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Franklin County Community Health Needs Assessment

Mercy Hospital Washington
Fiscal Year 2019

Our Mission:

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



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Executive Summary

Mercy Hospital Washington (MHW) is a medium-sized acute care hospital in Franklin County, Missouri, located about 50 miles from St. Louis. It is one of five hospitals within Mercy's East Community region and is part of the larger Mercy Health, a large Catholic-based health system with 40 hospitals in Missouri, Arkansas and Oklahoma.

With about 900 coworkers, MHW is staffed for about 100 patients and operates a Level III trauma center, and Level II STEMI and Stroke Centers. McAuley Clinic at Mercy Hospital Washington is a rural health clinic that provides comprehensive primary care, family medicine, women's health care, ADHD treatments and mental health services to those who are uninsured or have Medicaid.

In 2017, the Center for Medicare and Medicaid Services (CMS) recognized MHW as a 5-Star hospital, (www.medicare.gov/hospitalcompare) which is the highest level of recognition for quality of care provided. In the same year, MHW earned a "Top Hospital" designation from The Leapfrog Group, a respected health care quality observer, making us the safest community hospital in Missouri and one of 155 Top Hospitals in the nation.

MHW maintains an active partnership with Franklin County Health Department by collaborating on public health emergency planning, communicable disease and community health, safety and awareness. We value all our partners in our service area and will continue to support implementation of best practice initiatives, especially when they positively influence those most in need in our county.

Throughout this Community Health Needs Assessment (CHNA) report, health indicator data of Franklin County are compared to that of Missouri, the United States and top U.S. performers. Based on the findings of this CHNA and the community resources available, Mercy Hospital Washington has chosen to address the following significant health needs identified in Franklin County:

- Access to Care - Navigation to Services and Social Determinants of Health
- Behavioral Health - Mental Health and Substance & Opiate Use
- Childhood Obesity – Food and Nutritional Education

These needs will be the basis of MHW's three-year Community Health Improvement Plan (CHIP), which guides the coordination and targeting of resources to promote community health. Preparing this Community Health Needs Assessment affirmed that Mercy's vision for advancement of health care aligns with the needs expressed by our community.

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

Respectfully,



Eric Eloff, President
Mercy Hospital Washington

Description of Community Served

Franklin County, MO

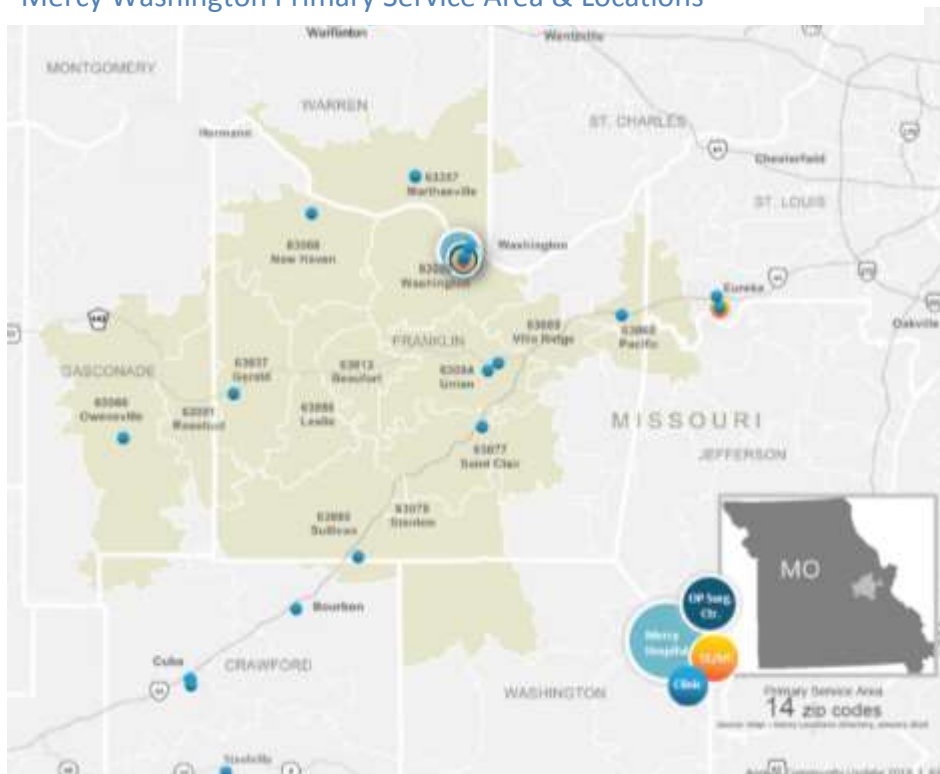
Franklin County, Missouri, is the fourth largest county in Missouri with an area of 923 square miles. It's located 57 miles west of downtown St. Louis, MO and is surrounded by the counties of Warren (north), St. Charles (northeast), St. Louis County (east), Jefferson (southeast), Washington (south) Crawford (southwest) and Gasconade (west). The county seat is Union.

There are 20 zip codes throughout the county. Mercy Hospital Washington's Primary Service Area (PSA) extends slightly beyond the county lines as seen by the map below, with the addition of having offices in three zip codes in the neighboring counties of Gasconade, Warren and St Louis County.

Franklin County Zip Codes

- 63013 – Beaufort
- 63014 – Berger
- 63015 – Catawissa
- 63037 – Gerald
- 63039 – Gray Summit
- 63041 – Grubville
- 63055 – Labadie
- 63056 – Leslie
- 63060 – Lonedell
- 63061 – Luebbering
- 63068 – New Haven
- 63069 – Pacific*
- 63072 – Robertsville
- 63073 – St. Albans
- 63077 – St. Clair
- 63079 – Stanton
- 63080 – Sullivan
- 63084 – Union
- 63089 – Villa Ridge
- 63090 – Washington

Mercy Washington Primary Service Area & Locations



Gasconade County

- 63091 – Rosebud
- 65066 – Owensville

Warren County

- 63357 – Marthasville

*Pacific is partially located in St. Louis County

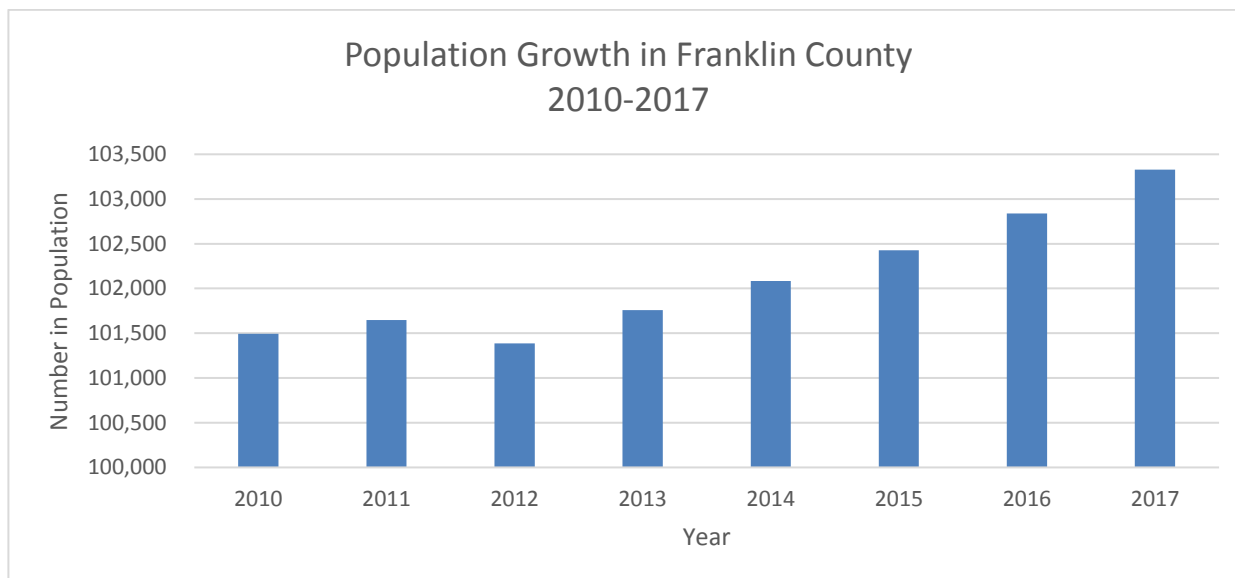
For the purposes of this Community Health Needs Assessment (CHNA), data will pertain to Franklin County unless otherwise specified as for Mercy’s “Primary Service Area” (PSA).

Population and Demographics

The county population was 101,492 at the 2010 census and estimated to have increased to 103,330 in 2017. The larger MHW Primary Service Area population is estimated to be 111,241 in 2017 (Mercy Washington Annual Community Update, DHSS MOPHIMS – Population Missouri Information for Community Assessment (MICA) and Sg2 Market Demographics, Appendix A).

In 2017, the demographics of the population in MHW’s PSA mirror those in Franklin County:

- 95% white non-Hispanic
- Majority are 0-44 years of age
 - 0-17 23.42%
 - 18-44 31.54%
 - 45-64 29.08%
 - 65+ 15.94%
- 84% do not have a Bachelor’s Degree or higher
- 27% earn \$25,000-\$50,000 a year
- 4% Unemployment rate which is lower than state (5.4%) and national levels (5.0%)
- Gender make-up is evenly proportioned with 50.2% female and 49.8% male (Community Commons, U.S. Census Bureau American Community Survey 2012-16).



Mica DHSS: Population MICA 2010 – 2017

The birth and death rates in the county have stayed consistent in recent years.

Franklin County	2015	2016	2017
Births	1,240	1,249	1,256
Deaths	1,021	1,055	1,004

MO DHSS, Missouri Information for Community Assessment (MICA). 2015-2017

Conducting the Needs Assessment Process

Mercy Hospital Washington (MHW) and Franklin County Health Department (FCHD) collaborated in conducting the Community Health Needs Survey for Franklin County in 2018. Putting the Community Health Needs Assessment together involved Community Input, Community Coalitions and Engagement, Data Collection from numerous sources and then the Prioritization of Needs.

Community Input

The voices of the people of Franklin County were central to the community health needs assessment process. The following communication modes were employed:

1. Mercy/Franklin County Health Department Community Health Needs Surveys
2. Mercy Community Health Council Survey (Rate Concerns and Ability to Change) – MHW Leaders
3. Community Coalitions and Engagement

Community Health Needs Surveys

A Qualtrics (top data collection software application) survey was designed to capture the thoughts and perceptions of the residents about health needs in their community. The survey was available both in hardcopy and electronically on-line. A total of **165** individuals who stated they received their health care in Franklin County completed the survey over a five-month timeframe (July 2018 – November 2018). Efforts were made to include the voices of populations less likely to access the on-line survey by making it available to guests of food pantries and meal programs, such as at Harvest Table meal program at St. Peters United Church of Christ in Washington, MO. (Appendix B).

Community Coalitions and Engagement

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

The Community Health & Access manager designated to Mercy Hospital Washington service area focuses on identifying unmet needs and gaps in health care, developing partnerships with health and social service agencies, increasing knowledge of available resources, making connections and referrals, and advocating for those most vulnerable in the community.

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

- Franklin County Health Department
- Franklin County Service Providers Networking Coalition
- Franklin County Homeless Task Force

- Crider Health Center/Compass Health Network
- Preferred Family Healthcare/Bridgeway Health
- Foundations for Franklin County

The Community Health & Access manager engages MHW departments as appropriate to support initiatives of community agencies which may include providing expertise in developing a project or education sessions in the community, holding employee collection drives for those in need and individually and/or collectively volunteering at meal programs and food pantries.

Mercy Neighborhood Ministry also manages:

- A financial assistance fund that provides monetary aid to individuals in crisis with basic needs, such as delinquent rent and utility bills, who are working with a community case worker
- Resource lists of available health and social services available in Franklin County and nearby counties and are housed on our website
- An electronic mailing distribution list consisting of 1,031 members who receive weekly communications announcing community health and social service events including job fairs, support groups, events, and health equity and cultural competence workshops

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

Data Collection

A summary of the community survey results is included in this report under Primary Data. Additional external sources of published data were used in other sections. Examples of these are:

1. *County Health Rankings 2018* - www.countyhealthrankings.org

County-level data on important health indicators updated annually by the University of Wisconsin-Population Health Institute and the Robert Wood Johnson Foundation (Appendix C)

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

Community health assessment planning tools and community data profiles on thirty health indicators on all 115 of Missouri's counties

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

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

4. *ExploreMOhealth* - <https://exploremohealth.org/>

Health data specific to a Missouri county and its zip codes from 2018, created in partnership between Missouri Foundation for Health and the MHA Health Institute, the not-for-profit corporation affiliated with the Missouri Hospital Association.

5. *Franklin County Health Department*

Community Health Assessment in 2014 and addendum Maternal Child Health Services Program in FFY2018 (Appendix D)

6. *United Way 211 Counts* - <https://211mo.211counts.org/>

Aggregated data systematically tracked and summarized by callers' needs contacting United Way 2-1-1 call centers (Appendix E)

Prioritization of Needs

At Mercy Hospital Washington, Eric Eoloff, President, oversees the quarterly meetings of the Community Health Council which consists of MHW leaders from various departments plus one or more members of the MHW Board. The council is accountable for ensuring community benefit activities meet Mission compliance and IRS guidelines (Appendix F).

The Community Health Council and Franklin County Health Department's director evaluated the data collected for this report which includes internal Mercy Hospital Washington records and input from the Franklin County community to:

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

Primary Data Results

Community Health Needs Survey Results

The majority of the 165 surveys returned were completed by residents of Washington, the city in which Mercy Hospital Washington is located. Respondents were mainly female, 72.26%, vs 22.59% male. Below are some highlights; raw data can be found in the Appendix.

- Participants felt they were healthy, in general
- Top 5 most noted health conditions participants have had or currently have:
 - high blood pressure
 - high cholesterol
 - overweight/obese
 - depression or anxiety disorder
 - diabetes (not during pregnancy)
- Top 5 most common health issues in their community were:
 - alcohol/substance abuse
 - obesity
 - smoking/vaping
 - diabetes
 - anxiety/depression
- Top 5 social issues that have the greatest effect on quality of life in their community were:
 - low income/poverty
 - affordability of health services
 - lack of health insurance
 - lack of transportation
 - lack of affordable housing
- Top 5 risk behaviors that impact health in their community:
 - alcohol/drug abuse
 - lack of exercise
 - poor eating habits
 - smoking/vaping
 - untreated mental health issues
- Top 5 services needed in community:
 - healthy cooking classes
 - mental health services
 - aging resources
 - substance abuse treatment
 - physical activity classes

Community Health Council Survey Results

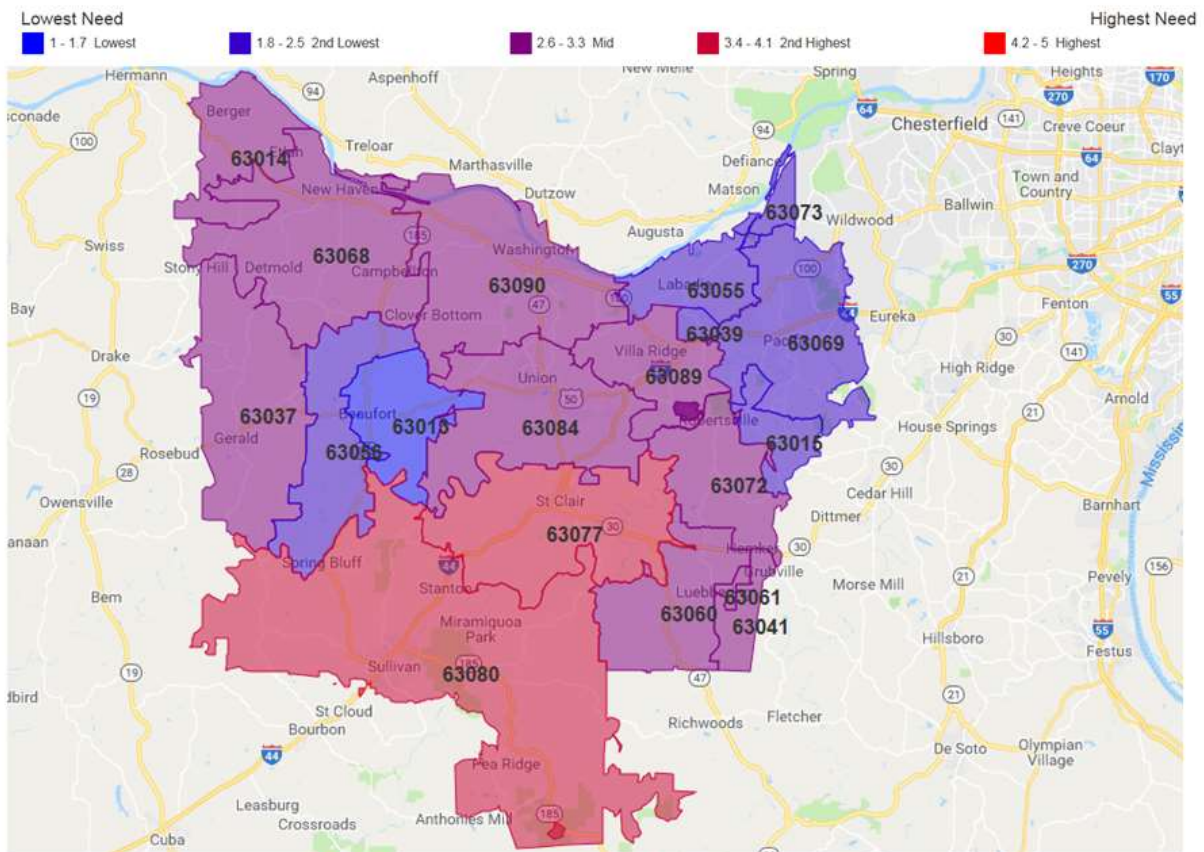
Prior to reviewing this report, the MHW Community Health Council was asked to rank health issues based on level of community concern and those felt to have the highest potential for collaboration that could produce measurable outcomes. Mental Health and Substance Abuse once again topped the lists.

Community Health Issue	Level of Community Concern	Potential for Collaboration and Measurable Outcomes
Mental Health	4.67	4.00
Substance Abuse (Drugs, Alcohol)	4.44	4.22
Transportation	4.00	3.56
Obesity	3.78	3.22
Dental	3.67	3.11
Housing	3.44	3.22
Violence	3.44	3.33
Access to Care (Insurance Coverage)	3.22	2.78
Food Insecurity	3.11	3.67
Tobacco	3.00	3.22
Access to Care (Availability of Services)	2.89	3.67
Chronic Disease (Monitoring/Management)	2.89	3.44
Accidents/Unintentional Injuries	2.22	2.11
Environment (Air, Water Quality)	1.89	2.56
Other (Unknown)	1.00	1.00

Social Determinants

Needs by Zip Code – Dignity Health, Truven Health Analytics

The 2018 Dignity Health, Truven Health Analytics Community Needs Assessment has ranked community needs according to zip codes and cities that fall into Mercy Hospital Washington’s Primary Service Area. Most of the county falls in the low- to mid-need ranking. Two zip codes (63077 & 63080) ranked in the higher needs area (light red), cover a very large territory and have high populations (3rd and 5th highest in the county).



