Community Health Needs Assessment

Mercy Hospital St. Louis

Fiscal Year 2016

Mercy

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.

Table of Contents

I. Executive Summary 2

II. Community Served by the Hospital

a. Description of Community Served 3
b. Description of Services Available to Community Served 6

III. Community Health Needs Assessment Process 8

IV. Community Input 10

V. Conducting the Needs Assessment 15

a. Primary Data 15
b. Secondary Data 16

VI. Prioritized Significant Community Health Needs 33

VII. Potentially Available Resources 35

VIII. Evaluation of Impact 36

IX. Appendices 42

I. Executive Summary

Mercy Hospital St. Louis (MHSL) is a 979-bed, single-occupancy-room hospital located in St. Louis, Missouri. It is one of four hospitals in Mercy's East Community and the only Level 1 (highest level) trauma center in St. Louis County. MHSL's campus includes Mercy JFK Clinic, which focuses on serving the health needs of individuals who are uninsured or underinsured; Mercy Heart and Vascular Hospital; the David C. Pratt Cancer Center; and Mercy Children's Hospital, the only full-service pediatric hospital in St. Louis County and one of only two hospitals in the state of Missouri to have a Level III (highest level) neonatal intensive care unit.

MHSL's primary service area is St. Louis County. Throughout the county, MHSL operates Mercy Clinic physician offices, outpatient hospital services, and Mercy Urgent Care Centers. In 2015, Mercy also opened the world's first virtual care center, located in St. Louis County. The center addresses critical community health needs, such as transportation barriers affecting health care access for lower-income and non-ambulatory patients, and provider shortages affecting the surrounding rural communities that comprise MHSL's extended service area.

Mercy's mission is to deliver "compassionate care and exceptional service" to every community member. In dedication to this mission, MHSL conducted a Community Health Needs Assessment (CHNA), reviewing both quantitative and qualitative information to realize the full scope of the community's needs as they relate to health. Throughout the CHNA report, St. Louis County health indicator data is compared to that of Missouri, the United States, and top U.S. performers. Infographics are included to visually convey information, with barometer charts providing easy-to-interpret visual representations of positive (green needle) and negative (red needle) comparisons.

The CHNA findings informed MHSL's decision to prioritize addressing the following community health needs:

- Access to Care
- Health Equity
- Mental Health/Substance Use

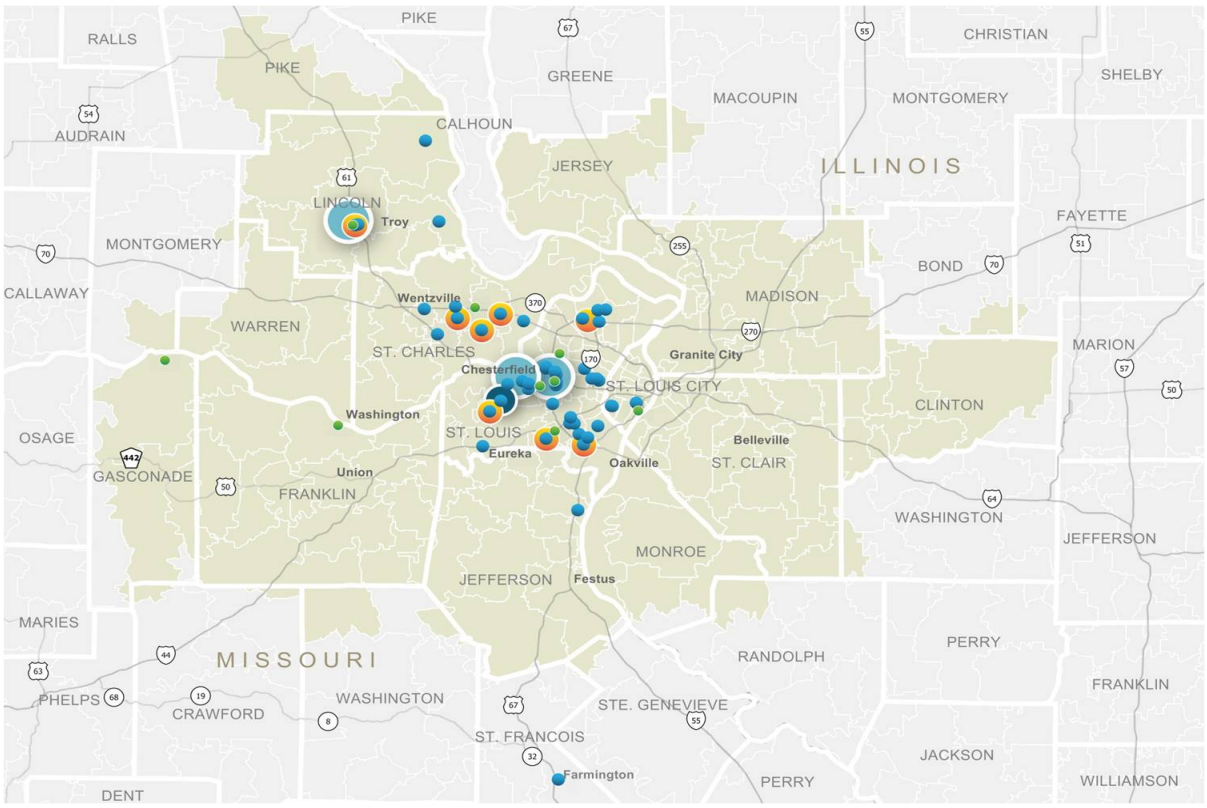
These needs will be the basis of MHSL's three-year community health improvement plan (CHIP), which guides the coordination and targeting of resources to advance community health.

To learn more about Mercy Hospital St. Louis 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 St. Louis' extended service area consists of fourteen counties (194 zip codes) and includes both rural and urban settings; however, a majority of the hospital's patient discharges (57% in FY2015) live in St. Louis County, which is primarily urban.

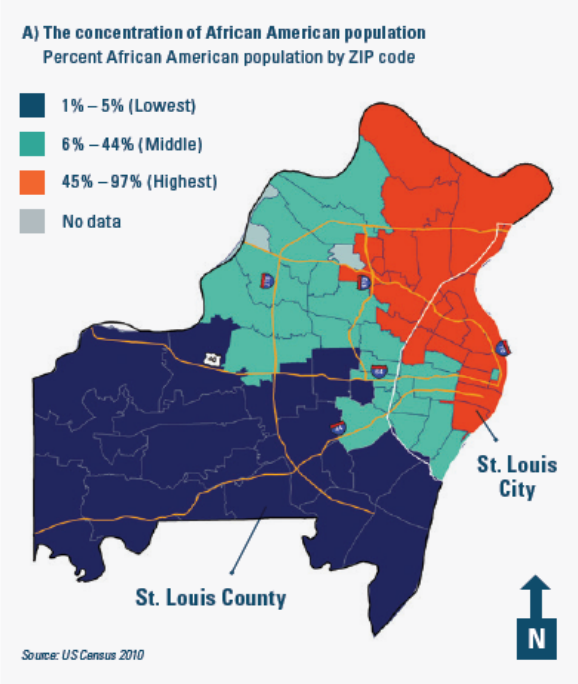


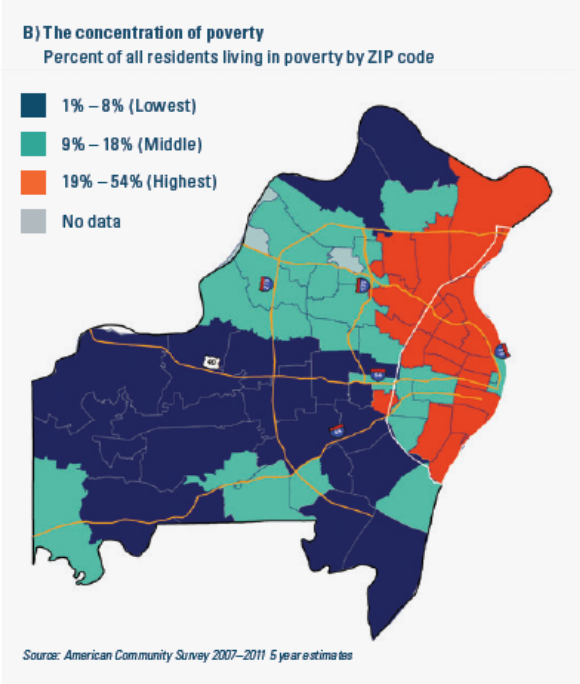
In 2011, representatives from the St. Louis County Department of Public Health met with representatives from the St. Louis County Department of Planning and established five regions within the county to reflect how it is divided in terms of geography and social demographics. These regions were: Central, Inner North, Outer North, South, and West. Taking into account the regional distribution of medically underserved individuals, as well as the hospital's location, MHSL defined its community as the following three regions during its CHNA process:

- West
- Inner North
- Outer North

In total, these three regions constitute 64% of St. Louis County's total population (1,065,966) and comprised 72% of MHSL's discharges of St. Louis County residents in FY2015.

Throughout the CHNA report, St. Louis County is examined at a regional, or sub-county, level of analysis. Due to considerable regional differences in health care access and utilization, an analysis of St. Louis County in its entirety would obscure significant sub-county variations in community health needs. For example, residents of zip codes separated by just a few miles have life-expectancy differences of up to18 years.
As a result of extensive residential segregation, the areas with poorer health outcomes are also the areas with concentrated poverty and large populations of African-American/Blacks (Appendices A-D), leading many to suggest that St. Louis is a community where one's zip code matters more than one's genetic code with regard to health and health outcomes.

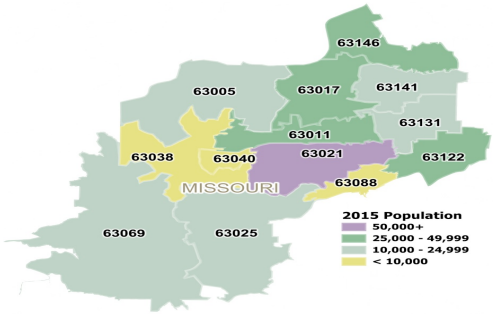




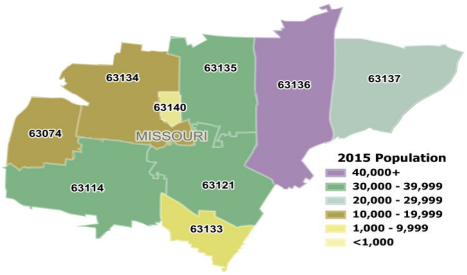
For the Sake of All, 2014

Demographics

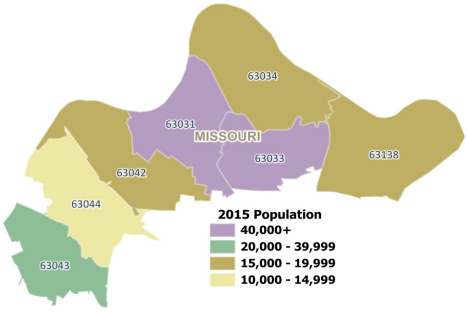
MHSL is located in St. Louis County's **West** region. The West region has 13 zip codes and is the wealthiest and most heavily populated of St. Louis County's five regions. The area is 87% Caucasian/White, with a 4% unemployment rate. More than half of the residents possess a Bachelor's degree or higher. The West region accounted for the majority of MHSL's discharges of St. Louis County residents in FY2015 (40%).



Nine zip codes comprise St. Louis County's **Inner North** region, the most economically disadvantaged of St. Louis County's five regions. The area is predominately African-American/Black (66%), with an unemployment rate of 11%. Sixteen percent of residents possess a Bachelor's degree or higher. The Inner North region accounted for 14% of MHSL's discharges of St. Louis County residents in FY2015.

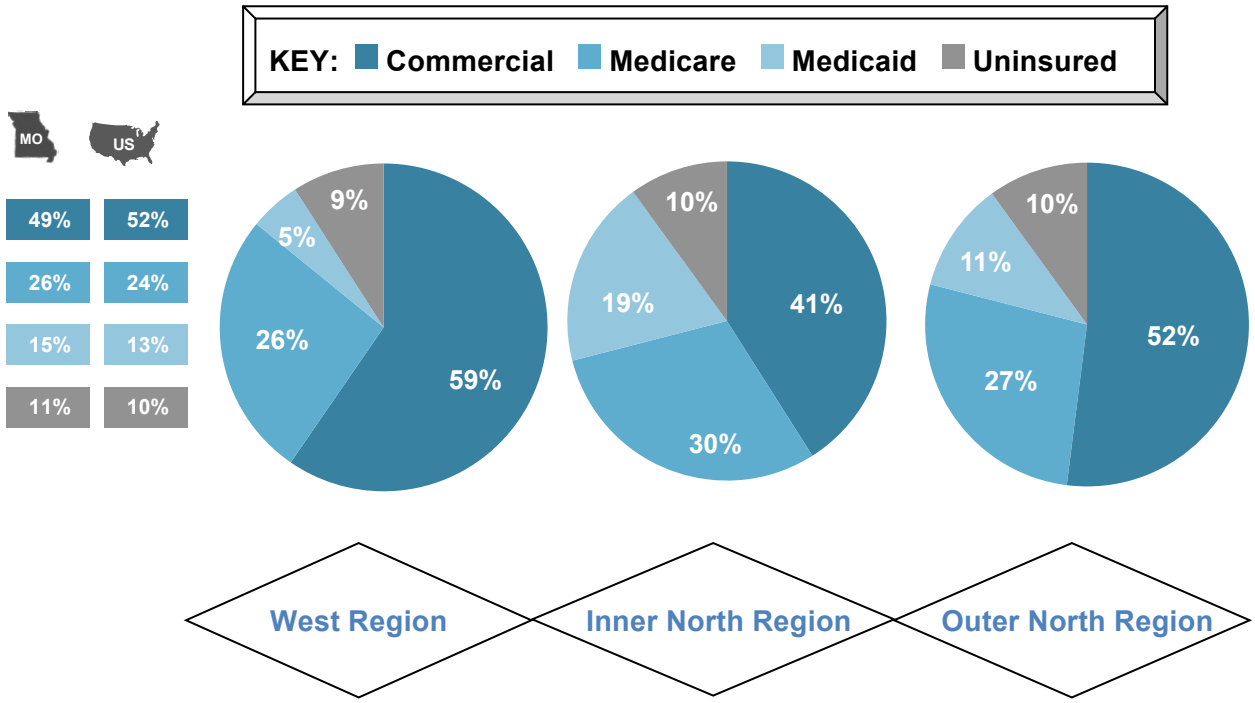


Seven zip codes constitute St. Louis County's **Outer North** region, the most racially diverse region in St. Louis County (51% Caucasian/White/43% African-American/Black). The majority of households in the area are middle-class, earning between $25-$50K/year, and the rate of unemployment is 8%. Twenty-six percent of residents have a Bachelor's degree or higher. The Outer North region accounted for 18% of MHSL discharges of St. Louis County residents in FY2015.



Insurance status

The incidences of uninsured persons in the MHSL community are comparable to Missouri and national rates. An illustration of the insurance payer mix of the MHSL community is provided below.



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*

Description of Services Available to Community Served

Though data reflects that St. Louis County, overall, has a sufficient number of providers to meet the community's needs, the U.S. Department of Health and Human Services has designated three neighborhood groupings (Kinloch, Berkeley, and Jennings) within the Inner North region as a primary care Health Professional Shortage Area (HPSA) (HHS, 2014). The HPSA designation criterion is: a physician to population ratio of 1:3,500; a dentist to population ratio of 1:5,000; or a psychiatrist to population ratio of 1:30,000.

	St. Louis Co	Missouri	U.S. Top Performers
Primary care physicians	1:830	1:1,420	1:1,040
Dentists	1:1,200	1:1,870	1:1,340
Mental health providers	1:400	1:600	1:370

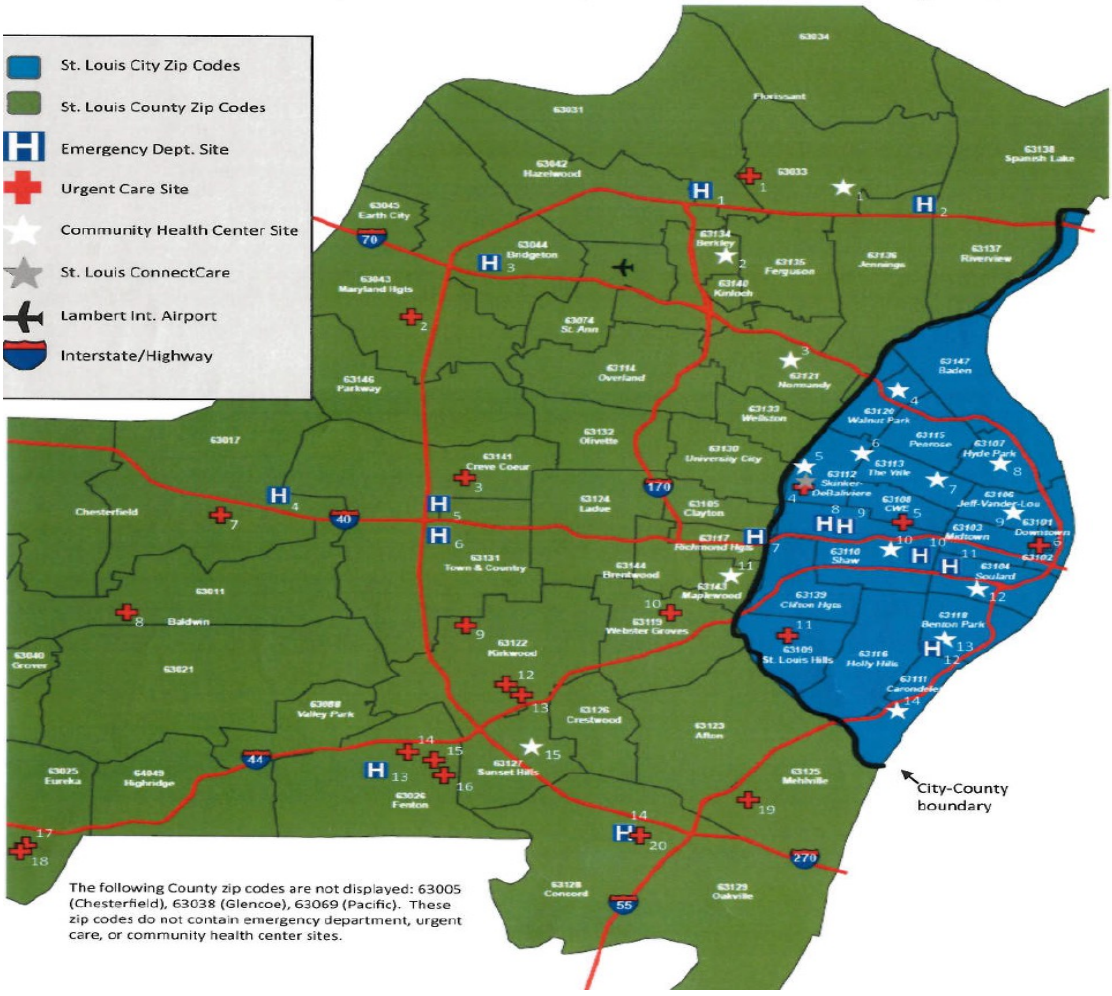
County Health Rankings, 2014

Taken alone, the HPSA measure cannot fully communicate access to care concerns, as the measure does not account for factors which impact individual community health needs. For example, the measure does not consider whether a community has a large

aging population, which is often associated with increased health care demands, or if the number of providers who accept Medicaid is sufficient relative to the number of community members covered by Medicaid. Consequently, community feedback should also be considered when evaluating the availability of essential health care services within a region.

Feedback from St. Louis County's community members revealed that while access to care was a concern for many, this concern was not collective. The majority of community members felt that health care services were readily available to them. The differences in concern regarding health care access may be attributed to variances in the regional distribution of health care access points, as illustrated by the following figure.

Figure 1. Distribution of key healthcare access points in the City and County, 2013



Source Unknown

The most resource-rich region within MHSL's community is the West region, with 69 hospital beds per 10,000 population. The Outer North region has 28 hospital beds per 10,000 population, and the Inner North region has 24 hospital beds per 10,000 population (Appendix E).

A list of the health care organizations that focus on caring for the medically underserved in the MHSL community is provided below. The regional location of each provider site is included in parentheses; services for the medically underserved are concentrated in the Inner North Region.

- JFK Health Center at Mercy Hospital St. Louis (West)
- Betty Jean Kerr People's Health Centers* (Outer North)
- St. Louis County Public Health Department
    - John C. Murphy Health Center (Inner North)
    - North Central Community Health Center (Inner North)
- Volunteers in Medicine (West)
- St. Peter's United Church of Christ (Inner North)
- St. Luke's Pediatric Care Center (Inner North)
- St. Louis MO Veterans Clinic (Outer North)

**Federally Qualified Health Center*

The list is not all-inclusive. In addition to the listed providers, there are a variety of primary care physician offices, specialty care physician offices, urgent care clinics, dentists' offices, behavioral health facilities, and federally qualified health centers are distributed throughout St. Louis' metropolitan area.

III. Community Health Needs Assessment Process

The St. Louis County Department of Public Health (DPH) served as the primary partner for Mercy Hospital St. Louis during the Community Health Needs Assessment (CHNA) process, utilizing the "*Mobilizing for Action through Planning and Partnership"* (MAPP) model to collaboratively address the community's most significant health needs. Additional community partners included: the St. Louis Regional Health Commission, the Maternal, Child & Family Health Coalition, the Missouri Foundation for Health, Beyond Housing, as well as other health systems/hospitals and community groups striving to improve the health of St. Louis County's residents.

A Community Health Council (Appendix F), led by the hospital's president, guided the CHNA process. The Community Health Council is accountable for ensuring that community benefit activities meet mission, compliance, and IRS guidelines. The council meets quarterly and includes a MHSL board member, the chief medical officer, and co-workers from finance, care management, philanthropy, Mercy's integrated physician group (Mercy Clinic), mission, and other key areas.

Co-workers in Mercy's Community Health & Access Department also serve on the Council and were the primary leads for the 2016 CHNA. Supported by a Saint Louis University Master of Health Administration student, these co-workers collected and reviewed data from a variety of sources, including: surveys, focus groups, published data, and hospital specific data.

The Council evaluated this data alongside input gained from community members via advisory panels, coalitions, and stakeholder meetings to:

- Prioritize the community's identified health needs
- Assess the community resources available to address those needs
- Create a collaborative health improvement plan in partnership with community resources possessing the potential to alleviate the prioritized needs

Examples of external resources for published data are:

- *St. Louis County – 2011 Community Health Needs Assessment*
  2011 Community Health Needs Assessment | Health and Wellness | Saint Louis County, Missouri

- *Progress Toward Building a Healthier St. Louis – 2015 Access to Care Report*
  St. Louis Regional Health Commission
  Providing Transparency in Health Reporting - St. Louis Regional Health Commission

- *Community Commons*
  Institute for People, Place and Possibility; the Center for Applied Research and Environmental Systems; and Community Initiatives.
  www.communitycommons.org

- *County Health Rankings 2016*
  The University of Wisconsin-Population Health Institute and the Robert Wood Johnson Foundation.
  www.countyhealthrankings.org

- *Community Data Profiles & Missouri Information for Community Assessment (MICA)*
  Missouri Department of Health & Senior Services-Bureau of Health Information
  http://health.mo.gov/data/CommunityDataProfiles/index.html

- *For the Sake of All (2014)*
  Washington University in St. Louis and Saint Louis University.
  https://forthesakeofall.files.wordpress.com/2014/05/for-the-sake-of-all-report.pdf

- *2012 Children's Mental Health & Substance Abuse Services Needs Assessment for St. Louis County*
  St. Louis County Children's Service Fund
  http://www.keepingkidsfirst.org/Portals/3/documents/needs%20assessments/ Children%27s%20Service%20Fund%20- %202012%20Needs%20Assessment%20FINAL%20REPORT.pdf

- *Forward through Ferguson: A Path toward Racial Equity.*
  The Ferguson Commission
  http://forwardthroughferguson.org/

IV. Community Input

The voices of the people of St. Louis were central to the health needs assessment process. MHSL gathered community input through: surveys (online and printed), stakeholder focus groups, community advisory panels, and community coalitions and stakeholder meetings.

Surveys

A survey, available in both hard copy and on-line formats, was designed by Qualtrics (a top data collection software application) to capture the perceptions and thoughts of community members regarding their community's health needs. To include the voices of those who may have had limited computer access, a concentrated effort was made to distribute printed surveys to food pantries and day shelters. Over a 15-month time frame (October 2014 through December 2015), Mercy received 535 completed surveys; eight percent of the surveys were completed by uninsured community members (per self-report) and 166 of the surveys were received as a result of direct distribution in areas with large populations of low-income residents (per Mercy tracking). A summary of the health needs indicated by the survey responses follows, and a full report is included in Appendix G.

Top Negative Health Indicators in Your Community (from most negative to least)
- The number of overweight adults
- Illegal drug use among teens
- Tobacco use among teens
- Tobacco use among adults
- The number of overweight children

Top Dissatisfactory Community Programs (from most dissatisfactory to least)
- Mental Health programs
- Stress Management programs

Other health issues identified through written feedback:

- Lack of transportation
- Unable to navigate system or services due to lack of knowledge, limited English proficiency, restrictive provider hours of operation, and cultural barriers
- Not enough specialty services/providers (mental health, dental, orthopedic, medical detoxification, diabetes, etcetera)
- No insurance/ability to pay for services

Top 3 health issues respondents have or have had:

- Arthritis or joint pain
- High blood pressure
- Depression

Top health issues of respondents' children:

- Asthma
- ADD/ADHD

Stakeholder Focus Groups

Mercy Hospital St Louis partnered with Barnes-Jewish West County Hospital, Missouri Baptist Medical Center, St. Anthony's Medical Center, and St. Luke's Hospital to organize a collaborative focus group on July 23, 2015. The group was facilitated by the Manager of Market Research & CRM for BJC HealthCare and included 19 individuals representing the broad interests of the West and South regions. The discussion session lasted 90 minutes and was recorded.

