

# Community Health Needs Assessment

Mercy Hospital Washington  
2025



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# Impact Evaluation of Previous CHNA

The 2022 community health needs assessment identified three priority needs



A community health improvement plan was developed and implemented to address these significant needs. Mercy Washington developed and implemented a variety of programs and initiatives to address the needs identified in the 2022 CHNA.



# Impact Evaluation of Previous CHNA

## Mental Health and Substance Use Disorders

Enhancing and strengthening Mercy's partnership with The Behavioral Health Network's (BHN) ERE project facilitates an integrated 24/7 region-wide approach that targets high utilizers of emergency rooms who present with behavioral health symptoms, with the primary goal of reducing preventable hospital readmissions. Patients identified through the ERE project are connected to community resources and inpatient and outpatient services through the BHN. The program provides a peer support specialist, afterhours and weekend scheduling, as well as telephonic and mobile outreach crisis services for patients.

Prevent+ED Certified Peer Support Specialist Program was created in Franklin County using HRSA Grant Funding to assist those struggling with a Substance Use Disorder connect with a Peer who have been successful in the recovery process and help others experiencing similar situations. Through shared understanding, respect, and mutual empowerment, CPS help people become and stay engaged in the recovery process and reduce the likelihood of recurrence.



# Impact Evaluation of Previous CHNA

## Mental Health and Substance Use Disorders (continued)

Leveraging Concert Health Collaborative Care through all Mercy Primary Care Providers. Collaborative Care is a mission-driven behavioral health medical group that brings evidence-based behavioral health treatment to primary care practices, organizations and patients across America. Their expert clinic team provides treatment to patients with conditions such as anxiety and depression. Clinical outcomes are then tracked and managed directly from the referring providers EMR. Collaborative Care provides partners with training and end-to-end implementation guidance, revenue cycle, financial reporting support and clinical metric dashboards.

Creation of Mercy Substance Use Recovery Clinic serving patients across Mercy with offices in Union and Cuba. The providers in the clinic use an empathetic approach to develop an individualized treatment plan and options for safe stabilization during withdrawal from opiate use, substance and alcohol recovery. Safely providing medication assisted treatment with oral and injectable options to stabilize patients as they recover.





# Impact Evaluation of Previous CHNA

## Obesity and Food Insecurity

Implementation and Expansion of the CHW program has proven effective as the 4 FTEs in Washington have identified patients with Social Determinants of Health (SDOH) and have successfully connected **22,563** unique patients (from 2020 to Jan 2025) to needed social support and referrals to community agencies and food pantries as well as with benefit enrollment and financial assistance.

Supporting and promoting the Healthy Shelves program through MU Interdisciplinary Council for Food Security whose approach is to partner with food pantries in Missouri supplying them and families in the area with healthier food options.

Diabetes prevention program which identifies and provides intervention for pre-diabetics to prevent Diabetes diagnosis encouraging health food selection and reduced BMI impacting their overall health.





# Impact Evaluation of Previous CHNA

## Obesity and Food Insecurity (continued)

Partnering with Foundations for Franklin County to create **17** Free Little Food Pantries across the Four Rivers service area providing food, pantry stable items, hygiene supplies and free meals in stand-alone pantries. These pantries are available to anyone in the community and require no registration or eligibility process.



# Impact Evaluation of Previous CHNA

## Housing Instability

In 2024, Life's River Transitional Housing opened their doors to provide unhoused families in Franklin County with the resources and help to permanently exit homelessness. Offering supporting housing in a residential space they are equipped and empowered with the necessary services to regain independence and stability. Since its inception, they have employed a proven model which has successfully transitioned 4 families into their own homes.

Peace to the People- Washington Weather Relief Center opened in the winter of 2023 to provide unhoused and vulnerable people with a safe place out of the elements. The church provides a space for respite when temperatures are dangerous. The volunteers at the Center also provide food, showers and transportation to a local motel for overnight accommodations.