Source: Dignity Health, Truven Health Analytics Community Needs Index, 2018



Lowest Need								Highest Need		
1 - 1.7 Lowest		1.8 - 2.5 2nd Lowest		2.6 - 3.3 Mid		3.4 - 4.1 2nd Highest		4.2 - 5 Highest		
Mean(zipcode): 2.6 / Mean(person): 2.9			CNI Score Median: 2.6			CNI Score Mode: 2.6				
Zip Code	CNI Score	Population	City	County	State					
63013	1.6	1604	Beaufort	Franklin	Missouri					
63014	2.6	1021	Berger	Franklin	Missouri					
63015	2.2	2141	Catawissa	Franklin	Missouri					
63037	3.2	3236	Gerald	Franklin	Missouri					
63039	2.4	1188	Gray Summit	Franklin	Missouri					
63041	2.6	555	Grubville	Franklin	Missouri					
63055	2	2464	Labadie	Franklin	Missouri					
63056	2.4	1973	Leslie	Franklin	Missouri					
63060	2.8	2308	Lonedell	Franklin	Missouri					
63061	2.6	210	Luebbering	Franklin	Missouri					
63068	2.6	4718	New Haven	Franklin	Missouri					
63069	2.4	15098	Pacific	Franklin	Missouri					
63072	3	3292	Robertsville	Franklin	Missouri					
63073	2	650	Saint Albans	Franklin	Missouri					
63077	3.6	11824	Saint Clair	Franklin	Missouri					
63080	3.8	13937	Sullivan	Franklin	Missouri					
63084	3.2	18421	Union	Franklin	Missouri					
63089	2.6	5730	Villa Ridge	Franklin	Missouri					
63090	2.6	21677	Washington	Franklin	Missouri					

Calculations were made by Dignity Health & Truven by looking at zip code scores in these five different barrier categories:

1. **Income Barrier**
 - Percentage of households below poverty line, with head of household age 65 or more
 - Percentage of families with children under 18 below poverty line
 - Percentage of single female-headed families with children under 18 below poverty line
2. **Cultural Barrier**
 - Percentage of population that is minority (including Hispanic ethnicity)
 - Percentage of population over age 5 that speaks English poorly or not at all
3. **Education Barrier**
 - Percentage of population over 25 without a high school diploma
4. **Insurance Barrier**
 - Percentage of population in the labor force, aged 16 or more, without employment
 - Percentage of population without health insurance
5. **Housing Barrier**
 - Percentage of households renting their home

Economic Stability

Income

- The Median Household Income for Franklin County, \$53,849, is above state levels, \$51,542, but below the national level, \$57,652
- 10.62% of the county population and 15.69% of children are living below the Federal Poverty Line which is better than both state and national levels (Common Commons)

Report Area	Total Households	Average Household Income	Median Household Income
Franklin County, MO	40,612	\$68,417.00	\$53,849.00
Missouri	2,386,203	\$70,144.00	\$51,542.00
United States	118,826,921	\$81,283.00	\$57,652.00

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: Tract → Show more details

Median Household Income



Report Area	Total Population	Population in Poverty	Percent Population in Poverty
Franklin County, MO	101,117	10,740	10.62%
Missouri	5,891,760	861,679	14.63%
United States	313,048,563	45,650,345	14.58%

Note: This indicator is compared to the state average.

Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: Tract → Show more details

Percent Population in Poverty



Report Area	Total Population	Population Under Age 18	Population Under Age 18 in Poverty	Percent Population Under Age 18 in Poverty
Franklin County, MO	101,117	23,466	3,682	15.69%
Missouri	5,891,760	1,358,059	271,999	20.03%
United States	313,048,563	72,430,017	14,710,485	20.31%

Note: This indicator is compared to the state average.

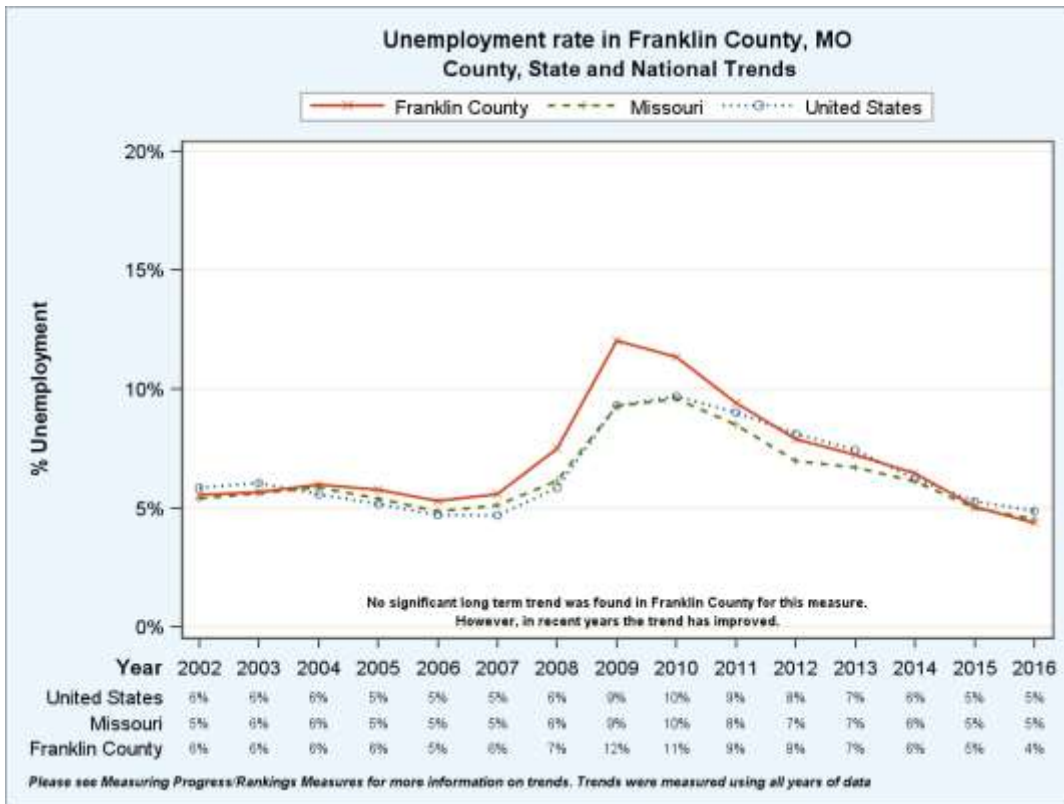
Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: Tract → Show more details

Percent Population Under Age 18 in Poverty



Employment

- There are approximately 1,598 unemployed individuals in Franklin County. The unemployment rate was 4% in 2016, lower than both state and national rates for the first time in many years.



County Health Rankings 2016

Nutrition & Food Insecurity

The inability of Franklin County residents to maintain a healthy diet due to lack of access to food is better than state, but worse than national numbers.

- 13% had **food insecurity** (lacked adequate access to food) compared to 16% state and 10% U.S. top performers (County Health Rankings, 2018)

Housing Instability

The National Low Income Housing Coalition reports that in 2018, approximately 27% of households in Franklin County were renters and needed to earn \$13.31/hr. to afford a one-bedroom rental unit. The minimum wage is \$7.85/hr. in 2018 in Missouri, but will increase to \$8.60 in January 2019.

Minimum wage (2018)	\$7.85/hr.
Affordable rent at minimum wage for one-bedroom	\$408.00/mo.
Fair Market Rent for a one-bedroom	\$692.00/mo.
Hours needed to work for Fair Market Rental at minimum wage (\$7.85)	68 hours per week
Housing Wage for a one-bedroom	\$13.31/hr.

National Low Income Housing Coalition, 2018 <https://nlihc.org/or/missouri>

Homelessness

Franklin County is an active participant of the Missouri Balance of State Continuum of Care for Ending Homelessness. Members from various county agencies participate in the annual count of people experiencing homelessness on one designated night as required by the U.S. Department of Housing and Urban Development. The increased numbers may not necessarily indicate an increase in the number of homelessness because greater efforts have been made to improve tracking this population over the past few years.

	2015	2016	2017	2018
Sheltered	0	0	0	0
Unsheltered	0	5	4	15
Doubled-up	N/A	N/A	75	138

Missouri Balance of State Continuum of Care, <https://www.moboscoc.org/point-in-time-count-data>

Rate of homeless children in Franklin County has increased as reported by 2018 Missouri Kids Count:

Child Homelessness	County Rate
2012	2.4%
2016	3.9%

Missouri Kids Count 2018

Financial Assistance for Households in Need

Franklin County was ranked #7 for highest rates of Housing and Shelter assistance requests to United Way 2-1-1 Call Center in Missouri. There were 1,855 Franklin County callers requesting one or more of these top-ranking services during the one-year timeframe Dec 12, 2017 – Dec 11, 2018:

- **38.5%** Housing & Shelter
- **27.0%** Utilities
- **5.6%** Healthcare
- **5.1%** Transportation Assistance
- **4.8%** Clothing & Household
- **4.5%** Food

There were two deaths in Franklin County due to exposure to extreme weather; one in the heat and one in the cold according to the 2016 Medical Examiner's Report.

Federal Poverty Line

Franklin County has fewer people living below the Federal Poverty Line than state and national rates.

	Franklin County	Missouri	United States
% of Population Below Federal Poverty Line	10.62%	14.63%	14.58%
% of children (Under 18) Living Below Federal Poverty Line	15.69%	20.03%	20.31%

US Census Bureau: American Community Survey 2013-2017, Community Commons

Education

Early Childhood Education and Development

- 39.9% of children in grade 4 tested below the “proficient” level in reading skills. The “inability to read English well is linked to poverty, unemployment and barriers to health care access, provider communications and health literacy/education.” The rate was better than state and national rates. (Community Commons)

Report Area	Total Students with Valid Test Scores	Percentage of Students Scoring 'Proficient' or Better	Percentage of Students Scoring 'Not Proficient' or Worse
Franklin County, MO	1,147	60.1%	39.9
Missouri	66,036	58.79%	41.21
United States	3,393,582	49.67%	45.61



Note: This indicator is compared to the state average.

Data Source: US Department of Education, EDData. Accessed via DATA.GOV, 2014-15. Source geography: School District → Show more details

High School Graduation

- During the school year of 2015-2016, 89.5% of Franklin County students received their high school diploma within four years which was **less than Missouri**, 91%, but more than U.S., 86.1%.
- Franklin County has a higher rate of population age 25+ with no high school diploma at 12.29% than the state, 10.79%, but few than U.S. percentage of 12.69%.

Report Area	Total Student Cohort	Estimated Number of Diplomas Issued	Cohort Graduation Rate
Franklin County, MD	1,095	980	89.5
Missouri	64,203	58,434	91
United States	3,135,216	2,700,120	86.1



Note: This indicator is compared to the state average.

Data Source: US Department of Education, EDData. Accessed via DATA.GOV. Additional data analysis by CARES, 2015-16. Source geography: School District → Show more details



Enrollment in Higher Education

- 20.36% of county residents age 25+ have a Bachelor’s Degree which is **below** state and national percentages of 28.19% and 30.93%



Language and Literacy

A very small percentage, 0.12%, of Franklin County residents are living in a Limited English speaking household compared to 1.1% state and 4.42% U.S.

“This indicator reports the percentage aged 5 and older living in Limited English speaking households. A “Limited English speaking household is one in which no member 14 years old and over (1) speaks only English at home or (2) speaks a language other than English at home and speaks English “Very well.” *Community Commons*

Neighborhood and Built Environment

Transportation/Commuting

- Most households own a motor vehicle. Only 4.79% of households do not own a motor vehicle.
- 12.62% of Franklin County residents drove more than 60 minutes each way to work which was **higher** than state, 5.14%, and national, 8.9%, rates in 2017
- Franklin County has a **higher rate** for Driving Alone to Work and Long Commute Driving Alone than the state and Top U.S. Performs (County Health Rankings 2018)
- The Franklin County Medical Examiner’s Report stated there were 25 motor vehicle fatalities in 2016, 19 males and 6 females. The average over a 10-year period is 25.6 per year in the county.

Report Area	Total Occupied Households	Households with No Motor Vehicle	Percentage of Households with No Motor Vehicle
Franklin County, MO	40,612	1,947	4.79%
Missouri	2,306,203	167,957	7.04%
United States	118,825,921	10,468,418	8.81%

Note: This indicator is compared to the state average.
 Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: Tract → Show more details



Report Area	Population Age 16+ that Commutes to Work	Population Commuting More than 60 Minutes	Percentage Commuting More than 60 Minutes
Franklin County, MO	47,864	6,041	12.62%
Missouri	2,701,922	138,751	5.14%
United States	141,404,632	12,579,181	8.9%

Note: This indicator is compared to the state average.
 Data Source: US Census Bureau, American Community Survey, 2013-17. Source geography: Tract → Show more details



Category	Franklin County	State	Top U.S. Performers
Driving alone to work	84%	82%	72%
Long commute – driving alone	41%	31%	15%

County Health Rankings – 2018

According to the Association for Psychological Science, “the amount of time we spend commuting between work and home can have a serious **impact on our physical and mental health and lower our life satisfaction,**” <https://www.psychologicalscience.org/news/motr/lengthy-commutes-take-a-mental-toll.html>.

From a 2012 study in the American Journal of Preventive Medicine,

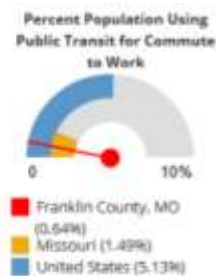
“It was found that the farther people commute by vehicle, the higher their blood pressure and body mass index. Also, the farther they commute the less physical activity the individual tends to participate. Our current transportation system also contributes to obesity --- each additional hour spent in a car per day is associated with a 6 percent increase in the likelihood of obesity.” (County Health Rankings)

There is no public transportation system in Franklin County except OATS which has limited routes used for medical and essential shopping.

[Download Data](#)

Report Area	Total Population Employed Age 16+	Population Using Public Transit for Commute to Work	Percent Population Using Public Transit for Commute to Work
Franklin County, MO	48,648	310	0.64%
Missouri	2,803,637	41,741	1.49%
United States	145,861,221	7,476,312	5.13%

Note: This indicator is compared with the state average.
 Data Source: US Census Bureau, American Community Survey, 2012-16. Source geography: Tract



Sidewalks

AARP reports that “sidewalks play a vital role in community life. As conduits for pedestrian movement and access, they enhance connectivity and promote walking. As public spaces, sidewalks are the front steps to a community, activating streets both socially and economically. People who live in neighborhoods with sidewalks are 47 percent more likely to be active at least 39 minutes a day.”

- 30% have sidewalks in their community
- 29.87% have roads and streets with shoulders or marked lanes for bicycling in their community (MICA 2016)

Access to Foods that Support Healthy Eating Patterns

According to the United States Department of Agriculture (USDA), Americans should consume the following amounts of food daily to maintain a healthy diet.

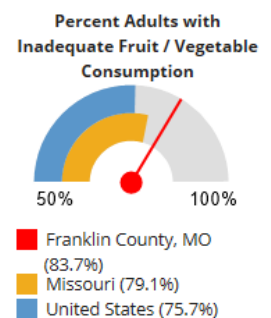
Food Groups	Daily Recommendations
Fruits	1.5 – 2 cups
Vegetables	2.5 – 3 cups
Protein	5-6 ounces
Grains	5-8 ounces
Dairy	3 cups



- 4% had **limited access to healthy foods** (are low income and do not live close to a grocery store) compared to 7% state and 2% U.S. top performers (County Health Rankings, 2018)
- 83.7% of adults over the age of 18 are **consuming less than 5 servings of fruits and vegetables** each day which is far higher than state and U.S. numbers. (Community Commons – 2005-2009)

Report Area	Total Population (Age 18+)	Total Adults with Inadequate Fruit / Vegetable Consumption	Percent Adults with Inadequate Fruit / Vegetable Consumption
Franklin County, MO	74,427	62,295	83.7%
Missouri	4,473,226	3,538,322	79.1%
United States	227,279,010	171,972,118	75.7%

[Download Data](#)



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

Crime and Violence – Violent Crime & Domestic Abuse

Violent Crime

Violent Crime rates in Franklin County were lower than state and national rates according to the FBI study 2012-2014 (Community Commons).



Homicide rates have remained consistent at 0-5 per year over the past 10 years in Franklin County while Accidents are **on the rise**. There were 74 Accidents in 2016 and only 46 in 2007. (Franklin County Medical Examiner’s Report 2016)

Manner of Death – Accident	Count
Fall	32
Use of Drug(s)/Medications(s)	32
Use of Drug(s)/Medication(s) and Ethanol	3
Choked on Food Bolus	2
Blunt Trauma	1
Exposure to Elevated Environmental Temperatures	1
Exposure to Environmental Cold	1
Fire: Structural	1
Re-Breathing Microenvironment	1

Domestic Abuse

ALIVE – Alternatives to Living in Violent Environments, <https://alivestl.org/>, is a not-for-profit agency with offices in Franklin and St. Louis Counties. They “provide counseling, emergency sanctuary and other critical services to adults and children impacted by domestic abuse.” Their Crisis Intervention Coordinator/Court Advocate reported they’ve “seen **an increase** in services this year (2018), especially in Nights of Safety Program, possibly for the individuals speaking out on sexual assault.” The following statistics for ALIVE were reported in 2017.

- 675 crisis calls were received in the Franklin County ALIVE office
- 26 adults and 21 children received 104 “nights of safety” emergency shelter
- 100 adults received 543 hours of counseling
- 92 children received 723 hours of counseling

- 51 adults received assistance with Court Actions
- 743 domestic violence calls were responded to by police

Environment Conditions – Air & Water Quality, Quality of Housing

Air & Water Quality

The following data were collected on natural environment in Franklin County

- Level of air pollution (particulate matter) was **higher than the state** at 10.7 micrograms per cubic meter compared to 9.5 Missouri average (County Health Rankings – 2018)
- No community water system in Franklin County received a water violation in 2018 (County Health Rankings – 2018)

Category	Franklin County	State	Top U.S. Performers
Air pollution – particulate matter	10.7	9.5	6.7
Drinking water violations (1 or more per year)	No	---	---

County Health Rankings – 2018

Quality of Housing

Franklin County has a low percentage of Substandard Housing and Vacancy rates.

Category	Franklin County	Missouri	U.S.
Percent Occupied Housing Units with One or More Substandard Conditions	25.7%	27.11%	32.99%
Vacancy Housing Units, Percent	8.66%	13.65%	12.24%

U.S. Census Bureau, American Community Survey, 2013-17

According to County Health Rankings, “Severe Housing Problems is a measure of housing quality and cost. It is a percentage of households with one or more of the following housing problems:

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

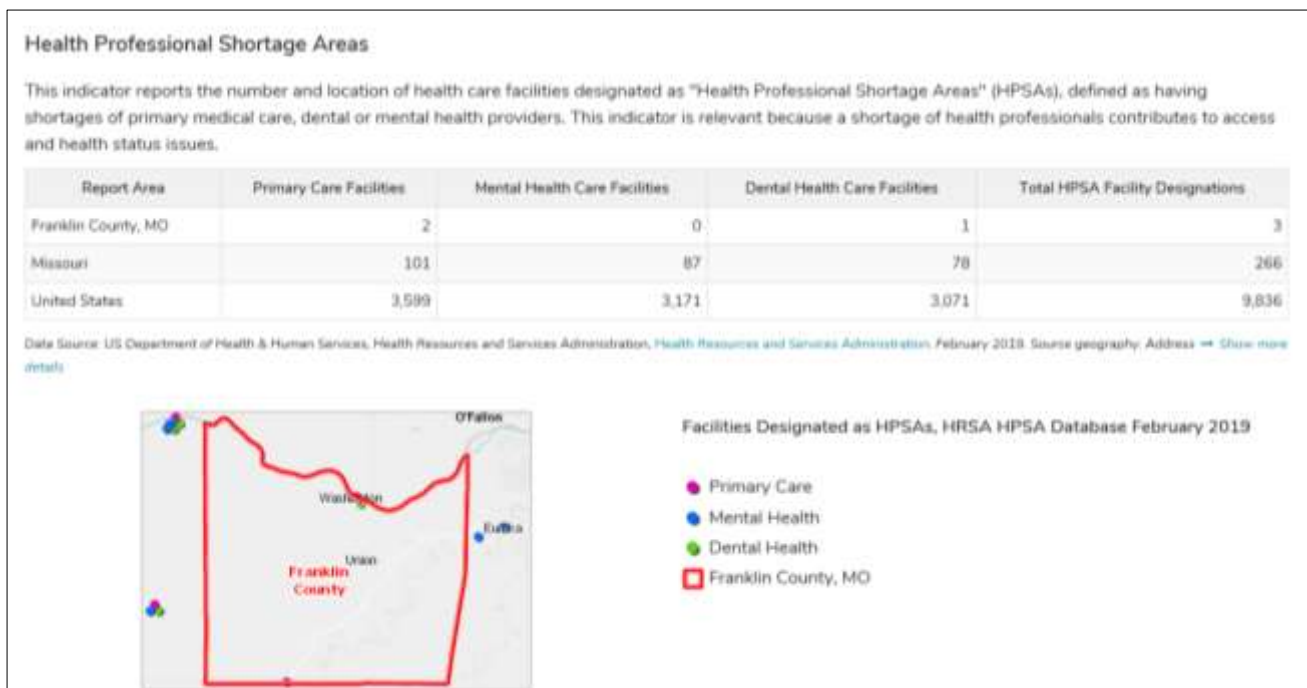
Category	Franklin County	State	Top U.S. Performers
Severe housing problems	14%	15%	9%

County Health Rankings 2018

Health and Health Care – HPSA, Access, Screenings and Insurance

Health Professional Shortage Area

Franklin County is considered a Low Income-Health Professional Shortage Area. The U.S. Health Resources and Services Administration considers an area as having a shortage of primary medical care, dental, or mental health providers, which refers to a geographic area, Federally Qualified Health Center, or a demographic group, such as a low-income population.



