

# Community Health Needs Assessment

Mercy Hospital Jefferson

Fiscal Year 2022





# 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.

# Our Values

Dignity  
Excellence  
Justice  
Service  
Stewardship

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# Impact Evaluation of Previous CHNA

The 2019 Community Health Needs Assessment identified three priority health areas:



Mercy Hospital Jefferson along with Community Treatment, Inc. (dba COMTREA), Jefferson County Community Partnership (JCCP), the Jefferson County Health Department (JCHD), Jefferson Franklin Community Action Corps (JFCAC) presented the 2019-2021 Community Health Needs Assessment (CHNA). Mercy Jefferson's strategic efforts were aligned around the developed and implemented a community health improvement plan which included a variety of programs and initiatives to address the needs identified in the 2019 CHNA, which are shown above.



# Impact Evaluation of Previous CHNA

## Access to Care – Community Health Workers

The **Community Health Worker** (CHW) program, which was piloted beginning in 2018 and adopted and expanded across Mercy hospitals in 2019, was further integrated into Mercy Hospital Jefferson's Emergency Department through the piloting of a new social needs screening program beginning in December 2020. New workflows were adopted to screen all uninsured/self-pay ED patients for pressing social needs, with referrals then made to one of two CHWs serving the hospital.

CHWs serve three primary functions in the Emergency Department:

- To connect patients to community resources for social needs
- To assist patients with applying for Medicaid, marketplace insurance, disability, or hospital charity care
- To collaborate with Community Referral Coordinators to establish patients with primary care

CHWs also collaborate closely with Patient Access Representatives, the Care Management team and social workers to ensure continuity of care and improve the quality of life of our patients.



# Impact Evaluation of Previous CHNA

## Access to Care – CHW Outcomes

244 patients served  
385 patient encounters  
FY2020\*

879 patients served  
1,870 patient encounters  
FY2021

1,071 patients served  
3,112 patient encounters  
FY2022 Q1-Q3

- From FY20-FY22, CHW program saw a **339%** increase in patients served, with a **708%** increase in patient encounters
- By Q3FY22, CHWs served **40%** of all self-pay ED patients

\*Nov 2019 – June 2020



# Impact Evaluation of Previous CHNA

## Access to Care – Community Referral Coordinator

- **Community Referral Coordinators (CRCs)** have been serving at Mercy, through the Integrated Health Network (IHN), since 2018. CRCs connect hospital patients from either the inpatient units or emergency room with a primary care provider for follow-up and preventive care. Mercy Jefferson currently has one contracted CRC from the Integrated Health Network. The CRC was referred 5,620 patients both in the emergency department and the in-patient setting to connect with providers. Self-pay status made up 40% of patients.

2,003 patient encounters  
751 appointments scheduled  
68% appointment kept rate  
FY2020

1,819 patient encounters  
746 appointments scheduled  
76% appointment kept rate  
FY2021

859 patient encounters  
351 appointments scheduled  
70% appointment kept rate  
FY2022 Q1-Q2



# Impact Evaluation of Previous CHNA

## Access to Care – Crisis Nursery & Health Leads Outcomes

- **Health Leads** is a national health care organization that connects low-income patients with the resources they need to be healthy. Staff at Mercy Clinics utilize the Health Leads platform to implement a screening tool, which identifies social determinants needs. Over the last three years 39,439 Jefferson patients were screened and 13% indicated needs, in which 1,403 needs were met and closed.
- **Crisis Nursery** through a Licensed Clinical Social Worker (LCSW), the Crisis Nursery Outreach Center at MHJ assists area families with under 12 with crisis counseling, community referrals, home visitation, and parent education groups to prevent child abuse and neglect and promote healthy families. Over the last three years the Crisis Nursery had 2,709 encounters from 11,600 referrals, and 5,032 basic need items were given.



# Impact Evaluation of Previous CHNA

## Behavioral Health - Behavioral Health Network

Through partnership with Behavioral Health Network (BHN), Mercy Hospital Jefferson implements several behavioral health programs for Emergency Department and inpatients:

- **Emergency Room Enhancement Project (ERE)** and the **Youth Emergency Room Enhancement Project (Y-ERE)**: focus on enhancing support for adult and youth high utilizers of ER with the primary goal of reducing preventable hospital contacts across the region by fostering engagement through support, intensive outreach and improving outcomes through connection to community.
- **Hospital Community Linkages (HCL) Project**: focus on enhancing transitions from hospital inpatient psychiatric care settings to community care at the region's safety-net Community Mental Health Centers (CMHCs).



# Impact Evaluation of Previous CHNA

## Behavioral Health – ERE & HCL Outcomes

ERE

37 patient referrals  
74% engagement rate  
ERE FY2020

30 patient referrals  
88% engagement rate  
ERE FY2021

18 patient referrals  
100% engagement rate  
ERE FY2022

HCL

34 patient encounters  
100% appointments kept  
HCL FY2020

92 patient encounters  
90% appointments kept  
HCL FY2021

24 patient encounters  
96% appointments kept  
HCL FY2022



# Impact Evaluation of Previous CHNA

## Substance Use – Behavioral Health Network

Through partnership with Behavioral Health Network, Mercy Hospital Jefferson implements a substance use disorder program for Emergency Department patients:

- **Engaging Patients in the Care Coordination Program (EPICC):** focus on intensive referral and linkage services by Recovery Coaches, peers with lived experience, to impact those who have overdosed on opioids to establish immediate linkages to substance use and medication assisted treatment services.