# Impact Evaluation of Previous CHNA

## Housing Instability (continued)

Missouri Balance of State/ Coordination of Care, Homeless Point in Time Count is a literal count of all the people experiencing homelessness in our community on a single night. This street count is conducted by every community nationwide during the last 10 days of January every year. This data provides communities, the federal government and agencies with a “snapshot” of the situation of the most dire homeless in the community- those sleeping in places not meant for human habitation on the night of the count. Volunteers from Mercy Community Health have participated in this street mission in 2023, 2024 and 2025 with Mercy leading the county coordination in 2024.

Creation of Vital ID program of Eastern Missouri which helps individuals acquire legal identification and documents needed for employment, housing and benefit enrollment. The organization provides individuals with documents and funding for original or replacement US Birth Certificates, MO Drivers License or Non-Drivers ID or US Social Security Cards.

# Executive Summary

Mercy Washington is committed to carrying out its mission to deliver compassionate care and exceptional service for all members of the communities it serves, with special attention to those who are marginalized, underserved, and most vulnerable. As part of this CHNA, Mercy convened a collaboration of area health care and non-profit partners to conduct a comprehensive community health survey and various focus group sessions. Available secondary health data was also obtained, and Washington indicators were compared to those of Missouri and the United States.

Mercy Washington is a 140-bed acute-care hospital located in Washington, Missouri affiliated with Mercy, a large Catholic health system. Headquartered in St. Louis, Mercy serves millions of people each year in multiple states across the central United States. For the purposes of this Community Health Needs Assessment (CHNA), the community served by Mercy Washington will be defined as the four-county Washington region made up of Franklin, Crawford, Gasconade, and Warren Counties.

2025 CHNA discovered the impact of our work since 2022 has helped to advance the communities access to behavioral health resources, obesity and food insecurity programming. Recognizing that a gap remains in Housing insecurity, Housing will remain a prioritized focus for the next three years as we work as a community to aid the most vulnerable among us with this basic need. In addition, the two new needs identified were transportation and Childcare. These prioritized needs will be the basis of Mercy Washington's three-year community health improvement plan (CHIP), which will guide the coordination and targeting of resources and the planning, implementation, and evaluation of new and existing programs and interventions.



# Executive Summary (continued)

To address these needs, our plan will include strengthening partnerships with local nonprofit organizations who are primarily focused on these needs; including Foundations for Franklin County for Transportation, Child Care and Child Protection services, the Peace to the People/ Washington Weather Relief Center, EZMO transportation through JFCAC, Life's River and Graces Place.