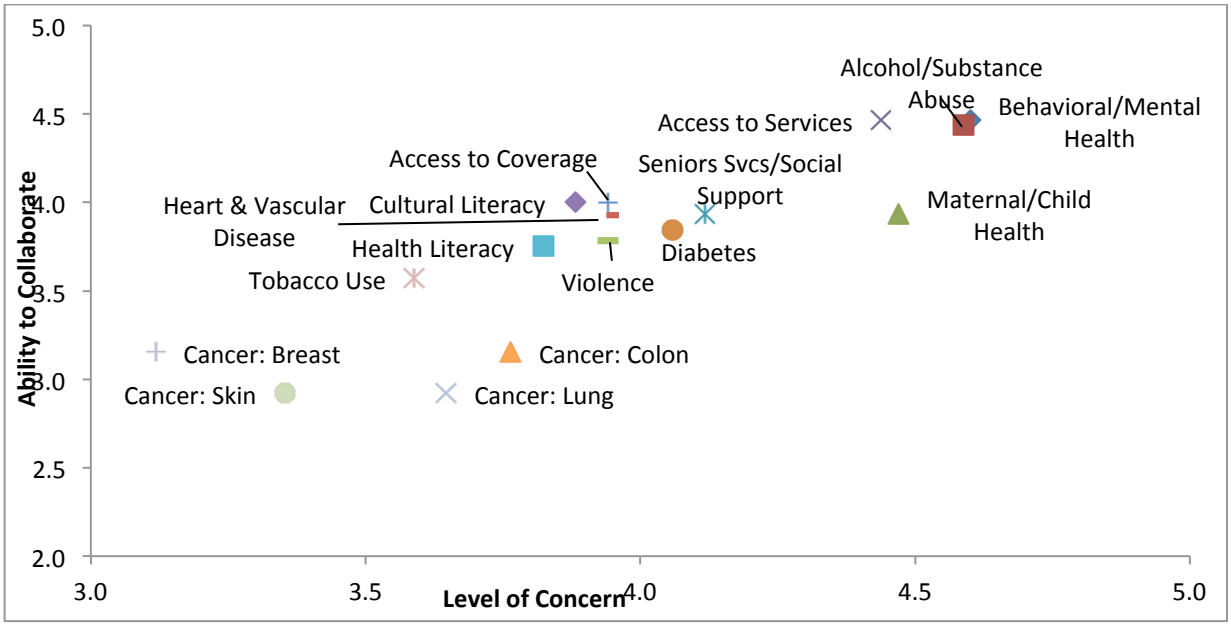
A second stakeholder focus group, also facilitated by the Manager of Market Research & CRM for BJC HealthCare, took place on July 29, 2015; it included 17 individuals from various organizations representing the broad interests of the Inner and Outer North regions. MHSL was not a part of the collaborative effort behind conducting this group due to the Inner and Outer North regions being new additions to MHSL's defined community. The collaborative partners were: Christian Hospital and SSM DePaul Health Center. MHSL was present, however, and observed the 90-minute, recorded discussion.

The participants in each stakeholder focus group were provided a list of community health needs and asked to rank each need on a scale of 1 (low) to 5 (high), based on two attributes: their perceived level of community concern and the ability of community organizations to collaborate around the concern.

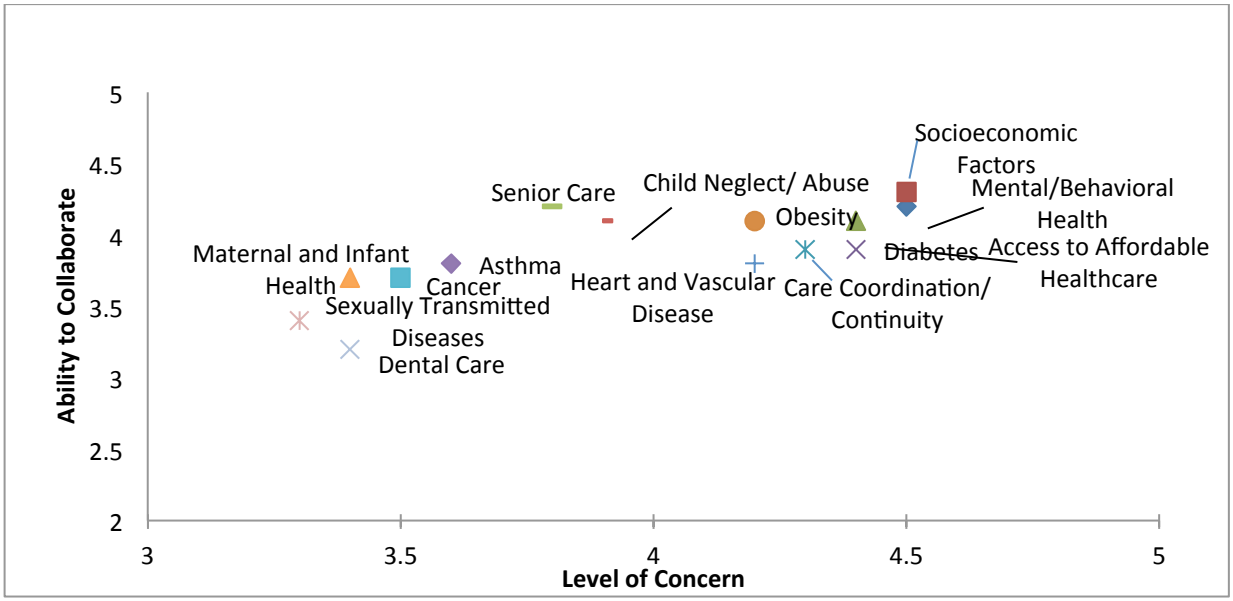
Summary of Rankings

Community members representing St. Louis County's West and South regions ranked behavioral/mental health and alcohol/substance use highest in terms of level of concern and ability to collaborate while community members representing St. Louis County's Inner and Outer North regions ranked mental/behavioral health, socio-economic factors, access to affordable health care, and care coordination/continuity highest in terms of concern. In terms of ability to collaborate, socio-economic factors ranked highest for the Inner and Outer North regions, while mental/behavioral health and child neglect and abuse ranked a close second. Information regarding the full ratings is shown on the following charts and a report regarding the two focus groups is included in Appendices H-I.

West and South Regions



Inner and Outer North Regions



Community Advisory Panels

On-line community advisory panels are a key part of Mercy's continual dialogue with the communities it serves. Panel members are routinely surveyed to assess need, evaluate programs and service experience, and provide feedback on programming/service implementation and ideas. Individuals are added to the advisory panel as they sign up for MyMercy, a benefit that allows community members to connect with their Mercy care team and health information online, at their convenience. Recent survey topics included senior services, walk-in/urgent care, and pediatric service needs.

An example of the findings from one of the panel discussions (senior services) follows:

Seniors/Medicare Research Summary:

Satisfaction with Primary Care Providers (PCP)

- Most consumers on Medicare are satisfied with their PCP.
- What current Medicare patients are looking for from a PCP is similar to what younger adults are looking for in a PCP – someone who doesn't make them wait a long time for appointments, listens to them, gets to know them (even if briefly) as a person, and involves them in the decision-making process.

Medicare

- Those in their early 60s aren't too concerned about Medicare. Anxiety about how Medicare will work for them increases and reaches a peak in the months before they turn 65, then it seems to ebb. Once they reach Medicare age, they don't necessarily understand Medicare any more than they did a year or two previously, but they do not seem overly concerned.
- Many believe that annual physicals are a standard benefit of basic Medicare.

Technology

- Most seniors have embraced technology in their daily lives (internet access, easier access to friends and family near and far). They also look forward to continued advancements that technology can offer in terms of health care management.

Community Coalitions and Stakeholder Meetings

Daily collaboration and networking with St. Louis' health and social service agencies helps keep Mercy informed on the needs of the MHSL community, as well as involved in the development of innovative, cooperative solutions to assist the underserved. Dedicated to improving health, wellness, and access to care, with a particular focus on the underserved, Mercy's Community Health and Access Department, known as Mercy Neighborhood Ministry (MNM), has designated an Outreach Coordinator to engage with MHSL's community members.

The Outreach Coordinator concentrates on identifying unmet needs and gaps in services, increasing community knowledge of available resources, developing partnerships with health and social service agencies, making connections and referrals

to benefit the community, and advocating for St. Louis' most vulnerable community members.

Examples of organizations/groups with which the Outreach Coordinator partners or routinely engages include:

- St. Louis Regional Health Commission
- St. Louis County Continuum of Care on Homelessness
- United Way of Greater St. Louis
- St. Louis County Department of Public Health (Behavioral Health Team)
- St. Louis County Community Resource/Referral Team
- Beyond Housing (24:1 Healthy Communities Coalition)
- Maternal Child & Family Health Coalition

Two community partners were asked by the Outreach Coordinator to quantify their concerns regarding St. Louis County's health needs. These partners were provided a list of community health needs and asked to rank each need on a scale of 1 (low) to 5 (high), based on their perceived level of community concern. The top concerns as ranked by school nurses within the Normandy Schools Collaborative, which is located in the Inner North region, and school social workers in the Hazelwood School District, which is located in the Outer North region, are provided below.

Top Health Concern Rankings of Inner and Outer North Stakeholders

COMMUNITY HEALTH ISSUE	Normandy Schools (Average Ranking)	COMMUNITY HEALTH ISSUE	Hazelwood Schools (Average Ranking)
1) Obesity/Poor Nutrition/Physical Inactivity	4.67	1) Mental Health	4.29
1) Asthma and Allergies	4.67	2) Asthma and Allergies	4.14
1) Women's Health and Wellness (Screenings, STI's)	4.67	3) Obesity/Poor Nutrition/Physical Inactivity	4.00
1) Violence: Domestic, Elderly, Child Abuse and Trafficking	4.67	3) Access to Care: Coverage/Affordability	4.00
5) Mental Health	4.33	5) Access to Care: Availability of Services	3.86

V. Conducting the Needs Assessment

Mercy employed the following data collection methods during its CHNA process:

Primary Data:

a. Surveys – summarized in Section IV, full report in Appendix G
b. Stakeholder Focus Groups – summarized in Section IV, full reports in Appendices H-I
c. Community Advisory Panels – summarized in Section IV
d. Stakeholder Meetings - summarized in Section IV
e. Internal MHSL data

Secondary Data:

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

Primary Data

Internal MHSL Data

To determine the degree to which MHSL's core competencies, or strengths, aligned with the community's health needs, data specific to Mercy Hospital St. Louis was considered in the CHNA process. The ten most common MHSL inpatient discharge diagnoses during FY2015 are detailed on the following chart. Almost a quarter of the diagnoses relate to maternal/child health.

Top Inpatient Discharges – Mercy Hospital St. Louis FY2015
(July 1, 2014 - June 30, 2015)

FY2015 Inpatient Discharges	FY2015 Total Discharges	% of Total Discharges
VAGINAL DELIVERY W/O COMPLICATING DIAGNOSIS	4,381	10%
PSYCHOSES	3,773	9%
CESAREAN SECTION W/O CC/MCC	1,812	4%
NEONATE W OTHER SIGNIFICANT PROBLEMS	1,587	4%
SEPTICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W MCC	1,435	3%
CESAREAN SECTION W CC/MCC	1,261	3%
MAJOR JOINT REPLACEMENT OR REATTACHMENT OF LOWER EXTREMITY W/O MCC	1,113	3%
VAGINAL DELIVERY W COMPLICATING DIAGNOSIS	879	2%
ESOPHAGUS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	835	2%
SPETICEMIA OR SEVERE SEPSIS W/O MV 96+ HOURS W/O MCC	635	1%

Secondary Data

The following table organizes the community's health needs by level of priority according to the findings presented in the Secondary Data section of this report.

Lesser Concern	Moderate Concern	Significant Concern
Availability of Primary Care Providers *Availability of Oral Health Providers* *Screening Utilization* **ED Utilization* **Tobacco Use* *Access to Exercise Opportunities* *Accidental Injuries* **Violence*	*Poor Nutrition* **Physical Inactivity* **Obesity* **Cancers* **Diabetes* **Poverty* **Unemployment* **Access to Healthy Food* *Inadequate Social Support* **Preventable Hospitalizations* **Uninsured rates*	*Availability of Mental Health Providers* *Alcohol/Substance Use* *Mental Health Disorders* **Maternal/Infant Health* **Sexually Transmitted Infections* **Asthma* **Coronary Heart Disease* **Stroke* *Air Quality* **Access to Care*

Indicates an area with documented, significant sub-regional disparities

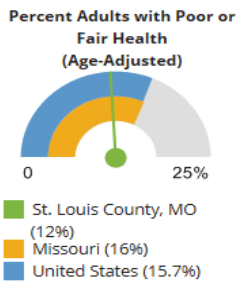
Health Status of Overall Population and Priority Population

- St. Louis County, overall, ranked 20th of 115 counties in the state of Missouri in terms of health outcomes based on two measures: length of life and how healthy people feel (County Health Rankings: Missouri, 2016 – Appendix J).

Download Data

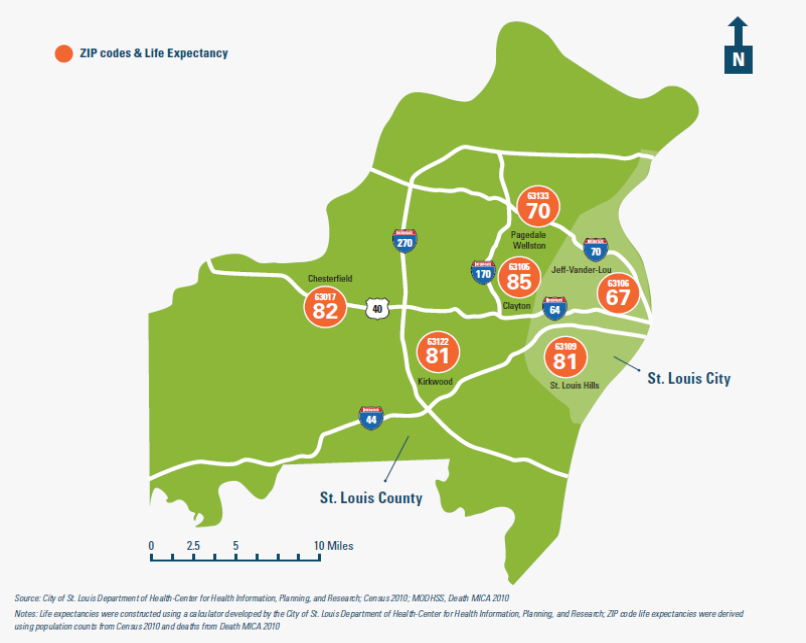
Report Area	Total Population Age 18+	Estimated Population with Poor or Fair Health	Crude Percentage	Age-Adjusted Percentage
St. Louis County, MO	763,199	100,742	13.2%	12%
Missouri	4,532,155	765,934	16.9%	16%
United States	232,556,016	37,766,703	16.2%	15.7%

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County



However, in-depth analysis revealed that there were significant differences between St. Louis County's regions with relation to these two measures. For example, life expectancy in the Inner North region, which has a higher population of families living below the poverty level (21%), is substantially lower than in the West region, where the statistical mode for annual household income is between $100 and $200K. The disparities in life expectancy that exist throughout St. Louis County reflect regional differences in access to services, lifestyle, and education.

Figure 17. Life expectancy at birth by ZIP code



For the Sake of All Report, 2014

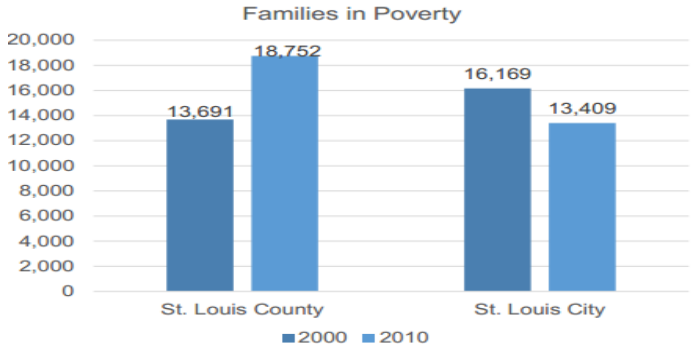
Access to Care

Underinsured:

Over a quarter of the residents in St. Louis County's West, Inner North, and Outer North regions are covered by Medicaid, with the Inner North region having the highest percentage of Medicaid recipients at 30% (Sg2 Insurance Coverage Estimates, 2015). Despite the large number of Medicaid recipients, it is commonly reported that many primary care providers in St. Louis do not see Medicaid patients, likely due to the lower reimbursement rates for servicing this population. This service gap causes the appointment availability for Medicaid recipients to be poorer than that for individuals with private insurance (New England Journal of Medicine, 2015), possibly leading to higher ED utilization among Medicaid recipients, as well as poorer health outcomes.

- From 2005-2015, Missouri Medicaid did not include dental benefits, despite the high number of emergency room visits to treat oral health conditions (*Retrieved from:* http://kbia.org/post/dental-benefits-return-missouri-medicaidfor-now).

- Though the number of St. Louis County residents living in poverty has significantly increased over the last two decades, and is particularly high in the Inner North region at 21%, the number of community health clinics remains concentrated in St. Louis City (*Retrieved from:* http://freeclinicdirect ory.org/missouri_care.html).



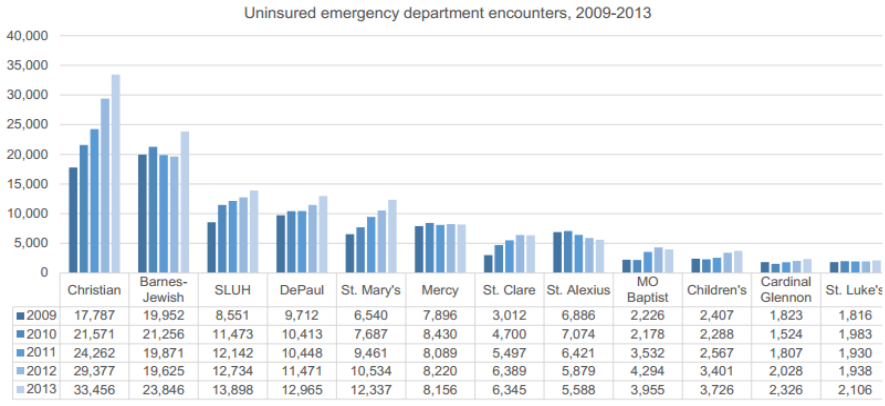
St. Louis Regional Health Commission, 2014

Uninsured:

St. Louis County has more uninsured people in Missouri than any other Missouri county with the exception of Jackson County (both St. Louis and Jackson Counties have 13% of Missouri's uninsured population) (Missouri State Snapshot – Enroll America, 2015). Those most likely to be uninsured within Missouri are males, ages 18 to 34, of Hispanic/Latino ethnicity or African-American/Black race (26%), followed by females, ages 18 to 34 of Hispanic/Latino ethnicity (23%).

Over the last several years, emergency department encounters for the uninsured in St. Louis have significantly increased, perhaps due to capacity constraints among the healthcare services that are available for the uninsured. This increase has likely created an undue financial burden for the medically underserved, which could contribute to health concerns such as stress, anxiety, or high blood pressure.

Uninsured emergency department encounters have increased at all but one organization over the past 5 years (2009-2013).



	Christian	Barnes-Jewish	SLUH	DePaul	St. Mary's	Mercy	St. Clare	St. Alexius	MO Baptist	Children's	Cardinal Glennon	St. Luke's
2009	17,787	19,952	8,551	9,712	6,540	7,896	3,012	6,886	2,226	2,407	1,823	1,816
2010	21,571	21,256	11,473	10,413	7,687	8,430	4,700	7,074	2,178	2,288	1,524	1,983
2011	24,262	19,871	12,142	10,448	9,461	8,089	5,497	6,421	3,532	2,567	1,807	1,930
2012	29,377	19,625	12,734	11,471	10,534	8,220	6,389	5,879	4,294	3,401	2,028	1,938
2013	33,456	23,846	13,898	12,965	12,337	8,156	6,345	5,588	3,955	3,726	2,326	2,106

St. Louis Regional Health Commission, 2014

Leading Causes of Death

64% of the deaths of St. Louis County's community members are attributable to four diseases that are caused by three behaviors (MICA, 2013):

Two of the four diseases, heart disease and cancer, accounted for the highest number of deaths per 100,000 population in St. Louis County from 2003-2013. Accordingly, St. Louis County fell within the least favorable quartile when compared to peer counties for age-adjusted coronary heart disease and stroke mortality rates (HHS CHSI, 2015, Appendix K).

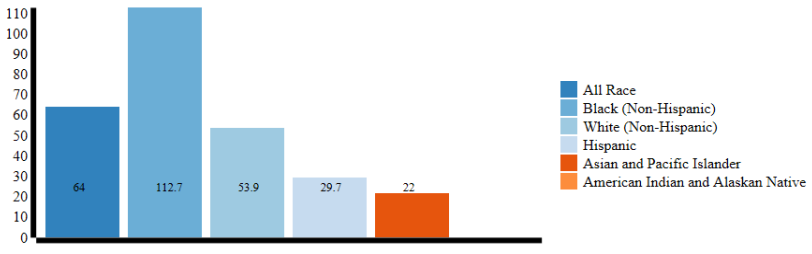
The other leading causes of death in St. Louis County are: unintentional injuries, Alzheimer's Disease, pneumonia and influenza, kidney disease, and suicide (MO DHSS, 2013).

Heart Disease:

- In 2013, the heart disease mortality rate for St. Louis County residents was significantly higher than both the U.S. median and the Healthy People 2020 (*HP2020*) target.

- African-Americans/Blacks experienced the highest mortality from heart disease, overall, higher than both the state average and other non-African-American/Black county residents (CDC Interactive Atlas for Heart Disease and Stroke, 2013).

Avoidable Heart Disease and Stroke Death Rate per 100,000, All Race, All Gender, 2011-2013



Race/Ethnicity	Rate*
All Race	64
Black (Non-Hispanic)	112.7
White (Non-Hispanic)	53.9
Hispanic	29.7
American Indian and Alaskan Native	Insufficient Data
Asian and Pacific Islander	22

* Age-adjusted

For the Sake of All Report, 2014

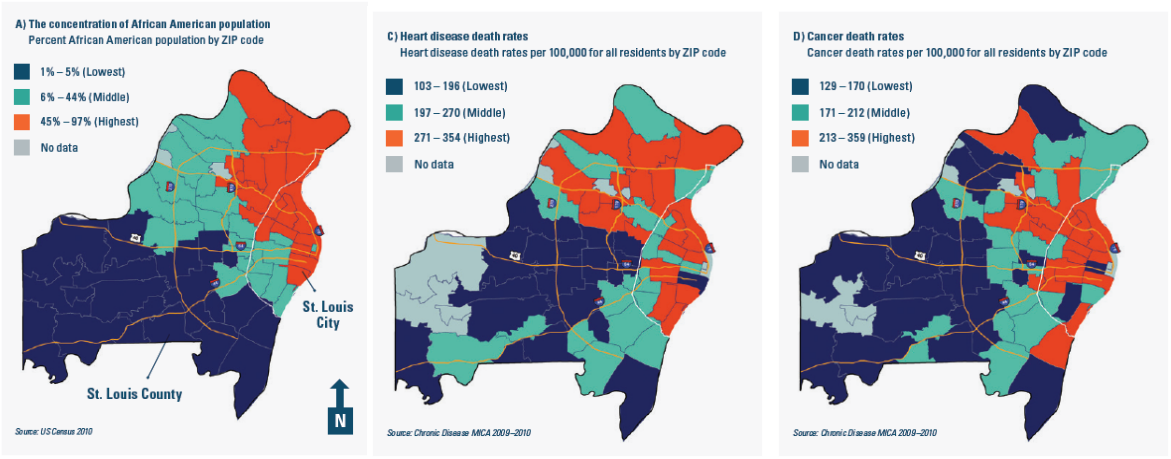
Cancers:

- Mortality rates for lung and bronchial cancers were higher than the national average (National Cancer Institute, 2012 & CDC CHSI, 2011).

- Mortality rates for breast and uterine cancers were higher than both the state rate and the national average (National Cancer Institute, 2012).

- The mortality rate from 'all cancers' was lower than both the state rate and the US median (National Cancer Institute, 2012 & CDC CHSI, 2011).

North County – a region that encompasses both the Inner and Outer North regions - experienced the highest rates of death from heart disease and cancer, while West County (or the West region) experienced the lowest rates of heart disease and cancer associated deaths (For the Sake of All Report, 2014). This disparity may be attributed to the demographics of North County as opposed to West County. North County has a significantly higher African-American/Black population than West County. In St. Louis, the areas with the highest death rates for heart disease and cancer are also the areas with the highest concentration of African-American/Black residents, with the most vulnerable population to cancer mortality being the African-American/Black male (HIDI HealthStats, 2014).



For the Sake of All Report, 2014

Preventable Hospitalizations

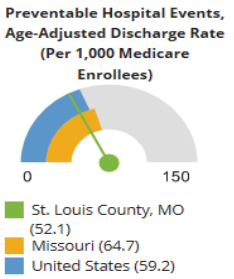
Preventable hospitalizations are defined as hospitalizations for diagnoses that are designated as Ambulatory Care Sensitive Conditions (ACSCs) by the Agency for Healthcare Research and Quality. ACSCs include: congestive heart failure, asthma, diabetes, chronic obstructive pulmonary disease, pneumonia, and other conditions that may have been prevented had the patient received adequate primary or preventative care.

Historically, emergency department utilization and inpatient admission rates for Ambulatory Care Sensitive Conditions in St. Louis County have been low.

Download Data

Report Area	Total Medicare Part A Enrollees	Ambulatory Care Sensitive Condition Hospital Discharges	Ambulatory Care Sensitive Condition Discharge Rate
St. Louis County, MO	103,484	5,390	**52.1**
Missouri	620,963	40,179	64.7
United States	58,209,898	3,448,111	59.2

Note: This indicator is compared with the state average.
Data Source: Dartmouth College Institute for Health Policy & Clinical Practice, Dartmouth Atlas of Health Care. 2012. Source geography: County



However, utilization in North County has far exceeded that of the rest of the county, possibly indicating problems relating to decreased access to providers, high percentages of un-or-under-insured members of the population, or socio-environmental factors negatively impacting health management in North St. Louis County (St. Louis County CHNA, 2011).

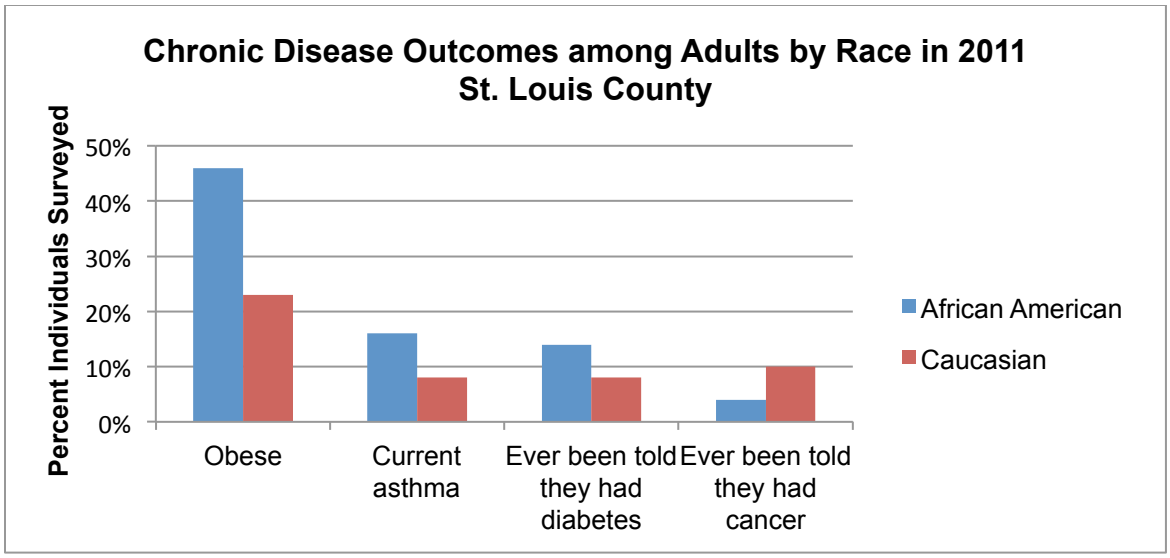
Inpatient Hospitalizations

In 2013, inpatient hospitalizations in St. Louis County were most commonly attributed to the following conditions (from most common to least) (MO DHSS):

- Heart and Circulation
- Pregnancy/Childbirth/Reproduction
- Mental Disorders
- Digestive System
- Respiratory (Throat and Lung)

Across several measured categories, there were significant racial and regional disparities concerning inpatient hospitalization rates. These disparities were likely due, in part, to the unequal distribution of chronic disease within St. Louis County, particularly in the areas of obesity, asthma, diabetes, and cancer. Nearly 50% of African-American/Black adults residing in St. Louis County are obese and, therefore, are at higher risk for developing associated chronic diseases such as diabetes, heart disease, high blood pressure, and certain cancers (CDC, Division of Nutrition, Physical Activity, and Obesity, 2015). African-Americans/Blacks in St. Louis County also experience higher rates of asthma than their Caucasian/White counterparts, while Caucasian/White individuals are more likely to be diagnosed with cancer at some point in their lives (For the Sake of All, 2014).