67 patient referrals  
92% connection rate  
EPICC FY2020

79 patient referrals  
84% connection rate  
EPICC FY2021

48 patient referrals  
81% connection rate  
EPICC FY2022

# Executive Summary

Mercy Hospital Jefferson (MHJ) is a 251-bed acute care facility located in Festus, Missouri. It is one of five hospitals in Mercy's East Community. MHJ has 24-hour emergency room care and a full range of diagnostic, preventive and restorative health care services. Jefferson Memorial Hospital opened May 15, 1957, and Jefferson Regional Medical Center became a Mercy Hospital on February 1, 2013.

MHJ's primary service area is Jefferson County. Throughout the county, Mercy operates Mercy Clinic physician offices, outpatient hospital services and Mercy-GoHealth Urgent Care centers. In 2015, Mercy also opened the world's first virtual care center, located in St. Louis County. It addresses critical community health needs, such as transportation barriers to accessing care, which most often impact lower-income and non-ambulatory patients, and provider shortages in the surrounding rural communities comprising MHJ's extended service area.

While the CHNA demonstrates the legacy of the 'walking sisters', engaging actively out in community to address urgent needs, it also fulfills a legal imperative of Mercy as a non-profit health care organization. In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, non-profit hospitals were mandated to conduct a community-based health needs assessment (CHNA) every three years. As a part of that process, each hospital is required to solicit input from those who represent the broad interests of the community served by the hospital as well as those who have special knowledge and expertise in the area of public health and underserved populations.

Mercy's mission is to deliver "compassionate care and exceptional service" to every community member. In dedication to this mission, our work includes the development of a Community Health Needs Assessment (CHNA) during the last year, which included both St. Louis City and County Public Health sectors, a first for our region, as well as traditional and non-traditional partners in both medical and community-based agencies and organizations.

# Executive Summary *(continued)*

Community Treatment, Inc. (dba COMTREA), Jefferson County Community Partnership (JCCP), the Jefferson County Health Department (JCHD), Jefferson Franklin Community Action Corps (JFCAC) And Mercy Hospital Jefferson (MHJ) are pleased to have partnered on the 2022 Community Health Needs Assessment (CHNA). This CHNA report provides an overview of the health needs and priorities associated within Jefferson County, Missouri. The goal of this report is to provide residents with a deeper understanding of the health needs in their community, as well as help guide organizations in their community benefit planning efforts and development of implementation strategies that address significant health needs. The CHNA involved review of both quantitative and qualitative data to attain the full scope of the community needs as they relate to health with a focus on the economically poor and underserved populations.

Throughout this Community Health Needs Assessment (CHNA) report, health indicator data of Jefferson County is compared to that of Missouri, the United States, and top U.S. performers



# Executive Summary *(continued)*

Our final report includes data garnered through surveys of community residents and organizational stakeholders, as well as focus groups conducted within neighborhoods of our larger service area. The CHNA identified seven top-priorities of which five have been chosen as health needs for the Mercy Hospital St. Louis community. We will strive diligently to address these needs over the next three years:

- Mental Health
- Substance Use
- Access to Care
- Financial Literacy

To learn more about Mercy Hospital Jefferson and to find a copy of this report online, visit <https://www.mercy.net/about/community-benefits/>. As always, we seek to develop a rich and rewarding network of partnerships with our neighbors. I welcome any thoughts you may have on ways to achieve our goal for a healthier community.



A handwritten signature in black ink, appearing to read "Eric Ammons".

