,400	7,700	5,200	
Quality of Life				18
Poor or fair health	15%	16%	12%	
Poor physical health days	3.9	4.1	2.9	
Poor mental health days	3.7	3.7	2.8	
Low birth weight	7%	8%	6%	
HEALTH FACTORS				65
Health Behaviors				61
Adult smoking	21%	21%	14%	
Adult obesity	33%	31%	25%	
Food environment index (scale of 1-10)	7.4	6.9	8.3	
Physical inactivity	30%	26%	20%	
Access to exercise opportunities	44%	76%	91%	
Excessive drinking	17%	16%	12%	
Alcohol-impaired driving deaths	35%	33%	14%	
Sexually transmitted infections (per 100,000)	251.2	453.8	134.1	
Teen births (per 1,000 female population)	37	38	19	
Clinical Care				66
Uninsured	15%	15%	11%	
Primary care physicians	8,980:1	1,420:1	1,040:1	
Dentists	6,780:1	1,870:1	1,340:1	
Mental health providers	1,550:1	600:1	370:1	
Preventable hospital stays (per 1,000)	69	59	38	
Diabetic monitoring	86%	86%	90%	
Mammography screening	55%	62%	71%	
Social & Economic Factors				57
High school graduation	88%	88%	93%	
Some college	52%	65%	72%	
Unemployment	6.5%	6.1%	3.5%	
Children in poverty	21%	21%	13%	
Income inequality	4.0	4.6	3.7	
Children in single-parent households	28%	33%	21%	
Social associations (per 10,000)	8.2	11.8	22.1	
Violent crime (per 100,00)	219	452	59	
Injury deaths (per 100,00)	74	74	51	
Physical Environment				110
Air pollution – particulate matter	11.2	10.2	9.5	
Drinking water violations	YES		NO	

Severe housing problems	13%	15%	9%	
Driving alone to work	56%	30%	15%	
Long commute – driving alone (>30 minutes)	56%	30%	15%	

**90th percentile, i.e., only 10% are better. Note: Blank values reflect unreliable or missing data*

C. Community Health Council Members

The Mercy Hospital Lincoln Community Health Council is accountable for ensuring Community Benefit meets mission, compliance and IRS guidelines.

Leadership Members

LEADERS

Tony Rothermich – Administrator

MEMBERS

Breanne Griffin – Executive Director-Nursing

Ken Joyce – Director, Mission Services

Don Kalicak – VP Business Development & Planning, Board Member

Lauren Kemp – Regional VP, Philanthropy

Mary Kay Kunza – Manager, Human Resources

Bradley Massey, DO – Physician Liaison

Patty Morrow – Executive Director Behavioral Health

Sharon Neumeister – Director, Mercy Neighborhood Ministry

Barb Rapp – Social Worker, Care Management

Ashley Rottler – Manager, Marketing & Communications

Cheryl Schorr – Outreach Coordinator, Mercy Neighborhood Ministry (MHW, MHL)

Mark Thorn – Executive Director, Finance

D. CDC Community Health Status Indicator Report

<http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/MO/Franklin/>

The Community Health Status Indicators (CHSI) 2015 is an online web application that produces health status profiles for each of the 3,143 counties in the United States and the District of Columbia. Summary Comparison Reports provide an “at a glance” summary of how the selected county compares with peer counties on the full set of Primary Indicators.

E. Community Health Needs Survey 2016 – Lincoln

1. Results

COMMUNITY HEALTH SURVEY RESULTS – LINCOLN JANUARY 2016

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	332	100%
Total	332	100%

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

Answer	Response	%
EAST-TROY	332	100%
Total	332	100%

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

Zip Code	Count	%
63379	172	52%
63343	37	11%
63389	26	8%
63362	24	7%
63377	23	7%
63347	14	4%
63349	6	2%
63369	6	2%
63344	5	2%
63385	4	1%
63381	2	1%
63359	2	1%
63390	2	1%
63334	2	1%
63360	1	0%
63348	1	0%
63353	1	0%
63351	1	0%
63777	1	0%
63363	1	0%
63366	1	0%

Total 332 100%

4. Gender:

Answer	Response	%
Male	53	16%
Female	279	84%
Total	332	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	313	94%
African-American	7	2%
Prefer not to answer	7	2%
Native American	5	2%
Asian	1	0%
Hispanic, Mexican, Latino or Spanish	1	0%

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

Answer	Response	%
Some high school	29	9%
High school graduate	84	25%
GED	17	5%
Some college	93	28%
College graduate	64	19%
Post-college	45	14%
Total	332	100%