Community Commons website

Access to Primary Care

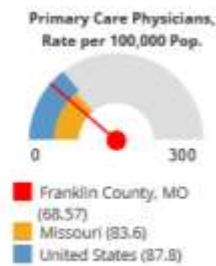
The latest data available indicates that in 2014, Franklin County was reported to have:

- 70 Primary Care Providers in 2014, up from 69 in 2012, but continues to rank below state and national rates (Community Commons for 2014)
- 21.26% of Adults Without Any Regular Doctor which was similar to state and U.S. numbers (Community Commons 2011-12)
- 18.37% stated they had not had a routine physical check-up in the past two years (MOPHIMS – 2016)

[Download Data](#)

Report Area	Total Population, 2014	Primary Care Physicians, 2014	Primary Care Physicians, Rate per 100,000 Pop.
Franklin County, MO	102,084	70	68.57
Missouri	6,063,589	5,072	83.6
United States	318,857,056	279,871	87.8

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



[Download Data](#)

Report Area	Survey Population (Adults Age 18+)	Total Adults Without Any Regular Doctor	Percent Adults Without Any Regular Doctor
Franklin County, MO	83,529	17,761	21.26%
Missouri	4,560,355	938,202	20.57%
United States	236,884,668	52,290,932	22.07%

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



McAuley Clinic at Mercy Hospital Washington is a Rural Health Clinic that opened in 1992 to provide prenatal and pediatric care to uninsured, underinsured and Medicaid-eligible women and children in more than five counties. It has grown to include comprehensive primary care, family medicine, women’s health care, ADHD treatments, mental health services and saw 21,463 appointments in FY18. The dental clinic opened in FY14 and saw 1,159 appointments and five years later saw 4,041 for a 249% increase.

McAuley Clinic Services	Patient Visits 2018
Adult Clinic	5,364
Pediatric Clinic	5,365
Women’s Health Clinic	3,207
Mental Health Clinic	3,486
Dental Clinic	4,041
TOTAL	21,463

Mercy Hospital Washington’s Primary Service Area (PSA) vs. State Physician Supply per 100,000 Population has improved, but is still below the state rate.

MHW PSA Physician Supply (per 100,000 population)	MHW Primary Service Area	Missouri
Primary Care	78	117
Specialists	50	104
Total	129	221

Source: *Sg2 Physician Supply*

Health care providers serving Franklin County include:

- **Mercy Hospital Washington** – a 74 staffed bed acute care hospital offering comprehensive medical, surgical, obstetric and pediatric services and is a Level III Trauma Center
- **Franklin County Department of Health** – public health services, such as health news and education, communicable disease, environmental health, emergency preparedness, nursing services, vital records and WIC
- **Crider Health Center/Compass Health** – Federally Qualified Health Center (FQHC); primary, specialty and mental health services
- **Preferred Family Healthcare/Bridgeway Behavioral Health** – non-profit agency providing substance use treatment, prevention and mental health services
- **BJC Missouri Baptist Sullivan Hospital** – Critical Access Hospital located in Crawford County at the Franklin County line
- **Elks Mobile Dental Van** – provides dental needs of children and adults with developmental delays throughout the state, primarily in the cities of St. Clair and Washington in Franklin County

Access to Dental Care

Oral health plays a large role in our overall health and well-being. “Oral health problems affect not only the ability to eat and speak, but are interconnected with serious health issues like diabetes, heart disease, stroke, osteoporosis, and pre-term or low birth weight.” (MO Dept. of Health & Senior Services)

- The number of dentists in the county increased by 1 (44 in 2015 from 43 in 2013), but is still below the state and national rates. (U.S. DHSS, Community Commons)
- In 2016, 65% of Franklin County residents did not have dental insurance coverage and 22.53% had not seen a dentist in two years or more (MICA 2016).
- The percentage of adults age 18 and older who self-reported that six or more of their permanent teeth have been removed due to tooth decay, gum disease, or infection is lower than both state and national rates (CDC, BRFSS, 2006-10).

Report Area	Total Population, 2015	Dentists, 2015	Dentists, Rate per 100,000 Pop.
Franklin County, MO	102,426	44	42.96
Missouri	6,083,672	3,299	54.2
United States	321,418,820	210,832	65.6



Note: This indicator is compared to the state average.
 Data Source: US Department of Health & Human Services, Health Resources and Services Administration, Area Health Resource File, 2015. Source geography: County →
[Show more details](#)

Report Area	Total Population (Age 18+)	Total Adults with Poor Dental Health	Percent Adults with Poor Dental Health
Franklin County, MO	75,261	9,202	12.2%
Missouri	4,532,155	915,359	20.2%
United States	235,375,690	36,842,620	15.7%



Note: This indicator is compared to the state average.
 Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2006-10. Source geography: County →

Access to Mental Health

- The number of Mental Health Providers in Franklin County, 85.6, is **far below** state and national averages. This indicator includes psychiatrists, psychologists, clinical social workers and counselors that specialize in mental health care.

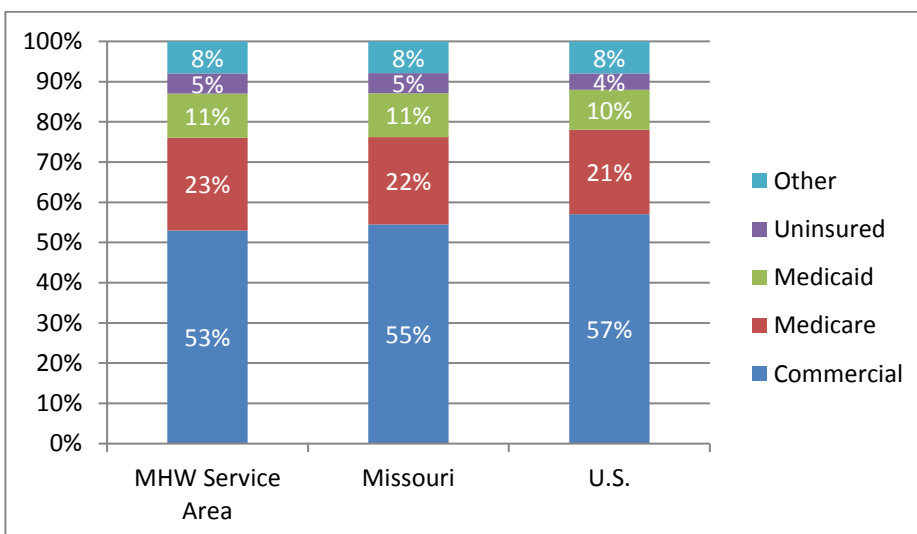


Health Insurance

In Franklin County, 8.2% of the population were Uninsured in 2017 which was better than state and national rates.



The Insurance Payer Mix for Mercy Hospital Washington’s Primary Service Area looks similar to the state and national averages. Most of the population, 53%, are covered by commercial insurance which is only slightly less than state (55%) and national (57%) rates.



In 2017, the **Percent of Uninsured Population Age 18-64 Without Medical Insurance** had a significant decrease of 60%. This age group does not qualify for Medicaid (for those under Age 18) nor Medicare (for those 65 and older) unless they qualify for other government assistance.

Year	Percent of Uninsured Population 18-64 without Medical Insurance in Franklin County
2007	19.41%
2011	23.66%
2017	11.7%

Health Screening Utilization

Routine health screenings play a key role in early detection and treatment of many serious health issues, such as HIV/AIDS and various cancers. Statistics indicate that Franklin County residents routinely obtained most of their cancer health care screenings, except HIV/AIDS screenings.

Screening Type	Franklin County	Missouri	U.S.	Data Source & Years	Indicator
HIV Screenings – percent of adults, 18-70, <i>never</i> screened	74.10%	67.21%	62.79%	CDC, BRFSS 2011-12	X
Mammograms – percent female Medicare enrollees, 67-69, with mammogram past two years	65.9%	62.6%	63.1%	Dartmouth College, Atlas of Health Care 2014	✓
Pap Test – women 18 and older screened in the past three years	84.5%	76.6%	78.5%	CDC, BRFSS 2006-12	✓
Sigmoidoscopy or Colonoscopy – adults 50 and older who have ever had a screening	69.6%	60.3%	61.3%	CDC, BRFSS 2006-12	✓

Health Status

County Health Rankings

The 2018 County Health Rankings report placed Franklin County at #34 out of the 115 Missouri counties in Health Outcomes and #16 for Health Factors. This is a comparison of all 115 Missouri counties with #1 being the best.

Health Outcomes considers Length of Life and Quality of Life, which includes poor health days, mortality, premature deaths and disease prevalence data.

Health Factors considers Health Behaviors, Clinical Care, Social and Economic Factors and Physical Environment, which includes physical activity, smoking rates, access to health screenings, crime rates and air quality data.

Health Ranking		Ranking out of 115 (in 2017)	Ranking out of 115 (in 2018)
Health Outcomes	Overall	34	34
	Length of Life	48	51
	Quality of Life	24	31
Health Factors	Overall	17	16
	Health Behaviors	16	22
	Clinical Care	12	11
	Social and Economic Factors	31	27
	Physical Environment	110	98

Health Factors and Behaviors

Obesity

Carrying excessive weight can lead to additional health issues. “Overweight” is defined as having a Body Mass Index (BMI) between 25 and 30. “Obese” is defined as having a BMI greater than 30. The percentage of county residents age 20+ who are obese has significantly increased between 2007 and 2016. These numbers are similar to state percentages, but higher than the national rate, and are nearly equal for men and women.

Year	Percent of Franklin County Pop. Over Age 20 BMI>30 (Obese)	Percent of Franklin County Pop. Over Age 20 BMI 25-30 (Overweight)
2007	33.18%	35.15%
2011	30.59%	37.38%
2016	37.28%	39.48%

MO DHSS MOPHIMS MICA

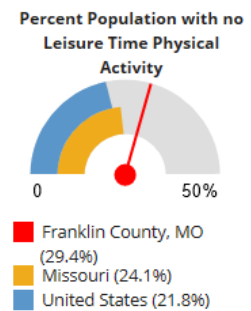
Physical Activity

- 29.4% of adults 20 years and older self-reported **no leisure time** for activity in 2013 which is a slight improvement from 30.8% in 2012 which is higher than state and U.S. numbers (Community Commons, 2013)
- 75% **had access to exercise opportunities** (access to locations for physical activity compared to 77% state and 91% U.S. top performers (County Health Rankings, 2018)
- **A higher percent of females has less time than males to exercise:** Males 28.5%, Females 30% (Community Commons, 2013)

As noted in an earlier section, 12.62% of Franklin County residents commute over 60 minutes one-way each work day which can attribute to the lack of leisure time available to be physically active.

[Download Data](#)

Report Area	Total Population Age 20+	Population with no Leisure Time Physical Activity	Percent Population with no Leisure Time Physical Activity
Franklin County, MO	75,296	23,116	29.4%
Missouri	4,486,311	1,120,890	24.1%
United States	234,207,619	52,147,893	21.8%



Note: This indicator is compared with the state average.

Data Source: Centers for Disease Control and Prevention, [National Center for Chronic Disease Prevention and Health Promotion](#), 2013. Source geography: County

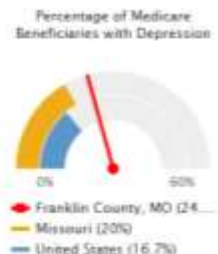
Behavioral Health

Mental Health

Depression

- The percentage of Medicare Beneficiaries with Depression is 24.8% for Franklin County which is **higher** than both state, 20%, and U.S., 16.7%, numbers.
- Depression for this same group has been steadily **increasing** between 2010 and 2015

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Depression	Percent with Depression
Franklin County, MO	11,179	2,775	24.8%
Missouri	767,306	153,690	20%
United States	34,118,227	5,695,629	16.7%

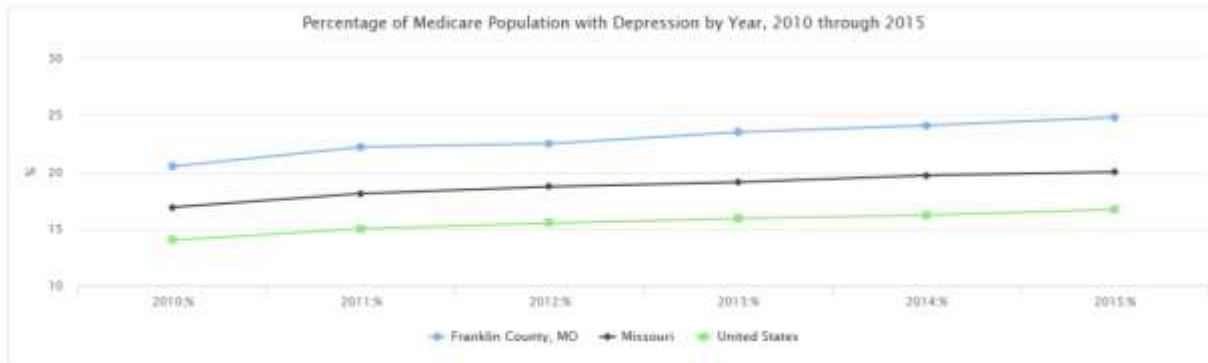


Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, 2015. Source geography: County → [Show more details](#)

This indicator reports the percentage trend of the Medicare fee-for-service population with depression over time.

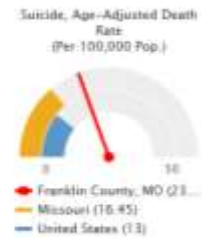
Report Area	2010	2011	2012	2013	2014	2015
Franklin County, MO	20.5%	22.2%	22.5%	23.5%	24.1%	24.8%
Missouri	16.9%	18.1%	18.7%	18.1%	19.7%	20%
United States	14%	15%	15.5%	15.9%	16.2%	16.7%



Suicide

The Age-Adjusted Death Rate (per 100,000 pop.) of suicide in Franklin County, 2012-2016, was 23.3, which was **higher** than state, 16.45, and U.S., 13, rates. This indicator is relevant because “suicide is an indicator of poor mental health,” according to Community Commons.

Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Franklin County, MO	102,115	23	22.9	23.3
Missouri	6,061,284	1,015	16.75	16.45
United States	318,689,254	42,747	13.4	13



Note: This indicator is compared to the state average.

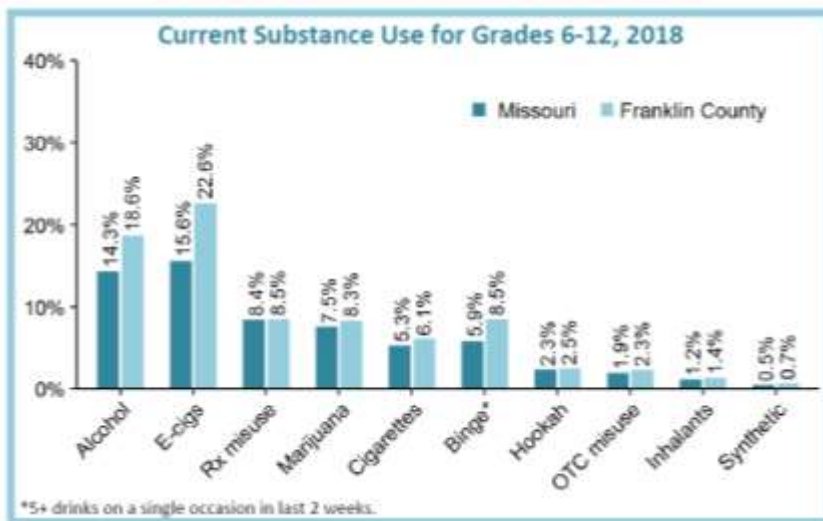
Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2012-16. Source geography: County. [Show more details.](#)

Substance Use & Alcohol

The following data for youth and adult alcohol and substance use was obtained from the Missouri Department of Mental Health. Their Franklin County Behavioral Health Profile 2018 was based on the findings of the National Survey on Drug Use and Health (NSDUH) annual data collection survey which is sponsored by Substance Abuse and Mental Health Services Administration (SAMHSA), https://nsduhweb.rti.org/respweb/about_nsduh.html.

Alcohol & Substance Use – Youth

NSDUH performs Missouri Student Surveys every two years. In 2018, survey samples were completed on 6th through 12th graders at participating schools, including those in Franklin County and were compared to state averages. Franklin County **scored higher** than state for the presence of substance use in each category.



DMH – Behavioral Health Profile, Franklin County, 2018

Youth’s views on misusing prescription medications:

- 28.7% youth believe it would be easy to get prescription drugs that were not prescribed to them
- 12.3% youth believe there is “slight” or “no risk at all” of harm when misusing prescription drugs
- Most youth get prescription drugs from a friend or family member with pain medication being the most commonly misused prescription medication

Youth’s views on alcohol use and data:

- 13.1 years is the average age of first alcohol use
- 55.4% believe it would be easy to get alcohol
- 51.7% have at least one friend that uses alcohol
- 42.2% believe using alcohol presents only “slight” or “no risk” of harm
- 24.1% believe there is “slight” or “no risk” of harm in binge drinking once or twice a week
- 18.6% have used alcohol in the past 30 days

Alcohol & Substance Use – Adults

According to SAMHSA, “alcohol is the most frequently used and misused substance in the United States, and it can have devastating consequences.” Heavy alcohol consumption, more than 2 drinks per day for males and 1 drink per day for females, can often be indicators of future health issues, such as cirrhosis, cancers and untreated mental and behavioral health needs (Community Commons).

Obtaining data for adult use of alcohol and substance use is not readily available. The Missouri Department of Mental Health reported the following on the Franklin County Behavioral Health Profile, 2018:

Substance Use Consequences in the County

Health: In 2015, Franklin County residents had a total of 70 alcohol-related and 148 drug-related hospitalizations. In addition, there were 205 alcohol-related and 284 drug-related ER visits that did not include a hospital stay.

Treatment: In 2017, 421 individuals were admitted into Substance Abuse Treatment Programs. A total of 115 were primarily due to alcohol, 66 were primarily due to marijuana, and 17 were primarily due to prescription drugs.

Law Enforcement: In 2017, Franklin County had 573 DWI arrests, 38 liquor law violations and 499 drug-related arrests. There were 1 methamphetamine laboratory seizures in Franklin County in 2017.

Traffic Crashes: Alcohol-related traffic crashes **increased** in the last year (114 to 2015 to 122 in 2016). Alcohol-related crashes are more likely to produce fatalities and injuries compared to non-alcohol-related crashes.

2016 Number of Alcohol-Related Crashes by Severity				2016 Number of People Injured / Killed in Alcohol and Drug-Related Crashes			
Total Crashes	Fatal Crash	Crash w/ Injury	Crash w/ Property Damage	Alcohol Fatalities	Alcohol Injuries	Drug Fatalities	Drug Injuries
122	4	56	62	6	73	5	22

DMH – Behavioral Health Profile, Franklin County, 2018

Heroin, Opioids & Meth

Deaths related to heroin, opioids and methamphetamines have **significantly increased** between 2007 - 2016 in Franklin County. In 2016, there were 89 deaths related to the drugs listed below: (Franklin County Medical Examiner’s Annual Report, 2016)

Drug	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	TOTAL
Heroin	2	10	6	9	5	7	8	10	8	14	79
Methamphetamine	2	1	2	1	3	3	4	12	9	12	49
Oxycodone	5	4	8	11	6	10	8	8	11	13	84
Fentanyl	2	4	2	1	5	7	3	4	6	15	49
Opiates	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	35	35
TOTALS	11	19	18	22	19	27	23	34	34	89	296

Tobacco Use

County Health Rankings, 2018, reported 20% of Franklin County adults were current smokers compared to 22% state and 14% top U.S. performers. This is an improvement compared to the 27% reported in 2015.

The Center for Disease Control (CDC) 2016 reports that smoking rates are highest among men, live in the Midwest and are living below the poverty level:

“Cigarette smoking remains the leading cause of preventable death and disability in the United States, despite a significant decline in the number of people who smoke. Over 16 million Americans have at least one disease caused by smoking. This amounts to **\$170 billion in direct medical costs that could be saved every year if we could prevent youth from starting to smoke and help every person who smokes to quit.**”

There are currently no countywide tobacco ordinances in Franklin County against smoking in restaurants and other public facilities. You must be 18 years old to purchase tobacco products.