Eric Ammons  
President  
Mercy Hospital Jefferson

# Community Profile

## Mercy Hospital Jefferson

Population  
225,081

92% of Jefferson  
County are White

3% increase in  
population since  
2010

Median household  
income is \$69,009

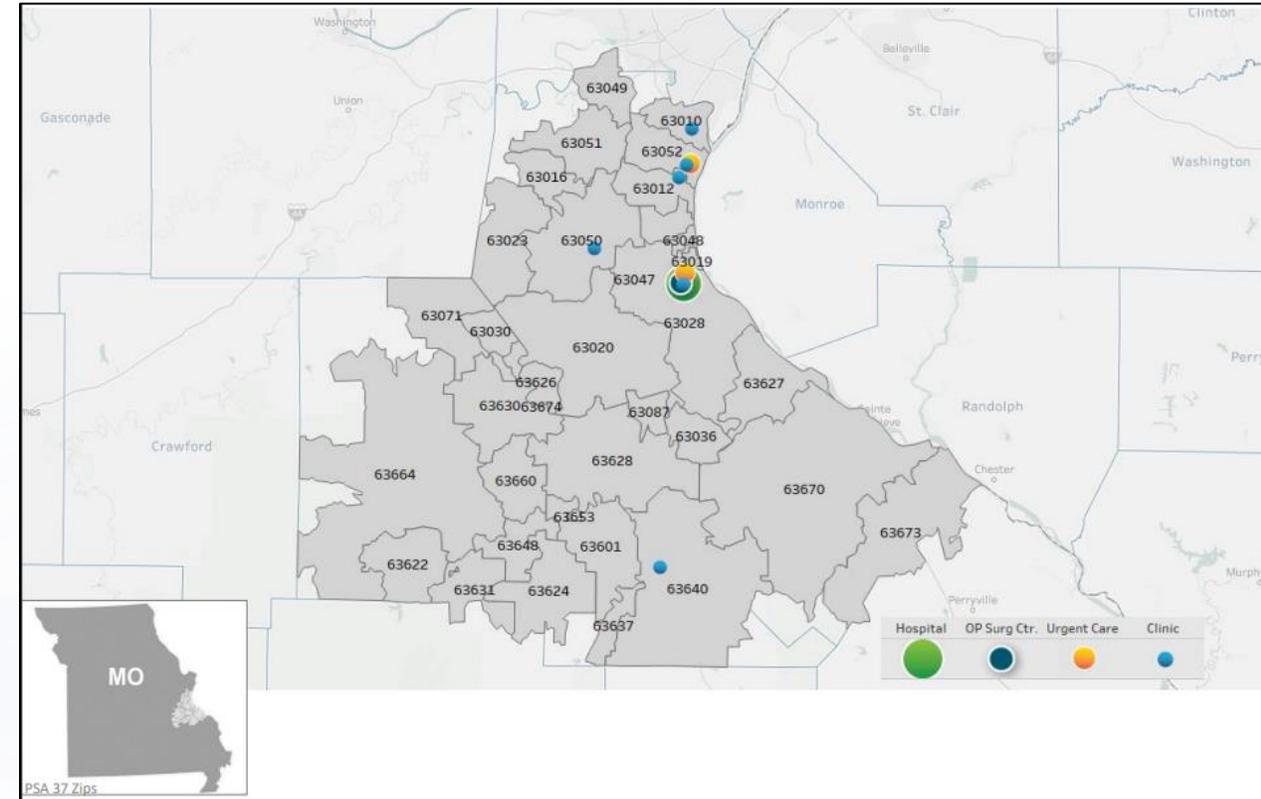


# Community Profile

## Jefferson County

For the purposes of this CHNA, Mercy defines its community served as the Jefferson County area. Jefferson County is located in the eastern part of Missouri, covering 664 square miles, and is the 6th most populous county in the state. There are 20 municipalities (15 zip codes) located in Jefferson County, and Hillsboro is the county seat.

Jefferson County has one full-service hospital, a county-wide health department, 12 access points for healthcare through a Federally Qualified Health Center (FQHC), 12 access points to behavioral health services through a Certified Community Behavioral Health Center (CCBHC), and many social service organizations.





# Community Profile

## Jefferson County *(continued)*

Jefferson County is also home to:

- Several mobile units for primary, dental and mental healthcare
- Emergency shelter for victims of domestic abuse and intimate partner violence
- 11 public school districts, 15 private schools, and Jefferson College, a public, two-year community college
- 9 parks run by the Jefferson County Parks Dept. and several ball fields, playgrounds, campsites, fitness centers and golf courses
- 16 fire districts and 5 ambulance/EMS districts
- Numerous places of worship and 10+ local food pantries
- Many other organizations collaborate to help keep the Jefferson County community safe and healthy

# Community Profile

## Demographics

Age and Racial Distribution	Jefferson	Missouri	U.S.
<b>Population size (number of persons)</b>	225,081	6,144,633	329,835,269
<b>Age distribution</b>			
Under 18 years	21.9%	21.9%	21.8%
18 to 44 years	33.9%	35.3%	36.1%
45-64 years	27.2%	25.1%	25.1%
65 years and over	16.9%	17.8%	16.9%
<b>Race distribution</b>			
White alone	92.7%	77.6%	58.8%
Black or African American	2.2%	11.4%	11.4%
American Indian and Alaska Native	0.3%	0.4%	0.7%
Asian	0.7%	2.2%	5.1%
Multiracial	1.7%	2.5%	3.0%
<b>Ethnicity distribution</b>			
Hispanic or Latino (of any race)	2.0%	4.3%	15.4%

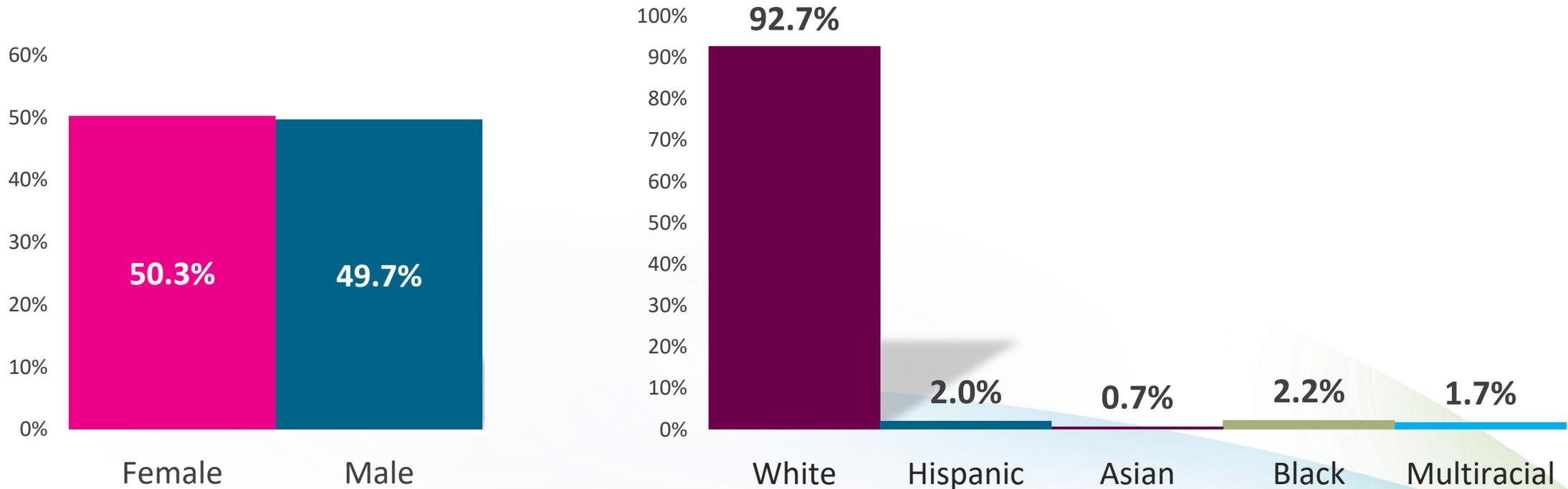
Source: US Census, 2020, and Mercy market analytics