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

Answer	Response	%
18 to 25 years-old	30	9%
26 to 35 years-old	54	16%
36 to 45 years-old	73	22%
46 to 64 years-old	135	41%
65 years and older	40	12%
Total	332	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.	1.60%	8.97%	12.50%	54.17%	22.76%	312	3.88
2	Healthy food choices are readily available in my community.	3.85%	15.71%	13.78%	50.64%	16.03%	312	3.59
3	My community has safe parks and public places for people to exercise.	1.93%	11.25%	14.47%	53.05%	19.29%	311	3.77
4	It seems like there has been more bullying among children and teens in my community over the last year.	1.61%	8.36%	37.94%	34.73%	17.36%	311	3.58
5	I know where to get help with mental health issues.	6.47%	13.92%	17.15%	48.22%	14.24%	309	3.50

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.	1.53%	4.60%	13.03%	46.36%	34.48%	261	4.08
2	Children being overweight is a problem in my community.	1.75%	10.53%	27.37%	38.25%	22.11%	285	3.68
3	After school programs for kids are available and easy to find.	8.65%	21.80%	32.71%	26.32%	10.53%	266	3.08

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.	0.35%	4.18%	25.44%	44.25%	25.78%	287	3.91
2	Teens being overweight is a problem in my community.	0.70%	8.42%	35.09%	42.11%	13.68%	285	3.60
3	Teens using illegal drugs is a problem in my community.	0.69%	3.81%	20.07%	43.60%	31.83%	289	4.02
4	Smoking and tobacco usage by teens is a problem in my community.	0.00%	4.15%	20.76%	48.10%	26.99%	289	3.98
5	It's easy to get immunizations, or shots, for teenagers when you need them.	1.11%	4.81%	25.19%	46.30%	22.59%	270	3.84
6	Teen pregnancy is a problem in my community.	0.00%	6.47%	37.41%	37.77%	18.35%	278	3.68

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.	0.66%	5.26%	34.21%	34.87%	25.00%	304	3.78
2	Adults using illegal drugs is a problem in my community.	0.65%	6.21%	18.95%	37.25%	36.93%	306	4.04
3	Health and social programs are available for senior citizens in my community.	1.68%	11.45%	24.24%	49.16%	13.47%	297	3.61
4	Smoking and tobacco usage by adults is a problem in my community	0.65%	3.57%	25.32%	39.94%	30.52%	308	3.96
5	Adults being overweight is a problem in my community.	0.98%	2.95%	23.93%	38.36%	33.77%	305	4.01

12. Do you have any other feedback about issues facing your community?

See Summary of Responses

Statistic	Value
Total Responses	68

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	3.32%	17.28%	60.80%	14.62%	3.99%	301	2.99
2	Programs to address teen pregnancy	4.64%	25.83%	55.30%	11.26%	2.98%	302	2.82
3	Classes to help teen parents	4.67%	26.67%	54.00%	11.67%	3.00%	300	2.82
4	Education for chronic conditions such as diabetes, asthma, arthritis, etc.	4.95%	15.84%	45.21%	31.02%	2.97%	303	3.11
5	Education for improving personal health such as weight management, exercise, smoking cessation, etc.	6.29%	24.83%	43.38%	22.52%	2.98%	302	2.91
6	Programs for stress management	8.70%	28.43%	46.15%	14.38%	2.34%	299	2.73
7	Meals on Wheels	1.66%	4.65%	37.21%	40.20%	16.28%	301	3.65
8	Health related activities for Senior Citizens	4.30%	13.91%	41.06%	30.79%	9.93%	302	3.28
9	Health screenings such as blood pressure, cholesterol, mammograms, prostate cancer, etc.	3.64%	15.23%	34.44%	40.07%	6.62%	302	3.31
10	Programs for mental health issues	11.88%	24.42%	36.30%	23.43%	3.96%	303	2.83

14. Do you have any other feedback about the community programs in your area?

See Summary of Responses

Statistic	Value
Total Responses	47

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

#	Answer	Response	%
1	Yes	268	89%
2	No	34	11%
	Total	302	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	258	85%
2	No	46	15%
	Total	304	100%

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

#	Answer	Response	%
1	Yes	139	46%
2	No	160	54%
	Total	299	100%

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

Answer	Response	%
Arthritis or joint pain	95	42%
Depression	95	42%
Obesity	90	40%
High blood pressure	86	38%
High cholesterol	74	33%
Diabetes	46	20%
Asthma	45	20%
Heart problems	28	12%
Cancer	25	11%
Stroke	10	4%
Statistic	Value	
Total Responses	227	

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	207	69%
2	1 to 2 years ago	50	17%
3	3 to 5 years ago	25	8%
4	More than 5 years ago	20	7%
	Total	302	100%