Among North St. Louis County youths, there was a significantly high hospitalization rate for asthma, with an inpatient admission rate of 869 per 100,000 in 2011 compared to the 2010 national rate of 183 per 100,000 children and youth (St. Louis County CHNA, 2011 & 2010 National Hospital Discharge Survey, via the CDC). A disparity this significant suggests a need for targeted education regarding asthma within St. Louis County's North regions.



For the Sake of All Report, 2014

Health Management Risk Behaviors and Conditions

Many of the conditions that contribute to the most common causes of death in St. Louis County can be controlled, or even prevented, by certain actions, known as health management behaviors. Positive health management behaviors include engaging in health screenings as recommended, eating healthily, remaining physically active, and abstaining from tobacco use, whereas negative health management behaviors increase one's risk for experiencing poor health outcomes. The following section concerns negative health management behaviors and correlating conditions which are common within the St. Louis community.

Physical Inactivity:

- 22.4% of adults aged 20 and older self-report no leisure time for activity; lower than state (25.5%) but consistent with national (22.6%) percentages (CDC National Center for Chronic Disease Prevention and Health Promotion - 2012, via Community Commons).
- Physical inactivity is more prevalent in North St. Louis County where 29% of residents report lack of physical exercise, higher than state (27%) and national percentages (24%) (St. Louis County Community Health Needs Assessment, 2011).
- Physical inactivity is more common among African American/Black populations in St. Louis County – 31% of African-Americans/Blacks who live in St. Louis County self-report no leisure time for activity compared to 16% of Caucasians/Whites (For the Sake of All, 2014).

Poor Nutrition:

- 74.6% of adults age 18+ consume fewer than 5 servings of fruit and vegetables each day; lower than state (79.1%) and national (75.7%) percentages (CDC BRFSS-2009, via Community Commons).

- The Inner and Outer North regions of St. Louis County contain a higher number of "food deserts" (residential areas that are located more than a mile (urban) or more than 10 miles (rural) from a grocery store) than other St. Louis County regions (USDA – Food Access Research Atlas, 2015)

Tobacco Use:

- 17% of adults smoked in St. Louis County in 2014; significantly lower than state (21%) and US medians (21.7%) (CDC CHSI, 2012, Community Commons, 2014 & County Health Rankings, 2014); but, with the exception of the county's West Region, significantly higher than the *HP2020* target of 12.0%.

- In some Inner North neighborhoods, smoking rates are at 24% of the adult population (24:1 Initiative Community Plan, 2013).

Obesity:

- Over a quarter of adults in St. Louis County were obese in 2014 (28.3%) (Community Commons, 2014 & State of Obesity Report, 2015).

- This percentage was driven by the lower obesity rates of the West region. In some Inner North region neighborhoods, up to 43% of residents are obese (24:1 Initiative Community Plan, 2013 & St. Louis County CHNA, 2011).

- Nearly 46% of African-American/Black St. Louis County residents are obese, compared to 23% of Caucasian/White residents (For the Sake of All Report, 2014).

Screening Utilization:

The percentage of St. Louis County residents screened for health conditions, such as cervical or colon cancer, are generally higher than national and state percentages; hence, screening utilization does not appear to be health need for the St. Louis County community, overall (CDC BRFSS-2012, via Community Commons). Regional data on this behavior was not readily available.

Emergency Department Utilization

- In 2012, the overall Emergency Department (ED) utilization rate in St. Louis County was lower than the Missouri rate; yet, it was higher than the state rate for ED utilization for asthma, infections (viral and other), and pelvic inflammatory disorders (MO DHSS, 2012).

- ED utilization in North County was considerably higher than that in the state or other county regions; it was nearly double than that of St. Louis County, overall (St. Louis County CHNA, 2011).

Communicable Infections

Chlamydia:

St. Louis County consistently ranks significantly higher than both the state and national averages for reported cases of chlamydia (HHS – 2012, via Community Commons).

- In 2014, the national rate of reported infections was 456.1 per 100,000 population; St. Louis County's rate of reported infections was 535.2 per 100,000 population (CDC STD Surveillance Report, 2014).

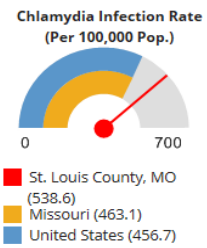
- In St. Louis' North County area, the incidence rate for chlamydia was nearly 14 times higher than that of St. Louis' West County area, with 1,194 newly reported cases per 100,000 population (St. Louis County CHNA, 2011).

- If North County were to report its chlamydia incidence rate as an independent county, it would rank 3rd in the nation (behind St. Louis City at 1,2550 per 100,000 population and Philadelphia County at 1,219.1 per 100,000 population) (CDC STD Surveillance Report, 2014).

Download Data

Report Area	Total Population	Total Chlamydia Infections	Chlamydia Infection Rate (Per 100,000 Pop.)
St. Louis County, MO	998,692	5,379	**538.6**
Missouri	6,010,688	27,835	463.1
United States	311,577,841	1,422,976	456.7

Note: This indicator is compared with the state average.
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2012. Source geography: County



Gonorrhea:

St. Louis County has consistently experienced higher rates of gonorrhea infection than the state and national averages, ranking in the least favorable quartile for infection rate within the state of Missouri (Community Commons, 2012).

- In 2014, the national rate of reported infections was 110.7 per 100,000 population; St. Louis County's rate of reported infections was 172.7 per 100,000 population (CDC STD Surveillance Report, 2014).

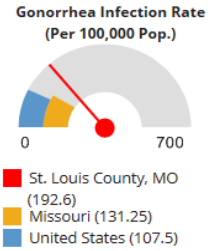
- North County experienced the highest rate of newly reported infections at 370 per 100,000 population, compared to 12 infections per 100,000 population in West County (St. Louis County CHNA, 2011).

- If North County were to report its gonorrhea infection rate as an independent county, it would rank 5th in the nation.

Download Data

Report Area	Total Population	Total Gonorrhea Infections	Gonorrhea Infection Rate (Per 100,000 Pop.)
St. Louis County, MO	998,692	1,923	192.6
Missouri	6,010,688	7,889	131.25
United States	311,466,046	334,826	107.5

Note: This indicator is compared with the state average.
Data Source: US Department of Health & Human Services, Health Indicators Warehouse. Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention. 2012. Source geography: County



Others:

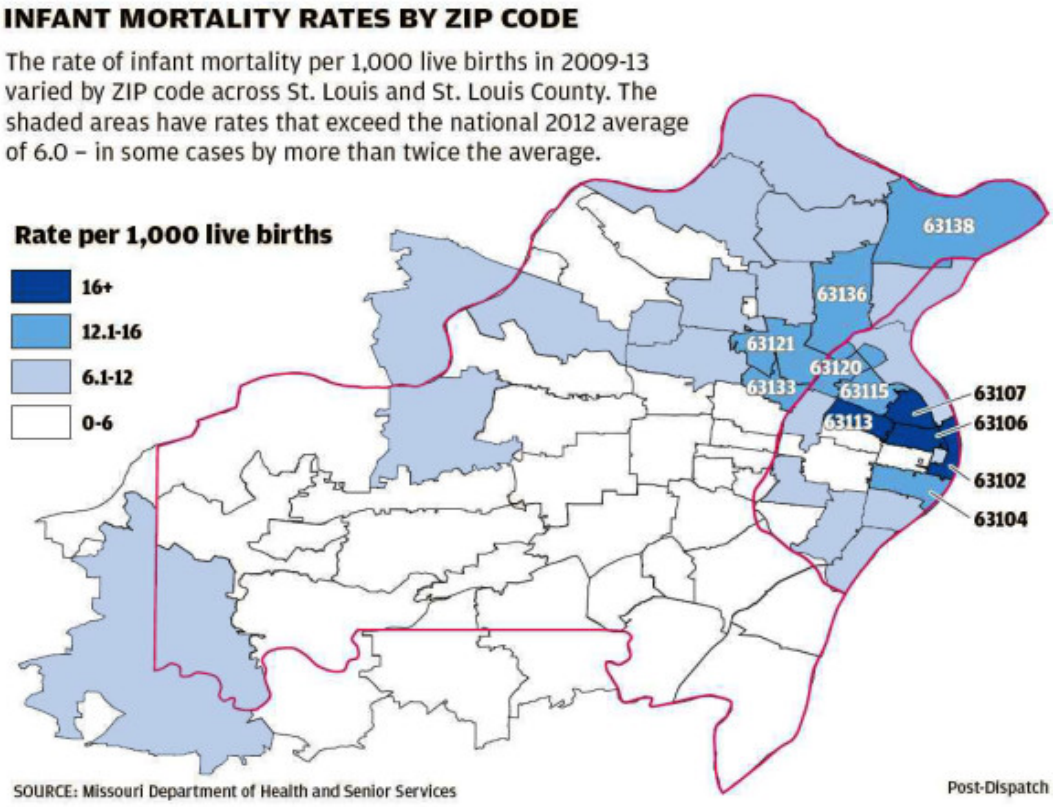
Data indicated that other communicable infections, such as syphilis, HIV/AIDS, and tuberculosis, were not significant health needs for the St. Louis County community, overall.

Maternal, Child, and Infant Health

St. Louis County has an alarming infant death rate. Birth defects, accidents, and unsafe sleeping practices play a role in this concern, but premature birth is one of the single biggest elements negatively impacting infant health in St. Louis.

Premature births result from a number of factors, including the mother's health and her utilization of prenatal care. Overall, St. Louis County mothers access prenatal care; therefore, the community has begun to assess what other factors could be influencing the poor birth outcomes. Issues related to toxic stress levels, such as low income, violence, or social isolation, have come to the forefront.

Within the Inner and Outer North regions, high infant mortality rates (IMRs) are prevalent. A significant portion of these regions have IMRs which have exceeded the national average for several years, with four zip codes exhibiting infant death rates greater than twice that of the national average (MO DHSS, 2013).



Data concerning St. Louis County's maternal, child, and infant health, overall, reveals that:

- The preterm birth rate is higher than the state and national averages (March of Dimes, 2014).

- The percent of babies born with low birth weight is higher than the state and national averages (County Health Rankings, 2013 & MO DHSS, updated 2/23/15).

- The rate of hospitalizations due to birth complications is higher than the state average (MO DHSS-2/10/14)

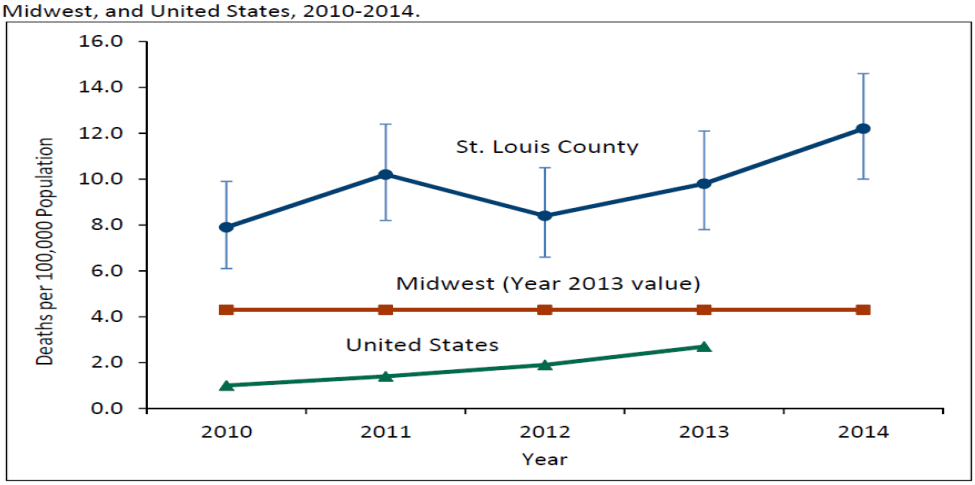
- The infant mortality rate was higher than both state and national rates from 2006 to 2010.

Behavioral Health

Substance Use:

Heroin: In recent years, heroin use has reached epidemic levels within the St. Louis community. St. Louis County had significantly higher rates of drug-poisoning deaths involving heroin use than regional and national rates, and admissions to recovery programs due to heroin use more than doubled from 2008-2013 (St. Louis County Drug Poising Deaths Involving Heroin Report, 2014 & National Institute on Drug Abuse – Community Epidemiology Work Group, 2014).

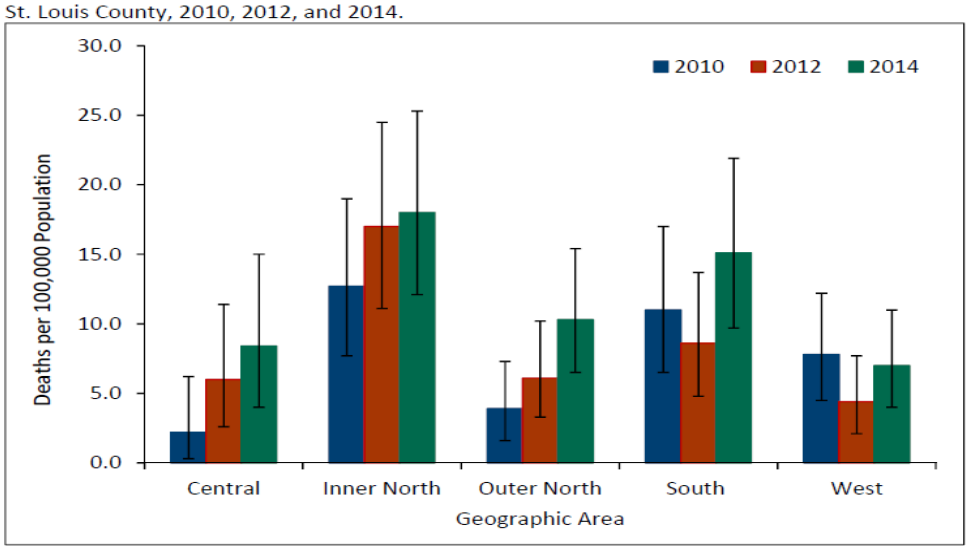
Figure 1. Age-adjusted rates for drug-poisoning deaths involving heroin: St. Louis County, Midwest, and United States, 2010-2014.



Sources: Missouri Department of Health and Senior Services, Bureau of Vital Statistics and the Centers for Disease Control and Prevention, National Center for Health Statistics.

In the Inner North region, deaths from heroin poisoning were especially high, with three zip codes (63074, 63134, and 63114) demonstrating the most considerable impact by this health need (St. Louis County Drug Poising Deaths Involving Heroin Report, 2014).

Figure 5. Age-adjusted rates for drug-poisoning deaths involving heroin by geographic area, St. Louis County, 2010, 2012, and 2014.



Source: Missouri Department of Health and Senior Services, Bureau of Vital Statistics.
Note: Error bars (I) represent the 95% confidence interval.

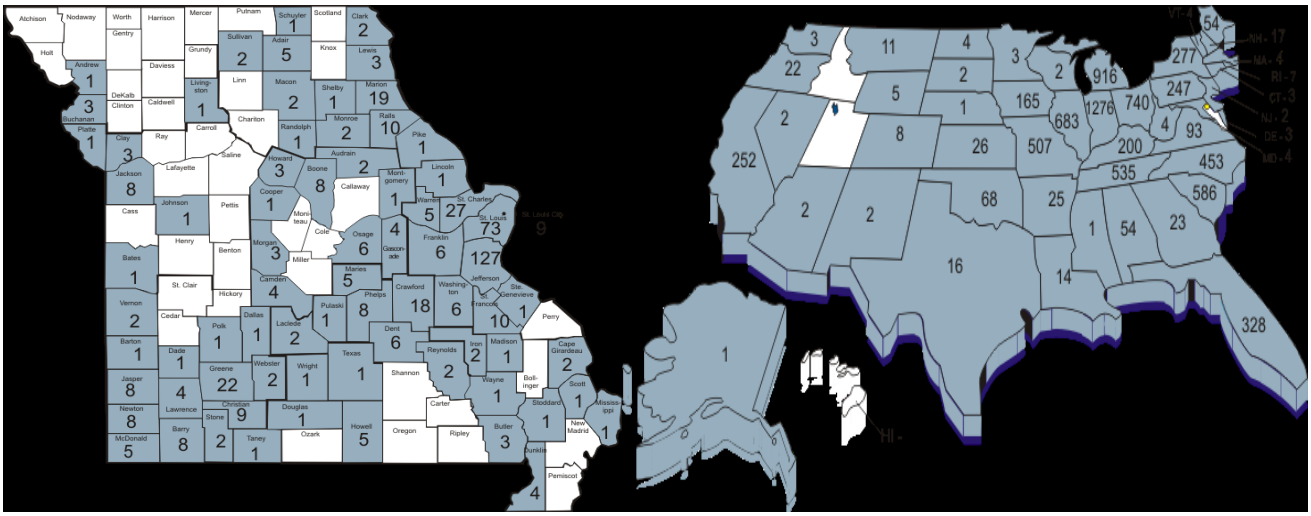
Overall, the West region experienced a lower rate of heroin-associated drug-poisoning deaths than St. Louis County as a whole. However, heroin-associated death rates in three West region zip codes (63017, 63011, and 63025) surpassed the St. Louis County rate (St. Louis County Drug Poising Deaths Involving Heroin Report, 2014). Since numerous reports have demonstrated that suburban youths are one of the primary groups affected by heroin use, the lower death rates in the West region may be attributed to better interventions rather than the absence of heroin use. In 2014, emergency personnel in Missouri incorporated the use of Naloxone to help prevent heroin poisoning deaths, which possibly aided in stabilizing the number of heroin-associated deaths in St. Louis County, particularly within the West region.

Prescription Drugs: During the first half of 2013, 37% of decedents had a prescription opioid/opiate other than heroin in their systems, and the available indicators for prescription drug use within St. Louis County have demonstrated an increase over the last several years (National Institute on Drug Abuse – Community Epidemiology Work Group, 2014). In spite of this data, the number of admissions to recovery programs for prescription drug use in St. Louis County is relatively low (National Institute on Drug Abuse – Community Epidemiology Work Group, 2014). Further analysis of this divergence has not been conducted because **Missouri is the only state in the nation to lack a Prescription Drug Monitoring Database** (PDMP), causing data acquisition regarding prescription drug use within St. Louis County to be a challenge.

Numerous experts in the field of substance use cite addiction to prescription painkillers as the antecedent to heroin use (with heroin being a cheaper, easy-to-access alternative). Additionally, prescription drug use is a greater concern than heroin use – attributing to 16,000 deaths in the U.S. in 2010, whereas heroin use caused a significantly fewer 3,000 deaths that same year (CDC, 2012). These statistics, along with the epidemic levels of heroin use within St. Louis County and the available data on prescription drug use within St. Louis County, allow for a robust inference that prescription drug use is a significant community health need for St. Louis County's residents.

Methamphetamines: In 2015, the Missouri State Highway Patrol reported 507 methamphetamine incidents across the state, 73 of which occurred in St. Louis County. St. Louis County:

- Ranked second in the state for the highest number of methamphetamine incidents (Missouri Highway Patrol, 2015); and
- Experienced more incidents as a county than 36 states nationwide (Missouri Highway Patrol, 2015).



MO Highway Patrol, 2015

Despite the prevalence of methamphetamine use, the Missouri Department of Mental Health reports a low occurrence of treatment for methamphetamine use, suggesting that this significant community health need is not being adequately addressed.

Alcohol Use:

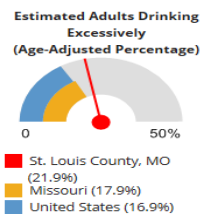
In 2012, St. Louis County experienced higher rates of excessive drinking than both state and national rates (CDC BRFSS - 2012, via Community Commons). Data shows that St. Louis County:

- Falls within the least favorable quartile compared to peer counties for adult binge drinking (CDC CHSI, 2012)
- Has a higher percentage of alcohol-impaired driving deaths than state and national percentages (County Health Rankings, 2016 & MO DHSS, 2013).
- Can attribute nearly 50% of its total substance use treatment admissions in FY2014 to alcohol use (Missouri DMH, 2015.

Download Data

Report Area	Total Population Age 18+	Estimated Adults Drinking Excessively	Estimated Adults Drinking Excessively (Crude Percentage)	Estimated Adults Drinking Excessively (Age-Adjusted Percentage)
St. Louis County, MO	763,199	153,403	20.1%	**21.9%**
Missouri	4,532,155	770,466	17%	17.9%
United States	232,556,016	38,248,349	16.4%	16.9%

Note: This indicator is compared with the state average.
Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Accessed via the Health Indicators Warehouse. US Department of Health & Human Services, Health Indicators Warehouse. 2006-12. Source geography: County

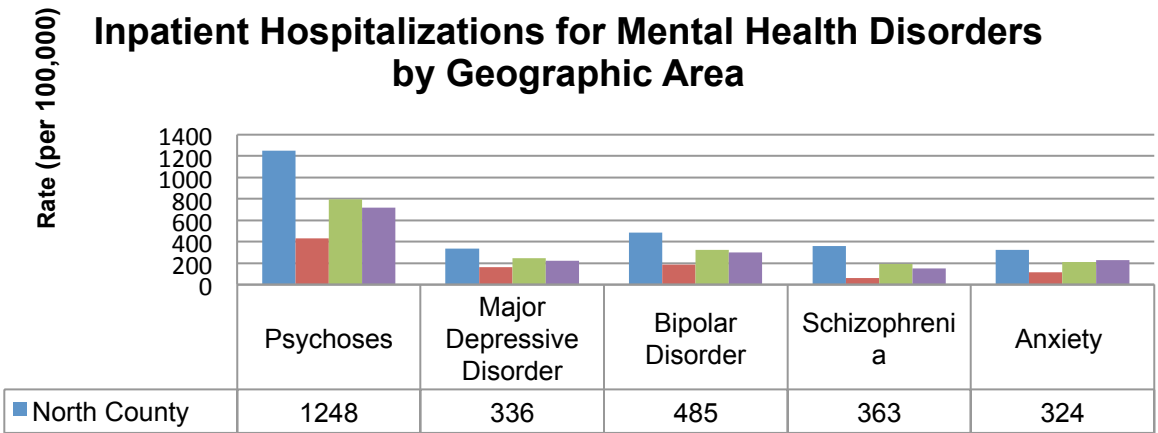


Mental Health:

According to the Missouri Department of Mental Health, the majority of psychiatric services provided in FYs 2012, 2013, and 2014 were for:

- Mood Disorder
- Psychotic Disorder
- Anxiety Disorder
- Impulse Control Disorder

St. Louis County's rates for inpatient hospitalizations due to mental health disorders were generally comparable to those of Missouri as a whole. However, regional analysis revealed a significant difference between sub-county rates.



	Psychoses	Major Depressive Disorder	Bipolar Disorder	Schizophrenia	Anxiety
North County	1248	336	485	363	324
West County	429	160	187	62	115
St. Louis County	796	246	324	191	208
State	721	224	302	150	231

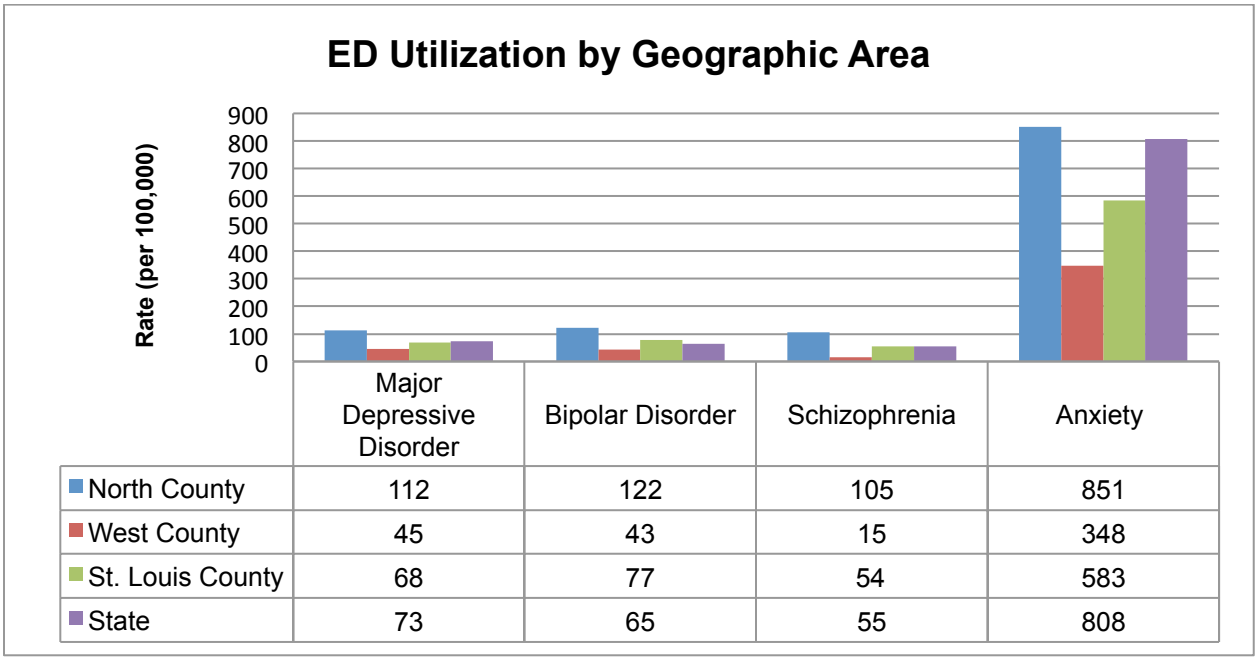
St. Louis County Community Health Needs Assessment, 2011

In 2014, the total number of behavioral health users served in the St. Louis area increased by 120% from that in 2005, while the number of new users admitted to community mental health services decreased by 6% (RHC, 2015). This disparity is likely due to significant increases in the number of encounters to treat behavioral health needs outside of the behavioral health domain, such as in emergency departments and safety net primary care facilities. This utilization trend indicates possible system capacity constraints within the mental health service delivery system to accept new users.