# Community Profile

## Demographics

Population: 225,081



Source: US Census, 2020

# Community Profile

## Median Household Income



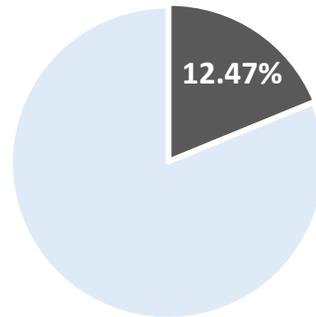
Source: US Census Bureau, American Community Survey. 2015-19, accessed via Data USA.

# Community Profile

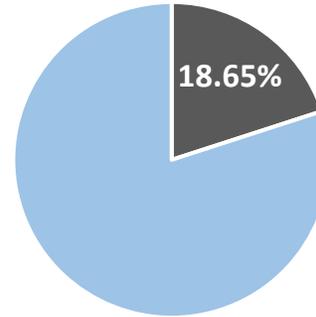
## Poverty Statistics

Percent of children in families below 100% FPL

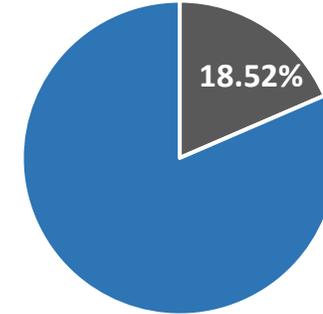
Jefferson



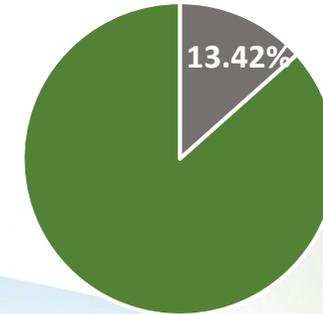
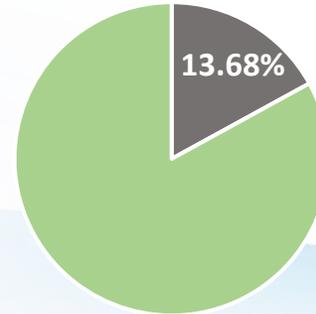
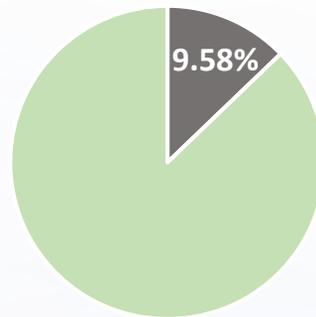
Missouri



United States



Percent of population below 100% FPL



# Community Profile

## Education

Level	Jefferson	Missouri	U.S.
Less than High School	10.9%	10.1%	12%
High School Degree	31.6%	30.6%	27%
Some College or Assoc. Degree	27.1%	30.1%	28.9%
Bachelor's Degree	13.6%	18%	19.8%
Graduate or Professional Degree	6.8%	11.3%	12.4%

Source: US Census Bureau, American Community Survey. 2015-19, accessed via SparkMap, CARES University of Missouri Extension.