20. Do you have kids in your household?

#	Answer	Response	%
1	Yes	171	55%
2	No	141	45%
	Total	312	100%

21. How many kids live in your household?

#	Answer	Response	%
1	1 to 2	112	66%
2	3 to 4	45	27%
3	5 or more	12	7%
	Total	169	100%

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

#	Answer	Response	%
1	Less than one year-old	29	17%
2	1 to 2 years-old	32	19%
3	3 to 4 years-old	33	19%
4	5 to 7 years-old	32	19%
5	8 to 10 years-old	45	26%
6	11 to 13 years-old	51	30%
7	14 to 16 years-old	57	34%
8	17 years-old and older	52	31%

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	159	94%
2	No	10	6%
	Total	169	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	%
ADD/ADHD	39	52%
Asthma	29	39%
Obesity	25	33%
Depression	22	29%
Diabetes	3	4%
High blood pressure	3	4%
High cholesterol	2	3%
Cancer	0	0%
Statistic	Value	
Total Responses	75	

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

#	Answer	Response	%
1	Yes	118	69%
2	No	52	31%
	Total	170	100%

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

#	Answer	Response	%
1	Yes	51	30%
2	No	118	70%
	Total	169	100%

2. Summaries – Community Health Needs Survey 2016 – Lincoln

Lincoln County Survey Results					
Thinking about the community where you live, please read the statements below and tell us if you agree or disagree with them.					
# 8 General Topics					
#	Statement	Disagree	Neither	Agree	Impact
1	There are places people can go for help with health problems like diabetes, high blood pressure, and medications.	10.57%	12.50%	76.93%	Positive
2	Healthy food choices are readily available in my community.	19.56%	13.78%	66.67%	Positive
3	My community has safe parks and public places for people to exercise.	13.18%	14.47%	72.34%	Positive
4	It seems like there has been more bullying among children and teens in my community over the last year.	9.97%	37.94%	52.09%	Negative
5	I know where to get help with mental issues.	9.97%	37.94%	52.09%	Positive
# 9 Children					
#	Statement	Disagree	Neither	Agree	Impact
1	It's easy to get immunizations, or shots, for your kids when you need them.	6.13%	13.03%	80.84%	Positive
2	Children being overweight is a problem in my community.	12.28%	27.37%	60.36%	Negative
3	After school programs for kids are available and easy to find.	30.45%	32.71%	36.85%	Positive
# 10 Teenagers					
#	Statement	Disagree	Neither	Agree	Impact
1	Teens using alcohol is a problem in my community.	4.53%	25.44%	70.03%	Negative
2	Teens being overweight is a problem in my community.	9.12%	35.09%	55.79%	Negative
3	Teens using illegal drugs is a problem in my community.	4.50%	20.07%	75.43%	Negative
4	Smoking and Tobacco usage by teens is a problem in my community.	4.15%	20.76%	75.09%	Negative
5	It's easy to get immunizations, or shots, for teenagers when you need them.	5.92%	25.19%	68.89%	Positive
6	Teen pregnancy is a problem in my community.	6.47%	37.41%	56.12%	Negative

11 Adults

#	Statement	Disagree	Neither	Agree	Impact
1	Adult Alcohol abuse is high in my community.	5.92%	34.21%	59.87%	Negative
2	Adults using illegal drugs is a problem in my community.	6.86%	18.95%	74.18%	Negative
3	Health and social programs are available for senior citizens in my community.	13.13%	24.24%	61.63%	Positive
4	Smoking and tobacco usage by adults is a problem in my community.	4.22%	25.32%	70.46%	Negative
5	Adults being overweight is a problem in my community.	3.93%	23.93%	72.13%	Negative

13 Satisfaction of Community Programs

Please tell us how satisfied you are with your community's programs.

#	Statement	Disagree	Neither	Agree	Impact
1	Parenting skills education.	20.60%	60.80%	18.61%	Neither
2	Programs to address teen pregnancy.	30.47%	55.30%	14.24%	Neither
3	Classes to help teen parents.	31.34%	54.00%	14.67%	Neither
4	Education for chronic conditions such as diabetes, asthma, arthritis, etc.	20.79%	45.21%	33.99%	Neither
5	Education for improving personal health such as weight management, exercise, smoking cessation, etc.	31.12%	43.38%	25.50%	Neither
6	Programs for stress management.	37.13%	46.15%	16.72%	Neither
7	Meals on Wheels.	6.31%	37.21%	56.48%	Satisfied
8	Health related activities for Senior Citizens.	18.21%	41.06%	40.72%	Neither
9	Health screenings such as blood pressure, cholesterol, mammograms, prostate cancer, etc.	18.87%	34.44%	46.69%	Satisfied
10	Programs for mental health issues.	36.30%	36.30%	27.39%	Unsatisfied