Disability Status

The county is home to 12.57% disabled residents which is lower than state, 14.51%, and U.S., 12.59%, numbers.

Report Area	Total Population (For Whom Disability Status Is Determined)	Total Population with a Disability	Percent Population with a Disability
Franklin County, MO	101,627	12,772	12.57%
Missouri	5,961,514	865,207	14.51%
United States	316,027,641	39,792,082	12.59%

Note: This indicator is compared to the state average.

Date Source: US Census Bureau, American Community Survey, 2012-17. Source geography: Tract → [Show more details](#)



Mortality – All Causes

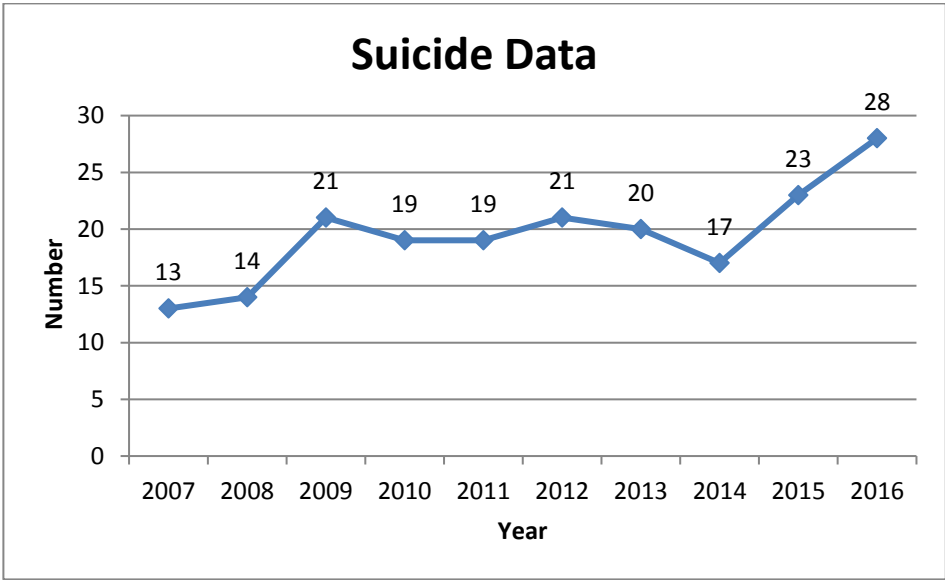
Leading Causes of Death in Franklin County

The rate of All Causes of Death in Franklin County between 2007-2017 was 847.14 which was **higher** than the state rate of 815.85. While heart disease, cancers and smoking-related diseases **had the highest mortality rate in the county** during the same time period, the rates were not significantly different than those of the state. Whereas, Other Causes of Interest, Total Unintentional Injuries, Alzheimer’s disease and Suicide were **significantly higher** than the state rates.

Rank	Leading Causes of Death 2007 – 2017	Franklin County Count	Franklin County Rate	Missouri Rate	Significantly Different
1.	Heart Disease	2,643	205.58	199.32	N/S
2.	All Cancers (Malignant Neoplasms)	2,372	180.5	178.9	N/S
	Lung Cancer	735	55.13	54.06	N/S
	Breast Cancer	152	11.63	12.54	N/S
	Colorectal Cancer	203	15.76	16.04	N/S
3.	Other Causes of Interest				
	Smoking Attributable (est)	1,895	143.45	138.93	N/S
	All Injuries and Poisonings	1,198	105.42	76.01	H
	Drug-Induced Deaths	261	24.59	17.86	H
	Accidental Drug Poisonings	213	20.24	14.58	H
4.	Total Unintentional Injuries	882	77.15	49.98	H
	Accidental Poisoning	225	21.33	15.52	H
	Motor Vehicle Accidents	252	22.64	14.62	H
5.	Alzheimer's Disease	463	37.43	28.09	H
6.	Suicide	235	21.02	15.45	H

DHSS-MOPHIMS Community Data Profiles, 2007-2017

Unfortunately, the number of suicides in Franklin County has significantly increased according to the County Medical Examiner's Report – 2016. There have been 195 suicides in the county 2007-2016.



Chronic Disease

Cost of Chronic Disease

The Center for Disease Control and Prevention states that “chronic diseases have significant health and economic costs in the United States. Preventing chronic diseases or managing symptoms when prevention is not possible, can reduce these costs. **Ninety percent of the nation’s \$3.3 trillion in annual health care expenditures are for people with chronic and mental health conditions.**” www.cdc.gov/chronicdisease/about/prevent/index.htm

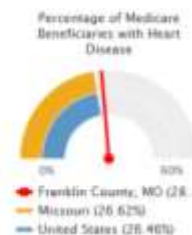
Heart Disease and High Blood Pressure

- 28.37% of Medicare patients have heart disease which is **higher** than state (26.62%) and national (26.46%) rates
- 55.45% of Medicare patients have high blood pressure which is **higher** than state (54.62%) and national (54.99%) rates

Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Heart Disease	Percent with Heart Disease
Franklin County, MD	11,179	3,172	28.37%
Missouri	767,306	204,290	26.62%
United States	34,118,227	9,028,604	26.46%

Note: This indicator is compared to the state average.

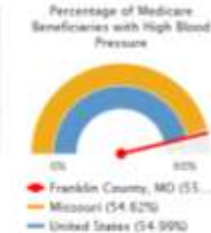
Data Source: Centers for Medicare and Medicaid Services, 2015. Source geography: County → [Show more details](#)



Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with High Blood Pressure	Percent with High Blood Pressure
Franklin County, MD	11,179	6,199	55.45%
Missouri	767,306	419,133	54.62%
United States	34,118,227	18,761,681	54.99%

Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, 2015. Source geography: County → [Show more details](#)



Diabetes

- 11.4% of the population age 20+ were diagnosed with diabetes which is **higher** than state (10.52%) and national (9.28%) rates
- 26.8% of the Medicare population were diagnosed with diabetes which is **higher** than state (25.84%) and national (26.55%) rates

Report Area	Total Population Age 20+	Population with Diagnosed Diabetes	Population with Diagnosed Diabetes, Age-Adjusted Rate
Franklin County, MD	76,345	10,154	11.4%
Missouri	4,530,777	535,078	10.52%
United States	241,492,750	24,722,757	9.28%

Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2015. Source geography: County → [Show more details](#)



Report Area	Total Medicare Fee-for-Service Beneficiaries	Beneficiaries with Diabetes	Percent with Diabetes
Franklin County, MO	11,179	2,996	26.8%
Missouri	767,306	198,285	25.84%
United States	34,118,227	9,057,809	26.55%

Percentage of Medicare Beneficiaries with Diabetes



Note: This indicator is compared to the state average.

Data Source: Centers for Medicare and Medicaid Services, 2015. Source geography: County → Show more details

Asthma & Lung Disease

Franklin County residents have a **lower** percentage of asthma and lung disease mortality than both state and national rates.

Report Area	Survey Population (Adults Age 18+)	Total Adults with Asthma	Percent Adults with Asthma
Franklin County, MO	83,529	5,856	7%
Missouri	4,553,696	644,403	14.2%
United States	237,197,465	31,697,606	13.4%

Percent Adults with Asthma



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, Behavioral Risk Factor Surveillance System. Additional data analysis by CARES, 2011-12. Source geography: County

Report Area	Total Population	Average Annual Deaths, 2012-2016	Crude Death Rate (Per 100,000 Pop.)	Age-Adjusted Death Rate (Per 100,000 Pop.)
Franklin County, MO	102,115	64	62.7	51.4
Missouri	6,061,284	3,821	63.04	52.17
United States	318,689,254	149,886	47	41.3

Lung Disease Mortality, Age-Adjusted Death Rate (Per 100,000 Pop.)



Note: This indicator is compared to the state average.

Data Source: Centers for Disease Control and Prevention, National Vital Statistics System. Accessed via CDC WONDER, 2012-16. Source geography: County → Show more

Chronic Disease Prevalence and City Rankings

Data from www.exploreMOhealth.org in 2018, showed the prevalence of common health diagnoses in Franklin County compared to the state of Missouri as well as prevalence within the zip codes/cities compared to the 958 zip codes in the state. Franklin County had a higher prevalence than the state for Depressive Disorder and Diabetes Mellitus.

	Franklin County	Missouri
Depressive Disorder	29.48%	23.04%
Diabetes Mellitus	15.03%	11.33%
COPD	8.33%	8.5%
Cancers (Unspecified)	7.65%	9.61%
Asthma	7.44%	9.69%
Heart Disease	3.42	4.65

The data below was extracted from www.exploreMOhealth.org and shows several cities have high rates of chronic disease prevalence when compared to the 958 zip codes in the state with 1 being the best.

LUEBBERING	Breast Cancer	955
ROSEBUD	Uterine/Cervical Cancer	952
BEAUFORT	Unspecified Cancer	941
LUEBBERING	Skin Cancer	934
SAINT CLAIR	Asthma	872
SULLIVAN	Diabetes Mellitus	867
ROSEBUD	Heart Disease	795
SULLIVAN	Depressive Disorder	762
SULLIVAN	COPD	745

Hospital Utilization

Emergency Department Usage

The following table shows the number of unique patient visits to Mercy Hospital Washington’s Emergency Department by calendar year:

Year	# of Patient Visits
2018	37,654
2017	38,363
2016	38,770

Below are the Top 10 Overall Primary Diagnoses in the Mercy Hospital Washington Emergency Department from calendar year 2017. The 2016 rankings are in parenthesis for comparison.

1. Chest pain (#2)
2. Other chest pain (#3)
3. Acute upper respiratory infection, unspecified (#5)
4. Low back pain (#6)
5. Unspecified abdominal pain (N/A)
6. Other specified disorders of teeth and supporting structures (#4)
7. Acute bronchitis (#8)
8. Urinary tract infection, site not specified (#1)
9. Headache (#9)
10. Chronic obstructive pulmonary disease with (acute) exacerbation (N/A)

Other 2016 diagnoses not making the 2017 list were:

- #7 Pneumonia, unspecified organism
- #10 Sepsis, unspecified organism

Comparison of Emergency Department (ED) utilization in Franklin County to state data was available for 2015 and indicated the county was **significantly higher** than the Missouri average in many categories (Missouri Department of Health and Senior Services – 2015). Specifically, utilization rates were higher for the following diagnoses which ranked in the same order from last DHSS report in 2013:

Rank	Emergency Department Visits Diagnosis/Disease	Franklin County Rate 2015 (per 100,000)	Missouri Rate 2015 (per 100,000)
1	Injury and Poisoning	104.36	87.25
2	Respiratory (Throat and Lung)	59.08	53.72
3	Symptoms and Ill-Defined Conditions	52.02	43.21
4	Digestive System	42.00	32.34
5	Brain/Spinal Cord/Eyes/Ears	40.21	36.32
6	Bone/Connective Tissue/Muscle	39.20	30.23
7	Kidneys/Bladder/Genitalia	30.28	25.13
8	Heart and Circulation	24.21	21.31
9	Mental Disorders	17.35	15.6

Missouri Department of Health & Senior Services, 2015

MHW Emergency Department Number of visits with these chronic and acute diagnoses as principal or secondary diagnoses:

Diagnosis	Visits 2018	Visits 2017	Visits 2016
Behavioral Health	17,412	18,306	17,151
Lung Disease	9,123	8,440	7,586
Cardiovascular Disease	7,211	6,754	6,631
Diabetes	6,480	6,040	5,556
TOTAL	40,226	39,540	36,924

Inpatient Hospitalization Rates

The 2017 Top 10 Overall Diagnosis Related Groups (DRG’s) for inpatients at MHW are listed below with 2016 rankings in parenthesis for comparison.

1. Vaginal delivery w/o complicating diagnoses (#1)
2. Major hip and knee joint replacement or reattachment of lower extremity (#3)
3. Normal newborn (#2)
4. Septicemia or severe sepsis w/o MV >96 hours w MCC (#4)
5. Neonate w other significant problems (#5)
6. Heart failure shock w MCC (#6)
7. Pulmonary edema respiratory failure (#8)
8. Cesarean Section w/o CC/MCC (#7)
9. Cesarean section w CC/MCC (#9)
10. Percutaneous cardiovasc proc w drug-eluting stent w/o MCC (N/A)

Other 2016 diagnosis that did not make the 2017 list was:

- #10 Respiratory infections inflammations w MCC

Comparison of Inpatient Hospitalizations in Franklin County to state data was available for 2015 which indicated the county was **higher** than the state in the categories below (Missouri Department of Health and Senior Services – 2015).

Inpatient Hospitalizations – Disease Indicators	Franklin County Rate 2015 (per 100,000)	Missouri Rate 2015 (per 100,000)	Franklin County Rate 2012 (per 100,000)	Missouri Rate 2012 (per 100,000)
Pregnancy/Childbirth/Reproduction	154.87	134.75	155.1	138.7
Mental Disorders	146.71	135.14	155.1	134.7
Affective Disorders	86.49	72.24	89.2	67.8
Digestive System	102.36	102.25	N/A	N/A
Bone/connective Tissue/Muscle	73.91	64.05	73.1	64.8
Infection	61.82	58.19	48.8	42.2
Septicemia (except in labor)	57.35	52.12	42.8	35.3
Neoplasms	42.49	37.15	N/A	N/A
Cancer (Malignant Neoplasms)	28.05	26.94	N/A	N/A
Neoplasms – Other	14.43	10.21	N/A	N/A

Missouri Department of Health & Senior Services, 2015

Injuries and Poisonings **have improved** and are no longer higher than the state data overall.

Inpatient Hospitalizations – Disease Indicators	Franklin County Rate 2015 (per 100,000)	Missouri Rate 2015 (per 100,000)	Franklin County Rate 2012 (per 100,000)	Missouri Rate 2012 (per 100,000)
Injury and Poisoning	91.38	91.86	122.5	99.8
Complications of Device/Implant/Graft	22.28	18.93	24.4	19.9
Hip Fractures	8.58	9.06	N/A	N/A
Complications of Surgical Procedures/Medical Care	12.31	13.05	19.3	15.6

Missouri Department of Health & Senior Services, 2015

Preventable Hospitalizations

Preventable hospitalizations refer to hospitalizations for diagnoses that are designated Ambulatory Care Sensitive Conditions (ACSCs) by the Agency for Healthcare Research and Quality. ACSCs include *congestive heart failure, asthma, diabetes, chronic obstructive pulmonary disease (COPD), pneumonia, dehydration* and other conditions. It is believed that if the patient had received adequate ambulatory care (primary or preventative care) for these conditions that the need for hospitalization may have been prevented or reduced.

ACSC Discharge Rate and Preventable Hospital Events

Community Commons clarifies the significance of this data:

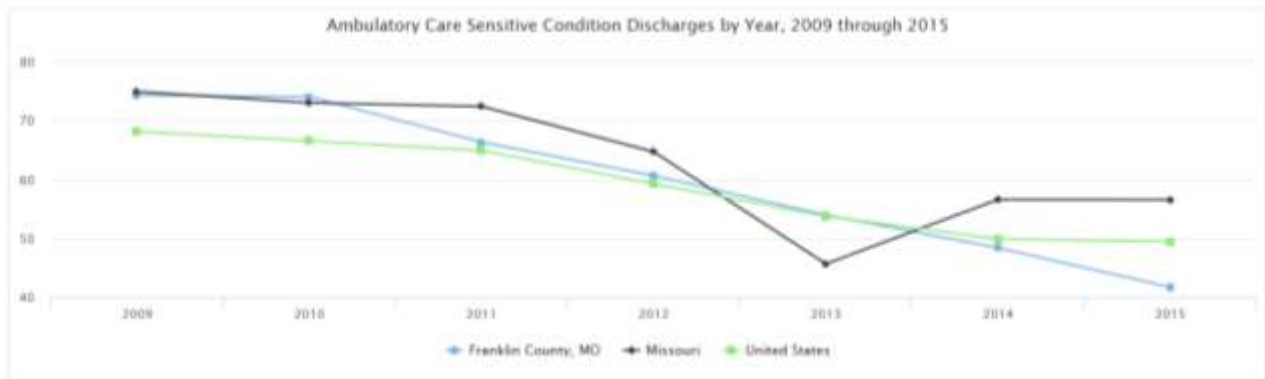
“This indicator is relevant because analysis of Ambulatory Care Sensitive (ACS) Conditions discharges allows demonstrating a possible ‘return on investment’ from interventions that reduce admissions (for example, for uninsured or Medicaid patients) through better access to primary care resources.”

Franklin County has seen a significant improvement between 2009 (74.34) rate and 2015 (41.71) which is now below both state and national rates.

Ambulatory Care Sensitive Condition Discharges by Year, 2009 through 2015

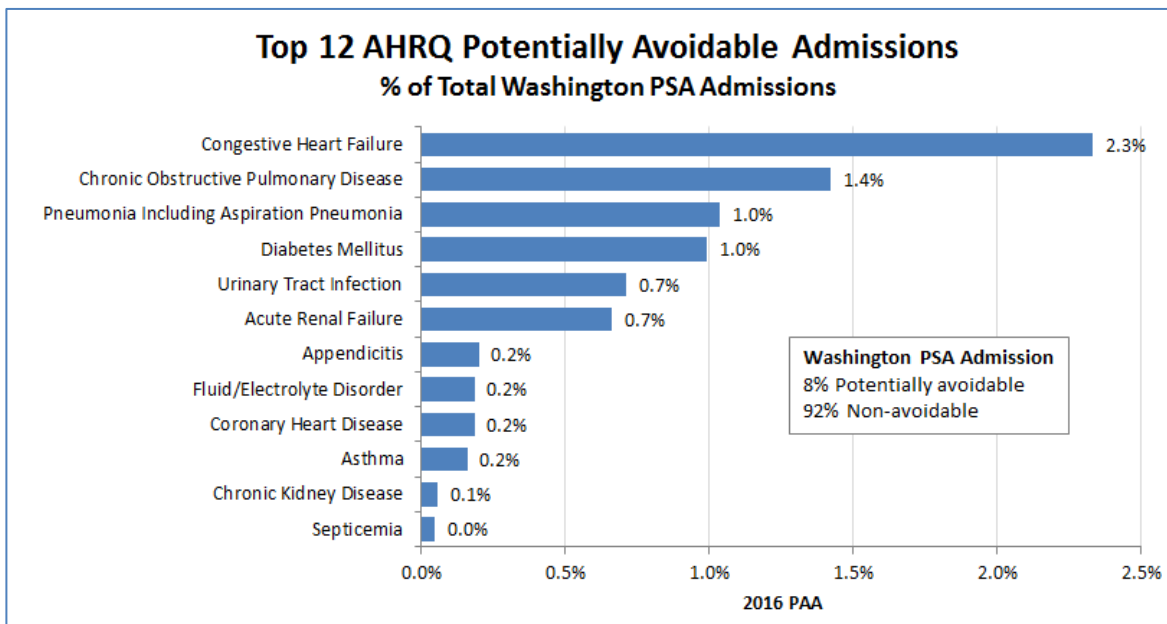
Rate of Ambulatory Care Sensitive Condition Discharges (per 1,000 Medicare Part A Beneficiaries)

Report Area	2009	2010	2011	2012	2013	2014	2015
Franklin County, MO	74.34	74.08	66.38	60.65	53.99	48.39	41.71
Missouri	74.95	73.05	72.43	64.71	45.67	56.61	56.58
United States	68.16	66.58	64.93	59.29	53.76	49.90	48.45



2015 Ambulatory Care Sensitive Condition Discharge Rate (Age-Adjusted per 1,000 Medicare Enrollees as calculated by Dartmouth College Institute for Health Care Policy and Clinic Practice)

Mercy Hospital Washington calculated having 8% Potentially Avoidable Admissions in calendar year 2016. The top diagnoses for readmissions were Congestive Heart Failure, COPD, Pneumonia and Diabetes Mellitus.