North County demonstrated higher rates of ED utilization and hospitalization for mental health crises than other St. Louis county regions, a difference which may be attributable to racial differences in service utilization. North County has the highest concentration of African-American/Blacks in St. Louis County, and studies have shown that African-American/Blacks are less likely to engage in ongoing mental health treatment due

to various factors such as cultural barriers between them and their provider, costs, and cultural beliefs/values. Across St. Louis County's regions, including that of North County, ED utilization was significantly higher for anxiety-related crises.

Emergency Department Utilization per 100,000 Population



	Major Depressive Disorder	Bipolar Disorder	Schizophrenia	Anxiety
North County	112	122	105	851
West County	45	43	15	348
St. Louis County	68	77	54	583
State	73	65	55	808

St. Louis County Community Health Needs Assessment, 2011

Healthy and Safe Environment

Violent Crime:

- The number of violent crime offenses per 100,000 population in St. Louis County was significantly higher than U.S. top performers (County Health Rankings, 2012).
- The number of deaths in St. Louis County due to homicide per 100,000 population were higher than the state rate and the *HP2020* target (County Health Rankings, 2013).
- St. Louis County was in the lowest quartile in the state for number of violent crimes with 318.96 violent crimes per 100,000 population in 2014 (Community Commons, 2014); however, when compared to peer counties in the nation, it fell in the middle two quartiles for violent crime (HHS CHSI, 2015).
- St. Louis County was identified as one of the top 20 "hot spots" for human trafficking in the United States by the U.S. Department of Justice.

Child Abuse & Parenting:

- In 2014, 34% of St. Louis County's children lived in single parent homes, comparable to the state (33%), but much higher than the top U.S. performers (21%) (County Health Rankings, 2014).

Child abuse and parenting do not appear to be a significant health need for the St. Louis County community. The rates of child abuse/neglect, family assessments, and out-of-home placement entries (per 1,000) in St. Louis County were lower than the state rates, and births to teens ages 15-19 were significantly lower than the state rate (MO KIDS COUNT, 2014).

Natural Environment:

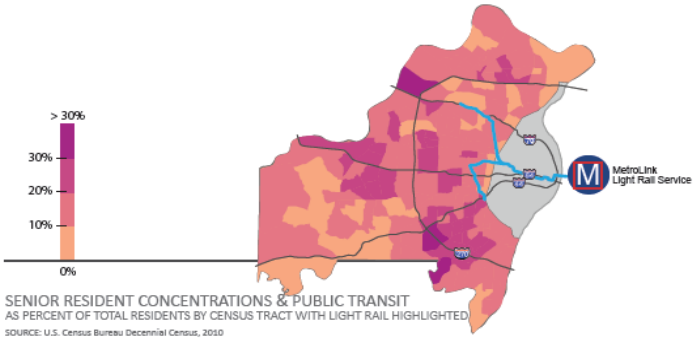
- St. Louis County experienced 16.0 unhealthy air quality days in 2015, twice that of the US median (8 days) (AARP Livability Index, 2015)

Transportation and Housing

Transportation:

St. Louis has a limited public transit system, Metro Transit, which consists of the MetroLink and the MetroBus. The MetroLink, a commuter rail transit system, is unavailable in both the Outer North and West regions and does not run during all hours. The MetroBus spans a broader territory, but is also unavailable during certain times of the day. Additionally, though the average scheduled wait time for most MetroBus stops is 20-30 minutes, some routes have scheduled stops that are 60 minutes apart. Safety concerns regarding Metro Transit stops are frequently highlighted in local news outlets and many St. Louis County community members have the perception that Metro Transit riders are primarily low income residents. These factors contribute to personal cars being the primary transportation mode for the majority of St. Louis County residents.

As the population in St. Louis County ages, the need for safe, public transit for senior non-drivers becomes increasingly critical. Currently, individuals aged 65 and over comprise 17% of St. Louis County's total population and 16% of the population of the MHSL community. Nevertheless, many of the areas with concentrated numbers of seniors remain auto-dependent due to very limited public transit alternatives.

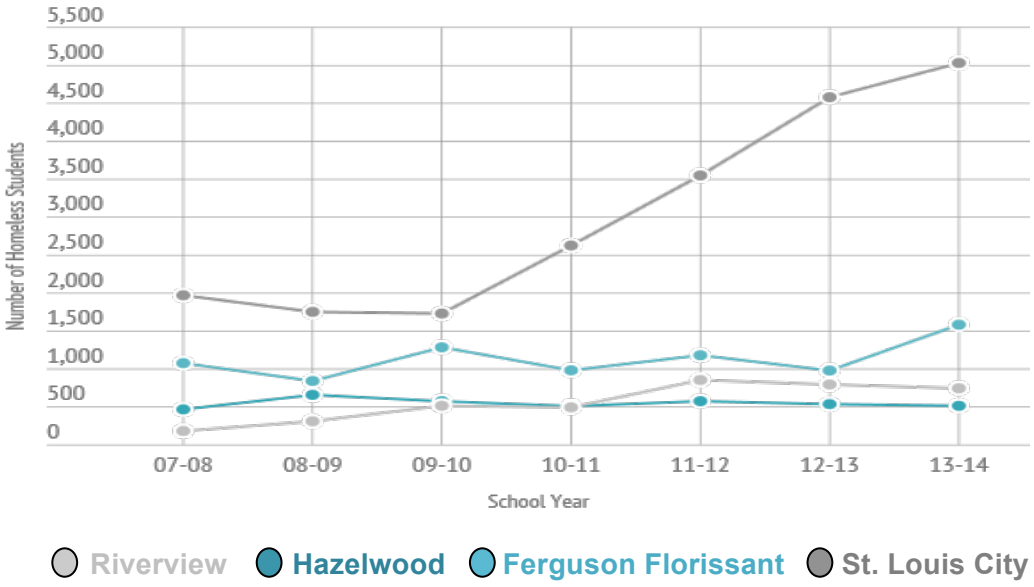


Housing:

A household is considered "cost-burdened" if more than 30% of its income goes towards housing. Nearly a third (31.5%) of St. Louis County households were cost-burdened in 2012 (HHS CHSI, 2015). Additionally:

- St. Louis ranked 7th for cities with the greatest increases in bed bug complaint calls to Terminix from 2012 to 2013 with a 40% increase (Terminix Bed Bugs Report, 2013)

- Three of the four school districts in the St. Louis area with 500 or more students experiencing homelessness during the 2013-3014 school year were located in the Inner and Outer North regions of St. Louis County. However, services to assist families experiencing homelessness remain concentrated in St. Louis City.



Missouri Department of Elementary and Secondary Education, 2015

VI. Prioritized Significant Community Health Needs

The Nominal Group Technique was used to prioritize the health needs of the MHSL community. Evaluating the quantitative and qualitative findings from the CHNA process; the strengths and resources of MHSL and the MHSL community; and the hospital's strategic plan, Mercy Hospital St. Louis' Community Health Council ranked the community's health needs on a scale of 1 (low) to 5 (high) by **level of concern** and **ability to collaborate on the issue to produce measurable results**. The averages of these rankings are provided at the end of this section.

The Council discussed the outcomes of the rankings, with particular consideration of the needs of the medically underserved, and chose to prioritize the following health needs for the hospital's Community Health Improvement Plan (CHIP):

- Access to Care
- Health Equity
- Mental Health and Substance Use

Using LEAN Process Improvement techniques, the Council will develop the CHIP to include specific goals and initiatives to facilitate the positive impact of each prioritized health need.

MHSL COMMUNITY HEALTH COUNCIL RANKINGS AVERAGES

COMMUNITY HEALTH ISSUE	Level of Concern (*Rankings Average)* 1=Low, 5=High	Potential to Collaborate to Produce Results (*Rankings Average)* 1=Low, 5= High
Mental Health	5.00	4.56
Alcohol/Substance Use	4.67	3.89
Maternal/Child Health	4.22	3.67
Obesity/Poor Nutrition/Physical Inactivity	3.78	3.11
Access to Care: Availability of Services	3.56	3.78
Access to Care: Coverage/Affordability	3.44	3.56
Violence: Domestic, Elderly, Child Abuse and Trafficking	3.44	3.00
Chronic Conditions: Heart Disease	3.00	3.00
Women's Health and Wellness (Screenings, STI's)	2.89	3.00
Chronic Conditions: Diabetes	2.78	2.89
Chronic Conditions: Asthma and Allergies	2.67	2.44
Cancer: Lung	2.56	2.78
Tobacco Use	2.22	2.00

VII. Potentially Available Resources

Collaboration with other community health and social service providers is key to improving the health of those residing within the MHSL community. MHSL's Community Health and Access Department, known as Mercy Neighborhood Ministry, partners with over 100 health and social service agencies and maintains more than 50 resource lists which focus on connecting St. Louis area residents with needed assistance. All resource lists can be accessed at www.mercy.net/mnm or in print, upon request, and are continually updated. Additional community resources, including announcements of community events and educational workshops, are sent to a listserv of more than 1,000 community members on a weekly basis.

MHSL's resource lists work in partnership with the United Way 2-1-1's resource database, a resource service available throughout the St. Louis metropolitan area. Individuals can learn about and access area resources by calling 2-1-1 and speaking to a trained resource specialist or by visiting www.211helps.org. Mercy is a current member of the United Way of Greater St. Louis' 2-1-1 advisory board and helps inform decisions that will continue to assist in connecting the community to resources aimed at improving community health and well-being.

Through its Neighborhood Ministry department, Mercy manages an emergency assistance fund to assist individuals in crisis upon referral from a community provider. Additionally, in 2015, MHSL formed a partnership with the Alive and Well STL program, a regional initiative through the St. Louis Regional Health Commission that focuses on reducing the impact of trauma and stress on the community's well-being.

Finally, St. Louis is fortunate to have two schools of public health (Saint Louis University and Washington University), as well as several federally qualified health centers, urgent care centers, community building networks, and school-based health clinics. St. Louis is also home to a number of nationally recognized hospitals, and several universities, schools, churches, religious groups, and health and social service agencies, all of which are available to assist community members.

Other vital resources include (but are not limited to) the following:

- St. Louis County Department of Public Health
- Catholic Charities of St. Louis
- Maternal, Child & Family Health Coalition
- Deaconess Faith Community Nurse Ministries
- St. Louis Integrated Health Network
- St. Augustine Wellston Center
- Provident Counseling
- Behavioral Health Network of Greater St. Louis
- Missouri Foundation for Health

IX. Evaluation of Impact

Mercy Hospital St. Louis' most recent Community Health Improvement Plan (CHIP), 2013-2015 focused on the following areas of health need:

- Access to Care (health insurance coverage and continuity of care)
- Tobacco Use
- Mental Health/Substance Use
- Domestic Violence/Human Trafficking

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

Access to Care

***Healthy People 2020 Goal (US)*:** Increase the proportion of persons with medical insurance in the U.S.
Measure: Percent of persons with medical insurance, aged <65 years
Target=100.0%

- Baseline=83.2% (2008)
- 82.5% (2009)
- 81.8% (2010)
- 82.8% (2011)
- 83.1% (2012)
- Most Recent = 83.3% (2013)

Mercy Goal: Support the Missouri Foundation for Health (MFH) goal to reduce the number of uninsured in Missouri to 5% in five years.
Measure: Percent of persons without medical insurance, aged <65 years

- Baseline = 17% (2013)
- Most Recent = 13.7% (2015)

Mercy Action:

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

Community Impact:

- **Reached 15,140** people through 561 outreach events
- **Enrolled 822** individuals in a qualified health insurance plan

Recommendation:

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

***Healthy People 2020 Goal (US)*:** Increase the proportion of persons with a usual primary care provider in the U.S.
Measure: Percent of persons with a usual primary care provider
Target=83.9%

- Baseline=76.3% (2007)
- 75.6% (2008)
- 75.9% (2009)
- 76.8% (2010)
- 77.3% (2011)
- Most Recent = 76.5% (2012)

Mercy Action:

- Provided a Community Referral Coordinator (CRC) in MHSL to connect underserved patients to a primary care provider home

Mercy Goals:	***Community Impact:***
Establish Primary Care Provider/ Medical Homes	Assisted **1,564 patients** with scheduling **appointments** with a **primary care provider**
Increase quality of care transitions	Achieved **57.7% show-rate** for the assisted appointments
Reduce non-emergent use of emergency departments	**Reduced** MHSL **ED utilization** by **38%** over a 6-month time frame
Decrease readmissions	**Reduced** MHSL **in-patient utilization** by **52%** over a 6-month time frame

Recommendation:

- Continue provision and coordination of referrals and services to increase the number of persons with a primary care provider home (Full CRC report in Appendix L)
- Consider expansion of the CRC program to other Mercy hospitals

---

Tobacco Use

***Healthy People 2020 Goal*:** Reduce cigarette smoking by adults
Measure: Adult cigarette smoking (age adjusted, percent, 18+ years)
Target=12.0%

- Baseline=20.6% (2008)
- 20.6% (2009)
- 19.3% (2010)
- 19.0% (2011)
- 18.2% (2012)
- Most Recent = 17.9% (2013)

***Healthy People 2020 Goal*:** Reduce use of cigarettes by adolescents (past month)
Measure: Adolescent cigarette use in past 30 days (percent, grades 9-12)
Target=16.0%

- Baseline=19.5% (2009)
- 18.1% (2011)
- 15.7% (2013)

Mercy Goals:

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

Mercy Actions:

- Screened adult and adolescent patients for tobacco use and tracked their responses, as well as Mercy's intervention efforts, in EPIC (electronic medical record program)
- Offered three smoking cessation options to co-workers and the community
    - Developed and implemented a local Well-Coach based tobacco cessation program administered by a Mayo Clinic certified health and wellness coach
- Developed "Are You Ready to Kick the Habit?" video featuring Dr. Adeel Kahn, Mercy Pulmonologist
- Implemented a surcharge to co-workers/spouses covered through Mercy who used tobacco and were not participating in a cessation program

Community Impact:

- Tobacco use **screening rates** increased from **56% to 76%** from 2013-2014 (thru 6/30)
- Follow-up **interventions** increased from **40% to 65%** from 2013- 2014 (thru 6/30)
- **139** Mercy East Communities' co-workers **quit smoking**

Recommendation:

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

Mental Health and Substance Use

***Healthy People 2020 Goal*:** Reduce the suicide rate
Measure: Suicide deaths per 100,000 population, age-adjusted
Target=10.2

- Baseline=11.3 (2007)
- 11.6 (2008)
- 11.8 (2009)
- 12.1 (2010)
- 12.3 (2011)
- 12.6 (2012)
- Most Recent = 12.6 (2013)

***Healthy People 2020 Goal*:** Reduce the proportion of adolescents aged 12 to 17 years who experience major depressive episodes
Measure: Adolescents with major depressive episodes (percent, 12-17 years)
Target=7.5%

- Baseline =8.3% (2008)
- 8.1% (2009)
- 8.0% (2010)
- 8.2% (2011)
- 9.1% (2012)
- Most Recent = 10.7% (2013)

Mercy Goals:

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

Mercy Actions:

- Opened an adolescent behavioral health unit at MHSL
- Placed a licensed clinical social worker (LCSW) in three elementary schools to provide counseling and referral services; each school was located in St. Louis in an area with higher populations of underserved individuals
- Opened a virtual clinic in a St. Louis County high school to provide students with increased access to healthcare services, including mental health screenings
- Began partnership and awareness campaign with the Regional Health Commission to promote their trauma-informed care program, "Alive and Well" (Appendix M)
- Hosted Annual Suicide Awareness and Prevention Conference at Mercy Hospital Jefferson (MHJ)
- Opened an Intensive Outpatient Program (IOP) for behavioral health at Mercy Hospital Washington (MHW)
- Launched telepsychiatry services

Community Impact:

- **800-900 children and adolescents are seen each year** through the Adolescent Behavioral Health Unit
- The LCSW in schools
    - **Provided prevention education to 250 children**
    - **Provided higher-level interventions** (counseling, case management, crisis intervention, basic needs supports, and/or maintenance sessions) **to 180 children** in 2015 (year of program launch)
- **Reached 185 community members** at the conference at MHJ
- **226 adult patients have been seen at the IOP at MHW** (opened December 2014)

Recommendations:

- Expand Adult Psychiatric Inpatient program by 12 beds at MHJ
- Launch central intake model pilot incorporating virtual care
- Implement a trauma-informed model of care throughout Mercy's East Community
- Continue and expand the Suicide Awareness and Prevention Conference

- Decrease the prescribing of, diversion of, and access of opioids in the community by working with a multidisciplinary team to create pain management policies and procedures related to appropriate prescribing and monitoring of opioids
- Expand education and awareness on proper disposal of prescription and over-the-counter medications
- Advocate for Missouri to implement a Prescription Drug Monitoring Database

---

Domestic Violence

***Healthy People 2020 Goal*:** Reduce Fatal Injuries
Measure: Age adjusted, per 100,000 population
Target=53.7

- Baseline = 59.7 (2007)
- 58.5 (2008)
- 56.5 (2009)
- 57.1 (2010)
- 58.4 (2011)
- 58.7 (2012)
- 58.8 (2013)
- Most Recent=60.1 (2014)

***Healthy People 2020 Goal*:** Reduce Homicides
Measure: Age adjusted, per 100,000 population
Target=5.5

- Baseline = 6.1 (2007)
- 5.9 (2008)
- 5.5 (2009)
- 5.3 (2010)
- 5.3 (2011)
- 5.4 (2012)
- Most Recent=5.2 (2013)

Note: Fatal injuries and homicides are used as proxy data.

Mercy Goals:

- Expand Project HOPE (a program in partnership with ALIVE that allows victims to file for Orders of Protection while still in a hospital setting) to other Mercy facilities
- Increase the number of individuals consistently screened for Domestic Violence

Mercy Actions:

- Expanded the Mercy/Alive partnership from MHSL to include Mercy Hospital Washington (in 2015)
- Created a training video for clinical staff on how to approach and address the topic of domestic violence with patients
- Displayed over 1,500 posters with emergency hotline information in restrooms to increase awareness of available resources
- Implemented the screening question, ""Are you in a relationship with someone who hurts you emotionally and/or physically?" into its Electronic Medical Record (EMR).

Community Impact:

- Hope Project outcomes were:
  - 100% of survivors reported having increased strategies for enhancing their safety
  - 84% of survivors reported having knowledge of available resources
  - 94% of survivors reported having received support to improve their ability to cope with the aftermath of domestic and/or sexual violence
- MHSL's **DV intervention rates** increased from **49% to 68%** in 2015
- **84% of** the **patients** who presented themselves in ED's in 3 of 4 hospitals in Mercy's East Communities in 2015 were **screened for Domestic Violence** (82,365 of 98,013)

The following table represents initial data gathered to date regarding the new EMR screening measure:

		Oct-Dec 14	Jan-Mar 15	Apr-Jun 15	Jul-Sep 15	Oct-Dec 15	Total
MHSL	**# Patients**	**14,026**	**9,168**	**12,633**	**12,616**	**12,359**	**60,802**
	# Screened	**12,329**	**8,465**	**9,325**	**9,670**	**9,154**	**48,942**
	# of Yes's	**63**	**39**	**52**	**33**	**37**	**224**
	# Referred	**29**	**19**	**21**	**19**	**25**	**113**

Recommendations:

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

IX. Appendices

A. Regional Demographics Comparisons 43
B. West Region Demographics 45
C. Inner North Region Demographics 47
D. Outer North Region Demographics 49
E. MSHL Community Providers Data 51
F. Community Health Council Members..... 53
G. Mercy Community Health Surveys 55
H. Summary of West and South County Focus Group..... .. 75
I. Summary of North County Focus Group..... . .88
J. County Health Rankings.....103
K. Community Health Status Indicators.....104
L. CRC Program Report – 2015.....105
M. Alive & Well STL Materials.....113
N. List of Acronyms 117

Appendix A

Regional Demographics Comparisons

	Service Area			Missouri	US
	West	**Inner North**	**Outer North**	**2015**	**2015**
Female Population	163,872	101,481	96,442	3,093,857	162,189,591
Male Population	151,783	86,895	84,886	2,975,956	157,270,400
TOTAL POPULATION	**315,655**	**188,376**	**181,328**	**6,069,813**	**319,459,991**
AGE GROUPS					
00-17	22%	26%	22%	23%	23%
18-44	30%	36%	35%	35%	36%
45-64	30%	25%	27%	27%	26%
65-UP	18%	13%	16%	16%	15%
RACE & ETHNICITY*					
White	87%	28%	51%	-	-
Black (African American)	4%	66%	43%	-	-
Asian	6%	1%	2%	-	-
Multiple Races	2%	2%	3%	-	-
Hispanic of any Race	3%	4%	3%	-	-
LANGUAGE**					
Only English at Home	89%	95%	93%	94%	79%
Spanish at Home	2%	3%	2%	3%	13%
All Others	9%	2%	5%	4%	8%
WORKFORCE***					
Armed Forces	<1%	<1%	<1%	<1%	-
Civilian Employed	62%	54%	61%	58%	-
Civilian Unemployed	4%	11%	8%	6%	-
Not in Labor Force	34%	35%	32%	36%	-
HOUSEHOLD INCOME					
<$15K	6%	20%	11%	14%	13%
$15-25K	7%	16%	11%	12%	11%
$25-50K	18%	32%	27%	26%	24%
$50-75K	16%	17%	20%	18%	18%
$75-100K	13%	9%	14%	12%	12%
$100-200K	28%	6%	15%	14%	18%
>$200K	12%	<1%	2%	3%	5%
Families living below poverty level	4%	21%	9%	11%	12%
EDUCATION LEVEL					
Less than High School	2%	4%	3%	4%	6%
Some High School	3%	11%	6%	8%	8%
High School Degree	14%	34%	29%	32%	28%
Some College/Assoc. Degree	29%	36%	36%	32%	31%
Bachelor's Degree or Greater	53%	16%	26%	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. Source: Sg2 Market Demographics, Nielsen zip code data, 2015*

Appendix B

West Region Demographics

	Primary Service Area			Missouri	US
	2015	**2020**	***% Growth***	**2015**	**2015**
Female Population	163,872	166,901	*2%*	3,093,857	162,189,591
Male Population	151,783	154,601	*2%*	2,975,956	157,270,400
TOTAL POPULATION	**315,655**	**321,502**	***2%***	**6,069,813**	**319,459,991**
AGE GROUPS					
00-17	22%	21%	*-5%*	23%	23%
18-44	30%	31%	*5%*	35%	36%
45-64	30%	28%	*-4%*	27%	26%
65-UP	18%	20%	*16%*	16%	15%
RACE & ETHNICITY*					
White	87%	85%	*<1%*	-	-
Black (African American)	4%	4%	*2%*	-	-
Asian	6%	7%	*14%*	-	-
Multiple Races	2%	2%	*16%*	-	-
Hispanic of any Race	3%	3%	*15%*	-	-
LANGUAGE**					
Only English at Home	89%	89%	*2%*	94%	79%
Spanish at Home	2%	2%	*2%*	3%	13%
All Others	9%	9%	*1%*	4%	8%
WORKFORCE***					
Armed Forces	<1%	<1%	*-4%*	<1%	-
Civilian Employed	62%	62%	*4%*	58%	-
Civilian Unemployed	4%	4%	*4%*	6%	-
Not in Labor Force	34%	34%	*4%*	36%	-
HOUSEHOLD INCOME					
<$15K	6%	6%	*-2%*	14%	13%
$15-25K	7%	7%	*-2%*	12%	11%
$25-50K	18%	17%	*-1%*	26%	24%
$50-75K	16%	15%	*1%*	18%	18%
$75-100K	13%	13%	*1%*	12%	12%
$100-200K	28%	29%	*4%*	14%	18%
>$200K	12%	13%	*11%*	3%	5%
Families living below poverty level	4%	4%	*5%*	11%	12%
EDUCATION LEVEL					
Less than High School	2%	2%	*5%*	4%	6%
Some High School	3%	3%	*5%*	8%	8%
High School Degree	14%	14%	*4%*	32%	28%
Some College/Assoc. Degree	29%	29%	*3%*	32%	31%
Bachelor's Degree or Greater	53%	52%	*2%*	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. Source: Sg2 Market Demographics, Nielsen zip code data, 2015*

Appendix C

Inner North Region Demographics

	Primary Service Area			Missouri	US
	2015	**2020**	***% Growth***	**2015**	**2015**
Female Population	101,481	100,191	*-1%*	3,093,857	162,189,591
Male Population	86,895	86,744	*0%*	2,975,956	157,270,400
TOTAL POPULATION	**188,376**	**186,935**	***-1%***	**6,069,813**	**319,459,991**
AGE GROUPS					
00-17	26%	25%	*-3%*	23%	23%
18-44	36%	36%	*-1%*	35%	36%
45-64	25%	24%	*-5%*	27%	26%
65-UP	13%	15%	*15%*	16%	15%
RACE & ETHNICITY*					
White	28%	26%	*-8%*	-	-
Black (African American)	66%	67%	*1%*	-	-
Asian	1%	1%	*15%*	-	-
Multiple Races	2%	3%	*15%*	-	-
Hispanic of any Race	4%	4%	*18%*	-	-
LANGUAGE**					
Only English at Home	95%	95%	*-1%*	94%	79%
Spanish at Home	3%	3%	*0%*	3%	13%
All Others	2%	2%	*-1%*	4%	8%
WORKFORCE***					
Armed Forces	<1%	<1%	*2%*	<1%	-
Civilian Employed	54%	54%	*0%*	58%	-
Civilian Unemployed	11%	11%	*1%*	6%	
Not in Labor Force	35%	35%	*0%*	36%	
HOUSEHOLD INCOME					
<$15K	20%	19%	*-3%*	14%	13%
$15-25K	16%	16%	*-2%*	12%	11%
$25-50K	32%	31%	*0%*	26%	24%
$50-75K	17%	17%	*0%*	18%	18%
$75-100K	9%	9%	*2%*	12%	12%
$100-200K	6%	7%	*10%*	14%	18%
>$200K	<1%	1%	*19%*	3%	5%
Families living below poverty	21%	21%	*0%*	11%	12%
EDUCATION LEVEL****					
Less than High School	4%	4%	*2%*	4%	6%
Some High School	11%	12%	*1%*	8%	8%
High School Degree	34%	34%	*1%*	32%	28%
Some College/Assoc. Degree	36%	35%	*1%*	32%	31%
Bachelor's Degree or Greater	16%	16%	*0%*	25%	27%

**Ethnicity not considered for White, Black, Asian or Multiple Races; Hispanic ethnicity includes all races; **Excludes population age <5; ***Excludes population age <16; ****Excludes population age <25 and based on highest level achieved. Source: Sg2 Market Demographics, Nielsen zip code data, 2015*