# Community Profile

## Population

Age  
Structure

Racial & Ethnic  
Composition

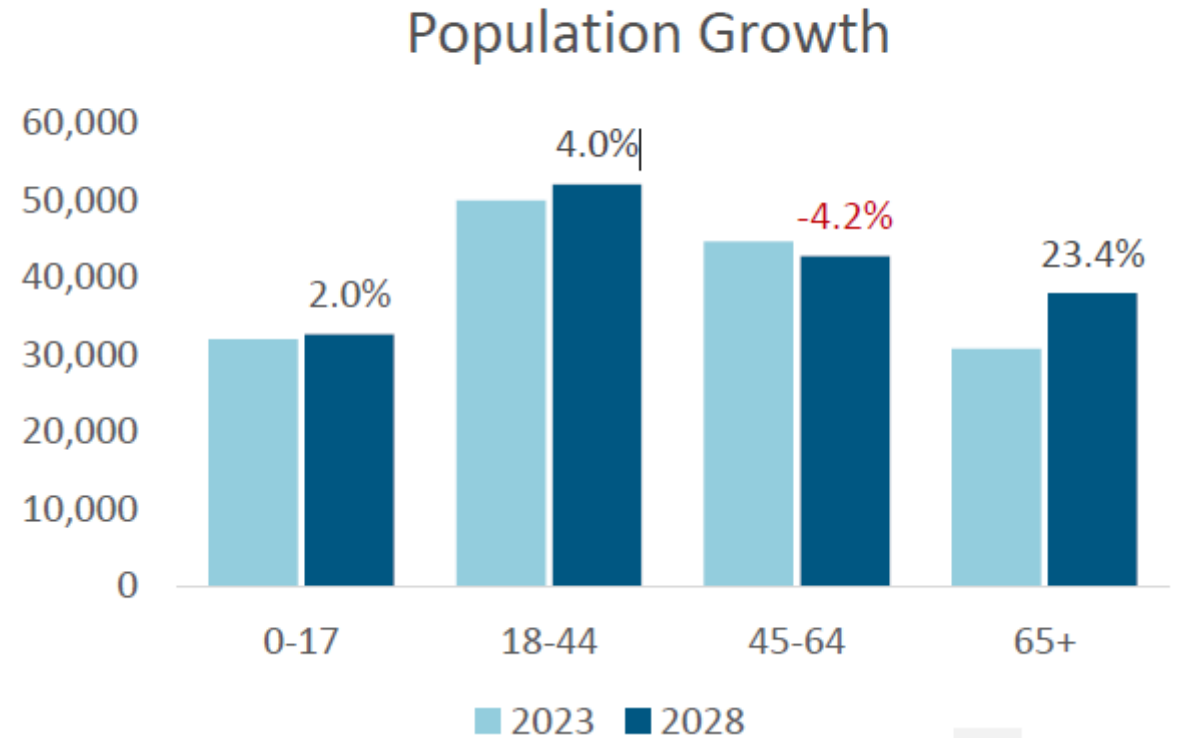
Population  
Growth





# Community Profile

## Four Rivers Community Demographics



# Community Profile

## Education

Total Population = 157,308

	Community	AR	US
5-Year Population Growth	5.1%	2.8%	4.0%
Median Age	44	39	35
Median HH Income	\$81k	\$57k	\$61k
High School Grad or Greater	90%	92%	90%

Source: Advisory Board Demographic Estimates, 2023-2028



## Access to Care

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



System Affiliation	ID	Hospital	City, State	Type	Total Hospital Beds	Total Inpatient Discharges	Total Births	Total Assets (millions)	Net Patient Revenue (millions)	Operating Profit Margin
Mercy	1	Mercy Hospital Washington	Washington, MO	Acute	140	8,099	794	\$63	\$203	17.5%
BJC HealthCare	2	Missouri Baptist Sullivan Hospital	Sullivan, MO	Critical Access	35	2,469	217	\$47	\$79	0.7%
SSM Health	3	SSM Health St. Clare Hospital	Fenton, MO	Acute	180	10,751	965	\$170	\$257	2.6%
Independent	4	Hermann Area District Hospital	Hermann, MO	Critical Access	24	346	0	\$12	\$17	-21.8%

Sources: IP discharges and births-MHA/HIDI, FY2024; total beds (all types) and financials (hospital only)-AHD (reporting year varies by provider)