12. Do you have any other feedback about issues facing your community?

SPECIALISTS/PCP/URGENT CARE/ED

- Need more Specialists in our area.
- Lack of specialists, time frames to be able to get into your PCP, lack of insurance providers for alternative treatments I.E. chiropractic care , etc due to limits they have on insurances accepted
- We need more Mercy Providers and specialties in the Lake St. Louis, Wentzville and Troy communities. It is difficult to find one close to home or close to work. I understand it is a work in progress. Maybe sending out an update or a coming soon announcing what area's new providers will be servicing in. It appears SSM is dominating the Wentzville areas.
- Need more specialists in the Troy, MO area--Ob/GYN, Cardiology, etc.
- Our community needs cancer care. It is never good to have to drive a minimum of 60 minutes to receive radiation and/or chemo treatment. The journey is very difficult on the patient and caregivers. We also need a good Ortho group. The current provider should not have the monopoly in this community.
- We shouldn't have to drive out of Lincoln County to receive cancer care. The community strongly needs an adult care center. Also, there are not enough behavioral medicine providers in the community.
- Community REALLY needs more Specialist (Mental Health, Orthopedic, Cardiology, Neurology)
- As a working female some test are not available such as mammograms unless take a day off work. Locally they are scheduled Monday thru Friday, 8-3. Cancer needs early detection.
- There are not enough good doctors in the area to support the continuing growth of our community.
- The lack of an urgent care open 24 hours is a big problem.
- Need much better ER Doctors!!!! And hopefully more of our community would start going back to our local hospital and not out of our community for ER services.

PEDIATRICS

- Desperate need of a pediatrician
- We have a great need for pediatric psychiatry services and need a greater emphasis on non-invasive, less-costly alternative health care services
- Need OG/gyn services, pediatricians, hospital ready & able to assist children with issues. Need Mercy presence on Hwy 47 between Hwy 61 & Wal-Mart (urgent care and / or doctor offices).
- Need for a pediatrician
- Need more specialist in this area specifically pediatricians in the hospital setting and OBGYN's

PSYCHIATRISTS/MENTAL HEALTH

- Access to mental health professionals, especially psychiatrists and neurologists, are extremely limited and appointments take forever or you must travel into St. Louis or St. Charles Counties to receive more than just medication for mental illnesses and psychiatric issues.
- We need more psychiatrists and adult day care programs or mental health day programs.
- Mercy needs more mental health docs and counselors to take pts after normal school and work hours.
- We need an inpatient Psych facility in Lincoln county
- Desperate need of good mental health support and therapist for adults and children
- And there is no assistance for people with mental illness for any age group.

SUBSTANCE ABUSE

- We seem to have lots of drug and Alcohol problems in Troy
- Drug use is still a big issue in our county.
- Tobacco and drug use is a major issue as well as obesity. Need more community focus.
- METH BIG PROBLEM- HEROIN.
- There is a huge drug problem in Troy, MO with teens and adults. The programs here are not good. Specifically Preferred.
- Increase in drug overdose is very serious for everyone.
- Also need to help get these people off drugs it is taken over those children as well as adults
- I believe the teens in our community need to be watched more carefully and the ones that become pregnant at young ages should be drug tested during pregnancy!!! And baby taken away if mother has drugs in her system after given birth.

POOR

- Families living in poverty are a growing issue for Lincoln County residents.
- There is no place to go for low/no income services. If I can get services somewhere, (\$25 office visit for a doctor in Creve Coeur) I can't afford to get prescriptions. Since I work odd hours, it's often hard to make appointments that meet my schedule. 10 p.m. or 6 am would be nice.
- Need more classes which deal with a sliding scale rate. Nothing available in this area.
- Unemployment, hunger
- I wish there was more clothing help for kids and shoes.
- Helping Homeless need more help.
- Homeless teens and young adults
- Homelessness and affordable housing are issues in our community
- Community has very little resources for the poor. Very limited legal services available for the poor.