Appendix D

Outer North Region Demographics

	Primary Service Area			Missouri	US
	2015	**2020**	***% Growth***	**2015**	**2015**
Female Population	96,442	96,775	*<1*	3,093,857	162,189,591
Male Population	84,886	85,500	*1%*	2,975,956	157,270,400
TOTAL POPULATION	**181,328**	**182,275**	***1%***	**6,069,813**	**319,459,991**
AGE GROUPS					
00-17	22%	21%	*-4%*	23%	23%
18-44	35%	35%	*<1%*	35%	36%
45-64	27%	26%	*-3%*	27%	26%
65-UP	16%	18%	*13%*	16%	15%
RACE & ETHNICITY*					
White	51%	47%	*-7%*	-	-
Black (African American)	43%	46%	*7%*	-	-
Asian	2%	3%	*12%*	-	-
Multiple Races	3%	3%	*18%*	-	-
Hispanic of any Race	3%	3%	*16%*	-	-
LANGUAGE**					
Only English at Home	93%	93%	*1%*	94%	79%
Spanish at Home	2%	2%	*1%*	3%	13%
All Others	5%	5%	*<1%*	4%	8%
WORKFORCE***					
Armed Forces	<1%	<1%	*-3%*	<1%	-
Civilian Employed	61%	60%	*1%*	58%	-
Civilian Unemployed	8%	8%	*2%*	6%	-
Not in Labor Force	32%	32%	*2%*	36%	-
HOUSEHOLD INCOME					
<$15K	11%	10%	*-2%*	14%	13%
$15-25K	11%	11%	*-3%*	12%	11%
$25-50K	27%	27%	*0%*	26%	24%
$50-75K	20%	20%	*-1%*	18%	18%
$75-100K	14%	14%	*0%*	12%	12%
$100-200K	15%	16%	*9%*	14%	18%
>$200K	2%	2%	*27%*	3%	5%
Families living below poverty level	9%	9%	*1%*	11%	12%
EDUCATION LEVEL****					
Less than High School	3%	3%	*2%*	4%	6%
Some High School	6%	6%	*3%*	8%	8%
High School Degree	29%	29%	*3%*	32%	28%
Some College/Assoc. Degree	36%	36%	*2%*	32%	31%
Bachelor's Degree or Greater	26%	26%	*2%*	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. Source: Sg2 Market Demographics, Nielsen zip code data, 2015*

Appendix E

MHSL Community Providers Data

System Affiliation	Hospital	Region	Type	Total Staffed Beds	Total Inpatient Discharges	Total Births
Mercy	Mercy Hospital St. Louis	West	Acute	979	42,484	8,598
Mercy	Mercy Rehabilitation Hospital	West	Rehab	90	1,528	0
BJC Healthcare	Barnes-Jewish West County Hospital	West	Acute	77	2,862	0
BJC Healthcare	Christian Hospital	Inner North	Acute	460	13,729	0
BJC Healthcare	Missouri Baptist Medical Center	West	Acute	444	22,237	3,942
SSM Health	SSM Health DePaul Hospital *(incl. rehab ctr.)*	Outer North	Acute/Rehab	474	23,536	1,097
Tenet	Des Peres Hospital	West	Acute	142	4,931	0
Other System or Independent	St. Luke's Hospital	West	Acute	421	15,500	1,835
Other System or Independent	St. Luke's Rehabilitation Hospital	West	Rehab	35	644	0
Other System or Independent	Ranken Jordan Pediatric Bridge Hospital	Outer North	Children's	34	303	0

Notes: Mercy Rehabilitation Hospital joint venture with Centerre; St.Luke's Rehabilitation Hospital joint venture with Kindred Healthcare
Sources: Mercy - Mercy Finance, FY15; All other: inpatient discharges and births - HIDI, FY15; beds (all bed types/total complex

Appendix F

Community Health Council
Mercy Hospital St. Louis

Leadership

SPONSOR
Jeff Johnston: President

MEMBERS
Steve Fowler: Dir, Mission Services
Trish Geldback: VP, Women's Services
Terry Herbert: Dir, Marketing & Communications
Paul Hintze, M.D.: VP, Medical Affairs
Don Kalicak: VP, Business Development & Planning
Allison Lageose: Outreach Coordinator, Mercy Neighborhood Ministry
Tanya Lieber: Regional VP, Philanthropy
Patty Morrow: Exec. Dir, Behavioral Health
Sharon Neumeister: Dir, Mercy

The local Community Health Council is accountable for ensuring Community Benefit meets mission, compliance and IRS guidelines. Mercy Hospital St. Louis, in partnership with the St. Louis County Department of Public Health and other community organizations, continues to participate in the Mobilizing for Action through Planning and Partnerships (MAPP) model for assessment and planning.

Responsibilities:

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

To comply with new IRS guidelines, the following timeline will guide Community Benefit program development and reporting, beginning with 990H filings for FY13:

1. Community Health Needs Assessments (CHNA) are completed (including posting) – **6/30/2016**
2. Community Health Improvement Plans (CHIP) are written and approved by local boards – **11/15/2016**
3. FY13 tax return prepared and submitted – **5/15/2016**

Appendix G

COMMUNITY HEALTH SURVEY RESULTS – ST. LOUIS **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		535	100%
Total		535	100%

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

#	Answer		Response	%
11	EAST-STLO		535	100%
	Total		535	100%

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

Zip Code	#	%
63118	43	8%
63104	24	4%
63112	24	4%
63119	20	4%
63122	18	3%
63379	16	3%
63123	14	3%
63103	14	3%
63021	12	2%
63111	12	2%
63109	11	2%
63130	11	2%
63146	10	2%
63011	10	2%
63033	10	2%
63026	10	2%
63116	10	2%
63136	9	2%
63121	9	2%
63017	9	2%
63010	9	2%
63108	8	1%
63114	8	1%
63028	8	1%

63049	7	1%
63031	7	1%
63139	7	1%
63141	7	1%
63143	7	1%
63043	6	1%
63052	6	1%
63016	6	1%
63135	6	1%
63131	6	1%
63137	5	1%
63129	5	1%
63303	5	1%
63020	5	1%
63376	5	1%
63134	5	1%
63110	5	1%
63051	4	1%
63125	4	1%
63301	4	1%
63113	4	1%
63034	4	1%
63088	3	1%
63069	3	1%
63025	3	1%
63304	3	1%
63105	3	1%
63106	3	1%
63115	3	1%
63126	3	1%
63044	3	1%
63090	2	0%
63341	2	0%
63072	2	0%
63042	2	0%
63133	2	0%
63012	2	0%
63144	2	0%
63124	2	0%
63005	2	0%
63127	2	0%
63366	2	0%
63132	2	0%
63050	2	0%
63023	1	0%

63347	1	0%
63332	1	0%
63390	1	0%
63128	1	0%
63487	1	0%
63102	1	0%
63101	1	0%
63343	1	0%
63120	1	0%
63357	1	0%
63040	1	0%
63107	1	0%
63368	1	0%
63302	1	0%
63089	1	0%
62024	1	0%
62052	1	0%
62294	1	0%
63056	1	0%
63344	1	0%
63060	1	0%
63349	1	0%
62298	1	0%
63038	1	0%
63070	1	0%
63117	1	0%
63377	1	0%
62002	1	0%
62260	1	0%
62239	1	0%
63048	1	0%
62236	1	0%
Total	**535**	**100%**

4. Gender:

#	Answer		Response	%
1	Male		106	20%
2	Female		429	80%
	Total		535	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		381	71%
African-American		127	24%
Prefer not to answer		20	4%
Hispanic, Mexican, Latino or Spanish		9	2%
Native American		5	1%
Asian		3	1%

Statistic	Value
Total Responses	535

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

Answer		Response	%
Some high school		26	5%
High school graduate		63	12%
GED		18	3%
Some college		103	19%
College graduate		156	29%
Post-college		169	32%
Total		535	100%

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

#	Answer		Response	%
1	18 to 25 years-old		25	5%
2	26 to 35 years-old		72	13%
3	36 to 45 years-old		86	16%
4	46 to 64 years-old		289	54%
5	65 years and older		63	12%
	Total		535	100%

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

#	Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total Responses	Mean
1	There are places people can go for help with health problems like diabetes, high blood pressure and medications.	2.69%	5.37%	8.88%	50.00%	33.06%	484	4.05
2	Healthy food choices are readily available in my community.	4.76%	15.53%	9.94%	41.20%	28.57%	483	3.73
3	My community has safe parks and public places for people to exercise.	7.07%	9.56%	12.27%	40.75%	30.35%	481	3.78
4	It seems like there has been more bullying among children and teens in my community over the last year.	4.60%	10.67%	39.75%	28.66%	16.32%	478	3.41
5	I know where to get help with mental health issues.	7.71%	12.29%	13.54%	42.50%	23.96%	480	3.63

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.	3.04%	4.81%	15.44%	42.53%	34.18%	395	4.00
2	Children being overweight is a problem in my community.	2.82%	8.22%	21.83%	38.50%	28.64%	426	3.82
3	After school programs for kids are available and easy to find.	7.52%	21.80%	29.82%	30.58%	10.28%	399	3.14

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.	0.96%	5.26%	27.03%	36.84%	29.90%	418	3.89
2	Teens being overweight is a problem in my community.	1.38%	7.37%	26.50%	41.01%	23.73%	434	3.78
3	Teens using illegal drugs is a problem in my community.	1.18%	5.18%	19.06%	37.41%	37.18%	425	4.04
4	Smoking and tobacco usage by teens is a problem in my community.	1.17%	5.63%	19.01%	40.38%	33.80%	426	4.00
5	It's easy to get immunizations, or shots, for teenagers when you need them.	2.95%	9.09%	24.08%	39.80%	24.08%	407	3.73
6	Teen pregnancy is a problem in my community.	2.16%	10.31%	35.25%	29.98%	22.30%	417	3.60

11. Adults

#	Question	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree	Total Responses	Mean
1	Adult alcohol abuse is high in my community.	1.28%	10.06%	30.84%	31.26%	26.55%	467	3.72
2	Adults using illegal drugs is a problem in my community.	1.72%	9.27%	26.72%	34.48%	27.80%	464	3.77
3	Health and social programs are available for senior citizens in my community.	3.02%	14.01%	19.18%	46.34%	17.46%	464	3.61
4	Smoking and tobacco usage by adults is a problem in my community	0.87%	8.89%	22.99%	37.53%	29.72%	461	3.86
5	Adults being overweight is a problem in my community.	1.08%	4.74%	14.87%	42.24%	37.07%	464	4.09

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

Text Response
A lot of our clients have mental problems and we are not qualified to handle them
Access to health care and other needed services is very unequal in my community. Many people do not get regular medical care because they either do not know how to access or they do not have the funds to pay for services.
Access to high quality Early childhood education programs is a public health priority
Accessing healthcare is a challenge especially for immigrants struggling with language issues.

Affordable health care
Community services may be available but they must be accessible socio-economically sensitive and produce holistic quality outcomes in order for the community to trust them. Trust occurs over time and allows for positive adaptive behavioral change to happen. The antecedent of trust is Sr. Catherine's compassion.
Comtrea has services available and I understand they are good and affordable. The root problem is that law enforcement is not proactive in either shutting down drug sources/dealers or apprehending known drug producers and users. There is excessive drug and aocohol use among all ages in this county. Even convenience stores are allowed to sell drug paraphernalia with no penalty. Robberies and suicides are increasing along with truancies.
Connecting people in need to resources continues to be an issue in communities in St. Louis. As an employer many of my team is living below the poverty line and struggles finding access to programs or basic needs. I spend a great deal of time trying to help people find access to mental health help for women needing to rebuild from abuse etc. utility and rent assistance prescription needs housing parenting etc. Many organizations want to help however getting connected to a person at an agency proves incredibly difficult
Crime and guns we might have parks and other facilities however getting to them because of violence is an issue.
Crime in general. Poverty lack of jobs failing public schools.
Crime food desert. There is an overabundance of fast food but no fresh food stores. Schnucks on Union sells unhealthy foods.
Dental Health is a huge concern and need in my community as well as Missouri as a whole.
Dental treatment should be made more available and affordable in my community.
Divisions between races and between the "haves" and the "have nots" underpins multiple problem issues.
Even insured (through obamacare) cannot afford most health care due to large "deductibles" children's mental health (family therapy or individual) hard to get without money
Finding affordable after care programs to bridge the gap between school and work
For those seeking help or treatment for substance abuse most specifically opiate addiction treatment is extremely hard to access. For those addicted to opiate-based painkillers or heroin MEDICAL detox (not social setting detox - waste of time) is imperative! Unfortunately medical detox simply is not available. It is in the interest of everyone to get these folks help. Opiate addiction invariably drives individual's to participate in behaviours that are to the detriment of their family neighbors and the community as a whole. For us to continue to just ignore this group of individuals simply does not make sense.
Free easily available with no wait counseling and therapy is needed.
Getting dental help without insurance is beyond hard in my community. There are very limited options and any options are very hard to get and only minimal services are available.
Gun violence is a problem in my community.
Gyms needed for older adults with limited incomes to deal with various disabilities. Federal Grants are available for rural communities.
Health care should be easily available for everyone.
Health insurance and support in navigating the process

Healthy homes that breath free of toxins
Help is available for folks with behavioral health issues -- but it is expensive -- usually not covered by insurance so not utilized because of financial concerns.
High cost of meds and health care.
I am concerned about underage substance use and substance abuse by those of all ages. I see it a lot in my community and I don't think that leaders recognize that there is a real problem. If they do I wish they would be more proactive about trying to address the issue.
I am the Director of an emergency shelter for homeless families in St. Louis County. There are not enough shelter beds for families seeking shelter. Many of the families who arrive at our shelter have some serious health needs that are not being addressed because of their precarious living situation and because they are low income or have no income. We had a nurse assigned to the various shelters by the St Louis County Health Dept however it was a grant-funded position through Grace Hill. The funding is ending and we have lost this position with no immediate plans to replace the position. People are coming into the shelters with health problems and if we can even locate help there is a long waiting period to get these people even an appointment. Mental health issues are just as serious--people stop taking their medications because they don't have the money to pay for them or they need to see a physician to get refills. We need some health from the medical supports in the community to help the homeless population to overcome some of the health barriers if we are going to be able to get them housed.
I answered "Not Applicable" on numerous questions but the answer I would have liked to have given was "I don't know" because I just don't know how much these issues and access to services affect those populations. Working in the mental health field my focus is often on the severe lack of mental health services (out-patient counseling out-patient psychiatry access to affordable psychiatric medications) for persons without insurance persons on Medicaid who can not find a provider on their plan who is either still accepting Medicaid patients or who are taking new patients or persons who have insurance with extremely high deductibles which in essence leaves them without covered benefits most of the time.
I answered for my community but work with folks in other St. Louis communities where the answers would be drastically different
I answered these for the community in which I live not St. Louis in general
I feel Mercy needs to be more involved in our Community.
I feel that illegal drug use is very high in my communtiy and it is getting worse.
I had trouble answering questions reguarding children because I do not have children so I really don't know about some of the questions.
I just move there I can not be as much help as you would like
I live in Jefferson Co and work in St. louis Co I note a large disparity between the two and resources available.
I Live in Southern Jefferson County off Hwy 30. THere ARENT any Mercy Internal Med Drs in my area for 30 miles. It is not feasable to run to Jefferson Memorial as it is about as far away as St. Louis. This is a very underserved area and it is very frustrating not having reasonable health care with in a growing area. /
I live outside of the St Louis County/City area and there are no clinics (low cost or free for adults) available for my family.

I moved here after my daughter was grown. I know kids need activities & get help from various groups. My healthcare is provided outside the community so I don't know what is available here. I attend community meetings but they don't talk about health care.
I truly want to respond to my work with St. Vincent DePaul in 63110 zip code. Issues with poor quality sleep by the poor with no beds or bad conditioned beds Unable to fix healthy foods/cook with no pots n pans with no money to purchase no toys for kids d/t financial needs clothes needs for all ages with limited income much drug alcohol problems with limited job access or part time only and thus not help poverty state. Can't afford day care and thus drug/alcohol grandmother watching grandchildren. Many issues.
I wish Mercy would expand over to Illinois. The columbia area could really use more physicians.
I work in a school and I feel there need to be more outreach services provided.
I work largely with Hispanic clients who face more obstacles in accessing community resources. Mental health services are desperately needed especially for low income or uninsured people who speak a language other than English. Resources related to domestic violence as well as parenting skills training are also needed for this population.
I work with the underserved population and they have very little access to medical care. The FQHCs can't handle all of them. And mental health is always a crisis with not enough providers and out patient programs. Most of the work in mental health is done by NAMI and not the professionals. Many of the mentally ill are in jail.
I would like fo have more perishable food options and thngs for children to do
I would pray for the people in my community because they need help with financial and mental health.
In a rural community people use Dollar Generals and gas station convenience stores to buy many of their staples. There are no fresh foods available in these stores but they do sell alcohol and tobacco products. People are living in poverty and just doing what they can to get by.
It is hard to find low cost programs for all ages in my area. Exercise and social programs need to be more available.
It seems like finding mental health services is a problem for all age groups.
It would be great to have qualified physicians in the area for specialties such as ophthalmology diabetes orthopedic neurology etc. It seems as if the same old fashioned physicians that have been here for 30+ years are the only options.
It's a growing and changing community with several stresses in day to day life. Teens are under a lot of peer pressure as well as pressure to succeed and be the best.
Its dangerours to walk or drive. Always shootings and high-speed chases.
Just in general throughout the St Louis community there is not a good place for teenagers young women to go to get information help or care for sexual diseases that encourages them to be abstienent rather than doesn't just push birth control on them without giving them more information about their body and the physical and moral implications of their behavior. Some local pregnancy centers do a little in this area but there is a need for a medical community that has some values to be involved otherwise these individuals are only offered the solutions of abortion or more contraceptives which only accerbates the problems of sexual diseases etc. Possibly such programs could be run out of the family clinics that are already established.

Lack of housing for people with low income. Increase in violence. Unaccredited schools. High drop-out rate from school.
Lack of positive things for teens to do after school and employment for them in the community.
Lack of resources for mental health is an issue as is lack of affordable healthcare for low-income citizens because Missouri did not expand Medicaid.
Lack of sidewalks in this suburban community makes walking harder.
Loose pets running around - pit bulls running around - need stricter enforcement with pets.
Mammograms or not offered near my zipcode.
Mental health and gun related violence seem to have a strong correlation and presence in many neighborhoods closeby.
Mental health facilites are not available in my area. No help for people with alcohol problems. Smoking and drug use is a problem in my community. Adults and kids are overweight.
Mental Health
Mercy
Mercy doesn't accept tricare prime which is a problem trying to find providers close to my community therefore I drive to St. Louis.
Mercy has very limited presence
Mercy held me captive and I am very unhappy there's not much mercy at Mercy hospital
Mercy should consider a stronger presence in the City of Saint Louis in order to most efficiently address many poverty issues that are concentrated there -- and also recognize that there are a number of neighborhoods where there is population growth with young milennials moving to the City who have resources.
Missouri seems to have a lack of funding to help seniors afford care at home. For those on Medicaid it now takes too long to get approved for home care. There are many who fall through the cracks and go without the care they need.
More after school programs and weekend activities.
More community and after school programs/spaces are needed for kids and teens to keep them from distructive behaviors. / Parenting skills and sex ed. is needed for teens.
More exercise and health programs.
My apt got condemed because of drugs.
My community has sidewalks and parks which allow people to get out and get moving. There are many communities in St. Louis where this is not true.
My daughter is a junior in high schoool and she's had 3 people commit suicide from her school.
My family is my nephew's only support system - there are problems with him being bullied in school.
My family only uses Mercy physicians urgent care and hospital. This means that we must drive pass several other hospitals and urgent cares to get to any services. Mercy doesn't have a strong presence in the south side of St. Louis and seems very focused on development only in counties west of the city.
My neutral responses actually reflect a lack of knowledge on my part. Finding quality and accessible behavior health services is a huge need. Wait times for appointments can be very long depending upon the insurance type.

Need affordable mental health care. Lack of care for uninsured with no medicade expansion. Many poor without insurance. And financial resources for follow up care after a free health screening or positive lab test many kids go hungry. Many extremely poor families without adequate food or even toilet paper or toothbrushes and tooth paste plenty of resources for people with money
Need more areas to walk with pets; need after school programs for child/adolescents; need stores like Whole Foods; need education in community on healthy food vitamins & minerals body needs food preparation how to read labels fast food etc.
Need more resources and adults and not just counselors and hospitals. The parents need to step in and manage all their children's needs as well as being just a friend. People needs to come together.
need more resources especially housing for individuals being released from prison
No ins no care
No kids/teens activities in the community other than school/paid programs.
no Mercy primary docs in south st. louis
No not here long enough
Not at the present time.
Not enough food pantrys around where I live.
Not everyone has access or the ability to get access given finances and no Medicaid expansion
One issue we are facing is lack of safety the inability to walk or be out in the community after dusk. Gun violence and high crime rate area is another issue.
people all need information on programs in my community
Please help more victims of domestic violence by making your Protective Order services well known and make sure nurses are trained to properly address this issue when it comes up. I was taken to a Mercy ER in the past and was not asked properly about my safety. (My potential abuser was sitting right next to me.) Please keep up to date with you DV practices. It WILL save lives.
Please reach out to and provide more services to minority groups in our community. Thank you
Police harassment.
poor community - needs help
Prices on home health equipment are outrageous
Programs tend to be available the issue is people lack basc health knowledge. Health literacy is low and even though there may be programs people don't know how to find them or sometimes even what to look for.
Programs that instill hope and insight for a better life into our youth starting in their everyday enviornment.
Public Health in and around the St. Louis area is highly underfunded and under-recognized as tools that are in use or can be used for the common public good. The Health Departments of the region are facing fewer resources often with more program responsibility to achieve community health with chronic and epidemiological illness surveillance and control. They need a strong clear voice of support from their partners such as Mercy.
Questions are too big. I cannot speak for the entire community. Ask me about MY world and I'll tell you.
Racial inequality.

Resources are available but not always easily accessible or obtainable. / Transportation for the homeless in my area is an issue that keeps the resources available obtainable.
Resoures fpr free Mental Healt issues
Senior Transportation
Since the Ferguson incidents there are many issues we face in the Florissant area tension at times but I think health isues are pretty well taken care of.
Sometimes the issue is not access (in terms of a service being present) but whether or not people can afford to use what is available/ get to what is available/ know about what is available.Making this point especially for seniors and kids.
Sorry I couldn't answer most questions. I don't have children or teens living at home.
St. Louis County used to have a shelter outreach nurse that would help the homeless navigate the health care system and get treatment quicker. There is no more shelter outreach nurse and often the homeless and those working just to make ends meet are too overwhelmed to try to navigate a system that feels against them. Difficult to make appointments get off work to go to appointments that can only be scheduled during the day and find transportation to clinics that often are not walking distance.
St. Louis is in desperate need of shelters for women who are NOT pregnant NOT teenagers NOT victims of domestic violence and NOT abusing substances.
The rising rate of crime in my community and rising rate of crimes towards women.
The working poor have access problems to routine healthcare needs during non-working hours for example after 5 pm and on week-ends.
There are a lot of buidlings that need to be taken down. We have women selling their bodies all day and night. Our kids see these things people selling drugs it's a mess.
There are a lot of problems with alcohol drugs and being overweight in my community. There are programs to address these issues however they are not taken advantage of.
There are hospitals nearby but never seem to be free clinics or free tests. / Do not know what programs the local hospitals offer.
There are limited resources for low income families who need mental health healthy foods senior social programs and therapy services. / There is a need for shelters for women with children who are not teens are not pregnant are not experiencing DV and are not abusing substances.
There are many facilities and programs available in our community.
There are many vacant buildings violence drugs poor lighting not enough stops signs street need paving and so far
There are resources available but people often don't know what they are or may have difficulty accessing them because they don't know how to navigate the system
There is a lack of access to basic medical providers in my community in Dupo IL. In St Louis MO there is adequate access to healthcare and resources.
There is a lack of programs aimed at building communities and support among neighbors. We have some events in our park but it is often people talking to who they know. There isn't a sense that we all belong and are all responsible for the community.
There is a problem with police brutality and police bullying.
There is some backlash with the large immigrant population in my community but it is not too serious.
There is still a need for Spanish speaking providers and better access to interpreters.

There isn't enough respectful people in the community towards the homeless.
There seems to be alot of single parent families with low income who need food and resources for help with utilities as well as health and dental care. When people need food and cannot pay their bills healthcare is low on the list of priorities. Also when people are under stress they experience more mental health issues and do not know where to turn. Also there is an emphasis on select sports which limits who can play. After school intramurals for everyone would solve that and increase exercise for children (especially if they have a weight problem).
There seems to be large number of individuals experiencing homelessness in my community even though there are shelters.
They are high in my community - every night.
They need to provide more shelter clothes etc. for the homeless.
Things will get better
Too many people still uninsured - the gap from not passing Medicaid expansion.
Transportation for senior citizens is a big problem in this area.
Transportation needs are not met in my community. There are not enough programs for people with disabilities or for seniors. There is not enought affordable housing in the area for lower income people. It appears that most services and help are located quite far away.
transportation to health resources is an issue
Uninsured in our community still struggle with consistant quality affordable care options - we need to expand Medicaid in our state.
Violence and drive by shootings are becoming a major problem. Lack of trust in the police is making it even worse.
Violent Crime
We are new to the area (we came from Lawrence KS) so it is different living in St. Louis. We are still learning our way arond. I do know there are a lot of people who depend on public transportation to get to work. Even at my daughter's middle school there are children who take a taxi to school.
We are the forgotten area in the st louis surrounding area. Jefferson county on Hwy 30 has nothing close /
We have lots of shelters for pregnant women teens domestic violence victims and those facing a drug or alcohol problem however there are no SAFE shelters for women and their children who are older than 18 are not pregnant not experiencing DV or substance abuse issues. Also people need help with paying for transporation including things like gas auto repairs bus passess/metrolink and purchasing cars.
We have the finest doctors and hospitals in our area many who provide treatment to those in need at minimal or no cost. Mercy Hospital in my opinion tops the list. "My Mercy" makes it easy for the patient and the physicians to keep up to date at all times.
We need more alternatives and better health insurance coverage for alternative medicine sources. Our restaurants also need to offer more vegan choices.
We need more corner stores in the neighborhood.
We need places and things for people to do to keep active.
We need policies (local municipality and county level) to make change happen i.e smoke-free laws bike trails/walking paths funding for parks. Jefferson County is always behind other cities when it comes to promoting/protecting the health of the residents.