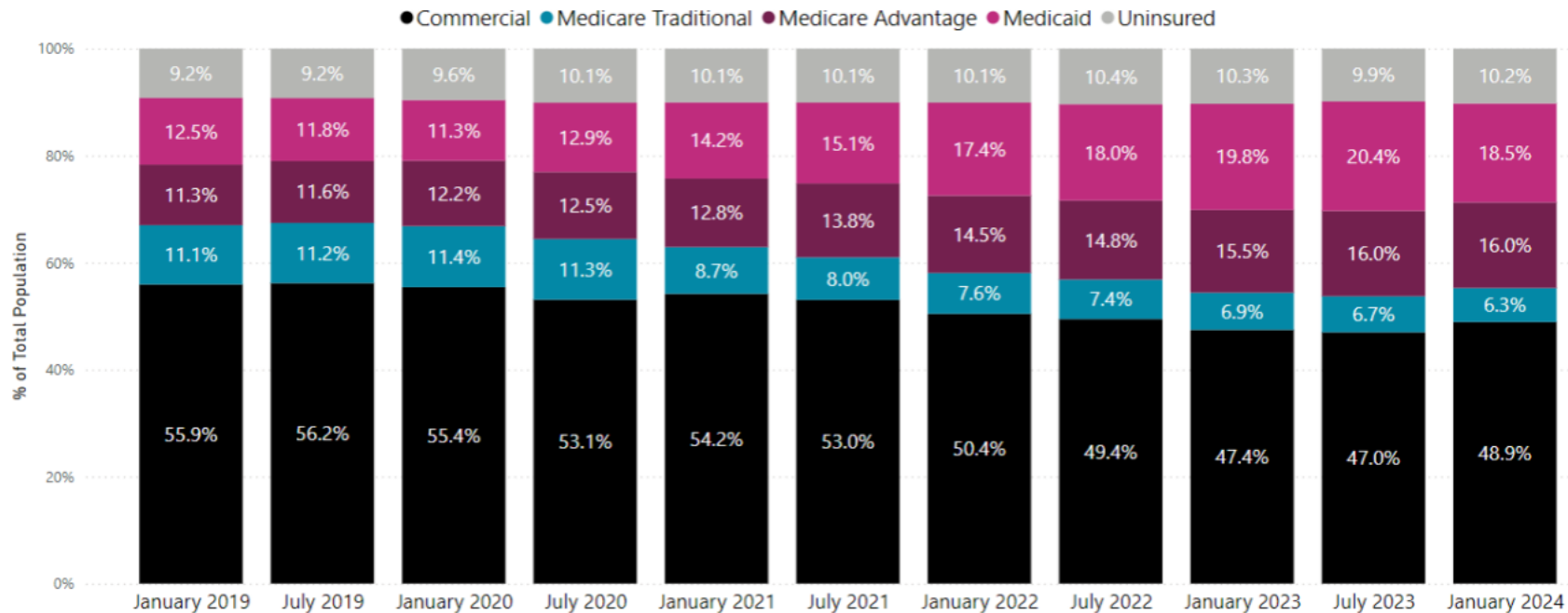


# Community Profile

## Insurance Status

### Four Rivers Community Insurance Coverage Estimates

Represents payer mix of the Four Rivers Primary Service Area population.



Source: EDAO/Market Intelligence/Clarivate



# Our Assessment Process

## Finding the Real Community Needs

This CHNA process was designed to: use data to identify those who may not be flourishing; use information provided from focus groups and community surveys to help community members and organizations identify systems that perpetuate inequity; and test programmatic changes that have the potential to disrupt these systems. By doing this we hope the long-term outcome will be the creation of conditions where everyone has the opportunity to achieve health and well-being, by addressing the root causes of poor health outcomes.

The following methods were used to understand the community health needs:

- **Community Survey** – a survey of the general public to better understand what they view as the most significant health issues.
- **Community Focus Groups** – discussions with community members and community champions to delve deeper into individual experiences with health-related issues
- **Secondary Data Research** – information related to the current state of our community's economic, social, and health status published by established sources

# Our Assessment Process

## Community Input/ Focus Groups

- Mercy convened a community coalition of 12 Washington and surrounding area health care and social service organizations to conduct a comprehensive community health survey in 2024. The final survey was made up of 30 questions focused on health issues and needs most important to the respondents, wellness, mental health, barriers to care, and childhood immunizations. Various community partners promoted the survey on social media while also distributing the survey electronically to their co-workers, patients, clients, and community members by email and through social media
- The facilitation team was made up of a lead facilitator and scribe during the three focus groups. The participants included individuals served by collaborating organizations as well as employees of the organizations. The facilitator led each community focus group and followed a written script to ensure consistent messaging at all events. The scribe then recorded quotes and ideas from individuals as they responded to each question

# Our Assessment Process

## Community Input/ Focus Groups (continued)

Participants convened discussions regarding the state of health in the Washington region. Key community health issues were discussed whether they were clinical in scope (diabetes) or non-clinical (access to healthy food). Then the group talked through currently available community resources along with the barriers to accessing these benefits. Finally, the community members brainstormed future solutions towards the top needs that included expanding/increasing current programs or developing new initiatives.