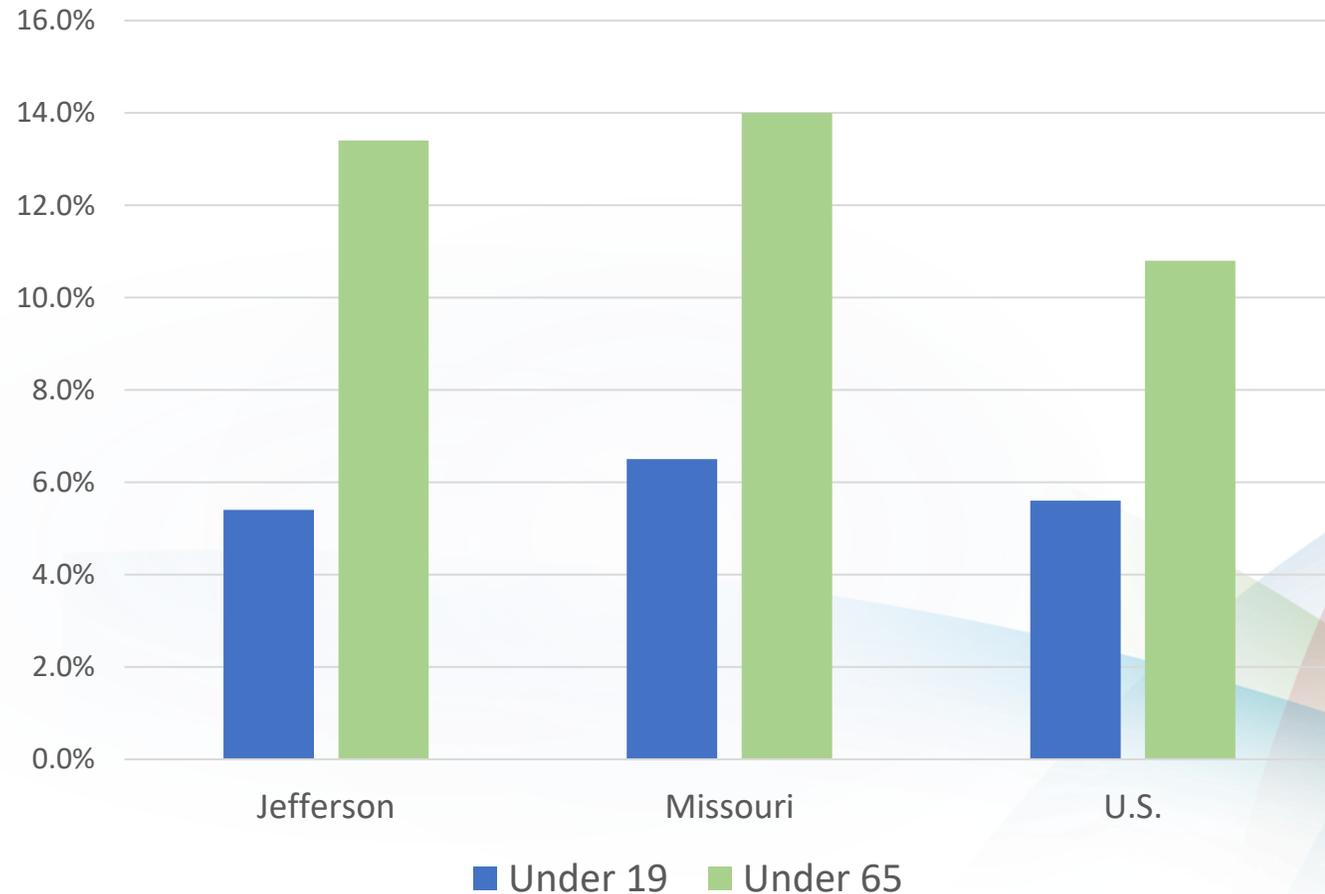
# Community Profile

## Insurance Coverage

- Medicare – 20.1%
- Medicaid – 16.2%
- Commercial – 54.4%
- Uninsured Rates
  - Under 19 – 5.4%
  - Under 65 – 13.4%

Source: US Census Bureau, Small Area Health Insurance Estimates, 2019, and Mercy market analytics.

### Adult and Child Uninsured Rates



# Community Profile

## Access to Care

	Jefferson	Missouri	U.S. Top Performers
Primary Care Physicians	4,310:1	1,420:1	1,030:1
Dentists	2,500:1	1,670:1	1,210:1
Mental Health Providers	1,170:1	490:1	270:1

Ratios are the population to primary care physicians

Source: County Health Rankings, 2021.



# Our Assessment Process

## Overview and Community Input

Primary community partners for the CHNA and Community Health Improvement Plan (CHIP) processes include:

- Community Treatment Inc. (COMTREA)
- Jefferson County Community Partnership (JCCP)
- Jefferson County Health Department (JCHD)
- Jefferson Franklin Community Action Corps (JFCAC)
- Mercy Hospital Jefferson (MHJ)

In conducting its Community Health Needs Assessment, Mercy Jefferson collected and analyzed a significant quantity of primary and secondary data. Primary Data was collected, and community input was solicited, by means of Community Focus Groups, Community Survey, Stakeholder Survey, Internal agency data. Secondary data was collected and analyzed from publicly available data resources listed later in the assessment.

# Our Assessment Process

## Overview and Community Input *(continued)*

Community focus groups were conducted to dialogue directly with local community members. There was a targeted effort to conduct focus groups so that all Jefferson County residents had the opportunity to attend. Community partners that assisted in data collection for 4 virtual community focus groups as well as surveying 23 participants & staff at the Homeless Connect event.

Input from people representing broad interests of the community was solicited through a robust survey process guided by a Mercy-led community coalition. Multiple organizations and agencies in and surrounding the St. Louis area collaborated to promote an online survey for residents in which over 382 were completed by Jefferson County residents. The goal of the survey was to gain insight into the perceptions of county residents on the most pressing health issues, risk factors, barriers to care, and health services utilization. A similar survey of 12 questions was developed for stakeholders, for which 78 were completed for Jefferson County.



# Our Assessment Process

## Overview and Community Input *(continued)*

Each participating CHNA partner has an internal entity that guides the needs assessment process for their organization. A Community Health Council, led by Eric Ammons, President of Mercy Hospital Jefferson, guides the needs assessment process for MHJ. The council convenes quarterly and is accountable for ensuring that community benefit activities meet mission compliance and IRS guidelines. It consists of Mercy leaders from various departments, such as behavioral health, finance, care management, philanthropy, etc., and a hospital board member. The Council determines which health initiatives will be put forth in the hospital's three-year Community Health Improvement Plan (CHIP). Co-workers in Mercy's Community Health & Access Department served on the Council and were the primary leads of the 2022 CHNA.

# Our Assessment Process

## Community Partners

### **Organizations participating in CHNA and serving on the Mercy Jefferson Community Health Committee of the Hospital Board:**

- Mercy Hospital Jefferson
- Comtre Health Center
- Jefferson County Community Partnership
- Jefferson County Health Department
- Jefferson Franklin Community Action Corporation
- First State Community Bank
- U.S. Senate
- Jefferson College



# Our Assessment Process

## Community Partners

**Organizations with whom Mercy collaborated in creating the Community Health Survey:**

- Mercy Health System
- BJC HealthCare
- Shriner's Hospitals for Children – St. Louis
- SSM Health
- St. Luke's Hospital



# Our Assessment Process

## Needs Assessment Surveys

Mercy conducted two community surveys in conjunction with partner hospital systems including SSM Health, BJC Healthcare, St. Luke's and Shriners' Hospital. Due to pandemic restrictions, online surveys were utilized in lieu of in-person methods. The first was a community-wide survey distributed broadly throughout the St. Louis metropolitan area between April and June 2021. The survey took ten minutes to complete and contained 39 questions about health challenges, access to healthcare, and social determinants of health, including financial status, neighborhood environment and social support networks.