We participate in health care at Family Care Center of Carondelet. Latch Key programs from the YMCA are available in most of our schools.	
Well I think I need to take one day at a time.	
Writing this down won't change anything. I live in the hood I can walk out my door and see people across the street smoking crack.	
Youth need to provide daily tempoarary labo & job etc. Daily cash for those that want to work or will.	
Total Responses	160

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	7.42%	20.00%	49.44%	19.55%	3.60%	445	2.92
2	Programs to address teen pregnancy	8.14%	27.15%	47.29%	15.16%	2.26%	442	2.76
3	Classes to help teen parents	8.39%	25.17%	47.85%	15.65%	2.95%	441	2.80
4	Education for chronic conditions such as diabetes, asthma, arthritis, etc.	6.26%	18.79%	30.20%	36.47%	8.28%	447	3.22
5	Education for improving personal health such as weight management, exercise, smoking cessation, etc.	7.42%	23.37%	27.42%	34.38%	7.42%	445	3.11
6	Programs for stress management	10.31%	29.82%	31.17%	23.77%	4.93%	446	2.83
7	Meals on Wheels	3.42%	8.90%	41.10%	36.30%	10.27%	438	3.41
8	Health related activities for Senior Citizens	5.42%	17.16%	39.28%	31.60%	6.55%	443	3.17
9	Health screenings such as blood pressure, cholesterol, mammograms, prostate cancer, etc.	4.06%	13.09%	29.57%	40.86%	12.42%	443	3.44
10	Programs for mental health issues	17.87%	27.38%	28.28%	20.81%	5.66%	442	2.69

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

Text Response
A lot of these programs are offered at our clinic.
Accessibility to and transportation should be made more available to treatment and medical facilties.
Again many programs are either not advertised or not readily available for real people who must work or have daycare issues.
As long as transportation is not an issue most of these services are available. For those without cars access is difficult.
Awareness of most programs is a problem.
diabetes programming - no help for diabetes in my commmunity
Do have Crisis Center for Women in Maplewood. High School for male teens who are homeless program is positive. When will they have a home for the teen girls? Joint education efforts of Maplewood Richmond Hts. encouraging if people have ability to travel.
Ferguson Florissant school district has very good programs for parents but they do not for the most part take advantage of them.
Help these young mothers.
Hours of access and child are an issue
I am new to the community (moved about 6 weeks ago) so I honestly don't know about many of these programs.
I am not familar with them all but there are abundant sources.
I am reall y not sure what the resources are available in my community. /
I am referencing more of the area where my patients come from and not where I live. However mental health is under serviced everywhere.
I am sure the people of my community know what is available to them
I believe many of these programs probably ARE available in the community but I wonder if people know where to look to find information.
I defined "community" in a very broad sense ... though I live in the 63121 zip code I thought about offerings throughout the St. Louis area.
I didn't know there were many of these programs in the community.
I didn't know there were some of these types of programs available. How are we supposed to know?
I do not feel informed enough to know if these programs are available in our area.
I do not know if my community has any of these programs.
I feel that community programs info is not readily available to everyone.
I feel that they should have mobile clinics in the community.
I think mental health issues are a huge concern in our community and a lack of accessible resources to address the issues. I think teen pregnancy is a huge issue especially in more economically challenged areas.
I think there needs to be MUCH more communication about these programs. I am very familiar with Mercy and also familiar with programs addressing these issues that are provided by private companies but less familiar with efforts being put on by the community.

I usually am aware of opportunities through the Mercy outreach and put the Posters on our bulleton boards.
I wish there were more workout gyms around and recreation centers.
I would like to see that Van that does free Mammograms and not just for Cancer patients. I am also very dissatisfied with Coventry Health Insurance.
I would love to see a Mercy Hospice house. Think this would embrace Catharine's calling to care for the sick and dying within our community. I think that it should also have a sliding scale to assist the patients and families that have limited income. This would not only be an asset to the community but help reduce LOS when looking for placement for hospice patients. / / I would love to see the transport van run on weekends for SNF/Rehab transfers. This would ease the burden of families and expedite transfers. / / Expand JFK services - maybe even look at a smaller location closer to some of the patients to better ensure follow-up and access to Mercy care. / / I would also love to see an IP counseling program at Mercy. Patients that have extended LOS due to devastating injuries/illness really do not have someone to talk to about grief and coping. Not all patients are candidates for Palliative Care to be able refer to them. Burns spinal cord injuries amputations all have life altering injuries. If they had a councilor to talk to we would see better participating with therapy more motivation and a better understanding of goals then we do now. This could help reduce LOS and move patients that are usually resistant to discharge sooner to rehabs and skilled faculties. We do a wonderful job at Mercy providing medical care for our IP population but we lack in clinically trained psychological and emotional care. / / Expanded Psych services are also a must!!!! Both IP and OP. This is especially needed for the uninsured patients!! /
If programs exist they are incredibly difficult for people to find. I help people at work connect with resources all the time because they do not know how to start a search for it or do not have internet to search or phones to call sometimes.
if these programs are available I do not know about them.
I'll have to answer later.
I'm not involved with community programs. I do belong to Susan Signorinos listserv so when I need a community program I post a request on help me Susan.org. I'm also aware of Mercy Neighborhood group. Thank you for such great community support.
It is hard to get people to participate
Lack of mental health providers who are Spanish speaking.
Lacking programs and or advertisment of such.
Many of the programs could be made avaliable in enviornments frequented by the targeted.
Many operate at inconvenient hours
Many young people has undiagnosed mental health issues
Mental Health clients need so much aid they are homeless and in need of meds and housing where they are left to fend for themselves. Mental Health clients are in need of care which has been cut from them - if you can put up as individuals to help manage them as well.
Mental health is a big issue. I do not believe that all is being done for that community.
Mental health programs. Mental health Programs. Mental health programs. Please. People need it.
Mental health resources are scarce in the St. Louis Metro area particularly in patient beds and inadequate stabilization once in the hospital. To see a psychiatrist is complicated and a very lengthy wait.
Mental health stigma and lack of trauma-informed awareness is a problem in my community.
MERCY has very little presence ... SSM Barnes and St. Anthony's ... Nothing Mercy.
More accessible mental health help especially for the poor and homeless.

More community building is needed. More community outreach as well so that others can see what is available for them and see they are not the only ones going through something. We need to look at programs that help strengthen the community bond so that people are encouraged to look at each other as important.
More comprehensive care for those with disabilities and mental health needs - that are affordable.
More exercise and health programs.
More mental health programs - a lot of people don't have anyone to talk to and then they go haywire.
More options for mental health care in Franklin county are needed.
More programs for children with ADHD.
More programs for the above issues that are accesable to attend
More transportation resources would be helpful.
Most of the issues mentioned in the questions I have no idea if programs are available or not.
most of the programs are not accessible
Need an unemployment office in my community. Not enough programs for young men - place for them to play basketball - need more educational programs for young men so they stay out of trouble.
Need more community education.
Need programs for rehabilitation-alcohol and narcotic - programs for teens would be good and programs for mothers marriage counseling.
no ins no mental health care
Normally Occuring Residential Community (NORC) is a great program in my community. (I volunteer for it. It should be expanded to a much larger geographic area.)
Not applicable
Not enough affordable Mental Health assistance. If there is assistance the treatment period is not long enough to be affective.
Not enough programs for mental health in my community for people with mental issues. / More hands-on time with people with ental illness and the elderly. / People to talk to about stress- need more positive people in the neighborhood.
Not really sure about community programs.
Not sure of what is available
Often there are programs but they are too costly for low income families.
Once again please reach out to and provide more services to minority groups. Thank you.
One day at a time.
Programs are available but not accessible.
Programs are available but sometimes unaccessable - the diabetes testing/education and high blood pressure.
Programs are available for people with insurance. It is difficult for non-insured to get appropriate care.
Programs are available for people with the knowledge and/or resources to find them. Often the people who most need the programs are least able to access them.
Programs for mental health.

Same thing. I don't know about the community as a whole.
Screenings are available but treatment for certain specialties - mental health dental dermatology and orthopedics can be hard to find especially for low income.
Section 8 is too random (lottery system) and takes far too long to get. The homeless hotline is ineffective as are services available through the housing resource center and HUD. Meanwhile the city runs rampant with vacant houses owned by banks who gave scrupulous loans to home buyers who couldn't afford them and the community pays the price of reduced home values and unsafe neighborhoods as a result. Medicaid is taking far too long to be approved than it should so much that woman are giving birth before it's been approved.
Some area churches try to collect food to donate to local food banks. Meals on wheels seems to be available through hospitals. I am not aware of alot of assistance for people with drug or alcohol problems or mental health issues.
The Health Department and Comtrea have programs available. The problem is getting folks to know about and take advantage of these programs.
There are a lot of great resources on Telegraph Rd for clothing for those in need.
There are a somewhat nice group of people who pass out food.
There are community programs in my area that address most of the issues listed on the previous page. It's difficult for clients to access these services due to the criteria for enrollment prices of the programs or lack of transportation to get them there.
There are never enough Mental Health facilities that can assist lower income families. When there is no or limited insurance families tend to ignore the problem and the unsuspecting public suffers.
there are not enough programs that assist with persons with mental health issues.
There are not good resources that are available for addressing mental health issues. Mostly there are long waiting lists for treatment or linkage to case managers; or nothing is available at all.
There is a dearth of resources and lack of public education as to the available resources.
There is a problem with violence in my community & issues of racism (Ferguson)
There may be community programs in our area that I don't know about.
There needs to be more programs offered for kids to keep them out of trouble.
There should be more that focused on prevention. Prevent drug use tobacco use obesity etc.
They are great! Some people use them.
They are offered in the town of Washington but harder to access in other areas of Franklin County.
Think that they are out there and available. It's really about how to best communicate them to society and the community.
To my knowledge Lincoln County has very few if any community programs or health education opportunities.
Took me a year to get housing through senior services - homeless until I found affordable housing.
Unknown about.
Very satisfied w/ Grace Hill - I have a lot of options others don't - my husband is a 30 year veteran. VA Gateway to Better Health - very satisfied.

We need programs - larger programs.
We need programs in my community that people can access easily
What community programs? If there is something available it is not widely known and very little areas to excerise due to road conditions and lack of public places. No Ymca that is easy to access /
While I know these programs exist in the community I don't feel that there is adequate outreach and education for those needing these services. Requirements for services are unreasonable (i.e. in order to receive a mammogram participants must already have a primary care physician). I feel there is a huge disconnect between services offered and the community to which they are trying to serve. I don't feel as if those organizing the programs understand the day to day struggles and stressors the people in our community deal with.

Appendix H

PERCEPTIONS OF THE HEALTHCARE NEEDS
OF WEST AND SOUTH ST. LOUIS COUNTY RESIDENTS
FROM THE VIEWPOINT OF COMMUNITY LEADERS

Prepared by:

Angela Ferris Chambers
Manager, Market Research & CRM

Angie Wade
Manager, Market Research
BJC HealthCare

TABLE OF CONTENTS

BACKGROUND..... 2

RESEARCH OBJECTIVES..... 2

METHODOLOGY..... 3

KEY FINDINGS..... 5

RATING OF NEEDS..... 10

NEXT STEPS..... 12

APPENDIX A (PARTICIPANT/OBSERVER LISTS)..... 13

BACKGROUND

The Patient Protection and Affordable Care Act (PPACA, March 2010) requires that non-profit hospitals conduct a community health needs assessment (CHNA) every three years. As part of that process, each hospital is required to solicit input from those who represent the broad interests of the community served by the hospital as well as those who have special knowledge and expertise in the area of public health.

In 2012, several hospitals collaborated on their first needs assessment, with a specific focus on west and south St. Louis County. They included Barnes-Jewish West County Hospital (BJWCH), Missouri Baptist Medical Center (MBMC), St. Anthony's Medical Center (SAMC) and St. Luke's Hospital (SLH). In 2015, they were joined by Mercy St. Louis in this collaboration.

Each of the hospitals is at a different phase in the assessment process and is on different implementation plan timetables. SAMC and Mercy made their plans public in June 2013, while the BJC hospitals and St. Luke's were made public in December 2013. The next iteration of CHNA plans will be due on the corresponding months in 2016.

All of the hospitals are in the process of preparing their next CHNA, and agreed to continue their collaboration to assess feedback from community stakeholders who have an interest in the health of consumers located in West and South St. Louis County.

RESEARCH OBJECTIVES

The main objective for this research is to solicit input from healthcare experts and those who have a special interest in the healthcare needs of St. Louis County residents, especially those in the west and south, who are served by these five hospitals. Specifically, the discussion focused on the following objectives:

1) Determine whether the needs identified in the 2012/2013 CHNAs are still the right areas on which to focus

2) Explore whether there are there any needs on the list that should no longer be a priority

3) Assess where there are the gaps in the plans to address the prioritized needs

4) Identify other organizations with whom we should consider collaborating

5) Discuss how the world has changed since 2012/2013 when the participating hospitals first identified these needs, and whether there are there new issues they should consider

6) Evaluate what issues the stakeholders anticipate becoming a greater concern in the future that we need to consider now

METHODOLOGY

To fulfill the PPACA requirements, BJWCH, MBMC, SAMC, SLH, and Mercy St. Louis hosted a single focus group with public health experts and those with a special interest in the health needs of residents located in west and south St. Louis County. It was held on July 23, 2015 at the Frontenac Hilton in St. Louis County. The group was facilitated by Angela Ferris Chambers, Manager of Market Research & CRM for BJC HealthCare. The discussion lasted ninety minutes.

19 individuals representing various St. Louis County organizations participated in the discussion. Two others were invited, but were unable to attend (Appendix A).

Christine Candio, President and CEO, St. Luke's Hospital, welcomed participants at the beginning of the evening. Those who were observing on behalf of Barnes-Jewish West County Hospital, Missouri Baptist Medical Center, St. Anthony's Medical Center, St. Luke's Hospital, and Mercy St. Louis introduced themselves to the group (Appendix A).

During the group, the moderator reminded the community leaders why they were invited - that their input is needed to help each hospital move forward in this next phase of the needs assessment process.

The moderator shared the needs prioritized by each hospital in the first assessment and discussed where each hospital is in its implementation plan. She also mentioned that several hospitals are working to standardize the language for identifying prioritized needs so that impact can be measured consistently. This will allow the sharing of best practices among all facilities.

The five hospitals identified several priorities for the 2012/2013 CHNAs, ranging from access to health insurance coverage to violence. Although some needs varied, they also share overall priorities such as access to services, cancer, and to some degree, chronic diseases and behavioral/mental health:

BJWCH	MBMC	St. Anthony's	St. Luke's	Mercy St. Louis
• Access to coverage	• Access to services	• Access to services	• Cancer: breast	• Access to coverage
• Chronic Disease: Heart and vascular	• Cancer: breast	• Behavioral/ mental health	• Cancer: colon	• Access to services
• Cancer: skin	• Cancer: skin	• Health literacy	• Cancer: lung	• Behavioral/ mental health
	• Chronic Disease: Diabetes		• Chronic Disease: Diabetes	• Tobacco use
	• Chronic Disease: Heart and vascular		• Chronic Disease: Heart and vascular	• Violence: domestic and family
			• Obesity	

Further, each hospital outlined the goals and tactics for implementation which will be used to measure the success of each priority. Details of each hospital's needs assessment plan can be found on each hospital's website.

BJWCH, MBMC, SAMC, SLH, and Mercy St. Louis agree that the following needs are important, but chose not to address them in 2013:

- Alcohol/Substance Abuse
- Cultural Literacy
- Maternal and Infant Health
- Senior Services/Social Support

After the discussion, participants were asked to rate each need on their level of concern, as well as the ability to address them via community collaboration.

KEY FINDINGS

PERCEPTION OF 2012/2013 PRIORITIES:

There was general consensus that the priorities identified in the previous assessment are still those on which the hospitals should focus. Further, goals and tactics discussed provided some insight into the detailed CHNA implementation plans that are located on BJWCH, MBMC, SAMC, SLH, and Mercy St. Louis websites.

CONSIDERATIONS FOR ADDING TO THE LIST OF PRIORITIES:

After reviewing the hospitals' key issues/priorities, nothing was identified that should come off the list. Many expressed the desire to reevaluate the priorities, however, and integrate additional needs into the list of those being addressed.

- **Alcohol/Substance Abuse:** Incidence rates have risen substantially over the years, especially for heroin and prescription drugs, and are considered a "major public health issue." At the same time, fewer treatment services are available, especially inpatient beds. Further, limitations on insurance plans and reimbursement contribute to the slow demise of medical-assisted treatments, detox programs, and other services required to treat those who struggle with addiction.

- **Senior Services/Social Support:** The senior population is increasing, particularly in South County. Seniors are large consumers of services, with unique needs currently not being addressed. Several agree that access to transportation is a major concern for them. Often, it is difficult for seniors to get to the hospital or to their primary care physician because they do not drive. As a result, "they end up calling the emergency group because they don't have transportation."

- **Maternal/Child Health:** St. Louis County has a very high infant mortality rate and it is getting worse.

Consideration should also be given to redefining the following category:

- **Senior Services/Social Support:** Social support should be separated from senior services as an area of need. Social support is important not just for Seniors but to women, children and families, and each may require a different approach.

GAPS IN IMPLEMENTATION STRATEGIES:

Although nothing was identified that should come off the list of prioritized needs, there were gaps identified in the ways in which needs are being addressed.

ALCOHOL/SUBSTANCE ABUSE:

- Other states have adopted prescriber guidelines and tool kits that have resulted in demonstrable decreases in opioid abuse and heroin deaths.
- Providers who are treating patients with chronic conditions have an opportunity to provide additional referrals to those who are also dealing with substance abuse and/or mental health issues. Addressing the latter would increase the likelihood of the patient being more compliant in dealing with his/her chronic condition.
- There is a need to address the stigma associated with both substance abuse and behavioral health issues by examining the language used to talk about them and the processes put into place for users to access services. If barriers to access could be lowered as well as the stigma that these systems create, more people might take advantage of the services that do exist.

BEHAVIORAL/MENTAL HEALTH:

- There is increasing awareness that trauma affects an individual's mental health. The impact that Ferguson has had on our community as well as environmental trauma, in general, needs to be acknowledged.
- Physicians need a greater awareness of how to identify mental health issues, and when to refer individuals for counseling and mental health services. People will follow the recommendations of those whom they trust, including their physicians.
- There is an insufficient number of child psychiatrists in the area compared to the size of the need. Medicaid reimbursement is inadequate to encourage psychiatrists in the area to participate in the program.
- One resource this region doesn't have is access to Crisis Respite for individuals undergoing a mental health crisis. This would be a place where an individual could get some additional support, get stabilized and then return to the regular routine of their life.
- Resources to support mental health are not sufficient. Mental health should be treated no differently than cancer.
- There's no good system within the region to share health information in an appropriate way. An individual who has been on a stable medication regimen but stops taking them needs to get back on their treatment plan. If s/he comes into the ED, there's no way to know that, however, and their medications are changed. They may never get back to that level of recovery.

CHRONIC CONDITIONS:

- When hospitals perform screenings, there needs to be a mechanism in place for those with positive results to receive follow-up care, especially if they don't have insurance. How do we address the needs of those who are diagnosed but are unable to access treatment?

COLON CANCER:

- 70% of those not being screened for colon cancer have health insurance. Primary care physicians need to encourage their patients to be screened, and address the fear and stigma that may be preventing them from following through.

HEALTH LITERACY:

- Health literacy and cultural literacy should be considered a component of every program, and not as "stand-alone" needs. For every need that is defined, the approach should be evaluated with an eye to both health literacy and cultural literacy.

CHANGES SINCE 2012/2103 and NEW ISSUES OF CONCERN:

ACCESS TO TRANSPORTATION:

- Having transportation available to access medical services is a major concern. Without it, individuals end up using emergency medical transportation inappropriately, making it unavailable for someone who truly may need it and increasing health care costs unnecessarily.
- Thinking creatively in our approach, there are opportunities to bring services into the community where they are needed, rather than forcing the population to go to the services. Consider expanding the concept of a mammography van to a vision van, a heart & vascular van, or a van that visits schools to provide pediatric care.
- Some communities have also created programs that use paramedics to make "house calls" to individuals who might not otherwise have access, eliminating their use of emergency services unnecessarily.
- The state Medicaid transportation program is both inefficient and ineffective

COLLABORATION:

- Many expressed a desire to explore opportunities to collaborate on these issues more than every three years. Those sitting at the table would like to be included in the process, and seek opportunities to work with these hospital partners to expand everyone's reach. In addition, there is an opportunity to engage many of the faith communities that are easily accessible to each of the participating hospitals and invite them to be involved in the process. Other partners might include urban housing groups, the County Health Department and the City Health Department.
- There are other non-traditional health partners to consider as well as community organizations like Oasis through which collaboration would encourage the breaking down of silos and promote a more community-based approach.

MATERNAL/INFANT HEALTH:

- Recent statistics indicate that health outcomes for infants are worse in St. Louis than in some third world countries. Children are more likely now than ever to be killed at the hands of a caregiver.

HEALTH DISPARITIES:

- Individuals will experience vastly different health outcomes based on characteristics such as race, age, gender or where they live in St. Louis. Health disparities should be considered within every need that is identified and addressed in the hospitals' plans.
- The report *For Sake of All* by Dr. Jason Purnell of the Brown School of Social Work at Washington University should be referenced to better understand the role of health disparities in St. Louis.

CULTURAL LITERACY:

- Cultural literacy directly impacts quality of care, continuity of care, and health outcomes. Further, it is believed that achieving implementation goals outlined in the hospitals' CHNAs hinge upon the partners' ability to increase cultural competencies and lower barriers. If barriers are lowered by increasing cultural literacy, more people may take advantage of new or existing services.

SOCIAL DETERMINANTS OF HEALTH:

- The escalation of violence in the last three years has affected every community, not just north St. Louis. It impacts mental health and feeds into substance abuse.
- Access to health insurance through Missouri Health Net used to be a two-month process. Due to the Affordable Care Act, it now takes six to nine months.
- Individuals of every age have a need for social support. Caregivers of those with health issues struggle to provide care to their loved one and serve as the link between them and the agencies from which they obtain services. There is a need for services that educate and support the caregivers, so they can maintain their loved one at home.

CHILDHOOD OBESITY:

- This issue is a growing concern, and will impact the incidence of chronic conditions as these children grow into adulthood.

Other areas of concern that were briefly mentioned included healthy food access, Medicaid and elderly abuse.

SPECIAL POPULATIONS:

SENIOR CARE:

- The growth in the size of the elderly population will impact the need for caregivers, not only in the hospital but in the community.

CHILDREN/YOUTH:

- There is a need for more child psychiatrists in general as well as those who will take Medicaid.

OTHER ORGANIZATIONS WITH WHOM TO CONSIDER PARTNERING:

- Consider including **law enforcement**. Some police departments have Crisis Intervention Teams who work with individuals with mental health disorders. The goal is divert them from jail and get them to treatment. Oftentimes, however, that means going to the emergency department, although that may not be the best placement for an individual experiencing a psychiatric crisis.

- Because of the extent to which **EMS** come into contact with community members, they can be used as a source of referral for community resources. If they were provided with a list of resources, they could hand them out to those in need with whom they come in contact.

- For maternal and child health issues, we should partner with the **Maternal Child and Family Health Coalition** and the **Crisis Nursery**.

- Engaging the **St. Louis County Clergy Coalition** would be a positive step as well as the **Metropolitan Churches United**, although the latter is a fee-based organization.

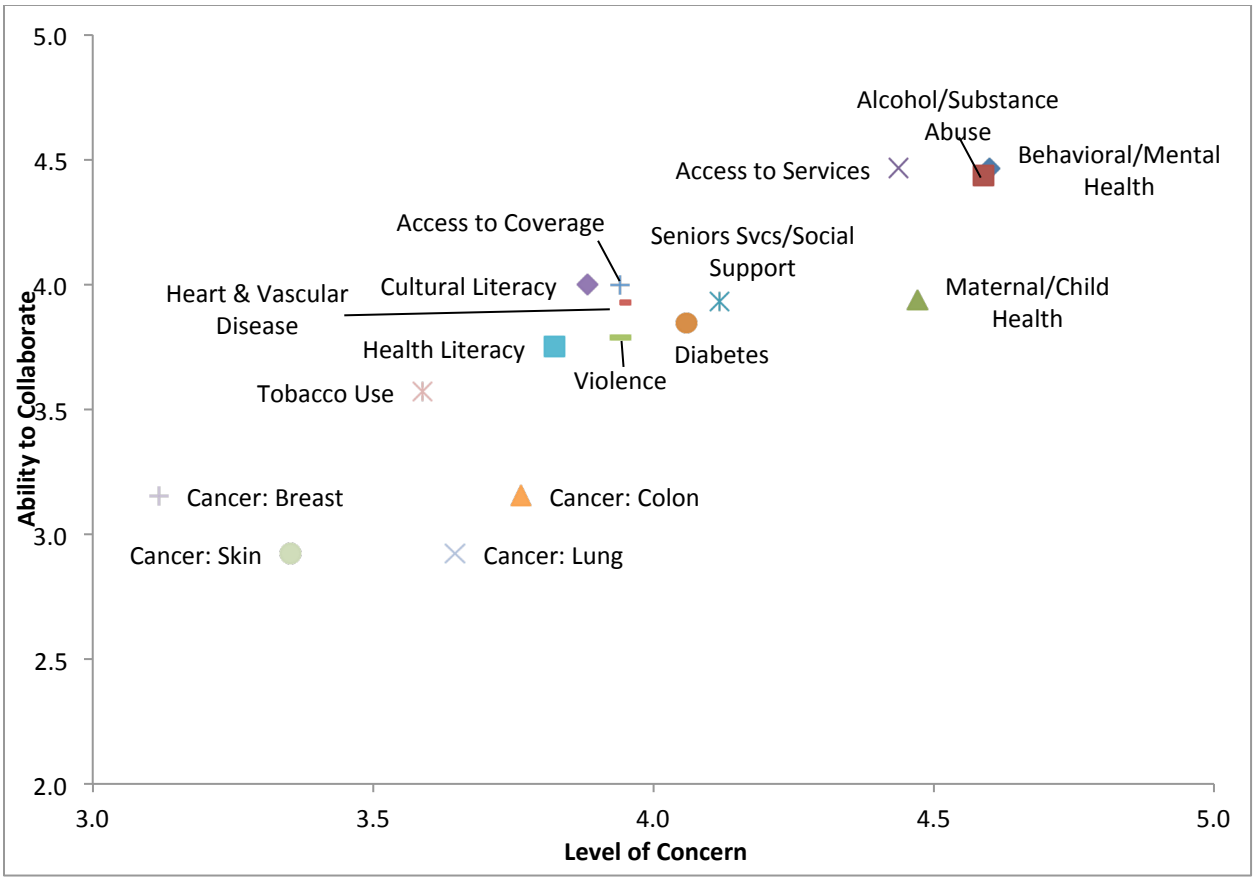
- The **Epworth Children and Family Services** is in Webster Groves, and throughout West County, the **Foster and Adoptive Care Coalition** is a great partner, as well as some of our other children and family ministries and advocacy groups.

- **Meals On Wheels** is a community resource, although they touch a limited number of people.

RATING OF NEEDS

Participants were given the list of the needs identified in the 2012/2013 assessment and asked to re-rank them on a scale of 1 (low) to 5 (high), based on their perceived level of community concern and the ability of community organizations to collaborate around them.

Behavioral/mental health and alcohol/substance abuse rated highest in terms of level of concern and ability to collaborate. Interestingly, breast cancer rated lowest on level of concern. Skin cancer and lung cancer tied for lowest on ability to collaborate. The actual ratings are shown on the chart on the next page.