# Our Assessment Process

## Community Coalitions and Stakeholders *(continued)*

Business	Craig Mueller	Owner	Sugarfire/Imo's
Business	Tim Unnerstall		Unnerstall & Unnerstall CPA
Business	Amanda Griesheimer	Director of Marketing	Washington Area Chamber of Comm
Business	Tricia Piontek	Sr. VP & GM	The Magnet Group
Business	Sam Straatmann	CFO	Straatmann Toyota
Business	Jeff Hasting	Regional Acct Exec/Engageme	Ameren Missouri
Healthcare	Susan Duck	ED Manager	Mercy
Healthcare	Brittany Davis	Community Relations Coordir	Compass Health
Healthcare	Cindy Dearing	Program Director	Preferred Family
Healthcare	Amy Wildhaber	Director of Operations	Missouri Baptist - Sullivan
Healthcare	Ashten Heying	Director of Social Services	Hermann Area District Hospital
Healthcare	Dr. David Chalk	Regional Physician Executive	Mercy
Healthcare	Kyla Grahl	Owner	ShowMe Therapy
Government	Abby Menke	Associate Director	Franklin Co Health Dept
Government	Doug Hagedorn	Mayor, Washington	
Government	Todd Boland	District 1 Commissioner	Franklin Co Commission
Government	Cozy Bailey	Mayor, St. Clair	City of St. Clair
Government	Stephanie Norton	Emergency Manager	Franklin Co
Government	Tim Frankenberg	Fire Chief	Washington Fire District
Government	Kim Dziejma	Network Director	Union Ambulance District
Non-Profits	Kelli Schulte	Executive Director	United Way of Greater Franklin Co
Non-Profits	Tonya Hankins	Executive Director	Hanani House
Non-Profits	Tasha Skouby	Community Services Innovatc	JFCAC
Non-Profits	Annie Foncannon	Executive Director	FCCRB
Non-Profits	Karen Damiano	Outreach Specialist	ALIVE
Non-Profits	Daphne Ressel	Executive Director	Foundations for Franklin Co
Non-Profits	Kennajo Bell		PreventEd
Non-Profits	Allisha Talbert		





# Our Assessment Process

## Secondary Data Research

The following external sources of published data are examples of those utilized in the data collection process.

- U.S. Census Bureau, 2020 Census Results. <https://www.census.gov/>
- U.S. Census Bureau American Community Survey, 2019. <https://www.census.gov/programs-surveys/acs/data.html>
- The Robert Wood Johnson Foundation and The University of Wisconsin-Public Health Institute  
<http://www.countyhealthrankings.org/>

# Strategy Grid Results

Magnitude of Need				
Resources Available		High	Medium	Low
	High		Preventative Healthcare	
	Medium	Mental Health/ SUD	Available Food Aging Services	Gainful Employment
	Low	Transportation Affordable Housing Safe, Affordable Childcare	Specialty Care Services	

# Prioritized Needs



# Prioritized Needs



## Transportation

Transportation, as it relates to health and health care, is widely acknowledged to have unique features in rural communities, but there is limited research on specific challenges and potential policy interventions to alleviate them.

113 key informants from all fifty states reported rural transportation challenges across six distinct, interrelated themes: infrastructure (mentioned by 63%), geography (46%), funding (27%), accessibility (27%), political support and public awareness (19%), and socio-demographics (11%).

Improving rural access to transportation services is, in the opinion of nearly all key informants, an area of critical importance to rural populations. Most key informants highlighted problems across multiple themes, illustrating the complexity of meeting the transportation needs of rural residents.