Sg2 State Data Analysis

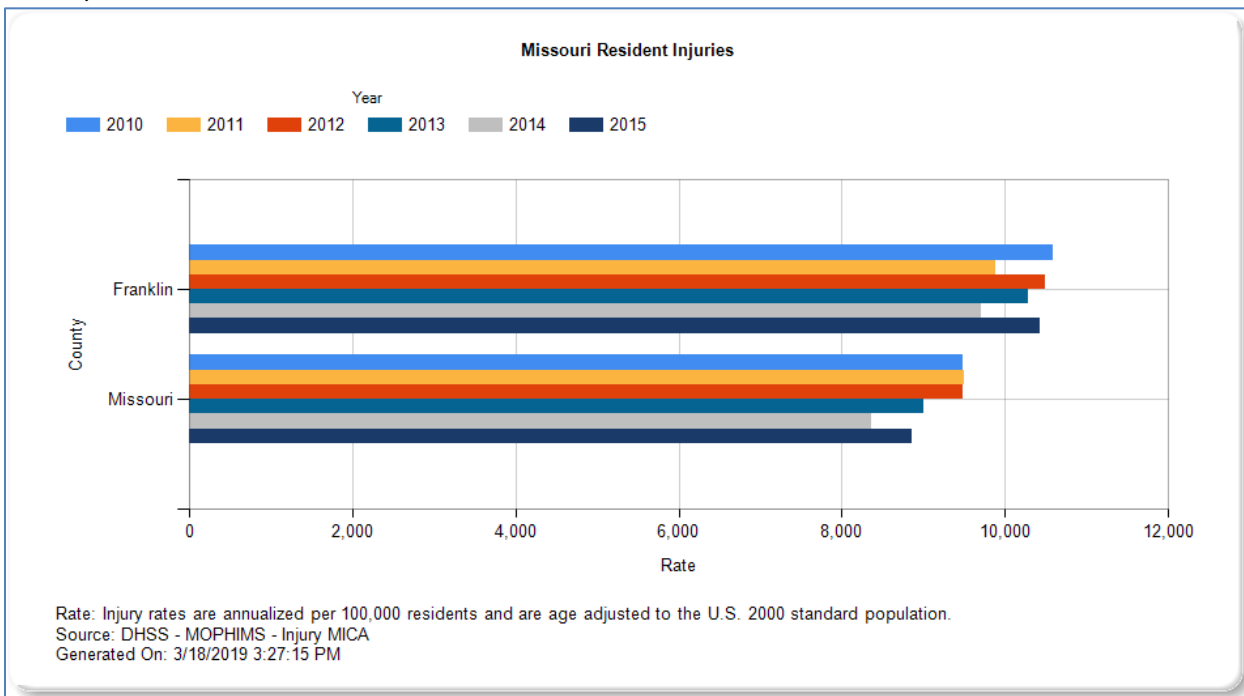
Sg2 citations: Missouri Hospital Association/Hospital Industry Data Institute (HIDI), MO. January 2016 - December 2016; CPT® copyright 2016 American Medical Association. All rights reserved.

Injuries

Injuries have been higher in Franklin County per 100,000 than Missouri.

The following types of injuries were included in this data:

Abuse/Neglect/Rape	Firearm	Poison/Overdose
All Other	Machinery	Struck By/Against
Cut/Pierce	Motor Vehicle – Non-Traffic	Suffocate/Hang
Drowning	Motor Vehicle – Traffic	Unknown
Fall/Jump	Other Transport	Weather/Wildlife
Fire/Burn	Over Exertion	



Communicable Diseases

Tuberculosis (TB)

Latent Tuberculosis cases being reported **are increasing** in Franklin County. The Mayo Clinic defines this condition as:

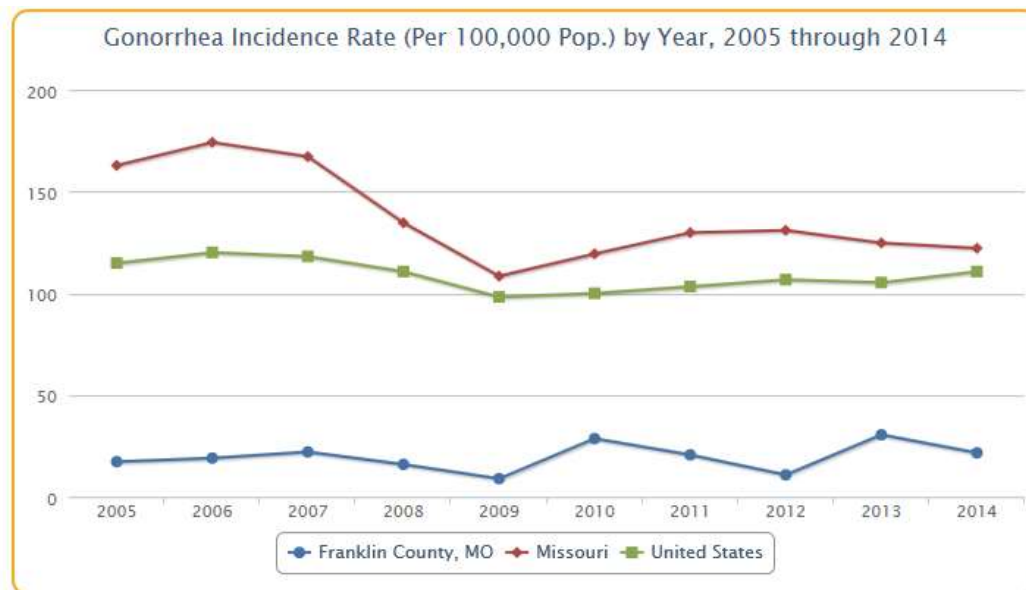
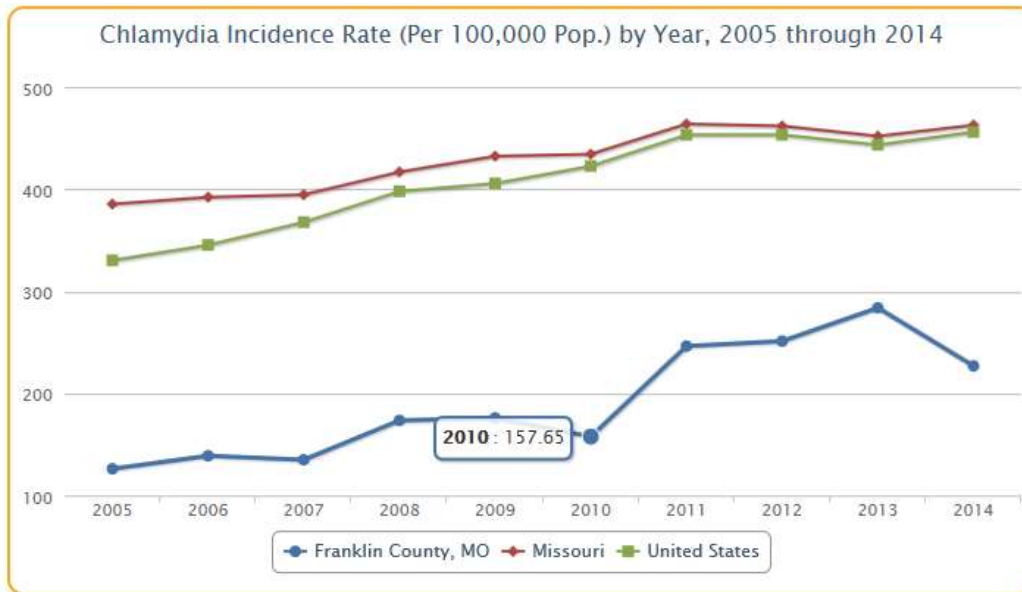
“With Latent Tuberculosis you have a TB infection, but the bacteria remain in your body in an inactive state and cause no symptoms. Latent TB, also called inactive TB or TB infection, isn't contagious. It can turn into active TB, so treatment is important for the person with latent TB and to help control the spread of TB. An estimated 2 billion people have latent TB.” (<https://www.mayoclinic.org/diseases-conditions/tuberculosis/symptoms-causes/syc-20351250>)

Reported Latent Tuberculosis Infections in Franklin County, 2012-2017						
Franklin County	2012	2013	2014	2015	2016	2017
Cases	10	5	18	8	17	25
Rate per 100,000 populations	9.9	4.9	17.7	7.9	16.8	24.3

MO Dept. of Health & Human Services & Franklin County Dept. of Health

Sexually Transmitted Infections

Sexually Transmitted Infections are low in Franklin County in comparison to state and U.S. data. Chlamydia and Gonorrhea were trending down in 2014 since peaking in 2013 (Community Commons).



HIV Prevalence for Franklin County in 2018 was 78 compared to 234 for Missouri and 49 for U.S. Top Performers (County Healthy Rankings).

Maternal, Child and Infant Health

- Infant mortality rate (per 1,000 births) for the county (6.57) was **not significantly lower** than the state rate (6.67) during 2007-2017 (MOPHIMS, MO DHSS).
- Teen birth rates **have decreased** and are now lower than the state rate.
- Low birth rates have **slightly risen**, but remain lower than the state rate.

Outcome Measures	FRANKLIN COUNTY				MISSOURI
	Number 2012	Rate 2012	Number 2016	Rate 2016	Rate 2016
Teen births (15-19)	102	32.8	66	21.6	23.3
Low birth rates	474	7.2%	480	7.8%	8.2%

Missouri Kids Count - 2018

The number of births that received **no prenatal care increased** from 8 in 2015 to 13 in 2017. There was a total of 27 during 2015-2017 which is a rate of 0.75 (per 100) which is lower than the state rate of 1.25 (MO DHSS, MICA).

The mothers that smoked 1 or more packs of cigarettes a day remained consistent across a three-year period, 2015-2017. The total count was 104 with a rate of 2.79 (per 100) which is **higher than the state** rate of 2.25 (MO DHSS, MICA)

Child Abuse/Neglect & Parenting

The following data were collect on child abuse and parenting in Franklin County from Missouri Kids Count 2018. Those trending negatively are in bold.

Category	County Rate	State Rate
Child abuse/neglect & family assessments (per 1,000)		
2012	6.7	N/A
2016	3.0	4.2
Children entering/re-entering state custody (per 1,000)		
2012	5.5	N/A
2016	5.8	N/A
Child deaths, ages 1-17 (per 100,000)		
2007-2011	32.5	N/A
2012-2016	31.6	N/A

Missouri Kids Count - 2018

Parenting

Category	County Rate	State Rate
Single parent head of household with children under 18		
2007-2011	8.4%	N/A
2012-2016	8.2%	N/A
Unrestrained automobile fatalities for children under 18		
2007-2011	63.6%	N/A
2012-2016	57.1%	N/A
Substance abuse hospitalization ages 1-19 (per 100,000)		
2006-2010	17.8	N/A
2011-2015	40.6	N/A
Mental/behavioral hospitalizations (not substance abuse) ages 1-19 (per 10,000)		
2006-2010	68.9	N/A
2011-2015	97.2	N/A

Missouri Kids Count - 2018

Franklin County Health Department Survey

As a follow up to the 2014 Franklin County Health Department (FCHD) needs assessment, FCHD conducted a survey in the community pertaining only to Maternal Child Health in November 2017. They received 99 total respondents. The respondents were evenly spread between 18-64 years of age, did not have a college degree and had an annual income of \$25,000-\$49,999. Nearly one-quarter (24.73%) had an income \$0-\$24,999. Excerpts from the assessment are below.

1. In the following list, what do you think are the 3 most important “maternal child health problems” in our community?

Top 3 Answer Choices	Responses
Substance Abuse (alcohol/drugs)	80.81%
Violence (domestic/family/child abuse/bullying)	58.59%
Affordability of healthcare services	34.34%

2. In the following list, what do you think are the 3 most important “risky behaviors” in our community? (Those behaviors that have the greatest on overall community health)

Top 3 Answer Choices	Responses
Drug Abuse	93.94%
Alcohol abuse	55.56%
Texting/cell phone while driving	34.34%

3. Franklin County has an adequate number of wellness activities, program and services

Answer Choices	Responses
Agree/Strongly Agree	40.40%
Disagree/Strongly Disagree	28.28%

4. I have access to and can afford the medical care that myself/family require

Answer Choices	Responses
Agree/Strongly Agree	56.12%
Disagree/Strongly Disagree	24.49%

5. I know where to find resources and education on health services and health-related topics within my community.

Answer Choices	Responses
Agree/Strongly Agree	63.64%
Disagree/Strongly Disagree	16.16%

6. How do you pay for healthcare?




Answer Choices	Responses
Health Insurance	58.16%
Medicaid	23.47%
Cash	13.27%
Medicare	3.06%

Prioritized Significant Community Health Needs

Prevalence of health issues in Franklin County were included in this assessment as were economic and social conditions that influence the health of people and communities known as social determinants of health. Upon tallying the negative health issues appearing mostly through data or surveys, below are the top six Health Priorities identified in Franklin County.

Health Priority	Health	Social Determinant of Health
Access to Care Providers (PCP, Dental & Mental)		X
All Injuries & Poisonings	X	
Asthma & Lung Disease/Pneumonia & Influenza	X	
Behavioral Health (Mental Health, Substance Use/Alcohol)	X	
Diabetes	X	
Heart Disease & High Blood Pressure	X	
Transportation & Commuting		X

The table below organizes health and social determinants of health needs by level of priority according to the information presented in this report as it pertains to Franklin County.

Lesser Concern  Meaning rates were better than both state and U.S. rates	Moderate Concern  Meaning rates were better than state or U.S. rates	Significant Concern  Meaning rates were worse than both state and U.S. rates
Disability Sexually Transmitted Infections Maternal, Child & Infant Health Income/Employment Housing Stability/Quality Poverty Early Childhood Edu & Dev Language and Literacy Sidewalks Crime and Violence Health Screenings Health Insurance Preventable Hospitalizations	Obesity Tobacco Use Food Insecurity/Healthy Eating High School Graduation Kidney Disease	Access to Care Providers (PCP, Dentists, Mental Health) Alzheimer's Disease Asthma/COPD/Lung Behavioral Health Mental Health Substance Use Cancers Death from Unintentional Injuries, Poisonings, Accidents, Suicides Enrollment in Higher Education Diabetes Heart Disease & High Blood Pressure Physical Activity Physical Environment Transportation & Environment

VII. Significant Community Health Needs Not Being Addressed and Why

Mercy Hospital Washington (MHW) will continue to support, collaborate and partner with community agencies to address these additional top community needs, but not as part of our Community Health Improvement Plan.

- **Asthma/Lung disease/Pneumonia/Influenza**

In April 2018, Mercy opened a COPD clinic in Washington that provides free COPD education, such as the correct use of inhalers and nebulizers, manufacturer assistance forms if they cannot afford medications and assessment for pulmonary rehabilitation, nutritional counseling or other services. MHW will continue to donate flu vaccine to Franklin County Health Department to protect more in our community.

- **Cancers and Tobacco Use**

Mercy's David C. Pratt Cancer Center in Washington offers patients who live and work in the Franklin County region access to the area's most advanced diagnostic and treatment services and clinical trials. Community cancer screenings and education continue to be offered regionally. Efforts to address tobacco cessation will continue through Mercy's Certified Health and Wellness Coach/Mercy Road to Freedom program through Mercy's Cardiopulmonary Rehab area. Additionally, Mercy will continue to advocate and promote tobacco prevention.

- **Violence: Domestic Trafficking**

MHW works closely with domestic violence, sex trafficking and family services agencies, such as Alternatives to Living in Violent Environments (ALIVE) and local law enforcement to insure patients are given safe choices while in a hospital setting. Mercy has begun safety awareness and educational campaigns which includes internal training videos, restroom resource posters, and the incorporation of a safety screening/referral question which cues up in each patient's Mercy's Electronic Medical Record (EMR).

The following needs are not being addressed:

- **Physical Environment: Air/Water Quality, Housing and Transportation**

Collaboration with local coalitions addressing homelessness and housing will continue as will Mercy's support of industry, government, non-governmental organizations and the public in addressing air and water quality and transportation in our area. Mercy is researching transport options for many its locations, such as HealthTran that specializes in providing rural health transportation.

Potentially Available Resources

Franklin County is a rural community that has many valuable resources, services, organizations and coalitions. Located 50 miles west of St. Louis, additional resources are accessible when needed, such as those provided by larger medical facilities and social service agencies.

Mercy Hospital Washington has chosen these health priorities to focus on improving for 2020-2022:

- Access to Care
 - Navigation to Services
 - Social Determinants of Health
 - Focusing on issues and barriers that may contribute to Childhood Obesity will be a priority, such as Poor Nutrition, Physical Inactivity and Diabetes
- Behavioral Health
 - Mental Health
 - Substance and Opioid Use

MHW’s addition of Social Determinants of Health to the CHIP will prompt investigation into factors upstream that contribute to chronic diseases such as an overweight/obese population. Mercy Clinic has four Diabetes and Nutrition Centers across Franklin County in Washington, St. Clair, Eureka and Gerald that offer a variety of programs and services to address chronic conditions and a healthy lifestyle. Mercy also utilizes a robust initiative that provides comprehensive health evaluation, screening, education, and incentives to increase healthy behaviors and improve health among Mercy coworkers.

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

Mercy Hospital Washington will continue to strengthen our partnerships with health and social services agencies in the county as well as include additional organizations as warranted, such as government, religious, and business sectors. Some examples include:

- Franklin County Health Department
- Crider Health Center/Compass Health
- Preferred Family Health/Bridgeway
- Franklin County Service Providers Network Coalition
- Franklin County Homeless Task Force
- Franklin County Hunger Task Force
- Foundations for Franklin County
- East Central College
- University of Missouri Extension
- Washington School District
- St. Clair School District
- Franklin County Area United Way
- Missouri Baptist Hospital – Sullivan
- ALIVE
- Police & Fire Departments
- Mayors
- Churches

VIII. Evaluation of Impact

Mercy Hospital Washington’s most recent Community Health Improvement Plan (CHIP) – 2017-2019 – focused on the following health topics:

- Access to Care (Navigation, Transportation and Health Insurance Coverage)
- Mental Health
- Substance Use

The following pages are the preliminary CHIP and is complete for FY17, FY18 and Jul-Dec FY19. Data from the entire FY19 will be updated at the end of the fiscal year, June 30, 2019, and placed on Mercy’s website, [Mercy Hospital Washington 2017-2019 CHIP](#).

Because other Mercy hospitals within Mercy East Community chose similar issues, much of the outcomes data was reported collectively. Below are all the Mercy East hospitals and the counties they primarily serve:

<u>Hospitals</u>	<u>Primary Service Areas/Counties</u>
• Mercy Hospital Lincoln	Lincoln County
• Mercy Hospital Washington	Franklin County
• Mercy Hospital Jefferson	Jefferson County
• Mercy Hospital St. Louis	St. Louis City
	St. Louis County
	St. Charles County
	Warren County

The 2017-2019 completed Community Health Improvement Plan (CHIP) for Mercy Hospital Washington will be posted on the Mercy website, www.mercy.net/communitybenefit.

**MHW CHIP REPORT
2017-2019**

ACCESS TO CARE – NAVIGATION

Goal 1:

Increase the number of patients in the MHW Emergency Dept. and Urgent Care Centers who are referred to a primary care provider (PCP)

Objectives:

- Patients without a PCP will be assisted in setting up a first appointment
- The number of ED visits for addressing chronic conditions (chronic heart failure, asthma, diabetes, COPD and pneumonia) will decrease
- Mercy Clinic will increase the number of Mercy health care providers.

ACCESS – NAVIGATION

Emergency Department Patients	Total ED Visits	Patients Without PCP	Percent
2016	38,770	6,744	18%
2017	38,363	6,060	16%
2018	37,654	6,011	16%

ED Referral to PCP by SW – MHW	FY17	FY18	FY19 (Jul-Dec)	TOTALS
# of Pts seen by SW in ED without PCP	N/A	356	315	671
# of Pts referred to PCP & follow up appointment made	N/A	123	75	198
% of ED Pts referred and f/u appt made with PCP	N/A	34%	23%	29%
# of appointments kept with PCP	N/A	78	47	125
% of appointments kept with PCP	N/A	63%	56%	60%

Types of Assistance MHW CHW provided to Mercy Emergency Dept. patients	FY19 (Jan – Mar)
Total Referrals	25
Mercy Financial Assistance	9
FQHC medical appt	4
Medicaid Enrollment	4
Utilities	3
Food	3
Childcare	1
Wood for heating	1
Total Patients Attempted to Contact	588

Emergency Dept. Visits for Chronic Conditions – Primary or Secondary Diagnoses	2016	2017	2018
Diabetes	5,556	6,040	6,100
Behavioral Health	17,151	18,306	16,644
Cardiovascular Disease	6,631	6,754	6,679
Lung Disease	7,586	8,440	8,694
TOTAL	38,940	41,557	40,135

Activities:

1. In FY18, social workers in the hospital Emergency Department (ED) began using a new feature in EPIC that allowed them upon discharge to electronically schedule the patient with a Primary Care Provider (PCP), for the patients who did not have a PCP, for follow-up care.
2. In FY18, ED Social Workers acknowledged that many of their patients were not keeping their PCP appointments because they had additional unmet priority needs that required more care than the social workers could provide. In FY19, MHW decided to pilot the Community Health Worker (CHW) model of care and hired 1 CHW to improve access to care.
3. In FY18, Mercy opened a free COPD education clinic in Washington for their patients.
4. Mercy increased the number of new physicians in Pacific, Eureka and New Haven and added nurse practitioners at most of our Primary Care locations. A Breast Surgeon and new Urologist were added, also.
5. Mercy is exploring the opportunity to develop a Rural Residency Track in partnership with Dr. Sarah Cole, the Residency Program Director in St. Louis and President of Missouri Academy of Family Physicians.