The second, a stakeholder survey, was sent to key leaders of essential community organizations that represent the needs of the community. Both survey tools could be accessed through a unique URL or a QR code using a mobile device.



The graphic features logos for BJC HealthCare, Mercy, Shriners Hospitals for Children - St. Louis, SSM Health, St. Luke's Hospital, and St. Luke's Des Peres Hospital at the top. The central image shows a laptop with a hand holding a megaphone pointing at the screen, which displays the text "WE WANT YOUR FEEDBACK". Below the laptop, the text reads "Take the Community Health Needs Survey Through June 30, 2021". Further down, it says "Your voice counts! Share your opinions and experiences on your health needs and the health of your community. Your input will help the St. Louis area health systems develop action plans to help with a variety of health and social issues." and "The survey takes no more than 10 minutes to complete and all responses are anonymous." At the bottom, it provides the URL "Take the survey by visiting [surveymonkey.com/r/CHNAstl](https://surveymonkey.com/r/CHNAstl) or scan the code with your smartphone camera." and includes a QR code.

# Our Assessment Process

## Needs Assessment Survey - Community

Members of the community were invited to participate in the online survey through a media release, and key targeted outreach efforts were made through community partners to target specific locations and neighborhoods. While the entire metropolitan region, including surrounding counties in Missouri and Illinois, was included in the survey, results were analyzed by region.

There were limitations to this community survey. Online distribution, while necessary in this instance, is difficult to access for those without a computer or mobile device, as well as those with low digital literacy. Efforts were made to circulate paper copies of the survey in key community settings like libraries and community centers, but there were still concerns accessibility. While health literacy was top of mind when putting the survey together, it is still impossible to eliminate this as a barrier.

In reviewing survey findings, it was evident that the scope of population reached was limited, and that essential voices of underserved members of our communities were not heard. This limitation is noted as a barrier in our community survey and prompted partner organizations to obtain additional primary data through other means, such as key informant interviews and targeted, smaller focus group sessions.

# Our Assessment Process

## Needs Assessment Surveys – Community *(continued)*

### Jefferson Survey Results

382 responses were included in the final analytic sample for Jefferson County specifically. The full analysis for Jefferson County responses, completed by the Jefferson County Health Department, of the St. Louis Region Community Health Survey is included in Appendix B. Some of the highlights include:

- Four out of five respondents had at least one health issue
- Mental health was identified as an issue in several contexts
- Paying for healthcare is an issue, even for individuals with insurance
- One-fifth of respondents did not identify a health professional among their top source of health-related information
- Almost 10% of respondents indicated their children do not have dental insurance
- Theft is the top safety concern
- Flooding is the top environmental concern
- Having good jobs, affordable housing, and transportation issues are top challenges for the community
- Quality schools and being a good place to raise children are the top strengths of the community
- Covid-19 negatively impacted many people in many ways

# Our Assessment Process

## Needs Assessment Survey – Community *(continued)* Jefferson Survey Results

Question: Asked what are challenges facing your community? Responses included access to the following:

1. Good jobs
2. Affordable housing
3. Affordable transportation
4. Diversity
5. Affordable, Quality healthcare
6. Strong community leaders
7. Safe/low crime
8. Affordable healthy food
9. Quality schools
10. Parks and other spaces

Question: What stops you or people you know from receiving healthcare here in Jefferson County?

1. Costs/Copay
2. Scheduling
3. Finding a doctor
4. No offices close
5. Lack of insurance
6. Fear
6. Insurance not accepted

# Our Assessment Process

## Needs Assessment Survey – Stakeholders

### Jefferson Survey Results

Each community participating in the St. Louis region health surveys was asked to provide a list of potential stakeholders to participate in a survey specific for stakeholders. Those identified included local leadership in healthcare, community agencies, etc. The respondents were asked to identify community issues, at-risk populations, barriers to connecting community members with services, the potential for collaboration, and barriers to inter-organizational collaboration.

78 responses were included in the final analytic sample for Jefferson County specifically. The full analysis for Jefferson County stakeholder responses, completed by the Jefferson County Health Department, of the St. Louis Region Community Health Survey is included in Appendix A. Some of the highlights include:

- Survey respondents were asked to rate their level of concern about a variety of community health concerns on a scale from 1 to 5. Two issues stood apart from others: drugs, which 77% of the respondents rated at the highest level of concern and mental health issues which was rated at the highest level of concern by 72% of the respondents. Obesity, and alcohol issues, and tobacco issues rounded out the top five; about one-third of the respondents rated each of these at the highest level of concern.
- When respondents were given the opportunity to self-identify the largest gaps that impacted agencies' ability to provide services, two themes were mentioned frequently – financial wherewithal, both for agencies and individuals, and a lack of transportation for individuals. Mental health services and shelter and housing were also mentioned several times. The need for a referral service was also identified as an issue. While technically a solution, Medicaid expansion was also identified by several respondents.