# Prioritized Needs

## Safe, Affordable Childcare

- A recent report from KPMG's Parental Work Disruption Index reveals a sobering statistic: between 1.2 and 1.5 million American workers—90% of whom are mothers—are missing work or cutting their hours every month due to limited, often unaffordable childcare options.
- Families with low incomes face barriers to accessing childcare that is not only affordable, but also reliable and high quality, especially for the youngest children. The average annual cost of center-based care in 2020 was \$12,377 for infants, compared to \$9,715 for 4-year-olds
- Missouri has one of the lowest rates of female labor force participation in the United States. 94% of those who work part-time involuntarily due to Child Care issues in Missouri are women. Similar data has been collected in our “voice of the coworker” surveys citing childcare as a challenge for many of our own coworkers.
- Around one-third of educated women temporarily or permanently leave the American workforce each year, with 74% citing Child Care issues as the primary reason.
- Available, affordable childcare is very difficult to find in Franklin County, MO with 84% of infants and toddlers not having spots in an affordable childcare program

# Prioritized Needs



## Housing Insecurity

While other fields typically define housing insecurity as affordability, new data now shows how housing insecurity is not only rooted in financial constraints but also situated within social relationships that create or dissolve housing arrangements and is exacerbated or remediated by supply-side institutions and policy.

Homelessness has become increasingly prevalent in the U.S. since 2017. While often thought to be an urban phenomenon, the 2022 Point-In-Time (PIT) Count revealed that 18 percent of the unhoused population resided in rural areas. Furthermore, rural regions experienced the highest surge in family homelessness and contained the highest percentage of unsheltered families with children. Despite this pressing need, there are few viable solutions available to these families.



# Resources

Mercy Washington collaborates with many local community agencies and organizations that have similar missions and personnel dedicated to improving the health and quality of life for individuals within the Mercy Four Rivers region. Some of these partners include:

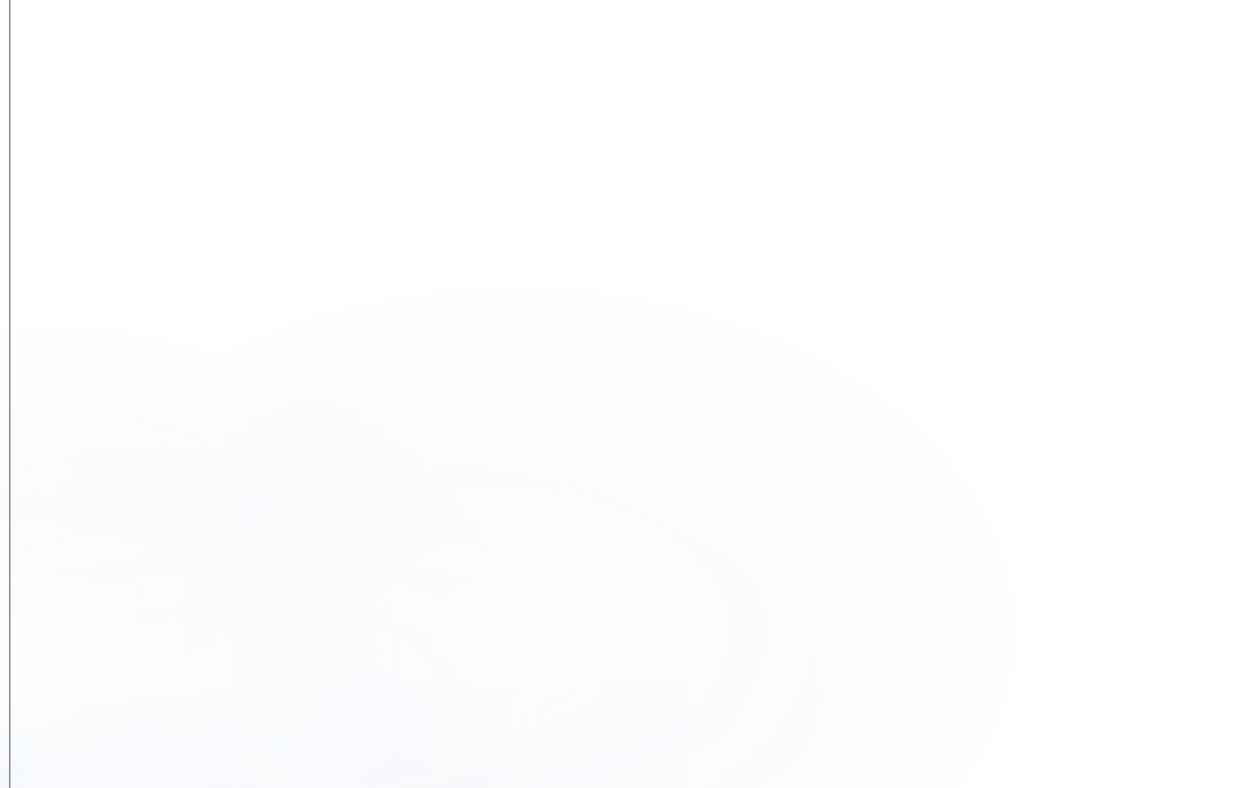
- Aging Ahead
- Compass Health
- Foundations for Franklin County
- Franklin County Community Resource Board
- Franklin County Health Department
- Jefferson Franklin Community Action Corporation
- The Harvest Table
- Loving Hearts Outreach
- Our Lady of Lourdes Catholic Church
- Preferred Family Health
- Prevent+Ed
- St. Francis Borgia Catholic Church
- St. Vincent de Paul Society
- United Way of Greater Franklin County
- Other community- and faith-based organizations