IMPACT STATEMENT:

1. Patients discharged from ED with an appointment to see a PCP could receive follow-up care at an affordable price and appropriate level of care.

2. 78 patients who were referred to a PCP by ED social workers kept their appointments and established a “medical home” which may be more appropriate for future healthcare needs vs. an Emergency Dept. visit.
3. 4 Emergency Department patients seen by Mercy’s Community Health Worker obtained appointments at the Federally Qualified Health Center in the area the first three months of the program.
4. With the increased number of primary care providers, nurse practitioners and specialists working in the area, Franklin County residents have more options in accessing care closer to their homes

ACCESS TO CARE – NAVIGATION

Goal 2:

Increase the number of Emergency Dept. and Urgent Care Center patients receiving social service resource assistance

Objectives:

- Patients of Emergency Dept. and Urgent Care Center in need of crisis assistance as indicated by their completed questionnaire will receive resources and referral assistance by case worker/care manager
- Increase Mercy coworkers’ knowledge of available resources

Types of Assistance MHW CHW provided to Mercy Emergency Dept. patients	FY19 (Jan – Mar)
Total Referrals	25
Mercy Financial Assistance	9
FQHC medical appt	4
Medicaid Enrollment	4
Utilities	3
Food	3
Childcare	1
Wood for heating	1
Total Patients Attempted to Contact	588

Medication Assistance – MHW	FY17	FY18	FY19 (Jul-Dec)	TOTAL
# Patients that received Medication assistance	178	107	61	346
Cost (covered by Foundation)	\$6,671	\$6,391	\$3,779	\$16,841

Activities:

1. Health and social determinant questionnaire was not administered to patients of ED/UCC in FY17, FY18 as hoped.
2. In FY19, MHW piloted the Community Health Worker (CHW) model of care and hired 1 CHWs to improve access to care and remove barriers to health and social services for patients.
3. Mercy Neighborhood Ministry distributed Franklin County Resource List packets to ED and UCC social workers and co-workers, and Mercy care managers.

IMPACT STATEMENT:

1. Prescription assistance aided 285 patients with critical medications that may have averted a preventable hospitalization.
2. MHW CHW assisted 21 Emergency Department patients with social services needs

ACCESS TO CARE – TRANSPORTATION

Goal 3:

Decrease non-emergent transportation barriers for Mercy Clinic patients accessing primary and specialty care

Objectives:

- Decrease the number of missed medical appointments due to transportation issues for patients of McAuley Clinic and one other Mercy Clinic TBD

ACCESS – TRANSPORTATION

Patient Transportation MHW	FY17	FY18	FY19 (Jul – Dec)	TOTAL
IOP Rides provided to IOP patients (EMT)	2,243	1,034	N/A	3,277
IOP Rides cost (EMT)	\$33,645	\$16,276	N/A	\$49,921
Cab rides provided to MHW patients	163	174	22	359
Cab rides cost	\$7,032	\$7,209	\$421	\$14,662
Gas cards given to MHW patients	75	80	N/A	155
Gas cards cost	\$775	\$800	N/A	\$1,575
Shuttle rides into MHSL	18	17	1	36
Shuttle rides cost	\$1,620	\$1,530	\$180	\$3,330
TOTAL RIDES	2,499	1,305	23	3,827
TOTAL COST	\$43,072	\$25,815	\$601	\$69,488

MHW - McAuley Missed Appts	FY17	FY18	FY19 (Jul – Dec)	TOTALS
# of Cancellations	3,712	6,438	2,955	13,105
# Due to Transportation	1,096	992	431	2,519
Percent	25%	15%	15%	18%
# of No Shows	N/A	1,927	1,563	3,490

Activities:

1. MHW patients were given gas cards, cab vouchers or scheduled with a Mercy shuttle that ran between MHW and Mercy Hospital St. Louis as appropriate to go to and from their medical appointments.
2. EMT Transport had been used for transporting many of our Intensive Outpatient Program (IOP) patients, but was discontinued in mid-FY18 due to EMT's loss of contract in Franklin County
3. SafeRide Health and HealthTran are being considered as transportation partners in the community and throughout Mercy.
4. McAuley Clinic began asking their patients why they were canceling their appointments to track and address the barriers, such as transportation.

IMPACT STATEMENT:

1. 3,827 MHW patients could access their necessary healthcare by Mercy expensing transportation assistance, \$69,488

ACCESS TO CARE – HEALTH INSURANCE COVERAGE

Goal 4:

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

Objectives:

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

ACCESS – HEALTH CARE COVERAGE

ACA & IP Medicaid – Mercy East	FY17	FY18	FY19 (Jul – Dec)	TOTAL
ACA – Lives Covered	229	195	N/A	424
ACA – Counseling Only	99	76	N/A	175
ACA – Outreach Events	85	82	N/A	167
ACA – Lives Touched at Outreach Events	3,019	7,318	N/A	10,337
ACA – Mercy Certified Application Counselors	3	3	0	
Medicaid Screenings	39,763	46,319	12,634	98,716
% of Uninsured Inpatient Population Screened	91%	93%	97%	94%
# of Medicaid Approvals	7,053	8,016	1,613	16,682

Activities:

1. Funding for CAC positions was obtained through Missouri Foundation for Health, and the CACs provided outreach and insurance enrollment in the 7 counties of Mercy East (St. Louis City, St. Louis County, St. Charles, Warren, Lincoln, Franklin and Jefferson Counties) as required by the grant in FY17 and FY18. The MFH grant was not pursued by Mercy for renewal in FY19.
2. Mercy Eligibility Services increased their scope of inpatient Medicaid screening from only Self-Pay to all inpatients for qualification of Medicaid as a primary or secondary insurance.
3. All Mercy patients must now apply to Medicaid, if feasible, before being awarded Mercy Financial Assistance.

IMPACT STATEMENT:

1. In Mercy East, which includes Franklin County, more than 17,000 people are now receiving healthcare coverage through the ACA Market Place plans or Medicaid.

2. Mercy's Financial Assistance is better utilized when Self-Pay Mercy patients are first deemed ineligible for other health care coverage.
3. Mercy patients may have less out-of-pocket expenses when screened for Medicaid as primary or secondary coverage
4. People who have health insurance tend to be healthier which can lead to a more productive and fulfilling life.

MENTAL HEALTH

Goal 1:

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

Objectives:

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

Emergency Room Enhancement Project (ERE)	FY17	FY18	FY19 (Q1&Q2)	TOTAL
MHSL				
# Program Referrals	N/A	114	44	158
# Appts Scheduled	N/A	75	34	109
% Engagement Rate	N/A	72%	93%	83%
MHJ				
# Program Referrals	N/A	17	2	19
# Appts Scheduled	N/A	12	2	14
% Engagement Rate	N/A	67%	100%	84%
MHS (SAMC)				
# Program Referrals	N/A	43	22	65
# Appts Scheduled	N/A	30	18	48
% Engagement Rate	N/A	77%	50%	64%
MHW				
# Program Referrals	N/A	N/A	7	7
# Appts Scheduled	N/A	N/A	3	3
% Engagement Rate	N/A	N/A	59%	59%
MHL				
# Program Referrals	N/A	N/A	2	2
# Appts Scheduled	N/A	N/A	2	2
% Engagement Rate	N/A	N/A	100%	100%
ALL PROGRAM REFERRALS	N/A	174	77	251
ALL APPOINTMENTS SCHEDULED	N/A	117	59	176

Activities:

1. Through a partnership with area mental health providers and Behavioral Health Network (BHN), plus funding received through a SAMHSA (Substance Abuse and Mental Health Services Administration) grant, Mercy

implemented the Emergency Room Enhancement Projects (ERE) in their Mercy East hospitals to address mental health patients who are high utilizers of emergency rooms. The program began at MHW in FY19.

2. Through partnership with the National Alliance on Mental Illness (NAMI), Mercy and NAMI continue to schedule family and individual support groups in the counties of Mercy to address the needs of family members of those living with mental illness.
3. In December 2018, the Mercy East community opened a Behavioral Health Regional Access Center to address the difficulty with finding available psychiatric beds in the St. Louis area.

IMPACT STATEMENT:

1. ERE has streamlined the process for 176 patients in obtaining the appropriate level of behavioral health care services needed and reduced preventable hospital readmissions for mental health services regardless of having health insurance.
2. The Behavioral Health Regional Access Center provides a more efficient throughput of patients into psychiatric beds and provides a “one stop shop” for end users to make referrals for hospital-based behavioral health services.

SUBSTANCE AND OPIATE USE

Goal 1:

Reduce substance use by expectant mothers to decrease health risks to both mother and child

Objectives:

- Decrease substance use among pregnant women of McAuley Clinic by the time of delivery
- Increase capacity of IOP
- Counsel McAuley Clinic patients who are expecting and have a positive drug screening at each visit
- Refer patients testing positive to additional services

SUBSTANCE USE – MCAULEY’S WOMEN’S HEALTH PROGRAM

MHW McAuley Women’s Program	FY17	FY18	FY19 (Jul-Dec)	TOTAL
# of patients in McAuley Women’s Program	192	197	94	483
# admitting to drug use	38	52	28	118
% of all patients admitting to drug use	20%	26%	30%	25%
# of patients smoking	66	82	40	188
% of all patients smoking	35%	42%	43%	40%
# of patients using alcohol	8	6	2	16
% of patients using alcohol	5%	3%	2%	3%
# of positive initial Urine Drugs Screen (UDS)	38	51	26	115
# of total UDS administered	185	151	67	403
% of pts with positive UDS	20%	33%	38%	30%
Repeat UDS	N/A	4 of 4		
...9 mos. later				
# of positive UDS at Delivery – rate of women with previous admission of use or + UDS	23%	27%	N/A	
	8 of 35	4 of 15		
# Smoking at Delivery	49 of 55	28 of 30	N/A	
	89%	94%		
# using Alcohol at Delivery	4 of 8	2 of 3	N/A	
	50%	67%		
TX or SAB (transfer or spontaneous abortion)	39	20	N/A	59

Activities:

1. McAuley Clinic Women's Health screened the women patients at their initial obstetric visit for substance use and continued through delivery. Once identified, the patients were counseled about effects of substance abuse, advised to quit, assessed to determine if willing to quit, assisted with cessation techniques and referred to counseling and other programs as desired. Handouts for marijuana and opiate use during pregnancy have been developed and are included in new OB folders.
2. Mercy IOP can be a referral option for McAuley women patients for substance use and mental health treatment during pregnancy. In addition, ERE program has agreed to be a referral source for patients in need of immediate mental health assistance.
3. A grant application for funding to incorporate Baby and Me Tobacco Free program into the Women's Health clinic has been approved and the program is currently being formulated.

IMPACT STATEMENT:

1. 75% of women who previously admitted to drug use at the first obstetric visit or had a positive urine drug screen had a negative urine drug screen at the time of delivery in FY17 and FY18.
2. Due to the high rate of smoking during pregnancy, McAuley Clinic will begin "Baby and Me, Tobacco Free" program in 2019.

SUBSTANCE AND OPIATE USE

Goal 2:

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

Objectives:

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

SUBSTANCE USE – ELIMINATION OF UNUSED MEDICATIONS, PRIMARILY OPIOIDS

Deterra Bags (Medication Disposal System)	FY17	FY18	FY19 (Q1 & Q2)	TOTAL
MHL	360	250	20	630
MHW	8,000	250	0	8,250
MHJ	4,000	600	458	5,058
MHSL	8,000	0	0	8,000
TOTAL ACQUIRED FOR DISTRIBUTION	20,360	1,100	478	21,938
COST TO MERCY	\$0	\$931	\$0	\$931

SUBSTANCE USE – NARCAN

Mercy Narcan Trainings	FY17	FY18	FY19 (Jul – Dec)	TOTAL
# of Narcan Training Sessions	3	5	1	9
# of Students	105	139	18	262
Training Locations	Franklin County	Washington & Lincoln Counties, SLU Campus, Washington PD, St. Clair EMS	Franklin County Sherriff's Dept	
Cost of Training for Mercy not offset by grants		\$379	\$2,438	\$2,817
Narcan Distribution Doses	96	147	139	382
Cost of Narcan Distribution Doses	Paid for by Narcotics Task Force	Paid for by Narcotics Task Force	Paid for by Narcotics Task Force	

Activities:

1. Mercy providers have reduced the amount of pain medications being prescribed to each new patient to a 7-day course.
2. Mercy advocated to state, county and local governments to implement or join an established Prescription Drug Monitoring Program. *Partner:* Missouri, County and Local Government
3. Mercy distributed 21,938 Deterra Bags to Mercy patients for disposal of unused prescription and over-the-counter medications. *Partner:* NCADA, Mallinckrodt

4. Mercy trained 244 first responders in multiple counties on the use of Narcan and how to carry it. Mercy Pharmacies agreed to store first responders' replenishment inventory (382 doses). *Partner:* Multi-County Drug Task Force, local Police Departments

IMPACT STATEMENTS:

1. Mercy providers only prescribe for 7-days or less for new prescriptions of opioid medication to address pain which should decrease the number of patients becoming dependent on them.
2. All 7 counties comprising Mercy East are now enrolled in and utilizing the St. Louis County PDMP since one is not available at a State of Missouri level <https://stlouisco.com/PDMP>. This allows clinicians to identify patients who are obtaining opioids from other providers or prescribed other substances that may increase the risk of opioid or adverse drug reactions.
3. Mercy patients who used Detera Bags for destroying unused prescription medications decreased the chance of drug-seeking visitors taking them which could lead to addiction, accidental overdoses and medical emergencies. The bags render the drugs inactive and become eco-friendly for disposal.
4. Non-EMT and non-Ambulance first responders are now carrying and are trained to administer Narcan (naloxone HCl) when someone is believed to be having an opioid overdose. The drug counteracts the life-threatening effects of an opioid overdose, so lives can be saved while waiting on the ambulance. www.narcan.com/
5. The replacement amounts of Narcan to first responders are increasing each year which can indicate the increase of opioid overdoses and/or the increased knowledge and availability of the use of Narcan.

SUBSTANCE AND OPIATE USE

Goal 3:

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

Objectives:

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

EPICC (Engaging Patients in Care Coordination)	FY17	FY18	FY19 (Jul-Dec)	TOTAL
MHSL				
# Program Referrals	N/A	97	59	156
# Appts Scheduled	N/A	92	54	146
% Engagement Rate	N/A	57%	67%	62%
MHJ				
# Program Referrals	N/A	62	44	106
# Appts Scheduled	N/A	55	38	93
% Engagement Rate	N/A	40%	49%	45%
MHS (SAMC)				
# Program Referrals	N/A	62	100	162
# Appts Scheduled	N/A	55	94	149
% Engagement Rate	N/A	61%	60%	61%
MHW				
# Program Referrals	N/A	31	42	73
# Appts Scheduled	N/A	28	33	61
% Engagement Rate	N/A	64%	51%	58%
MHL				
# Program Referrals	N/A	2	1	3
# Appts Scheduled	N/A	2	1	3
% Engagement Rate	N/A	100%	0%	50%
ALL PROGRAM REFERRALS	N/A	254	246	500
ALL APPOINTMENTS SCHEDULED	N/A	232	220	452
% ENGAGEMENT RATE FOR ALL		64%	45%	55%

Activities:

1. Mercy implemented EPICC (Engaging Patients in Care Coordination) in the Emergency Departments of all Mercy East hospitals to expedite the initiation of rehabilitation and access to Medication-Assisted Treatment, counseling, behavioral therapy and a peer-support specialist through a partnership with substance use treatment providers, Behavioral Health Network (BHN) and funding received through a SAMHSA (Substance Abuse and Mental Health Services Administration) grant. The program began at MHW in FY19.
2. The NCADA campaign, "Talk About It", rotated their display and materials to numerous Mercy Clinic physician offices promoting the need for parents to talk to their kids about the dangers of drugs and alcohol using age-appropriate materials found on the website www.TalkAboutItSTL.com

IMPACT STATEMENT:

1. Individuals who have overdosed and were brought to a Mercy Emergency Department may qualify for EPICC services regardless of having health insurance.
2. There were 452 overdosed patients connected to EPICC services with an average engagement rate of 64% vs. the national average of 17%.
3. Parents visiting the physician offices where the Talk About It campaign was on display received the NCADA message that "Addiction can happen to anyone. Protecting your family starts with early conversation" and were educated on the importance of using age-appropriate materials and where to locate them.

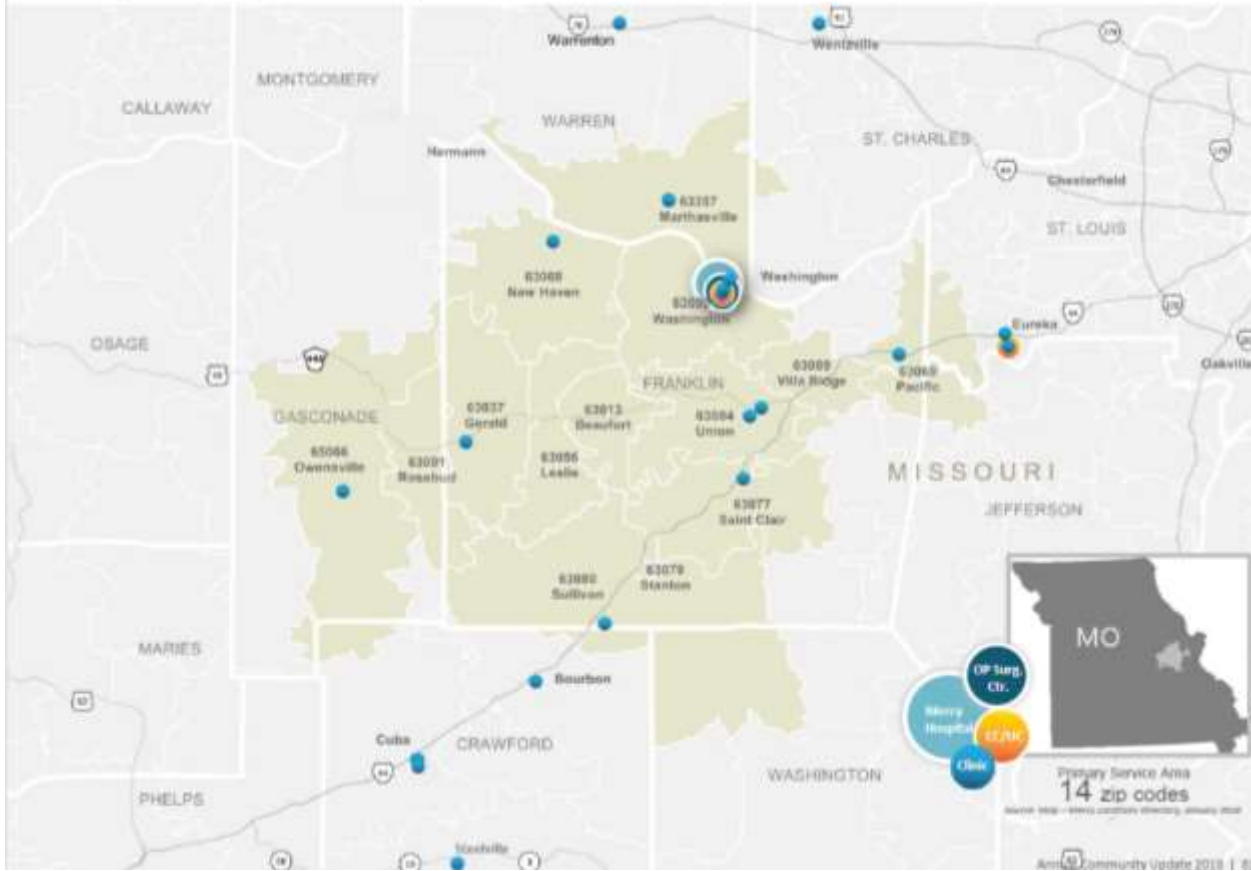
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A. Mercy Washington Community Update



Mercy Washington Primary Service Area & Locations



Washington Community Demographics

Population Demographics	Primary Service Area		5-Year Growth	MO 2017	US 2017
	2017	2022			
Total Population	111,241	112,792	1%	6,112,809	325,135,271
Age Groups	Number	Percent	Number	Percent	Percent
0-17	25,482	23%	25,079	22%	-2%
18-44	35,567	32%	36,495	32%	2%
45-64	31,340	28%	29,841	26%	-9%
65+	18,752	17%	21,577	19%	15%
Race & Ethnicity					
Asian & Pacific Is. Non-Hispanic	563	1%	648	1%	11%
Black Non-Hispanic	1,367	1%	1,314	1%	12%
Hispanic	2,172	2%	2,688	2%	19%
White Non-Hispanic	105,114	95%	105,880	94%	79%
All Others	1,805	2%	2,052	2%	14%

Language*	Primary Service Area		MO 2017	US 2017
	2017	2022		
Only English at Home	98%	98%	94%	79%
Spanish at Home	1%	1%	2%	13%
All Others	1%	1%	4%	8%
Workforce**				
Armed Forces	<1%	<1%	<1%	<1%
Civilian, Employed	62%	60%	59%	58%
Civilian, Unemployed	4%	4%	5%	5%
Not in Labor Force	20%	23%	27%	28%
Household Income				
<\$15K	11%	10%	12%	12%
\$15-20K	11%	10%	10%	10%
\$25-50K	27%	26%	25%	23%
\$50-75K	20%	19%	18%	17%
\$75-100K	14%	14%	12%	12%
\$100K-200K	15%	17%	18%	19%
>\$200K	3%	3%	5%	6%
Families living below poverty level	9%	9%	11%	12%
Education Level***				
Less than High School	5%	5%	4%	6%
Some High School	8%	8%	8%	8%
High School Degree	25%	25%	21%	20%
Some College/Assoc. Degree	36%	36%	32%	31%
Bachelor's Degree or Greater	17%	17%	25%	28%

* - largest values in demographic category ** Excludes population age <18 *** Excludes age <18 and based on highest level achieved
 Source: Washington Primary Service Area counts of 14 zip codes in Missouri; Source: US Census Bureau, American Community Survey, 2017

Insurance Payer Mix

The chart below compares payer mix in the Primary Service Area (PSA) to the state and the US.