# Our Assessment Process

## Needs Assessment Survey – Focus Groups

The facilitation team was made up of a lead facilitator, a note taker, and scribe. These included individuals from each 5 collaborating organizations. The facilitator led each community focus group and followed a written script to ensure consistent messaging at all events (Appendix C). A note-taker then recorded quotes and ideas from individuals as they responded to each question. The scribe provided visual feedback for participants by writing notes on large notepads, and provided any assistance needed from participants or facilitators. The Network for Strong Communities (NSC) assisted the CHNA collaborators by providing training for all facilitators to help reduce any inconsistency between different facilitators and note-takers. It was decided that recordings of the focus groups would not be used to allow participants to feel safe and discuss openly with the group.

To capture input from a representative sample of Jefferson County residents, a \$25 gift cards were provided as incentives to participate. It should be noted that although the group received significant feedback from community members during the focus group sessions, a complete representative sample of Jefferson County was not captured. This information, although extremely useful to highlight the prominent issues in the county, cannot be completely generalized to the entire Jefferson County population. Full focus Group participant response information can be found in Appendix A.

# Our Assessment Process

## Needs Assessment Survey – Focus Groups *(continued)*

### Top Responses

Question: What is the biggest health issue that affects you, your family, and neighbors in Jefferson County?

- |  |                          |
|--|--------------------------|
| 1. Medical Care                              | 4. Financial resources   |
| 2. Transportation                            | 4. COVID                 |
| 3. Staffing Shortages; waitlist for services | 4. Dental Care           |
| 3. Drugs & substance use                     | 5. Aging                 |
|  | 6. Affordable healthcare |

Question: What stops you or people you know from receiving healthcare here in Jefferson County?

- |                                  |                                    |
|----------------------------------|------------------------------------|
| 1. Money/Financial, Costs; Copay | 4. Lack of doctors & medical staff |
| 2. Transportation                | 4. Staffing shortage               |
| 3. Lack of specialists           | 4. Not a priority                  |

# Our Assessment Process

## Jefferson County Focus Group *(continued)*

From Our Focus Group:

*“Premiums are increasing; Money first of all. Even if they have a Medicare plan, it doesn’t cover specialists or a lot of stuff and some of us don’t qualify for Medicaid. Copay has increased for prescriptions and doctor visits”*



# Our Assessment Process

## Needs Assessment Survey – Project Homeless Connect Surveys

Project Homeless Connect, an event sponsored by service agencies, provide an opportunity to obtain local data from a difficult to reach population. Individuals and agency personnel were surveyed at the event which was held in Arnold in mid-October. A total of twenty-three individuals, six clients and seventeen staff/volunteers, participated. Highlights of the responses to health topics are as follows:

- The most pressing health issue- clients indicated a range of issues including mental health, medical care, dental care, and substance abuse. Service providers' and volunteers' responses tended to echo those of clients. Mental health concerns were mentioned most often, but many other issues were identified.
- Satisfaction with several services (medical, dental, mental health, substance abuse treatments, and access to medicines)- with the exception of dental services, with which all clients indicated their dissatisfaction, there was a range of responses, mostly positive. When service providers were asked to discuss these same topics, the negative responses were similar across all topics – a lack of providers, long waiting lists, transportation issues, and an ability to pay were frequently cited concerns.
- Safety about 2/3 of each group either indicated they felt safe or had no specific concerns. Drugs were the most often identified concern, however, both violent crimes and property crimes were listed as concerns. One individual cited poor road conditions as a safety concern in their neighborhood.

# Our Assessment Process

## Needs Assessment Survey – Project Homeless Connect Surveys *(continued)*

- How food is obtained- food pantries and grocery stores were the most often identified source and sit-down restaurants and fast-food establishments were the list used. Discount stores and convenience store/gas stations were also regularly used by clients to obtain food. When providers were asked about the topic, they indicated that money was an issue for clients and that fast food was often the convenient and more affordable option.
- When asked about struggles over the past year several issues were identified by clients including housing, utilities, transportation, and unemployment. Service providers expanded on these struggles and identified issues such as older cars, and not being able to purchase gas as transportation-related problems. The lack of financial resources was a theme that the service providers identified across multiple issues.
- Obtaining and understanding medical information- most clients indicated that accessing online medical information was a problem to some degree. The reasons given varied. In some instances, clients lack internet access, or a lacking a device that is convenient for consuming content, or trouble locating the needed information. Many clients also admitted that they struggle to understand the information at least some of the time. Providers also indicated clients suffered from technical issues as well as a lack of willingness or fear of asking for help that prevents clients from asking for assistance.

# Prioritized Needs

## Prioritizing Identified Health Needs

Thirteen identified health needs emerged during the process of analyzing primary and secondary data for the CHNA. Needs were identified if they were ranked highly as a need by survey respondents, identified as a health disparity by public health data, or were prioritized in a prior CHNA. Relevant indicators for each need are summarized in Appendix A.

The Community Health Committee of MHJ Hospital Board of Directors met in March 2022 to prioritize the thirteen identified health needs. The committee reviewed the primary and secondary data collected during the CHNA process, evaluated the strengths and resources of the community, and considered the hospital's strategic plan. The committee narrowed the list of identified health needs by using a strategy grid. Criteria used to prioritize the needs using the strategy grid were Severity of the Need and Availability of Resources to address the need. The identified health needs were Access to Care, Affordable Housing, Behavioral/Mental Health, Financial Literacy, Substance Use Disorder, and Obesity.

# Prioritized Needs

## Prioritizing Identified Health Needs *(continued)*

A nominal group technique was then used to rank the six finalized priority health needs. Each committee member ranked each of the four needs using five criteria: 1) Magnitude of Need, 2) Feasibility to Change, 3) Alignment with Mission/Strategic Goals, 4) Resources Available, and 5) Importance to Community. Scores were totaled for all participants. Results of the strategy grid and nominal group technique are included in the nominal grouping results table.