*Your life is our life's work.*



# Appendix



- Vision of Healthy Communities
  - Access to all resources needed within community
  - Helping your Neighbor – not thinking as the “other”
- Perception of Helpful resources
  - Ensuring multiple access points for specific resources
  - Social Connectivity
  - Organizations: Franklin County Community Resource Board; Life’s River, Foundations for Franklin County, Jefferson Franklin Community Action Corporation (EZMO), Food Banks (Little Food Pantries), Prevent+Ed (Certified Peer Specialist), Public and Private Schools, Mercy Comm Health Worker
- **Mental Health and Substance Use:** highlighted the increasing mental health issues and substance use within the community, emphasizing the need for more resources and awareness to address these concerns.
  - **Mental Health Concerns:** Noted a significant number of calls for mental health resources, indicating a rising concern within the community. The department directs individuals to appropriate services, highlighting the need for more mental health support.
  - **Substance Use Increase:** substantial rise in youth mental health issues, including suicidality and challenging behaviors. She stressed the importance of addressing substance use, which is widespread and leads to various physical and mental health problems.
  - **Resource Limitations:** an increase in sexually transmitted infections (STIs), particularly chlamydia, gonorrhea, and a syphilis outbreak, which points to a need for better resources for healthy living and disease prevention. Food insecurity among thousands within community
- **Healthcare Accessibility:** lack of public transportation and its impact on healthcare accessibility, suggesting that improving transportation options could enhance access to healthcare services.
  - **Transportation Barriers:** significant barrier that the lack of public transportation poses for many community members, affecting their ability to access necessary healthcare services and resources.
  - **Impact on Health Services:** importance of having multiple access points for health services due to the vast area of Franklin County and the transportation challenges faced by residents, suggesting that more service locations could improve healthcare accessibility.
- **Mercy Hospital's Role and Perception:** Mercy Hospital's capabilities and limitations, particularly in mental health services and trauma care, indicating areas for potential improvement and expansion.
  - **Mental Health Services:** Challenges Mercy Hospital faces in providing mental health services, acknowledging the need for more psychiatrists, psychologists, and licensed social workers to meet the community's needs.
    - Including capacity with McAuley Clinic, collaborative care for virtual behavioral health, and intensive outpatient programs