PHYSICAL ACTIVITY

- Of course, it would be wonderful to have more opportunities for exercising particularly in the winter months. We belong to a gym, but not everyone can afford to have a gym membership.
- No recreation in the area and the small things they did FINALLY put in (pool/skate park) are tiny and need to be much much bigger or are expensive. Public pool of sizeable nature would help a LOT with exercise for those with weight/age issues who want to work out in the water and would allow for swim teams at school.
- We have a lot of "gyms" people can join - but not a good place for people to just walk for exercise in the cold weather - as people do at malls in other areas. Also - not a lot of indoor recreation for teens - we seem to have to drive to St. Charles county for any of our activities that are no school sponsored.
- No free options for walking indoors during bad weather.
- The trails in all parks are horrendous but especially for those w/disabilities

MORE IN COMMUNITY

- Services need to be provided in our community. There should be little reason to have to drive to St Louis to get needs met.
- No place to go for alternative health care
- We need after school and night/weekend activities for our young people! VERY LITTLE is currently available and hence we have a lot of drinking while driving and underage smoking. We have a high death rate from drinking and driving.
- There are very few "things" for teens-adults to do in this county.
- I don't feel there are enough interesting things in the community to keep teens and young adults occupied

SENIORS

- Many older people in our community still do not use computers especially the men in age 65 and over. So many health issues for all that age group that could be set up as classes for them to attend. especially weight control, diabetes, etc.
- We need geriatric health care. No one in Troy specializes in this type of need. There is also a need for a choice of orthopedic doctors, dermatologists and urologists.
- More info on parent care in your home and not in a facility. It has many advantages too.
- Need more programs for the elderly
- I feel as if the elderly are just forgotten. It is very difficult for them to get around.
- With aging parents, there are not enough avenues for caregivers to find assistance.

MEDICAID/HEALTH INSURANCE

- More and more families need help getting into physicians and dentists that accept Medicaid or have payment programs.
- Lack of psychiatrist...especially that takes Medicaid... Lack of dentist that takes Medicaid
- Finally, there are places to go for health care IF YOU ARE INSURED!

VIOLENCE

- People (adults) bullying others especially other seniors happens more than people realize in my senior center - especially one person
- Too much violence of any/all kinds and a particular ministry is a major need!!!
- Battered women/shelters for them (as well as access to shelters)

TRANSPORTATION

- Transportation (public and taxi) are difficult to utilize in this county. It is difficult for residents in the rural towns to access Troy.
- I wish there was something to do about only having OATS transportation and no public transportation.

PARENTING CLASSES

- Too many children don't have the discipline they need growing up, so they turn into teenaged "thugs" that do drugs and think they are above the law and everyone else. Then stuff like Ferguson happens and yet I'm not surprised at all. Yes it's sad. But the root of the problem I think boils down to how a child is raised in the home and how their parents were raised.
- Education is subpar, there are no after school programs that kids can go to, kids are hungry for food, love, attention and skills and parents are ill, overweight, underpaid, unable to meet their needs and those of their children and the cycle is repeating itself.

DENTAL

- I wish there was more dental for adults.

AFFORDABILITY

- The cost of the programs. A lot of people can't afford to go to the gym or being able to take their kids with them

MISCELLANEOUS

- We need a bigger tax base with more industry.
- Flooding
- Our community needs more spiritual outreach to help people find ways God needs to be first in their life and then from that rock they can build.
- I think the making the flu shot and other immunizations that are unnecessary mandatory are uncalled for. If someone doesn't want to have chemicals injected into their system they should not be forced to have it done.
- Lack of affordable child care is an issue in our community
- May God bless us all
- Transition aged youth (18-24) have few services or supports for which they qualify, particularly in regard to mental health and housing

14. Do you have any other feedback about the community programs in your area?

COMMUNITY COMMUNICATION & EDUCATION/HEALTH SCREENINGS

- It is not known what activities or programs are available. Maybe posting it in the Wentzville monthly booklet that they send out will make the community more aware of what is out services are offered. They put everything else in that booklet and they send it out each month. They also have a calendar that marks the date of events and when and when they will take place.
- Where are they? Are they publicized? How? Are they free or during times people who work full time can attend? Are they close in the community? Is there child care? If the answer to these questions is no or I don't know, the program won't work.
- There are community programs available and i do believe they are improving and having more available.
- More visibility needed
- I wasn't aware of the community programs previously mentioned.
- Unfamiliar if there are some of the above programs
- Anytime there is a void in these areas, SSM swoops in to fill it. Health screenings are too 'public' for me.
- I am not aware of these programs in my community.
- If we have any of these programs in my community I, as a health care professional do not even know where or what they are. I do however know that they are not reaching those in our community who are in the most need of being taught or given these resources. Also there is a probable portion who wouldn't be motivated even if you could reach them.
- People either aren't aware of programs offered or refuse to use them. Part of non-use of programs may be because of times/dates they are offered.
- I do not know after 15 years of living in this community of what resources are available.
- New to the Arena and unfamiliar with Services provided
- What are the programs and where didn't know we had any.
- If they are available then the programs are not advertised very well.
- If they exist do not always know about them or where to find them.