AVERAGE RATINGS

	Level of Concern	Ability to Collaborate
Behavioral/Mental Health	4.6	4.5
Alcohol/Substance Abuse	4.6	4.4
Maternal/Child Health	4.5	3.9
Access to Services	4.4	4.5
Seniors Svcs/Social Support	4.1	3.9
Diabetes	4.1	3.8
Access to Coverage	3.9	4.0
Heart & Vascular Disease	3.9	3.9
Violence	3.9	3.8
Cultural Literacy	3.9	4.0
Health Literacy	3.8	3.8
Cancer: Colon	3.8	3.2
Cancer: Lung	3.6	2.9
Tobacco Use	3.6	3.6
Cancer: Skin	3.4	2.9
Cancer: Breast	3.1	3.2

NEXT STEPS

Based on the input the hospitals received from community stakeholders, each hospital will examine secondary data for St. Louis County to explore the size of the needs that have been identified.

In addition, each hospital has established an internal stakeholder workgroup to assess this information and evaluate whether the priorities should change.

The needs assessment and associated implementation plan must be revised and updated for release by June 30, 2016 for St. Anthony's Medical Center and Mercy St Louis, and December 31, 2016 for Barnes-Jewish West County Hospital, Missouri Baptist Medical Center and St. Luke's Hospital.

The community stakeholder group will continue to be updated about the progress of the internal work groups as they work to meet these deadlines.

APPENDIX A

	NAME	ORGANIZATION	ATTEND
1	Rachelle Bartnick	American Heart Association	x
2	Mindy Bielik	St. Louis Suburban School Nurses	x
3	Damon Broadus	American Heart Association	x
4	Gloria Brown	Missouri House of Representatives	x
5	Thomas Duff	Catholic Family Services	x
6	Dan Duncan	National Council on Alcoholism & Drug Abuse	x
7	Beth Elders	Manchester United Methodist Church	x
8	Diane McKenna	South County Health Center	x
9	Maggie Menefee	ALIVE	x
10	Dominic Moll	Lemay Fire Protection District	x
11	Mattie Moore	Office of the County Executive	x
12	Dianne Mueller	St. Louis Crisis Nursery	x
13	Wendy Orson	Behavioral Health Network	x
14	Mary Schaefer	Mid-East Area on Aging	x
15	Spring Schmidt	St. Louis County DOH	x
16	Kelly Shouse	Hope Lodge	
17	Rikki Takeyama	Regional Health Commission	x
18	Cathy Vaisvil	United Way 2-1-1	
19	Ted West	Feed My People	x
20	Katie Wren	American Cancer Society	x
21	Anna Zelinske	Jewish Community Center	x
22	Lottie Wade	United Way	x
23	Vickie Wade	People's Health Centers	x
24	Denise Wiehardt	Crisis Nursery	x

Hospital attendees:

1	Marci Allen	MBMC	12	Sharon Neumeister	Mercy St. Louis
2	Jennifer Arvin	BJWCH		Jim LaChance	BJWCH
3	Laura Bub	SAMC	13	Tara Osseck	St. Luke's Hospital
4	Christine Candio	St. Luke's Hospital	14	Lisa Stringer	BJC HealthCare
5	Joan Elkins	MBMC		Ann Varner	Mercy St. Louis
6	Yoany Finetti	BJWCH	15	Debra Victor	MBMC
7	Madeleine Gemoules	Mercy St. Louis	16	Angela Wade	BJC HealthCare
8	Dennis Holter	SAMC	17	Josh Waite	Mercy St. Louis
9	Jeff Johnston	Mercy St. Louis	18	Cindy Weinstein	BJWCH
10	Liz Kalicak	BJWCH	19	Darla Wertenberger	St. Luke's Hospital
11	Karley King	BJC HealthCare			

Appendix I

PERCEPTIONS OF THE HEALTHCARE NEEDS
OF NORTH ST. LOUIS COUNTY RESIDENTS
FROM THE VIEWPOINT OF COMMUNITY LEADERS

Prepared by:

Angie Wade
Manager, Market Research
BJC HealthCare

Prepared for:

Michele Hoeft
Executive Director
Christian Hospital

Dr. Rajiv Patel
Vice President of Medical Affairs
SSM DePaul Health Center

TABLE OF CONTENTS

BACKGROUND..... 2

RESEARCH OBJECTIVES..... 2

METHODOLOGY..... 3

KEY FINDINGS..... 7

RATING OF NEEDS..... 11

NEXT STEPS..... 12

APPENDIX A (PARTICIPANT/OBSERVER LISTS)..... 13

BACKGROUND

The Patient Protection and Affordable Care Act (PPACA, March 2010) requires that non-profit hospitals conduct a community health needs assessment (CHNA) every three years. As part of that process, each hospital is required to solicit input from those who represent the broad interests of the community served by the hospital as well as those who have special knowledge and expertise in the area of public health.

Christian Hospital (CH) and SSM DePaul Health Center (DPHC) collaborated on their first needs assessment in 2012, although each was on a different timetable. DePaul began their assessment in 2012, which was implemented 2013 through 2015. So their first plan is actually coming to an end this year. Christian completed its needs assessment at the end of 2013, and is now in the middle of implementation, which runs through the end of 2016.

Both hospitals are in the process of preparing their next CHNA, and agreed to continue their collaboration to assess feedback of those community stakeholders who have an interest in the health of consumers located in North St. Louis County.

RESEARCH OBJECTIVES

The main objective for this research is to solicit input from healthcare experts and those who have a special interest in the healthcare needs of North St. Louis County residents, served by both Christian Hospital and SSM DePaul Health Center. Specifically, the discussion focused around the following objectives:

1) Determine whether the needs identified in the 2012/2013 CHNAs are still the right areas on which to focus

2) Explore whether there are there any needs on the list that should no longer be a priority

3) Determine where there are the gaps in the plan to address the prioritized needs

4) Identify other organizations with whom we should consider collaborating

5) Discuss how the world has changed since 2012/2013 when CH and DPHC first identified these needs and whether there are there new issues they should consider

6) Evaluate what issues the stakeholders anticipate becoming a greater concern in the future that we need to consider now

METHODOLOGY

To fulfill the PPACA requirements, CH and DPHC conducted a single focus group with public health experts and those with a special interest in the health needs of residents located in North St. Louis County. It was held on June 15, 2015 at the Northwest HealthCare - Community Room. The group was facilitated by Angela Ferris Chambers, Manager of Market Research & CRM for BJC HealthCare. The discussion lasted ninety minutes.

17 individuals representing various St. Louis city organizations participated in the discussion. Eight others were invited, but were unable to attend (Appendix A).

Sean Hogan, President, SSM DePaul Health Center and Ron McMullin, President, Christian Hospital, welcomed participants at the beginning of the meeting. Those who were observing on behalf of CH and DPHC were also introduced to the group (Appendix A).

During the group, the moderator reminded the community leaders why they were invited - that their input is needed to help each hospital move forward in this next phase of the needs assessment process. The hospitals view this iteration of its CHNA as more of a "tweak" than a total revision of the first assessment; insufficient time has passed for them to have a substantive impact on the needs that were prioritized.

The moderator shared the needs prioritized by each hospital in the first assessment and discussed where each hospital is in its implementation plan. She also mentioned that each system is working to standardize the language for identifying prioritized needs across all of its hospitals so that impact can be measured consistently. This will allow the sharing of best practices among all system facilities.

Christian Hospital and DePaul Health Center identified three of the same priorities in their 2012/2013 CHNAs:

- Diabetes
- Obesity
- Access to affordable health care

In addition to the three priorities Christian Hospital and DePaul Health Center share, DePaul identified an additional priority on which to focus:

- Heart and vascular care

Furthermore, each hospital identified the following goals to accomplish when measuring the success of each priority:

Christian Hospital's Measures of Success by Priority

Cardiovascular Disease / Diabetes	Obesity	Access to Affordable Healthcare
Success Measures: • Increase the number of pre-diabetes and diabetes screenings in the community and encourage follow-up for abnormal results • Increase the number of adolescents and adults with pre-diabetes/diabetes who receive formal education in the community.	**Success Measures:** • Reduce the incidence of overweight and obese individuals in North County. • Educate individuals on what their body needs to be healthy.	**Success Measures:** • Offer Medicaid and financial assistance enrollment to 100% of eligible patients who present for medical care.
Current Status: • Community members are screened at free events at Christian Hospital throughout the calendar year. • Follow-up is done by registered nurses who provide education and access to resources. • The number of individuals who are being screened has decreased due to realignment in the diabetes service of the hospital. • The hospital is working to ensure that community members receive access to free screenings as often as possible.	**Current Status:** • Just Lose It continues to be offered to community members, free of charge. Nearly 1,000 neighbors sign up each year to exercise, learn cooking tips, educate them on weight loss and share their personal stories. • Just Lose It is offered twice a year, once in January and once in August. Each group of participants has lost up to, and over 2,000 lbs. of weight each session	**Current Status:** • The number of individuals who receive assistance for insurance eligibility and the number who are enrolled in programs are being tracked.

DePaul Health Center's Measures of Success by Priority

Cardiovascular Disease / Diabetes	Obesity	Access to Affordable Healthcare
Success Measures: • Decrease percentage of all-cause/all-location CHF 30-day readmissions to <15.5% in 2015 • Increase percentage of patients seen by primary care or cardiology within 5 business days after discharge to 100% in 2015 • Increase percentage of North County patients referred to endocrinology within 14 days of discharge to 75% in 2015	**Success Measures:** • Decrease the percentage of North St. Louis County patients with self-reported obesity (BMI> 30) to 25.5% • Increase percentage of 6th grade students in CatholicFit program who self-report family discussions about fitness from 83% to 90% • Increase number of North St. Louis County residents treated by SSM Weight Loss Clinic from 277 in 2014 to 500 in 2015	**Success Measures:** • Increase percentage of CRC encounters leading to a scheduled appointment to 50% and a show percentage of 40% in 2015 Current Status: Continued collaboration with the IHN (Integrated Health Network). In 2014, 78% of encounters resulted in appointments, 29% appointment show rate • Increase percentage of Urgent Care referrals of patients without a PCP to primary care to 100% in 2015 • Recruit 3 additional physicians and nurse practitioners to North County in 2015 Current Status: 2 new PCPs will begin practice by Sept. 2015
Current Status: • CHF 30-day readmissions currently at 21.3% • In Process - Medical Group and Cardiology have collaborated on process and protocols; initiative now underway • Comprehensive Endocrinology Clinic started in April 2015	**Current Status:** • 440 children participated in the CatholicFit program during the 2014-15 school year. Program ended in April, results / data pending	**Current Status:** • Continued collaboration with the IHN (Integrated Health Network). In 2014, 78% of encounters resulted in appointments, 29% appointment show rate • 2 new PCPs will begin practice by Sept. 2015

Both CH and DPHC agreed that the following needs are important, but chose not to prioritize and address them at this time:

- Asthma
- Cancer
- Care coordination and continuity
- Child welfare, including neglect and abuse
- Dental care
- Sexually transmitted diseases, as well as other infectious diseases (influenza, pneumonia, HIV/AIDs)
- Mental health/substance abuse
- Maternal and infant health, including reproductive health
- Senior care
- Socio-economic factors

After the discussion, the participants were asked to rank these identified needs based on their level of concern and ability to address them via community collaboration.

KEY FINDINGS

PERCEPTION OF 2012/2013 PRIORITIES:

There was general consensus that the needs identified in the previous assessment are still those on which the two hospitals should focus. Furthermore, Christian Hospital and DePaul Health Center agree that the priorities are, in fact, interrelated and suggest a holistic approach to caring for patients in North St. Louis County.

- **Diabetes** - Currently, there are educational and preventative programs in place. It is believed that treatment and outcomes can be controlled by doctors.
- **Obesity** is thought to be a principle concern because physicians have less control over compliance with weight management and eating habits, which often lead to diabetes and heart disease.
- **Access to affordable health care –** It is believed that the Affordable Care Act is addressing this priority; however, many are still unaware of how to access the program.
- **Heart and vascular care** - There are increased efforts to educate consumers, in general, about the signs and symptoms of a stroke or heart attack. However, prevention, education, and seeking timely treatment remain challenges, overall, in North St. Louis County.

CONSIDERATIONS FOR ADDING TO THE LIST OF PRIORITIES:

Many reflected on challenges the community experienced in North St. Louis County over the past year. This led some to reconsider how key contributing factors, such as **mental health, substance abuse,** and **socio-economic factors** are prioritized in the "other needs" category. These "other needs" are believed to result in the following:

- Violence and trauma

- Nutritional deficiencies
- Decrease or no physical activity
- Lack of continuity in access to care and medication

When considering the list of needs identified in the previous assessment, there is agreement that because of the interrelationships and key contributing factors, the definition of "need" must be refined. The question remains, is the need the medical condition or is the need the predisposing factor that leads to the medical condition?

GAPS IN IMPLEMENTATION STRATEGIES:

Although nothing was identified that should come off the list of prioritized needs, there were gaps identified in the ways in which they are being addressed.

ACCESS: TRANSPORTATION

- Some mention the hospitals' ability to coordinate/offer transportation resources as an important factor to accessing care. The lack of transportation for many in North St. Louis County is a primary deterrent in residents' ability to select more nutritious food options at select grocery stores, obtain medications from local pharmacies, as well as seek or continue medical care.

COMMUNICATION AND AWARENESS

- Create more formal ways to communicate regarding services that are needed, as well as coordinate services that are already available. Communications should include services that support the continuity of care such as calls to remind patients to take medications, help with completing insurance application process, as well as "well-being" home visits. Healthcare providers request better information regarding the physical, dental, and mental health programs that are available and whom to call when a particular need arises.
- Work must continue to erase the "stigma" associated with North St. Louis County, which impacts residents' willingness to seek care locally. Current service offerings, preventive programs, education and outreach, as well as the expertise and experience of medical staff located in North County, Christian Hospital, and DePaul should continue to be communicated and reinforced, even beyond the boundaries of North St. Louis County.
- Engage and partner with the local school district to create proactive programming that will foster awareness and prevention within the student population. Develop nutrition classes for different grade levels that last 11 to 12 weeks, and partnering with social workers in each school are examples. Further, school nurses and counselors can play a role in connecting primary care physicians with students, as well as aid in educating parents on access to additional services, care, and coverage. Currently, the CatholicFit program has successfully implemented this type of service.
- Develop language and performance measures that help ensure hospitals in North St. Louis County are appropriately targeting messages that are "culturally competent for audiences."

TRAINING AND EDUCATION: HEALTH LITERACY

- Parents need help understanding how to navigate the health system, as well as the tools to learn how to access services so that they become more self-reliant.
- Multiple examples were given of patients who are non-compliant because they do not fully understand their doctor's orders, recommendation, dosage, etc.

SOCIAL DETERMINANTS OF HEALTH

- North St. Louis County is greatly affected by the lack of "meaningful jobs and sustaining jobs" which result in residents becoming less self-sufficient. Although it is still unclear how the medical profession can address this issue, most agree that attracting businesses that provide health insurance increases the likelihood of disease prevention, management, and compliance.
- Issues of poverty and homelessness contribute to a lack of health.
- North St. Louis County was identified by the CDC as a high-intensity drug trafficking area for both prescription drugs and heroin. The high use of intravenous drug users results in an increased outbreak of STDs and Hepatitis C. While some are currently monitoring these statistics, there is still a need to continue to collect more precise data to accurately identify the impact of the crisis.

BEHAVIORAL/MENTAL HEALTH ISSUES

- There is a need for better integration of behavioral health and physical health services into primary care.
- There is a shortage of mental health service providers.

SPECIAL POPULATIONS:

SENIOR CARE

- As baby-boomers age, they are becoming more conscious of health and prevention, and are exploring a more holistic approach to wellness. This population seeks programs that target their issues and concerns.
- Elder abuse is on the rise. It manifests not only in the form of neglect or physical abuse, but financial abuse, as well. Awareness should be raised of this growing problem.

CHILDREN/YOUTH

- There are many students in the community who suffer from chronic diseases. However, continuity of care is diminished as a result of socio-economics issues. The absence, limitations, and awareness of training and support programs related to self-care are also factors.
- In order to foster a better informed support system, there are opportunities for medical providers to expand partnerships within the North St. Louis County school district by using students as access points to further educate and involve parents.
- Substance abuse, mental health disorders and the relationship to violence must be elevated as an issue. It is described as being a "social determinants of health" particularly for children in North County who don't have the "average childhood experience."

TRANSIENT FAMILIES

- Transient families are a special concern. Home ownership is rapidly being replaced by rental housing in North County and residents are more mobile. Consequently, it is more challenging to track and communicate with families enrolled in programs, as well as measure the impact of the programs.

OTHER ORGANIZATIONS WITH WHOM TO CONSIDER PARTNERING:

Most agree that the issues related to North St. Louis County are complex and there is no simple solution. Understanding that hospitals alone cannot address these issues, several organizations were identified as good partners for collaboration:

- The local **Parks and Recreation Departments** are needed to help manage community outreach through fitness programs, health programs, etc.

- Working with the **local grocery store chains**, such as Shop 'N Save to offer and promote healthier food options.

- Improving health literacy at hospitals and doctors' offices by partnering with **St. Louis Community Health Commission/Health Literacy Commission**

- **Regional Health Commission's** charge is to improve access to healthcare as well as outcomes

- Dr. Jason Purnell and **Brown School at Washington University** continues to provide research and information related to health behaviors and socio-economics.

- Promote growth in community gardens through programs similar to the ones offered via the **Community Action Agency of St. Louis County** and **Operating Seeds of Hope Farm**.

- **The Urban League** is a resource for job creation and local **Career Centers** work with the schools and to offer employment for summer youth.

- North County was designated as a **Promise Zone**. According to WhiteHouse.gov, local community leaders and business located in designated Promise Zones "will partner with the federal government to create jobs, increase economic security, expand educational opportunities, increase access to quality, affordable housing and improve public safety."

- Recently, St. Louis County completed the **Livable Community Survey** which contains information regarding resources available to older adults, and is based on the needs identified in the survey results (**AARP.org**).

- **Better Family Life** is a community-based organization that receives federal funds for the development of family and youth programming.

NEW ISSUES OF CONCERN:

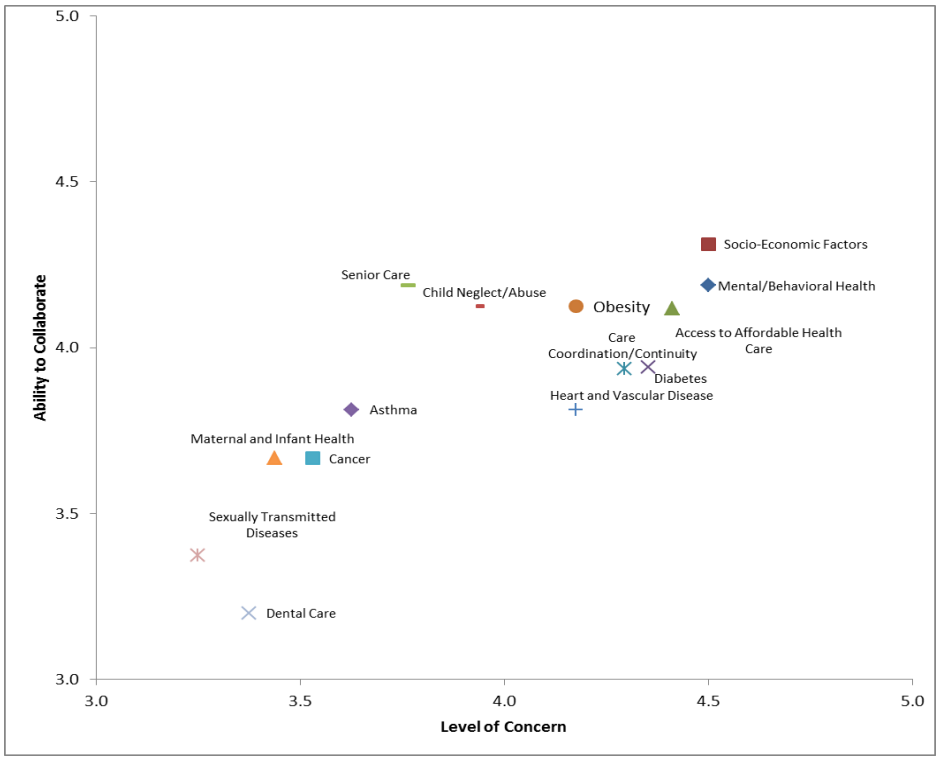
FINANCIAL LITERACY: Find ways to help mentor residents on how to become more financially literate.

EMPLOYMENT: Educate unemployed residents on how to gain and maintain employment.
Also collaborate with local business to find solutions to issues that impede employment efforts, such as transportation and child care.

RATING OF NEEDS

Participants were given the list of the needs identified in the 2012/2013 assessment and asked to re-rank them on a scale of 1 (low) to 5 (high), based on their perceived level of community concern and the ability of community organizations to collaborate around them.

Mental/behavioral health, socio-economic factors, access to affordable health care, and care coordination/continuity all ranked high in terms of concern. Socio-economic factors ranked highest in terms of ability to collaborate, while mental/behavioral health, and child neglect and abuse ranked a close second.



Health Need	Level of Concern	Ability to Collaborate
Mental/Behavioral Health	4.5	4.2
Socio-Economic Factors	4.5	4.3
Access to Affordable Health Care	4.4	4.1
Care Coordination/Continuity	4.4	3.9
Diabetes	4.3	3.9
Obesity	4.2	4.1
Heart and Vascular Disease	4.2	3.8
Senior Care	3.9	4.1
Child Neglect/Abuse	3.8	4.2
Asthma	3.6	3.8
Cancer	3.5	3.7
Maternal and Infant Health	3.4	3.7
Dental Care	3.4	3.2
Sexually Transmitted Diseases	3.3	3.4

NEXT STEPS

Based on the input the hospitals received from community stakeholders, Christian Hospital and SSM DePaul Health Center will examine secondary data for St. Louis County to explore the size of the needs that have been identified.

Each hospital has established an internal stakeholder workgroup to assess this information and evaluate whether the priorities should change.

The needs assessment and associated implementation plan must be revised and updated for release by December 13, 2015 for SSM DePaul Health Center, and December 31, 2016 for Christian Hospital.

The community stakeholder group will continue to be updated about the progress of the internal work groups as they work to meet these deadlines.

APPENDIX A

	NAME	ORGANIZATION	ATTEND
1	Valerie Adkins	Family Resource Center	x
2	Brenda Bobo-Fisher	SLU Education and Public Services	x
3	Troy Doyle	St. Louis County PD	x
4	Laurie Dusenberg	Holy Spirit Catholic church	
5	Greg Echele	Family Resource Center	
6	Doug Eller	Community Action Agency of STL	
7	Mike Fulton	Pattonville School District	
8	Dr. Jade James	St. Louis County DOH	
9	Courtney Jones	Pleasant Grove Church	
10	Tim Lee	Ward 1 - Florissant	x
11	Terry Loehrer	Pattonville Fire Department	
12	Carolyn Marty	Greater N County Chamber of Commerce	x
13	Sr. Rose Mercurio	Holy Name of Jesus Catholic Church	x
14	Jeanette Mix	Edward Jones YMCA	x
15	Crystal Nelson	Hazelwood School District	x
16	Dave Reddy	Reddy Health and Performance	x
17	Nate Ruback	Grace Lutheran Chapel & School	
18	Mary Schaefer	Mid-East Area on Aging	x
19	Spring Schmidt	St. Louis County DOH	x
20	Rance Thomas	NCCU	x
21	Mark Tranel	UMSL	x
22	Lottie Wade	United Way	x
23	Vickie Wade	People's Health Centers	x
24	Denise Wiehardt	Crisis Nursery	x
25	Don Zykan	Community Representative	x

CH/DPHC/SSM/BJC attendees:

1	Kim Bakker	SSM Health
2	Madeline Gemoules	Mercy
3	Michele Hoeft	Christian Hospital
4	Sean Hogan	DePaul Health Center
5	Karley King	BJC HealthCare
6	Ron McMullen	Christian Hospital
7	Dr. Elna Nagasko	BJC HealthCare
8	Dr. Rajiv Patel	DePaul Health Center
9	Rebecca Poindexter	Christian Hospital
10	Kamille Pope	Christian Hospital

Appendix J:

http://www.countyhealthrankings.org/app/missouri/2016/rankings/st-louis/county/outcomes/overall/snapshot

Appendix K:

http://wwwn.cdc.gov/CommunityHealth/profile/currentprofile/MO/St.%20Louis/

Appendix L

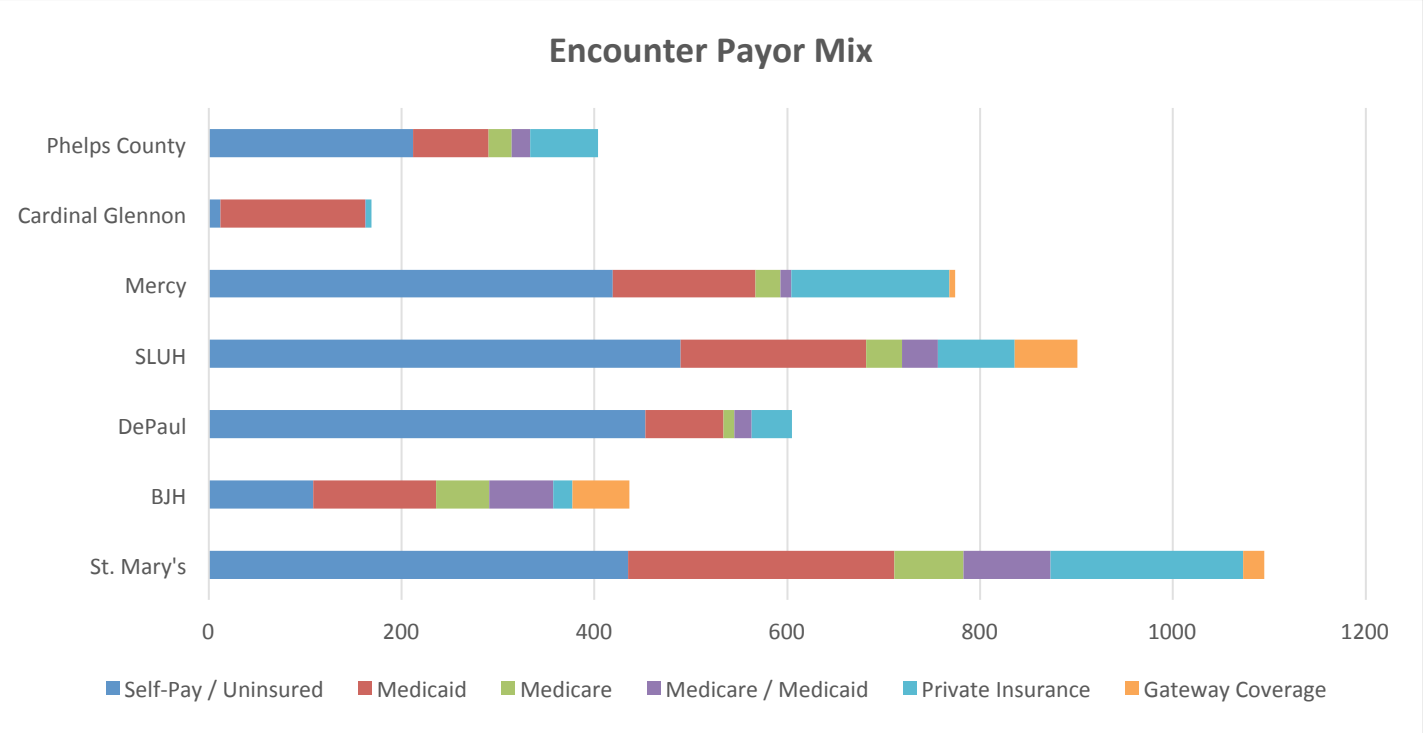
saint louis INTEGRATED HEALTH NETWORK

COMMUNITY REFERRAL COORDINATOR PROGRAM UPDATE
July 1st – September 30th, 2015 (3rd Quarter)

ENCOUNTERS: July 1st – September 30th (3rd Quarter 2015)

- The Community Referral Coordinator Program has provided 85,073 patient encounters since June 2007.
  The Community Referral Coordinator Program provided **4,384 patient encounters for July 1st – September 30th of 2015**. **This is an 18% increase from the previous quarter (3,728).**
  - **2,313 (53%)** occurred in the Emergency Department
  - **2,071 (47%)** occurred in the Inpatient side of the hospital
  - **3,051 (70%)** patient encounters were with individuals who have a chronic disease

- The following table details the payer mix associated with each site's encounters for the 3rd Quarter of 2015

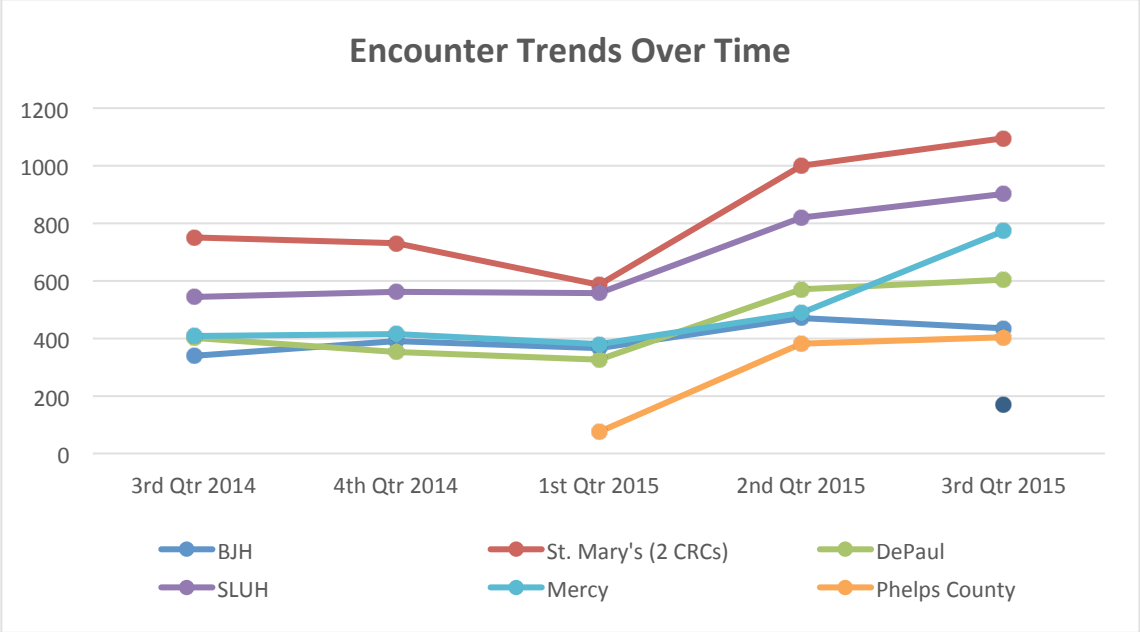


**Note: Gateway patients fall into the Self-Pay/Uninsured category at many hospitals.*

- The following table details which encounters were with patients who are established with a primary care home versus those who are not.