- Connection to schools is focused on primary care with pediatrics with opportunity for stronger in-school partnership
- Specialists needed: ENT (ear, nose throat) and dermatologists needed within community
- Efficient transitions of care leading to impactful healthcare outcomes
- Positive culture in Mercy and seen as dignified individual
- **Trauma Care Capabilities:** Mercy Hospital's role as a Level 3 trauma center, detailing the types of trauma care provided and the limitations compared to higher-level trauma centers, indicating a potential area for expansion in services.
- **Emergency Room Capacity:** Increase in emergency room visits and the need to expand the ER to accommodate the growing patient volume, highlighting the importance of timely and efficient emergency care.
- **Community Health Needs:** focusing on the root causes of illness, such as nutrition and exercise, to improve community health, indicating a need for broader health education and preventive measures.
  - **Addressing Root Causes:** importance of addressing the root causes of illness, advocating for better nutrition, exercise, and access to resources that promote a healthier lifestyle, rather than relying on pharmaceutical solutions.
  - **Mental Health:** Detox resources availability; inpatient behavioral health capacity
  - **Preventive Health Education:** discussed the need for community outreach and education, particularly regarding preventable diseases like type 2 diabetes, to encourage behavior change and improve overall community health.

#### Washington – Business / Non-Profits

- Vision for healthy community: lower homeless individuals, safety and comfortability throughout community, inpatient substance use disorder treatment, approachable members through education and navigation to resources – communicating with general public + employers, accessible resources within our community (not needing to leave it), access to public transportation
- **Healthcare Accessibility:** discussed the challenges related to healthcare accessibility, including the need for more affordable housing, lower healthcare costs, and improved public transportation.
  - **Affordable Housing Need:** addressed the critical need for affordable housing, recognizing it as a significant barrier to healthcare accessibility and overall community well-being.
  - Public Transportation Options: allow for people getting to resources, employment and other essential locations.
  - **Healthcare Cost Concerns:** The discussion highlighted concerns over high healthcare costs, emphasizing the necessity for more affordable healthcare options to ensure community members can access essential services.
  - **Public Transportation Gaps:** identified the lack of public transportation as a major obstacle to healthcare accessibility, advocating for improvements to enable community members to reach healthcare facilities.

- **Food Insecurity:** various organizations have food resources but becomes used up fairly quickly before end of the month
- **Mercy's Community Programs:** Mercy's Community Health department has beneficial impact on community members, especially through partnerships with organizations like JFCAC and Prevent Ed.
  - **Community Health Impact:** Smith commended Mercy's Community Health department for its significant impact on community members, highlighting the department's role in facilitating access to health services and resources.
  - **Partnership Value:** Emphasizing the value of partnerships, Smith acknowledged the collaboration with organizations like JFCAC and Prevent Ed, which enhance the department's ability to serve the community effectively.
  - **Service Accessibility:** Community Health department underscored the importance of making health services accessible to underserved populations, a key aspect of Mercy's community programs.
- **Substance Use Support:** discussed the roles and contributions of Prevent Ed in providing peer support and substance use counseling, highlighting the need for more recovery houses and support services in the community.
  - **Prevent Ed Representation:** Prevent Ed, detailing their work in peer support and substance use counseling, and managing recovery houses, emphasizing the multifaceted approach to substance use support within the community.
  - **Support Service Expansion:** Highlighting the need for expansion, pointed out the necessity for more recovery houses and comprehensive support services to address substance use challenges in the community effectively. Expanded Mercy McAuley Clinic, Mercy sSubstance Use Recovery Clinic
  - **Substance Use Challenges:** underscored the complex challenges faced by individuals dealing with substance use, advocating for increased resources and support to aid their recovery journey.
- **Improving Health and Quality of Life:** Participants discussed various ways Mercy could improve health and quality of life in the community, including expanding healthcare provider capacity, adopting a more humanistic approach, and enhancing communication between hospitalists and primary care physicians.
  - **Provider Capacity Expansion:** Participants suggested that Mercy could improve community health by expanding healthcare provider capacity, allowing for more comprehensive and attentive care for each patient. Improve capacity for specialists within community (urology, women's health, etc.) and things outside primary care.
  - **Humanistic Approach Advocacy:** advocated a more humanistic approach in Mercy's services, moving away from a strictly religious perspective to a broader, inclusive view that addresses diverse community health needs.
  - **Communication Enhancement:** emphasized the need for improved communication between hospitalists and primary care physicians, ensuring continuity of care and preserving the personal touch in patient-doctor relationships. Working more with employers around key community resources to help navigate potential clients.