SENIOR CARE

- Lincoln County Council on Aging offers lots of educational programs. Also nutritional meals and deliver lots of meals to home bound.
- I am delighted that our gym is now offering Silver Sneaker classes for seniors.
- We have a very active senior citizen program and meals on wheels
- There doesn't seem to be much education out there for older adults
- Stress related programs for seniors would really help

MEDICAID/HEALTH INSURANCE

- Need more Psychiatry doctors and counselors that take Medicaid and Obama Care we currently have none that take Obama Care
- The costs of medical care and what is covered or not covered continue to be an issue. I feel the people with money get care while the ones without continue to do without.
- Pneumonia vaccine would be great. But I don't have Medicaid.

TRANSPORTATION

- Community programs tend to be geared toward the Troy area and then the outlying towns are left without any programs and lack of reliable transportation is one of the largest issues in residents being able to access any programs.

MENTAL HEALTH

- Mental health issues are rarely addressed.
- Mercy needs more mental health docs and counselors to take pts after normal school and work hours.

PARENTING

- I am disappointed the Health Department closed their Family Planning program.
- It's a shame that the Lincoln county health department did away with family planning services.

CHILDREN

- Need more interventions for at-risk children who come from generational poverty or parents who lack resources and skills to provide healthy home environments
- I have a child with autism and need more programs for kids.

HOSPITAL/MEDICAL SERVICES

- We need more inpatient beds in Lincoln County
- We need a greater variety of specialists in the local area.

DENTAL & VISION CARE

- There's nowhere to get affordable eye care or urgent dental care anywhere. Sure the health department offers a dental clinic but only for certain ages and it takes months to get in.

RELIGIOUS SERVICES

- Need more outlets of non-judgment bible studies.

PHYSICAL ACTIVITY/WELLNESS

- There is a lack of recreational programs to support mental and physical wellness. For example, there is no YMCA in this area. Programs and supports that are available are fragmented and happen on an ad hoc basis. Programs supporting mental and physical health should be more integrated, comprehensive, and occur along a continuum of care including promotion, prevention, and intervention.
- Need no cost programs focused on healthy eating habits and exercise for all ages

MISCELLANEOUS

- I HAVE NO CHILDREN SO I AM UNSURE ON THOSE ISSUES
- Any help is needed
- Too many to list.
- So glad
- Need more help with issues in community

F. Community Stakeholders Roundtable Meetings

1. Comments & Rankings

**Mercy Hospital Lincoln
Community Roundtable Discussions
August 25, 2015**

Comments Summary

Discussions to identify health needs were held in Bowling Green, Elsberry, Troy and Winfield during the first two weeks of August. Sixty-seven community leaders participated in discussions facilitated by Mercy leaders. Discussions planned in Hawk Point, Moscow Mills and Silex were cancelled due to low responses to invitations.

Health Needs

Participants expressed a desire for more convenient access to physician specialists and specific services that should be provided locally. Mental health services (ambulatory and inpatient) were identified as a pressing need for all age groups. OB/GYN services was also expressed as a high priority need, with some expressing a desire for services in the office setting and some recommending that Mercy establish childbirth services at Mercy Hospital Lincoln. Other specialist needs are cardiology, dermatology, GI, oncology, orthopedics and respiratory therapy. Chemotherapy and sleep services were mentioned as needs.

Pediatricians are not readily available in Lincoln County. Some expressed a desire for additional adult PCP's on the basis that appointments are scheduled several months out. Urgent care services are desired in Bowling Green and Winfield.

Participants also expressed a need for improving health literacy in the region. There is a need to educate many persons in the community on health issues related to smoking, drug use, obesity, nutrition and other life style issues.

The lack of dentists and retail pharmacies is viewed as a problem by some.

There were several comments related to improving access for seniors. Specific comments included problems associated with transportation to providers outside of Lincoln County and need for SNF and congregate living facilities.

Related Needs

The lack of transportation is a problem related to access to care, particularly in more rural parts of the service area.

Insurance coverage (or lack thereof) is also a concern. Some local providers do not accept Medicaid, resulting in a long commute for patients who find a provider outside the service area. Many people do not have insurance, nor the financial resources to pay for care privately.

Specific to Mercy

A number of participants were complimentary about Mercy's early presence in the area. There is the sense that the hospital has improved since March 1, particularly services in the ED and in urgent care. A strong theme is that Mercy should tell the community what services are available and what changes Mercy is making.

There were several comments about phones in the clinics. Participants said the phones should be answered as early as 8 am daily. They prefer the phones be answered by a human.

Connections with schools were suggested as a method to engage kids in understanding health issues and choosing healthy lifestyles.