Primary Care Home	New	Established	Total
Encounters	3,179 (73%)	1,205 (27%)	4,384 (100%)
• **Inpatient**	1,243 (60%)	828 (40%)	2,071 (47%)
• **ED**	1,936 (84%)	377 (16%)	2,313 (53%)

Following is a summary of encounters over time across both Emergency Departments and Inpatient Settings



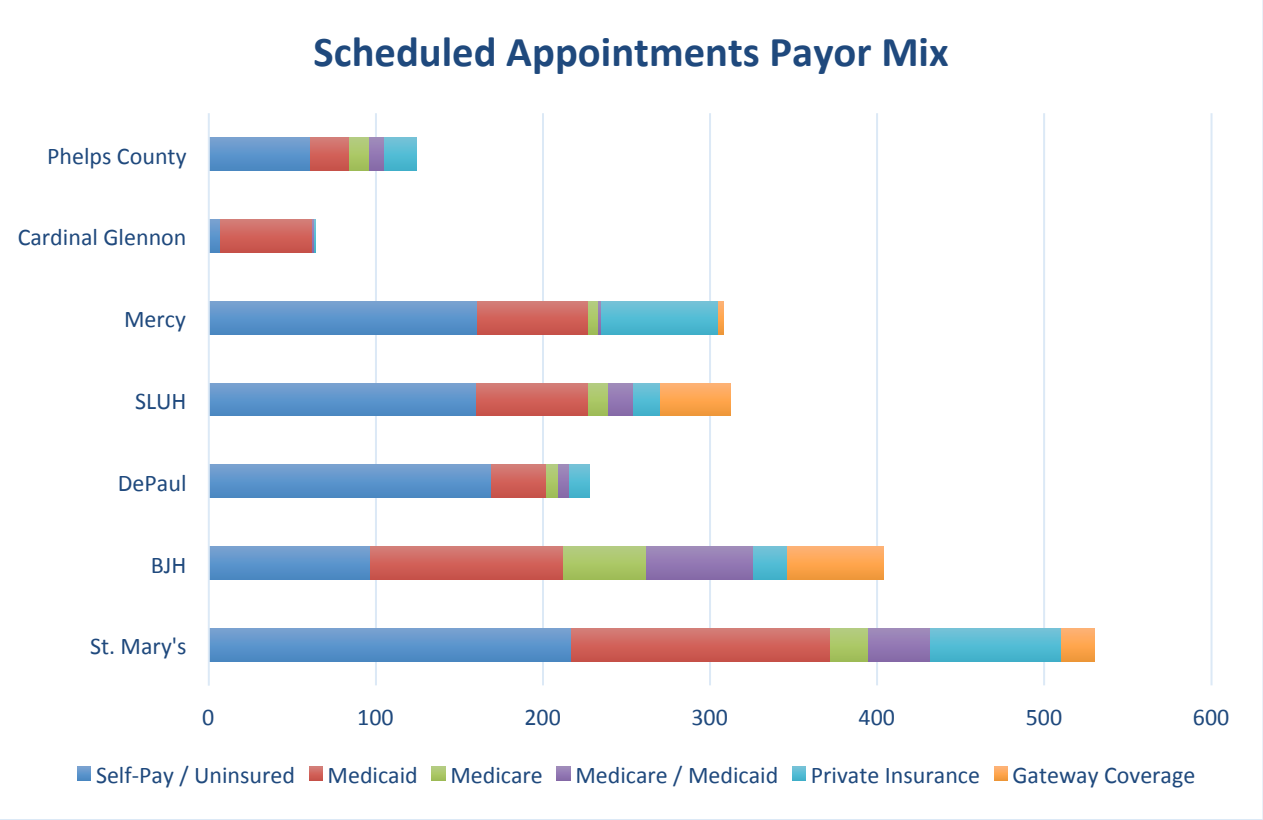
- The following table displays Gateway to Better Health engagement strategies employed by CRC staff.

Gateway to Better Health Patient Engagement	
Application	140
Brochure	52
Call Center	34
RHC Issue Resolution	1
Total	**227**
Encounters	**152**
Appointments	**123**

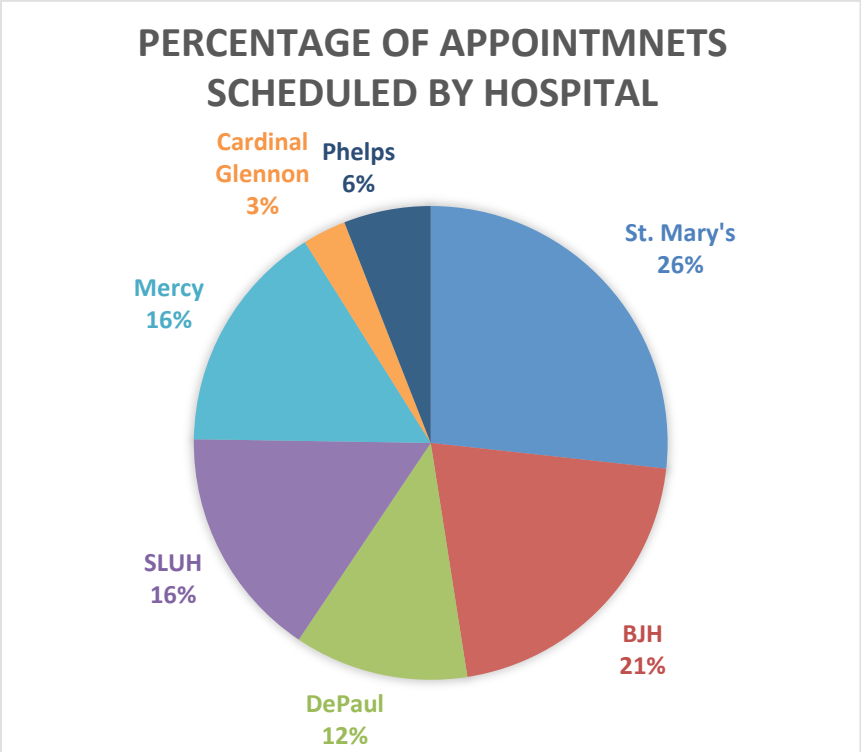
SCHEDULED APPOINTMENTS: July 1st – September 30th (3rd Quarter 2015)

- Out of the **4,384** encounters that occurred during the 3rd quarter of 2015, **1,970 (45%) resulted in a scheduled appointment.** This represents an overall **15% change** in appointments scheduled; however, adjusting for differences in the number of encounters, this represents a **1% decrease** in appointments scheduled since the last quarter (1,718).
    - **666 (34%)** appointments were the result of an ED encounter
    - **1,304 (66%)** appointments were the result of an Inpatient encounter
    - **1,510 (77%)** of the referrals were individuals with a chronic disease diagnosis

- The following graph details the payer mix associated with each hospital site's encounters that resulted in a scheduled appointment.



- The following graph details the program sites from which these **1,970** appointments originated.



- The following table details the number of patients new to community health centers versus those established with a primary care home.

Primary Care Home	New	Established	Total
All Encounter Types	1,186 (60%)	784 (40%)	1,970 (100%)
• **Inpatients**	648 (50%)	656 (50%)	1,304 (66%)
• **ED Patients**	538 (81%)	128 (19%)	666 (34%)
• **Patients with Chronic Disease**	814 (54%)	696 (46%)	1,510 (77%)

APPOINTMENTS KEPT: July 1st – September 30th (3rd Quarter 2015)

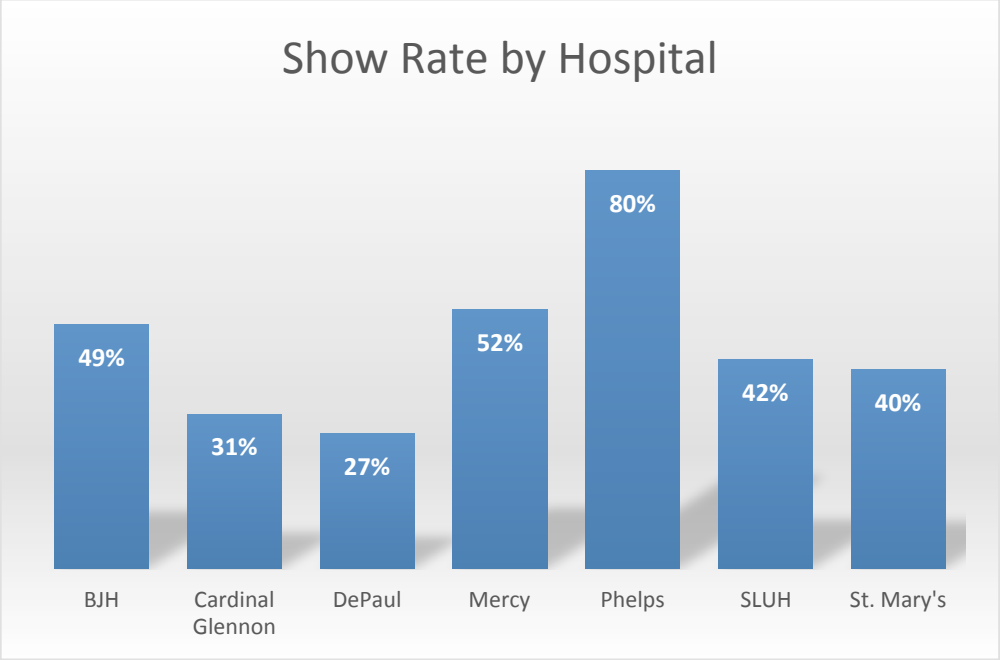
- The CRC program has resulted in **12,283** kept appointments since January of 2008. 10,224 (83%) of those have occurred since the beginning of 2011.
- Of the 1,972 appointments scheduled to occur in the 3rd quarter of 2015, **707 (44%)*** were kept. Adjusting for differences in the number of appointments scheduled, this represents a **1% decrease** in the kept appointment rate since the last quarter. 369 (19%) of scheduled appointments were cancelled, unknown, or rescheduled. 896 (56%)* of scheduled appointments resulted in a no show.
    - **215 (43%)** out of **500** scheduled patients encountered in the ED kept their appointment
    - **492 (45%)** out of **1,103** scheduled patients encountered in the Inpatient side of the hospital kept their appointment.
    - **583 (47%)** out of **1,244** scheduled patients with a chronic disease diagnosis kept their appointment
    - **426 (47%)** out of **913** scheduled patients from the inpatient side of the hospital who kept their appointment had a chronic disease diagnosis

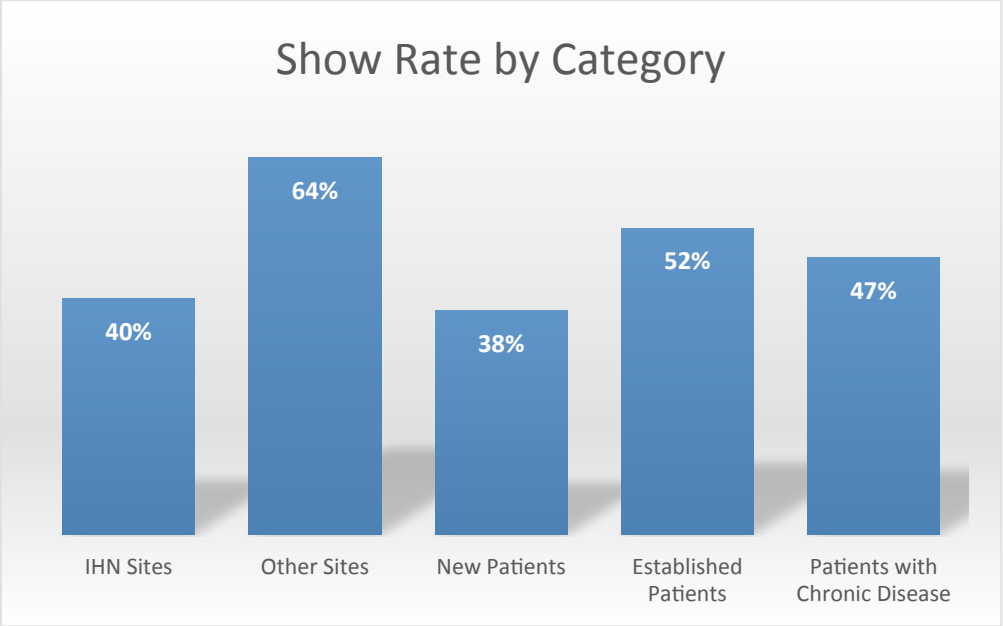
- Following is a summary table of kept appointment data for visits that were scheduled to occur **between July 1st** and **September 30th 2015**

Provider	Appointments Scheduled (*including* those cancelled or rescheduled)	Appointments Scheduled (*excluding* those cancelled or rescheduled)	Appointments Kept	Appointment Kept Rate*
Crider Health	5	5	1	20%
Family Care	69	62	37	60%
Affinia	326	259	157	61%
Myrtle Hilliard Davis	448	426	134	31%
People's	501	417	144	35%
St. Louis County	220	179	71	40%
Your Community Health Center	52	43	32	74%
Barron Family Medicine	9	9	6	67%
Mercy JFK Clinic	21	17	16	94%
Mercy St. Louis Providers	102	79	39	49%
SSM Medical Group at St. Mary's	46	36	19	53%
SSM St. Mary's Internal Med Clinic	13	10	8	80%
SLU Care	4	2	2	100%
PCRMC Providers	50	40	35	88%
Other SSM Providers	5	3	1	33%
Danis Pediatrics	3	2	2	100%
Southern Illinois Healthcare Found	19	14	3	21%
BJH Primary Medicine Clinic	14	*	*	*
COMTREA	12	*	*	*
All Other Mercy Providers (Rolla)	13	*	*	*
Other Providers**	40	*	*	*
TOTAL	**1,972**	**1,603**	**707**	**44%**

**Please note that appointments that were rescheduled/cancelled/unknown for the 3rd quarter of 2015 are not included in the calculation of the appointment kept rate or no show rate for the 3rd quarter of 2015.*

- The following graphs summarize the kept appointment data by hospital site, patient type, and for both IHN network providers and other providers.



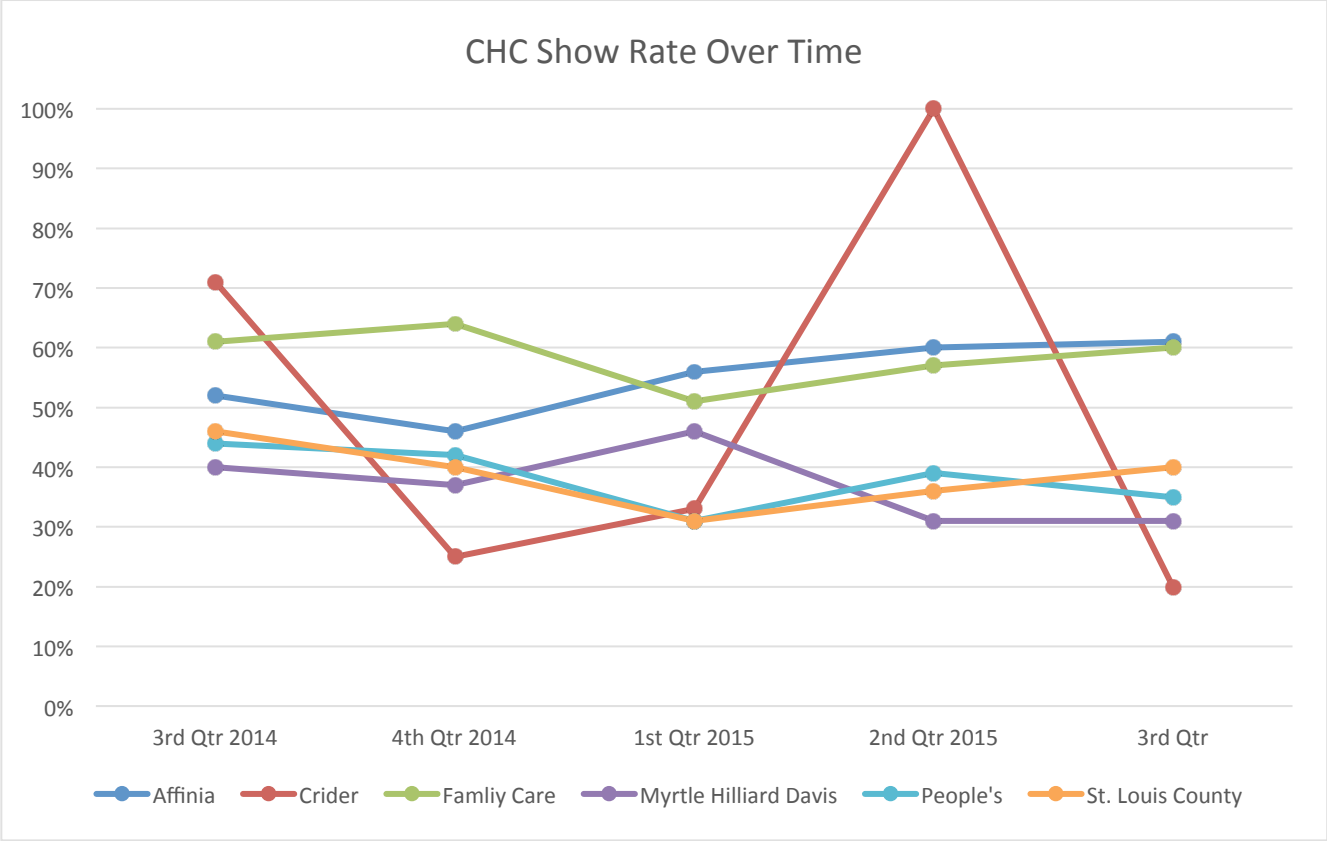


- The following table shows the origin of appointments scheduled outside of the Integrated Health Network.

Site	Non-IHN Provider* Appointments Scheduled
St. Mary's	99
BJH	19
Cardinal Glennon	4
DePaul	4
Mercy	145
PCRMC	118
SLUH	14
TOTAL	**403**

**These appointments include private primary care doctors, hospital medicine/resident clinics, and specialty care doctors*

- The following is a summary of kept appointment data over time for the Integrated Health Network sites.



Please note, factors impacting data during the 3rd quarter of 2015 include: CRC program began at SSM Cardinal Glennon Children's Medical Center on September 1, 2015.

Appendix M

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

How Trauma Impacts Social, Emotional and Health Outcomes

Thursday, February 25, 2016
1:00 - 4:00 p.m.
Mercy Hospital Washington
Tucker Room
901 East Fifth Street
Washington, MO 63090

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 impactof stress and trauma on our health and well-being. The research is clear. Stress and traumatic experiences are making many of us sick and together are a leading cause of poor health outcomes.

Register for a training by visiting mhwtraumatraining.eventbrite.com

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

1

Trauma Awareness | Trauma Responsive | Trauma Informed | Trauma Treatment

Media and Advertising Dashboard

March 2016

Alive and Well STL

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

Online Engagement

4,490,533

cumulative connections

Facebook

4,284,675 impressions

19,137 total followers

A&W Website

132,962 page views from 82,541 users

Twitter

72,896 impressions

472 total followers

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

cumulative pre-roll videos viewed

1,004,519

cumulative impressions from ads on non-KSDK platforms

49,100,762

cumulative impressions from ads on KSDK platforms

RHC · News Channel 5 · Hot 104.1 · Old School 95.5 · Rabbit Transit · 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	Use strategic media partners to identify and tell stories that: 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	$$ for media partnerships and development of digital platforms Staff time for creation of content and management of partnerships and content. Volunteer contributions to content development	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	1. 45-50 KSDK News Stories a) 10 million impressions 2. 400 KSDK Commercials a) 25 million impressions 3. 60 million impressions from online advertising 4. 15 Radio shows/Podcasts 5. 3000 Radio Spots a) 13 million impressions 6. 15 STL American Columns a) 1 million impressions from print content 7. 15,000 Facebook followers a) 5,000,000 impressions from social media 8. 100,000 pageviews on aliveandwellstl.com	More than 15,000 individual community membersdemonstrate engagement with content by the end of August 2016: 1. Signing up to receive information on Alive and Well STL.com 2. Signing up to become an Alive and Well STL Ambassador 3. Subscribing to an Alive and Well STL social media platform (Facebook/Twitter, etc.) 4. Attending a community event and receiving information about Alive and Well STL Engaged individuals report an increased understanding of toxic stress and trauma on health. Outcomes measured by: Alive and Well will collect numbers from digital platforms and event registrations, eliminating duplicates (as possible). Alive and Well STL to survey engaged individuals at four month intervals, including collecting zip code level data	Citizens, media and organizations demonstrate an understanding of Alive and Well STL by: 1. Demonstrating an increased capacity to tell a story or anecdote that connects with the work of the initaitive 2. Effectively describing the goals of the Alive and Well STL initaitive Outcome measured by: Alive and Well STL is exploring narrative analysis as a method to obtain qualitative measurement and build capacity in the St. Louis community to use strategic storytelling as a way to advance those practices that reduce the impact of trauma and toxic stress.	Citizens have strong understanding that trauma and toxic stress impact overall health and are able to articulate this message to others. Citizens have taken action to improve the emotional wellbeing of themselves, their family or their community. Actions may include: 1. Practicing resiliency skills to lessen the impact of toxic stress and trauma 2. Seeking professional mental health services when appropriate 3. Asking "what happened" rather than judging what's wrong with others in their community 4. Involvement with or support for an effort or organization that reduces the exposure to or impact of toxic stress and trauma 5. Engaging in communities to make them more supportive for their citizens Outcome measured by: Alive and Well STL will explore a general population survey to measure the actions included above.

Appendix N

APPENDIX K: LIST OF ACRONYMS

AAGL – American Association of Gynecologic Laparoscopists
ACA – Affordable Care Act
ACSC- Ambulatory Care Sensitive Condition
ADD/ADHD – Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder
AIDS- Acquired Immune Deficiency Syndrome
BRFSS-Behavioral Risk Factor Surveillance System
CAC – Certified Application Counselor
CC – Complication or Comorbidity
CDC- Centers for Disease Control and Prevention
CHIP – Community Health Improvement Plan
CHNA-Community Health Needs Assessment
CHSI – Community Health Status Indicators
CRC – Community Referral Coordinator
DMH – Department of Mental Health
DPH- St. Louis County Department of Public Health
DV – Domestic Violence
ED-Emergency Department
EMR – Electronic Medical Record
FY – Fiscal Year
HIDI – Hospital Industry Data Institute
HIV- Human Immunodeficiency Virus
HHS – United States Department of Health and Human Services
HPSA – Health Professionals Shortage Area
HP2020- Healthy People 2020
HRSA – Health Resources and Services Administration
IMR – Infant Mortality Rate
IP-In Patient
MAPP – Mobilizing for Action through Planning & Partnership
MCC – Major Complication or Comorbidity
MO DHSS – Missouri Department of Health and Senior Services
MHSL – Mercy Hospital St. Louis
MICA – Medical Information for Community Assessment
MNM – Mercy Neighborhood Ministry (Community Health & Access)
MV – Mechanical Ventilation
NIMH- National Institute of Mental Health
PAA – Potentially Avoidable Admission
PDMD – Prescription Drug Monitoring Database
RHC – St. Louis Regional Health Commission
SRC – Surgical Review Corporation
STD- Sexually Transmitted Disease
USDA- United States Department of Agriculture

NOTES:

NOTES:

Mercy
14528 S. Outer Road
Chesterfield, MO 63107
314.579.6100

Mercy

Your life is our life's work.