Note: 2017 Insurance Coverage Estimates profile are the foundation for the PSA pay for health care analysis. Data is based on assigned housing units to census, apartment or group of rooms intended to serve as separate living quarters. Other includes veterans and all other.
 Source: US Insurance Coverage Estimates, 2017

Major Employers

The table below lists the largest employers in the Washington, MO Community and Economic Development Council:

Company	Industry	Staff
Mercy Hospital Washington	Health Care	1,423
Parker Hannifin-Sporlan Valve Division	Manufacturing	979
Washington School District	Education	675
CG Power Systems USA, Inc.	Transformers	441
Walmart	Retail	400
Magnet, Inc.	Advertising	320
RTI Advanced Forming, Inc.	Aircraft Parts	221
Frick's Quality Meats	Meat Processing	180
Rawlings Sporting Goods, Inc.	Sporting Goods	172
LMi Aerospace, Inc.	Aerospace Manufacturing	146

Source: Washington, MO Community and Economic Development Council, Working Industry List, March 2021 (www.washmocecdc.com)

Washington Community Inpatient Services

Where are Washington area residents going for inpatient care?

Considering total discharges from the PSA, Mercy Hospital Washington ranks #1 with 36% market share. At the health system level, Mercy East Community hospitals rank #1 with 61% market share.

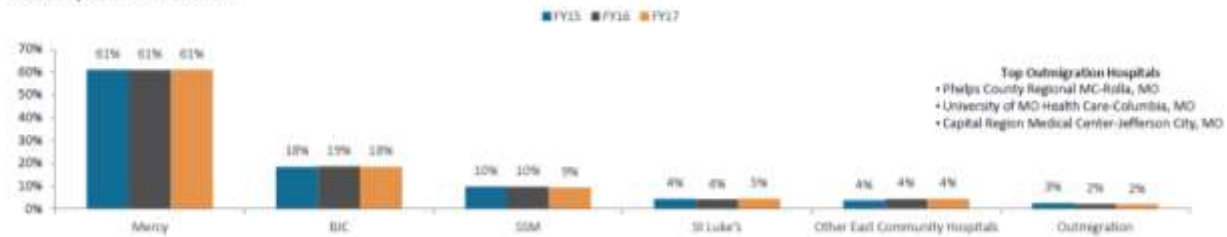
PSA Volumes, Market Share Trends and Payer Mix

Hospital	Market Share Trends			FY17 PSA Discharges	FY17 Total Discharges	FY17 Payer Mix based on Total Discharges				
	FY15	FY16	FY17			Commercial	Medicare	Medicaid	Self Pay	Other
Mercy Hospital Washington-MO	36%	37%	36%	4,382	6,111	27%	53%	14%	1%	4%
Mercy Hospital St. Louis-MO	15%	15%	20%	2,499	44,294	47%	35%	15%	1%	5%
Missouri Baptist Sullivan Hospital-MO	7%	7%	7%	819	2,142	14%	47%	33%	2%	5%
James-Brewer Hospital-St. Louis, MO	5%	5%	5%	674	55,176	23%	41%	21%	2%	8%
SSM Health St. Clare Hospital-Fenton, MO	5%	5%	5%	597	11,224	32%	51%	11%	2%	5%
Missouri Baptist Medical Center-St. Louis, MO	5%	4%	4%	543	21,492	42%	49%	6%	1%	2%
St. Luke's Hospital-Chesterfield, MO	3%	3%	3%	412	14,809	31%	55%	3%	4%	3%
St. Anthony's Mercy St. Louis-MO	3%	3%	3%	345	25,981	23%	59%	10%	1%	7%
Mercy Rehab Hospital St. Louis-MO	1%	1%	1%	174	1,789	20%	67%	7%	0%	1%
St. Louis Children's Hospital-MO	1%	1%	1%	166	10,283	40%	0%	51%	1%	5%
Other hospitals (including Mercy hospitals)	15%	14%	14%	1,707	-	-	-	-	-	-
Total PSA Discharges	12,571	12,812	12,588	12,588	-	-	-	-	-	-

Note: Includes all acute care hospitals, critical and specialty care hospitals; does not include CHC; includes submigration to other states as available. Source: HHS Analytics, FY2015-FY2017 total discharges; HHS Analytics, FY2017.

Note: Does a provider self-report based on total hospital volumes. "Other" includes Medicare Commercial, Charity Care, Adult Rehab, Hospice, Acute Rehab, and DOC/Correctional Institution. Source: HHS Analytics, FY2017.

Health System Market Share

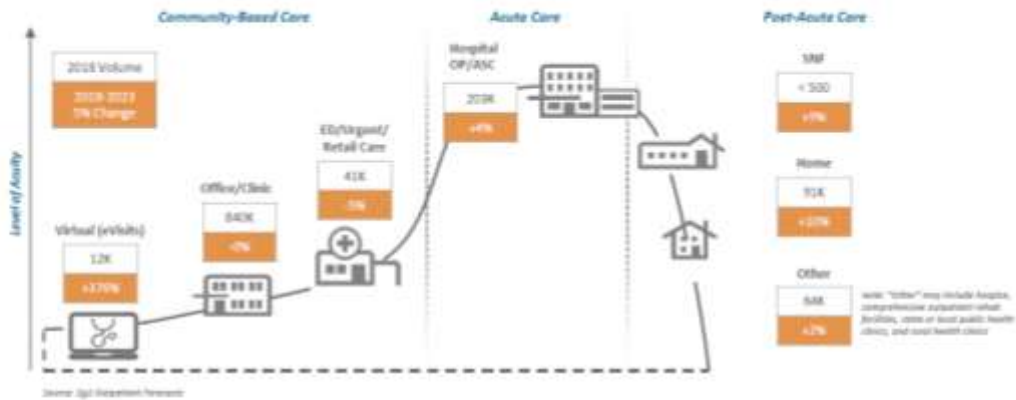


Note: Health system volumes include system-owned hospitals located within the East Community Unit; Mercy hospitals include WestAlton, St. Louis, Jefferson, Lincoln and St. Anthony's | Mercy; submigration includes all patients leaving the East Community for inpatient care. Source: HHS Analytics, FY2015-FY2017.

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Washington Community Ambulatory Care Settings

PSA Procedure Volumes by Site of Care with Forecast



PSA Hospital-Based Outpatient Volumes and Market Share Trends

Hospital	FY15	FY16	FY17
Mercy Hospital Washington MO	55%	60%	68%
Missouri Baptist Sullivan Hospital MO	10%	9%	8%
Mercy Hospital St. Louis MO	8%	8%	8%
St. Luke's Hospital-Chesterfield, MO	2%	2%	2%
Mercy Outpatient Surgery Center-Washington, MO	1%	2%	2%
SSM Health St. Clare Hospital-Fenton, MO	2%	1%	1%
Missouri Baptist Medical Center St. Louis, MO	1%	2%	1%
Barnes-Jewish Hospital St. Louis, MO	1%	1%	1%
Other hospitals (including Mercy)	9%	9%	8%
Total Volume	276,964	292,853	308,205

Note: Volumes include all ambulatory, outpatient surgery and any other hospital-based outpatient volumes including imaging, IM, Pharmacy, etc.
Source: Iqig Healthcare Forecasts

Mercy ED Visit Volumes East Community

Hospital	FY17 total ED Visits
Mercy Hospital Washington	38,918
Mercy Hospital St. Louis	30,575
St. Anthony's Mercy	73,278
Mercy Hospital Jefferson	31,562
Mercy Hospital Lincoln	13,424

Source: Mercy Health, Project St. Anthony's | Mercy

PSA vs. State Physician Supply per 100,000 Population

	Washington	MO
Primary Care	78	117
Specialists	50	104
Total	128	221

Source: Iqig Healthcare Forecasts

Mercy Washington Community Providers



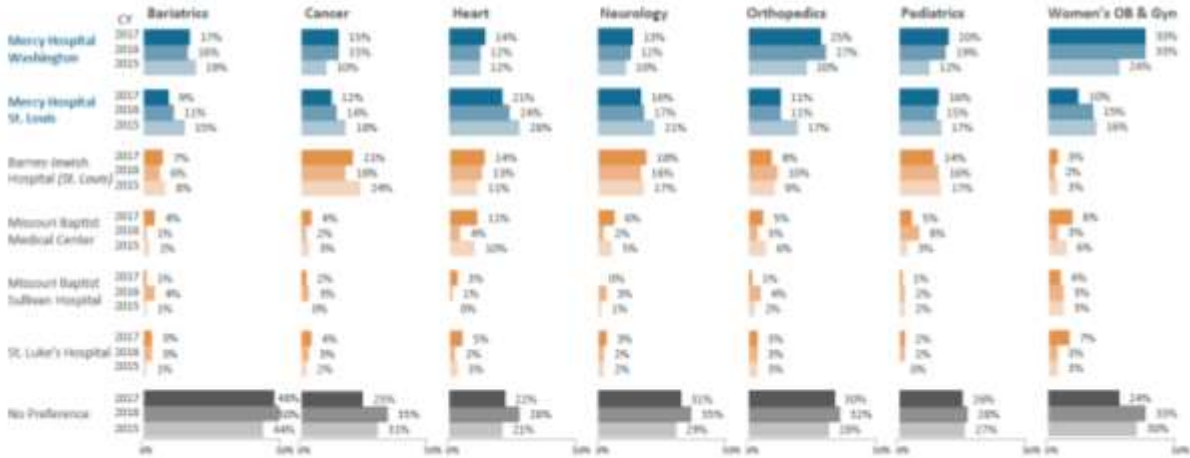
Note: Primary Care includes PC, NP, and Physician Assistants; Specialists include all other physicians; APN includes all other providers including APRN, PA, Acupuncturists, Chiropractors, Audiologists, and Psychologists.
Source: Mercy Health Database, February 2018

Washington Community Consumer Preference Trends

Consumers were asked, "What is your first choice hospital/facility for...?"

Best Overall Quality				Best Image/Reputation				Most Preferred for All Health Needs			
	2015	2016	2017		2015	2016	2017		2015	2016	2017
Mercy Hospital Washington	20%	19%	22%	Mercy Hospital Washington	18%	16%	23%	Mercy Hospital Washington	21%	21%	35%
Mercy Hospital St. Louis	14%	18%	18%	Barnes-Jewish Hospital	12%	18%	15%	Mercy Hospital St. Louis	17%	18%	14%
Barnes-Jewish Hospital	14%	10%	14%	Mercy Hospital St. Louis	19%	23%	18%	Barnes-Jewish Hospital	8%	8%	7%
Missouri Baptist Medical Center	6%	3%	6%	Missouri Baptist Medical Center	8%	2%	0%	Missouri Baptist Sullivan Hospital	3%	6%	6%
Missouri Baptist Sullivan Hospital	3%	4%	3%	Missouri Baptist Sullivan Hospital	3%	2%	4%	Missouri Baptist Medical Center	6%	1%	3%
No Preference	22%	21%	15%	No Preference	17%	18%	12%	No Preference	20%	25%	15%

Consumers were asked, "If you or a household member were in need of this service, to which hospital/facility would you prefer to go?"



- Mercy Hospital St. Louis includes the David C. Proff Cancer Center
- Barnes-Jewish Hospital includes Staman Cancer Center and St. Louis Children's Hospital
- Missouri Baptist Medical Center includes St. Louis Children's Hospital at Missouri Baptist
- SSM Cardinal Glennon (not shown above) was preferred by 18%, 18% and 17%, respectively, from 2015-2017

SMH, Aug 01 - 04, Aug 05th Range = 0-6.6
 Source: SMH Healthcare Market Study, 2017 survey online (online controls year controlled, unpaired order - Washington Mercy Service www.1414161616)

B. Mercy Community Health Survey Results – 2018, Franklin County

165 completed surveys from Franklin County	Count	Percent of Respondents
Please select the age range that best fits you.		
18 to 25 years old	6	3.69%
26 to 35 years old	23	14.11%
36 to 45 years old	28	17.18%
46 to 64 years old	73	44.79%
65 years and older	29	17.79%
Prefer not to answer	4	2.45%
What is your gender identity?		
Female	112	72.26%
Male	35	22.59%
Prefer not to answer	8	5.16%
Please choose the race/ethnicity that best fits you. Select all that apply or you can simply choose “prefer not to answer.”		
White	145	90.63%
Prefer not to answer	9	5.63%
Other	4	2.50%
American Indian/Alaska Native	1	0.63%
Asian	1	0.63%
Black or African-American	0	0.00%
Native Hawaiian or Other Pacific Islander	0	0.00%
Do you identify yourself as Hispanic or Latino?		
Yes	4	2.58%
No	144	92.90%
Prefer not to answer	7	4.52%
Please select the education level that best describes you.		
Graduate work	35	21.88%
Four-year degree	34	21.25%
Some college	30	18.75%
Two-year degree or technical degree	23	14.37%
High school diploma or GED	20	12.50%
Less than high school	12	7.50%
Prefer not to answer	6	3.75%
Last year, what was your total household income from all sources, before taxes?		
\$10,000 or less	15	10.20%
\$10,001 to \$20,000	11	7.48%
\$20,001 to \$30,000	6	4.08%
\$30,001 to \$40,000	6	4.08%
\$40,001 to \$50,000	17	11.56%
\$50,001 or above	92	62.59%
If you have children 21 years of age or younger, how old are they?		
I do not have children 21 or under	94	55.95%
0-4 years	19	11.31%
5-9 years	18	10.71%
10-14 years	11	6.55%
15-17 years	9	5.36%
18-21 years	17	10.12%

Are you currently or have you ever been without stable housing		
Yes, currently	10	6.45%
Yes, previously	3	1.94%
No	142	91.61%
What is your housing status?		
Own	121	78.57%
Rent	18	11.69%
Staying with friends/family	7	4.55%
Hotel/Motel	0	0.00%
Group Home	0	0.00%
Homeless-streets/car	5	3.25%
Homeless-shelter	0	0.00%
Homeless-transitional housing	1	0.65%
Assisted living	0	0.00%
Halfway House	0	0.00%
Nursing/Long-term care	0	0.00%
Other	2	1.30%
How would you rate your own health?		
Very healthy	34	21.52%
Healthy	99	62.66%
Unhealthy	17	10.76%
Very unhealthy	8	5.06%
Have you ever been told by a doctor, nurse, or other health professional that you have any of the following conditions?		
High blood pressure	54	18.37%
High cholesterol	54	18.37%
Overweight/obese	53	18.03%
Depression or anxiety disorder	42	14.29%
Other	22	7.48%
Diabetes (not during pregnancy)	15	5.10%
Asthma/COPD	13	4.42%
Cancer	13	4.42%
Osteoporosis	12	4.08%
Kidney disease	7	2.38%
Heart disease	6	2.04%
Liver disease	2	0.68%
Lung disease	1	0.34%
If you have children under the age of 21, have your children ever been diagnosed with any of the following?		
Depression or anxiety	4	30.77%
Other	3	23.08%
Asthma/COPD	3	23.08%
Overweight/obese	1	7.69%
High blood pressure	1	7.69%
Mental health issues	1	7.69%
Diabetes (not during pregnancy)	0	0.00%
Osteoporosis	0	0.00%
Heart disease	0	0.00%
Liver disease	0	0.00%
Cancer	0	0.00%
Lung disease	0	0.00%

High cholesterol	0	0.00%
Substance abuse	0	0.00%
Kidney disease	0	0.00%
Other: Autism	1	0.00%
Other: Hashimotos Autoimmune Disease/Hypothyroidism	1	0.00%
Where do you get most of your health-related information?		
Doctor/nurse	86	55.13%
Internet	42	26.92%
Friends and family	12	7.69%
Hospital	10	6.41%
School	3	1.92%
Social media	2	1.28%
Books/Magazines	1	0.64%
Help lines	0	
Church	0	
Where do you go most often when you are sick or need advice about your health?		
Doctor's office	116	73.89%
Urgent Care Center	19	12.10%
Other	14	8.92%
Medical Clinic	6	3.82%
Health Department	1	0.64%
Emergency Room	1	0.64%
Other: Chiropractor	1	
What are the TOP 5 most common health issues in your city?		
Alcohol/substance abuse	94	15.16%
Obesity	84	13.55%
Smoking/Vaping	64	10.32%
Diabetes	61	9.84%
Anxiety/depression	53	8.55%
Prescription Drug Misuse	48	7.74%
Alzheimer's/Dementia	36	5.81%
Stroke	31	5.00%
Motor Vehicle Accidents	23	3.71%
Suicide/Self-inflicted injury	22	3.55%
Arthritis/Lupus	18	2.90%
Other	17	2.74%
Sexually Transmitted Infections	14	2.26%
Abuse/Neglect	14	2.26%
Children's mental health	14	2.26%
Autism	8	2.29%
Pregnancy Complications	4	0.65%
Infant health problems	4	0.65%
Schizophrenia and psychosis	3	0.48%
Birth defects	1	0.16%
HIV/AIDS	1	0.16%
Assaults/Homicides	1	0.16%
Burns	1	0.16%
Elevated lead	1	0.16%
Hepatitis A	1	0.16%
Poisoning	1	0.16%