Telemedicine was felt to be a potential solution for improving access. Use of telemedicine to address mental health needs, for stroke care, and to aide in access for seniors was suggested.

Community Stakeholders Rankings of Health Needs

August 25, 2015

Lincoln County - Community Health Needs Assessment 2015			
31 Responses			
2013 Order of Priority	2015 Order of Priority	Description of Health Issue	AVG
3	1	Drug Abuse	4.46
16	2	Mental Health Services	4.23
12	3	Cancer	3.90
19	4	Children in Poverty	3.89
18	5	Uninsured	3.88
2	6	Adult Obesity	3.86
6	7	Transportation	3.85
	8	Senior Care	3.82
	9	OB-GYN Services	3.75
14	10	Cost or Expense	3.72
4	11	Lack of Health Education/Nutrition Knowledge	3.70
17	12	Diseases of Circulatory System	3.57
8	13	Access to Health Care	3.56
13	14	Lack of Preventative Measures	3.55
11	15	Physical Inactivity	3.54
	16	Health Literacy	3.53
10	17	Disease of Respiratory System	3.48
1	18	Adult Smoking	3.46
9	19	Healthy Behaviors and Lifestyles	3.44
15	20	Primary Care Physicians	3.27
5	21	Limited Access to Health Foods	3.21
7	22	Tobacco Use/Second Hand Smoke	3.18
23	23	Excessive Drinking	3.15
22	24	Teen Birth Rate	2.91
24	25	Sexually Transmitted Infections	2.78
20	26	Pneumonia and Influenza	2.67
25	27	Motor Vehicle Crash Rate	2.52
	28	Care for the Undocumented	2.50
26	29	Violent Crime Rate	2.39
21	30	Unintentional Injuries	2.35
	31	Human Trafficking	1.79

2. Roundtable Attendance Lists

The following people participated in the Mercy Hospital Lincoln Community Roundtable in **Troy** on August 4, 2015

Participant Last Name	Participant First Name	Organization	
Alley	Darrell	First Assembly of God Church	1
Alley	Laura	First Assembly of God Church	2
Antonacci	Ray	LCAD	3
Artru	Tom	Rotary	4
Benhardt	Bill	Snow Hill Nursery	5
Bryant	April	Lincoln County R-III School Dist.	6
Burkemper	Sarah	CPA	7
Burkemper	Kristen	LC Treasurer	8
Carroll	Jennifer	The Medicine Shoppe	9
Conover	Janice	Troy Manor	10
Creech	Clem	Creech Companies	11
Cross	Mark	Mayor, City of Troy	12
Emert	Carla	Troy Flower	13
Finklang	Kurt	Finklang Eye Health	14
Flynn	Kevin	K. Flynn Insurance	15
Fox	Jerry	Lincoln County Collector	16
Hopkins	Casey	Bank of Old Monroe	17
Hoskins	Becky	Friends	18
Jones	Charla	Friends	19
Jung	Sandy	LCCOA	20
Klump	Kerry	Troy Chamber of Commerce	21
Krieg	Robb	LC R-III Education Foundation	22
Meyer	Annette	Edward Jones	23
Nuss	Barry	LC Fire Protection	24
Rodgers	Julie	Lincoln County Economic Dev.	25
Schneider	Jodi	Troy City Clerk	26
Siefert	Brett	Lincoln County Health Dept.	27
Simmons	Bob	Lincoln County Journal	28
Sullivan-Thomas	Mary	Community Opportunities	29
Taylor	Jeff	Chief of Police, City of Troy	30
Thompson	David	People's Bank & Trust	31
Tucker	Larry	Lincoln County Economic Dev.	32
Wallis	Jim	Preferred Family Health Care	33
Wallis	Julie	Preferred Family Health Care	34
Walters	Kelly	LC Coroner	35
Wehde	Barb	Lincoln County Auditor	36
Witte	Sandy	Community	37
Witte	Joe	Community	38
Woosley	Roy	Air Evac.	39
Mahan	Miriam	SJACS	40
Yates	Linda	SJACS	41

The following people participated in the Mercy Hospital Lincoln Community Roundtable in **Elsberry**
on August 12, 2015

Participant Last Name	Participant First Name	Organization	
Short	Michael	Elsberry Democrat	42
Armstrong	John	People's Bank & Trust	43
Reller	Dr. Tim	Elsberry School Superintendent	44
Koch	Marjorie	American Family Insurance	45
Haake	Linda	Elsberry Health Care Center	46
Kuntz	Christy	Elsberry Health Care Center	47
Wilch	Steve	Elsberry Mayor	48
Millikan	Kelli	Elsberry Health Care Center	49
Callahan	Jerry	Elsberry Pharmacy	50