Tuberculosis	1	0.16%
Other: Cancer	4	
Other: CVD	1	
Other: Smoking	1	
Other: Mental health of all kinds	1	
Other: Hypertension	1	
Other: Heart disease	1	
What are the TOP 5 social issues that have the greatest effect on quality of life in your city?		
Low income/poverty	71	13.98%
Affordability of health services	64	12.60%
Lack of health insurance	63	12.40%
Lack of transportation	44	8.66%
Lack of affordable housing	43	8.46%
Unemployment	32	6.30%
Neglect and Abuse	31	6.10%
Availability of childcare	29	5.71%
Lack of job opportunities	20	3.94%
Lack of recreational facilities	18	3.54%
Lack of health care providers	16	3.15%
Lack of sidewalks – unsafe roads	16	3.15%
Homelessness	12	2.36%
Other	11	2.17%
Violent Crime	9	1.77%
Pollution	4	0.79%
Other: Lack of support for mental illness	1	
Other: Economic, social, racial, sexual biases	1	
Other: Substance abuse	1	
Other: Lack of law enforcement on drug abuse (heroin/meth)	1	
Other: No homeless shelter	1	
Other: Lack of Mental health providers	1	
What are the TOP 5 risk behaviors that impact health in your city?		
Alcohol/drug abuse	114	18.69%
Lack of exercise	80	13.11%
Poor eating habits	69	11.31%
Smoking/Vaping	64	10.49%
Untreated mental health issues	60	9.84%
Not going to doctor for annual check-up	41	6.72%
Reckless/drunken driving	39	6.39%
Not going to dentist for check-ups	32	5.25%
Abuse or neglect	20	3.28%
Unsafe sex	19	3.11%
Homelessness	16	2.62%
Not wearing seat belts	12	1.97%
Teen pregnancy under age 18	11	1.80%
Not getting recommended vaccinations	10	1.64%
Other	7	1.15%
Smoking during pregnancy	7	1.15%
Not using car seats	6	0.98%
Lack of prenatal care	3	0.49%

Other: Better communication so no one goes without their meds because the doc needs to see them	1	
Are you exposed to secondhand smoke in any of the following places?		
I am not exposed	94	66.20%
Restaurants/businesses	19	13.38%
Other	19	13.38%
Home	7	4.93%
Workplace	2	1.41%
School	1	0.70%
Other: Casinos, bingo	1	
Other: Car with friend	1	
Other: gas stations	1	
Other: Vaping at school & Marijuana use is OUT OF CONTROL	1	
Other: Door entrances	2	
Other: Parent's home	1	
Other: Concerts/Hollywood Casino	1	
Do you currently smoke or use tobacco products including vaping?		
No	129	90.21%
Yes, tobacco products	12	8.39%
Both (tobacco & vaping)	2	1.40%
Yes, vaping	0	0.00%
In a normal week how many times do you exercise at least 30 minutes?		
2-3	56	38.36%
0-1	49	33.56%
4-5	28	19.18%
6+	13	8.90%
Where do you go to engage in exercise or physical activity?		
Home	99	45.62%
Park	43	19.82%
Other	28	12.90%
YMCA	25	11.52%
Private gym	14	6.45%
Public Recreation Center	6	2.76%
Schools	2	0.92%
Other: Walking around	4	
Other: Work	3	
Other: Golf	1	
Other: Volleyball league	1	
Other: River trail/woods walks	2	
Other: Bike trails	1	
Other: Yoga	1	
How many hours per day do you watch TV, play video games, or use the computer or a smart device for recreation?		
0-1 hour	27	18.49%
2-3 hours	73	50.00%
4-5 hours	25	17.12%
6+ hours	21	14.38%

What barriers prevent you from eating healthy foods?		
Healthy options cost too much.	59	28.64%
I don't have the time	50	24.27%
Does not apply	42	20.39%
I don't cook or know how	17	8.25%
Other:	14	6.80%
I don't know what's healthy	10	4.85%
I don't have access to fresh fruits or vegetables	8	3.88%
I don't like or want to eat healthy	6	2.91%
Other: I do not have a home to cook	1	
Other: Confusing information about what's healthy	1	
Other: I don't like most veggies	1	
Other: I don't know what to look for when I'm grocery shopping	2	
Other: Cooking for one	1	
Other: Carb addict	1	
Other: Tastes good	1	
Where do you obtain most of your meals?		
Grocery store	114	78.08%
Fast food	10	6.85%
Farmers market	0	0.00%
Restaurants	8	5.48%
Convenience store/gas station	1	0.68%
Other: Churches	1	
Other: School	1	
Other: Home	6	
How has opioid/prescription drug dependence affected you?		
It hasn't affected me	64	48.12%
It has impacted my community	40	30.08%
Family member does/has struggled with opioids/prescription drugs	14	10.53%
Friend/Other does/has struggled with opioids/prescription drugs	13	9.77%
I do/have struggled with opioids/prescription drugs	2	1.50%
Comments on how it's impacted community:		
- Overdoses/deaths	9	
- Home break-ins	1	
- Opioid abuse is a costly drain on health, law enforcement and other community/tax supported services	1	
- Those who do not abuse pain pills get sent home in pain	4	
- Stealing for drugs; coming to church for money	1	
- Narcan is reported to be used weekly and this shows the high amounts of abuse which impacts our community negatively	4	
- Sharply increased in my community because of its ease of availability	1	
- Increased crime, safety concerns	3	
- Seems to be no repercussions in overdosing	1	
- Drug use has increased the homelessness rates	1	

- Lack of employment, criminal activity, addiction	3	
What barriers prevent you from using health services?		
Does not apply	53	39.26%
Cost	31	22.96%
Other	16	11.85%
Lack of providers	13	9.63%
Insurance doesn't cover services	12	8.89%
Location of services	4	2.96%
Transportation	4	2.96%
Lack of insurance	2	1.48%
Lack of providers – If so, what kind?		
- Lack of quality providers and high turnover. Perhaps overworked, understaffed or underpaid	1	
- Mental health providers and facilities	1	
- PCPs	2	
- Dermatologists	1	
- Specialist availability	1	
Other:	1	
- Access to timely care is problematic	3	
- High deductibles combined with high cost makes it hard to go to the dr. sometimes impossible	1	
- Takes months to get in to see a GP or Internist. Would prefer a cardiologist as GP due to family history but not available	1	
- Insurance doesn't cover cost for chiropractors. Not been to medical doctor in 3 yrs.	1	
- Hours of availability	4	
What services are needed in your community that are not currently available or accessible?		
Healthy cooking classes	57	16.24%
Mental health services	52	14.81%
Aging resources	43	12.25%
Substance abuse treatment	43	12.25%
Physical activity classes	28	7.98%
Adult dental services	24	6.84%
Wellness lab screenings (diabetes, cholesterol, etc.)	22	6.27%
Chronic disease management classes	18	5.13%
Specialty (what kind?)	15	4.27%
Child dental services	12	3.42%
Well-woman screenings	10	2.85%
Smoke-free places	10	2.85%
Immunizations	7	1.99%
Other	6	1.71%
Lead testing	4	1.14%
What kind of Specialty?		
- Yoga classes	1	
- Autism ADHD therapy	1	
- Transplant	1	
- Dialysis	1	
- Fertility specialist	1	
- Dementia	1	
- Affordable therapies for special needs children	1	
- Plastic surgeons	1	

Other		
- Transportation	2	
- Hobbies	1	
- Risk screenings for low income people	1	
- Mental health education parenting classes	1	
- Timely appointments to access care	1	
- Community mental health	1	
- More low cost options for mild illnesses (Urgent Care Centers are not low cost)	1	
- Air, water, land pollution from Labadie Power Plant	1	
- More accessible parks or walking trails	1	

C. County Health Rankings 2018 – Franklin County by the Numbers

	Franklin County	Missouri	Top U.S. Performers*	Rank (of 115)
HEALTH OUTCOMES				34
Length of Life				51
Premature death	8,000	7,800	5,300	
Quality of Life				24
Poor or fair health**	16%	19%	12%	
Poor physical health days**	4.3	4.2	3.0	
Poor mental health days**	4.3	4.4	3.1	
Low birth weight	8%	8%	6%	
HEALTH FACTORS				16
Health Behaviors				22
Adult smoking**	20%	22%	14%	
Adult obesity	30%	32%	26%	
Food environment index (scale of 1-10)	8.0	6.7	8.6	
Physical inactivity	29%	26%	20%	
Access to exercise opportunities	75%	77%	91%	
Excessive drinking**	19%	19%	13%	
Alcohol-impaired driving deaths	36%	30%	13%	
Sexually transmitted infections (per 100,000)	261.5	477.4	145.1	
Teen births (per 1,000 female population)	32	30	15	
Clinical Care				11
Uninsured	11%	12%	6%	
Primary care physicians	1,510:1	1,420:1	1,030:1	
Dentists	2,290:1	1,810:1	1,280:1	
Mental health providers	1,170:1	590:1	330:1	
Preventable hospital stays (per 1,000)	42	57	35	
Diabetic monitoring	87%	86%	91%	
Mammography screening	66%	63%	71%	
Social & Economic Factors				27
High school graduation	90%	90%	95%	
Some college	64%	66%	72%	
Unemployment	4.4%	4.5%	3.2%	
Children in poverty	15%	19%	12%	
Income inequality	4.0	4.6	3.7	
Children in single-parent households	29%	34%	20%	
Social associations (per 10,000)	14.1	11.6	22.1	
Violent crime (per 100,000)	190	442	62	
Injury deaths (per 100,000)	112	79	55	
Physical Environment				98
Air pollution – particulate matter**	10.7	9.5	6.7	
Drinking water violations	NO			
Severe housing problems	14%	15%	9%	
Driving alone to work	84%	82%	72%	
Long commute – driving alone (>30 minutes)	41%	31%	15%	

****Should not be compared to other years**

D. Franklin County Health Department Survey

As a follow up to the Franklin County Health Department (FCHD) previous needs assessment, FCHD conducted a survey in the community pertaining only to Maternal Child Health in November 2017. They received 99 total respondents. The respondents were evenly spread between 18-64 years of age, did not have a college degree and had an annual income between \$25,000-\$49,999. Nearly one-quarter (24.73%) had an income \$0-\$24,999. Below are the results.

1. In the following list, what do you think are the 3 most important “maternal child health problems” in our community?
Check only 3.

Answer Choices	Responses
Substance Abuse (alcohol/drugs)	80.81%
Violence (domestic/family/child abuse/bullying)	58.59%
Affordability of healthcare services	34.34%
Obesity/poor nutrition	33.33%
Teenage pregnancy/unplanned pregnancy	33.33%
Access to healthcare service	11.11%
Dental/Oral health	10.10%
Safe housing	9.09%
Chronic disease (monitoring, treatment and management)	8.08%
Transportation	6.06%
Accidents (motor, firearm, drowning)	6.06%
Infectious Disease (hepatitis, TB, STD’s, HIV)	3.03%

2. In the following list, what do you think are the 3 most important “risky behaviors” in our community? (Those behaviors that have the greatest on overall community health)

Answer Choices	Responses
Drug Abuse	93.94%
Alcohol abuse	55.56%
Texting/cell phone while driving	34.34%
Unsafe sex	19.19%
Dropping out of school	17.17%
Poor eating habits	12.12%
Lack of exercise	11.11%
Tobacco use/or electronic cigarette use	11.11%
Not using birth control	11.11%
Not using seat belts and/or child safety seats	11.11%
Overeating	9.09%
Racism	8.08%
Other	0.00%

3. Franklin County has an adequate number of wellness activities, program and services

Answer Choices	Responses
Agree	35.35%
Neutral	31.31%
Disagree	25.25%
Strongly Agree	5.05%
Strongly Disagree	3.03%

4. I have access to and can afford the medical care that myself/family require

Answer Choices	Responses
Agree	43.88%
Neutral	19.39%
Disagree	15.31%
Strongly Agree	12.24%
Strongly Disagree	9.18%

5. I know where to find resources and education on health services and health-related topics within my community.

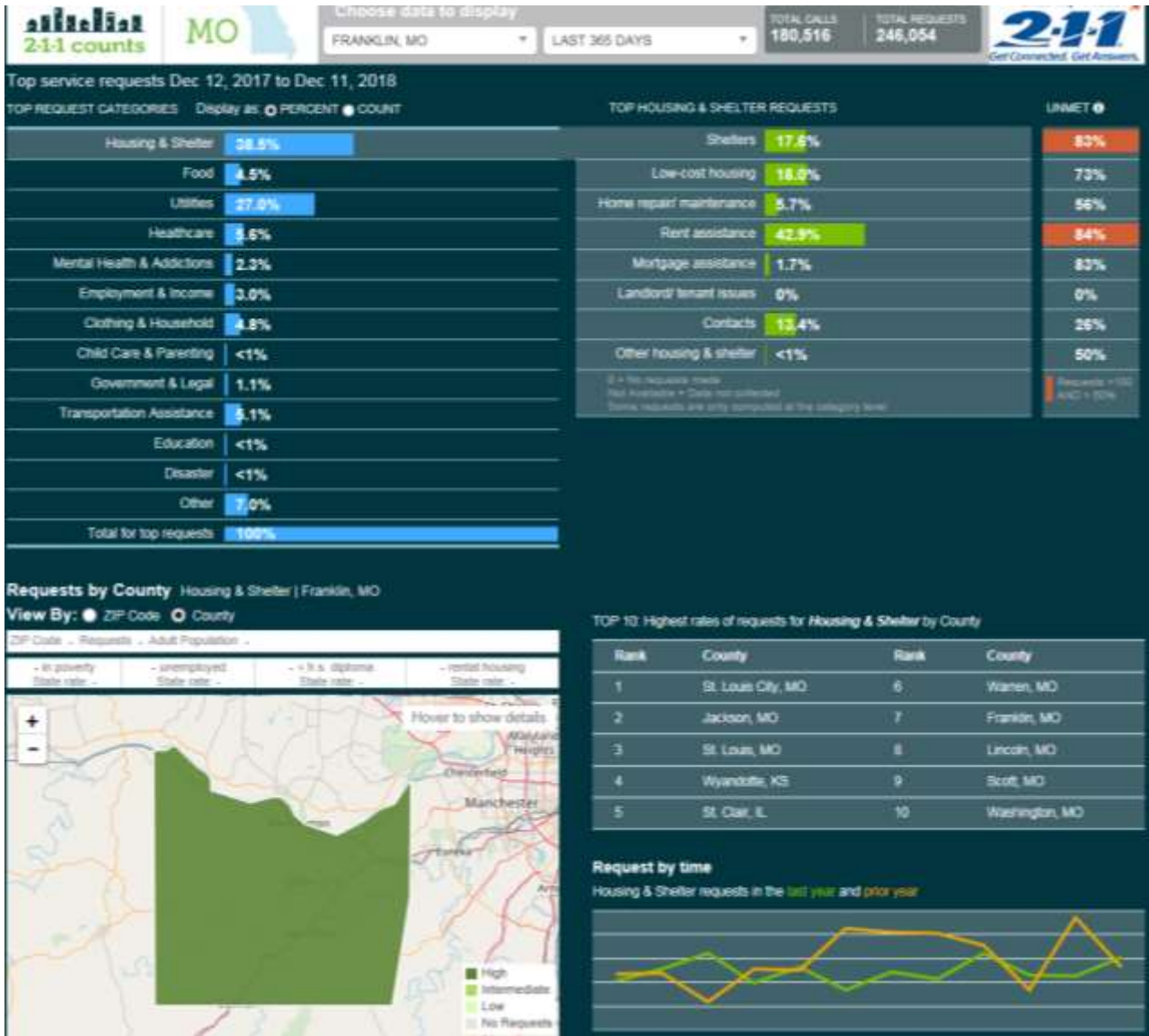
Answer Choices	Responses
Agree	52.53%
Neutral	20.20%
Strongly Agree	11.11%
Disagree	10.10%
Strongly Disagree	6.06%

6. How do you pay for healthcare?

Answer Choices	Responses
Health Insurance	58.16%
Medicaid	23.47%
Cash	13.27%
Medicare	3.06%
Other	2.06%
Veteran's Administration	0.00%

E. United Way 2-1-1 Counts - <https://211mo.211counts.org/>

Top Service Requests for Franklin County, MO, Dec 12, 2017 to Dec 11, 2018



F. Community Health Council – Mercy Hospital Washington/Four Rivers

April 15, 2019

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

Leadership

LEADERS

Mercy Hospital Washington: Eric Eoloff, President

MEMBERS

Ancillary Services: Jon Sullivan, Director

Behavioral Health: Patty Morrow, Executive Director

Behavioral Health IOP: Karen Altemueller, Manager

Care Management - In-Patient: Libby Dotson, Supervisor

Community Health & Access: Sharon Neumeister, Regional Director, and Cheryl Schorr, Manager (Mercy Neighborhood Ministry)

Emergency Department: Susan Duck, Manager & Bret Riegel, MD, Medical Director

Finance: Tammi Seele, Executive Director

Human Resources: Michelle Kasmann, Director

Integrated Marketing: Ashley Rottler, Community Relations Manager

McAuley Clinic – Jim Delvaux, Practice Manager

McAuley Clinic – Women’s Health: Corinne Coppinger, RN Practitioner

Mercy Clinic Critical Care: Bill Galli, MD, Manager and Board Representative

Mercy Clinic Four Rivers: David Chalk, MD, President

Mercy Clinic Operations: Alan Smith, Vice-President

Mercy Hospital Administration: Bill Hellebusch, Director of Support Services, Deb Palmer, Exec. Assistant

Mission & Ethics Services: Jenna Speckart, Vice-President

Philanthropy: Rachel Covington, Executive Director

Safety & Security: Jason Grellner, Manager

Responsibilities

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

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

1. Community Health Needs Assessments completed (including posting) – **4/30/2019**
2. Community Health Implementation Plans written and approved by local boards – **6/01/2019**

G. ExploreMOHealth – Chronic Disease by City/Zip Codes

Chronic Disease - exploreMOhealth.org	
CITY	APPEARANCES
Rosebud	5
St. Clair	5
Sullivan	4
Luebbering	4
Beaufort	3
Gerald	3
Gray Summit	3
Lonedell	3
Union	3
Villa Ridge	3
Washington	3
Leslie	2
New Haven	2
Catawissa	1

Cancer (Unspecified)

The highest forms of Cancer found by zip code rankings are: Breast, Uterine/Cervical, Unspecified and Skin (exploreMOhealth).

County	Prevalence (%)
Franklin County	7.65
Missouri	9.61

Breast Cancer

ZIP Code	Name	Rate per 1,000	Rank*
63061	Luebbering	294.74	955
63073	Saint Albans	151.80	902
63091	Rosebud	141.37	887
63090	Washington	121.54	854
63068	New Haven	116.11	835

Uterine/Cervical Cancer

ZIP Code	Name	Rate per 1,000	Rank*
63091	Rosebud	80.86	952
63039	Gray Summit	40.97	924
63056	Leslie	33.74	902
63084	Union	20.17	795
63013	Beaufort	18.70	770

Unspecified Cancer

ZIP Code	Name	Rate per 1,000	Rank*
63013	Beaufort	11.58	941
63060	Lonedell	6.46	896
63077	Saint Clair	6.12	888
63084	Union	6.09	887
63056	Leslie	5.24	854

Skin Cancer

ZIP Code	Name	Rate per 1,000	Rank*
63061	Luebbering	31.67	934
63090	Washington	26.82	903
63013	Beaufort	24.17	879
63068	New Haven	21.58	851
63091	Rosebud	20.72	838

Asthma

County	Prevalence (%)
Franklin County	7.44
Missouri	9.69

ZIP Code	Name	Rate per 1,000	Rank*
63077	Saint Clair	92.26	872
63089	Villa Ridge	80.52	842
63037	Gerald	80.15	840
63039	Gray Summit	80.02	838
63060	Lonedell	78.52	833

Diabetes Mellitus Diagnosis

County	Prevalence (%)
Franklin County	15.03
Missouri	11.33

ZIP Code	Name	Rate per 1,000	Rank*
63080	Sullivan	319.95	867
63061	Luebbering	293.33	835

ZIP Code	Name	Rate per 1,000	Rank*
63077	Saint Clair	281.38	815
63091	Rosebud	263.75	789
63039	Gray Summit	262.89	786

Heart Disease

County	Prevalence (%)
Franklin County	3.42
Missouri	4.65

ZIP Code	Name	Rate per 1,000	Rank*
63091	Rosebud	403.98	795
63037	Gerald	402.00	790
63061	Luebbering	383.33	764
63090	Washington	381.05	763
63080	Sullivan	371.72	749

Depressive Disorder

County	Prevalence (%)
Franklin County	29.48
Missouri	23.04

ZIP Code	Name	Rate per 1,000	Rank*
63080	Sullivan	71.19	762
63077	Saint Clair	41.41	483
63089	Villa Ridge	40.15	468
63015	Catawissa	40.05	465
63084	Union	39.83	462

COPD

County	Prevalence (%)
Franklin County	8.33
Missouri	8.5

ZIP Code	Name	Rate per 1,000	Rank*
63080	Sullivan	114.93	745
63077	Saint Clair	111.27	725
63060	Lonedell	110.68	722
63037	Gerald	102.26	667
63089	Villa Ridge	88.27	557

* Statewide Rank of 958 (1=best)

Mercy

14528 S. Outer Road
Chesterfield, MO 63107
314.579.6100



Your life is our life's work.