The following people participated in the Mercy Hospital Lincoln Community Roundtable in **Winfield**
on August 12, 2015

Participant Last Name	Participant First Name	Organization	
Baker	Nancy	Winfield Schools	51
Bard	Michael	Foley Administration	52
Heminghaus	Kevin	County Market	53
McLaughlin	Patrick	Christian Environmental Services	54
Cunningham	Karla	Foley Asbury UMC/Winfield Memorial UMC	55
Wehde	Andrea	Professional Rehabilitation Services	56
Fahrendorf	Mari	Christian Environment	57

The following people participated in the Mercy Hospital Lincoln Community Roundtable in **Bowling Green**
on August 6, 2015

Participant Last Name	Participant First Name	Organization	
Bair	Mark	Bowling Green Alderman	58
Danuser	Robert	Pike County R-III School Board	59
Deeken	Chris	Pike County Health Dept.	60
Fuqua	Brenda	NECAC	61
Hanley	Martin	Pike Lincoln Tech	62
Harvey	Mark	Pike County R-III Superintendent	63
Lindsay	Lisa	Hannibal Medical Group	64
Polley	Tim	Pike County Medical Clinic	65
Rutherford	Christine	People's Bank & Trust	66
Stumbaugh	Rhonda	Pike County Health Dept.	67
Selle	Justin	Pike County Memorial	68
Wisecarver	Carolyn	Pike County Development	69
Towsey	Ed		70
Gamm	Chris	Pike County Commission	71
Luebrecht	Jim	Pike County Commission	72
Mitchell	Curt	Pike County Commission	73
Kingsley	Elizabeth	Community State Bank	74
Jones	Jack	CBC Bank	75

G. Top Inpatient Discharges at Mercy Hospital Lincoln

Top Inpatient Discharges – Mercy Hospital Lincoln (July 1, 2014 – June 30, 2015)

MSDRG Code	FY15 Inpatient Discharges	FY15 Total Discharges	% of Total Discharges
945	REHABILITATION W CC/MCC	98	10%
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	55	6%
194	SIMPLE PNEUMONIA & PLEURISY W CC	50	5%
189	PULMONARY EDEMA & RESPIRATORY FAILURE	49	5%
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	39	4%
603	CELLULITIS W/O MCC	34	3%
193	SIMPLE PNEUMONIA & PLEURISY W MCC	30	3%
470	MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	25	3%
192	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W/O CC/MCC	22	2%
313	CHEST PAIN	20	2%

EPIC Hospital Billing Report, 2015

H. Alive and Well STL Materials

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

How Trauma Impacts Social, Emotional and Health Outcomes

For staff and community members:

Wednesday, May 25, 2016

10:00 a.m. - 12:00 p.m.

Mercy Hospital Lincoln

1st Floor Classroom

1000 E. Cherry Street

Troy, MO 63379

<https://awstlmercylincoln1.eventbrite.com/>

For behavioral health staff and community members:

Wednesday, May 25, 2016

1:00 - 4:00 p.m.

Mercy Hospital Lincoln

1st Floor Classroom

1000 E. Cherry Street

Troy, MO 63397

<https://awstlmercylincoln2.eventbrite.com/>

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;
- 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 relationship between trauma and substance abuse;
- the relationship between trauma and mental health; and
- how to minimize re-traumatization.

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.

Space is limited! Register today!

Questions? Contact Ashley Rottler

Ashley.rottler@mercy.net

(636) 528-3277

1

Trauma Awareness

Trauma Responsive

Trauma Informed

Trauma Treatment



St. Louis University

Media and Advertising Dashboard

March 2016



Broadcast and Print Reach

43,785,000

cumulative impressions



KSDK

26,271,300
impressions from
542 airings of
stories and spots



Radio

3,660 spots
16,671,300
impressions



St. Louis American

842,400
impressions
12 columns



What's Trending

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



2016 St. Louis Regional Health Commission Award for Health Advocacy Organization of the Year
#StLouisRegion
#HealthAdvocacy
#CommunityNeeds
#Entrepreneurs
#AliveAndWellSTL



Facebook

4,284,675
impressions

19,137
total followers

Online Engagement

4,490,533

cumulative connections



Twitter

72,896
impressions

472
total followers



A&W Website

132,962
page views from
82,541 users



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

371,814 **1,004,519**

cumulative pre-roll
videos viewed

cumulative impressions from ads
on non-KSDK platforms

49,100,762

cumulative impressions from ads
on KSDK platforms



ST. LOUIS AMERICAN

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:</p> <p>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:</p> <p>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>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 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>		

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Your life is our life's work.