Based on the results of the 2022 CHNA, MHJ has prioritized four health needs: Access to Care, Behavioral Health, Substance Use Disorder, and Financial Literacy. The first three of these needs will be carried over from the 2019 CHNA, and one is a newly identified need. MHJ will maintain current strategies which have been implemented and have been shown to be making positive impacts in these priority areas and will continue to seek out programs, interventions, and community partnerships to meet all the prioritized health needs.

# Prioritized Needs

## Prioritizing Identified Health Needs *(continued)*

### Strategy Grid Results

		Magnitude of Need	
		High	Low
Resources Available	High	Access to Care Behavioral Health Substance Use Disorder	
	Medium	Diversity Obesity Diabetes	Immunizations
	Low	Affordable Housing Quality Schools Dental Staffing Transportation	Crime

### Nominal Group Ranking Results

Identified Health Need	Total Score	Chosen as Priority Need
Access to Care	121	Yes
Behavioral Health	110	Yes
Substance Use Disorder	105	Yes
Financial Literacy	102	Yes
Obesity	101	No
Affordable Housing	83	No

# Prioritized Needs



Access to Care



Substance Use



Behavioral Health



Financial Literacy

# Prioritized Needs

## Access to Care

Access to health care refers to comprehensive, timely, and quality health care services that result in the best health outcomes. Vulnerable populations suffer from limited access due to a variety of structural and individual factors. Such barriers include the high cost of care, lack of health insurance coverage or inadequate insurance coverage, limited availability of services, and transportation barriers. Those without care are not as able to obtain treatment for acute or chronic diseases, resulting in further exacerbation of their health conditions, increased cost of care, and, at times reduction in quality of life and premature death.



# Prioritized Needs

## Access to Care *(continued)*

Another barrier to access to care is adequate numbers of primary care physicians (PCPs) for the population. Jefferson county is experiencing a shortage of primary care physicians. The rate of 1 PCPs per 4,310 of the population in Jefferson County is particularly low, and lower than the Missouri rate of 1 to 1,420.

Respondents to the 2021 MHJ Community Health Survey and Focus Groups ranked Access to Affordable Health Care in the top six important issue affecting their county.

Access to care was chosen as a priority health need for Mercy Jefferson's 2016 and 2019 CHNAs. Mercy remains committed to increasing access to care for uninsured, economically poor, and vulnerable persons and has instituted a number of programs to address this need.



# Prioritized Needs

## Substance Use

Substance use disorder is the inability of a person to control their use of substances, whether they be legal or illegal. The availability of county level data on substance use is limited. Jefferson County was the 6<sup>th</sup> highest in ER visits due to opioid use and 3<sup>rd</sup> highest for heroin per population for 2014-2018.<sup>4</sup> From 2015 to 2017, there was a 40% increase in the number of fatal overdoses due to opioids.<sup>5</sup> Alcohol prevalence in adults over 18 is nearly 18% and smoking is 21%.<sup>6</sup> More residents over 18 in the eastern part of Missouri are using and bingeing alcohol than compared to the state.

Substance use was noted as a top health concern in many instances of the primary data collection. Drug abuse was noted as the 2<sup>nd</sup> safety concern in the community survey results. Alcohol, tobacco, and drugs were 3 of the top 5 community health concerns of the stakeholder survey and all listed as having a high ability to collaborate on from a multi-organizational standpoint.

Substance use disorder was chosen as a priority health need for Mercy Jefferson's 2016 and 2019 CHNAs. Mercy remains committed to increasing access to care for uninsured, economically poor, and vulnerable persons and has instituted a number of programs to address this need.





# Prioritized Needs

## Behavioral Health

Mental or behavioral health (these terms will be used interchangeably for the purposes of this CHNA) includes our emotional, psychological, and social well-being. Mental and physical health are equally important components of overall health. While mental illness is not the same as mental health, mental illnesses are among the most common health conditions in the United States. More than 50% of people will be diagnosed with a mental illness or disorder at some point in their lifetime.<sup>1</sup>

Respondents to the MHJ Community Health Stakeholder Survey indicated that mental health was among the most important health issue or problem to them and the people in their households. 72% of respondents ranked this as top health concern. Respondents ranked mental health second highest from a list of sixteen health issues and as a priority that has a high potential for community collaboration to address.

# Prioritized Needs

## Behavioral Health *(continued)*

Secondary data on mental and behavioral health is challenging to obtain at the county level. As a nation, however, the data is clear that mental health is a very significant health issue. Just 17% of U.S. adults are in a state of optimal mental health.<sup>2</sup> Suicide rates have increased 24% over the past decade, from 11.3 to 14.0 per 100,000 population (age adjusted) from 2007 to 2017.<sup>3</sup>

The proportion of mental health care providers in the MHJ region is 1 per 1,170 of the population is much lower than the state of Missouri at 1 per 490. Jefferson County is experiencing shortages of mental health providers and access issues for patients seeking mental health care.

Several years ago, Mercy significantly expanded its behavioral health department, adding providers and more services. Mercy Health System is planning to implement several virtual behavioral health services across its ministry over the next several years, benefiting the community of Jefferson County. Behavioral health was chosen as a priority health need for Mercy Jefferson's 2016 and 2019 CHNAs. Mercy remains committed to increasing access to care for uninsured, economically poor, and vulnerable persons and has instituted a number of programs to address this need.



# Prioritized Needs

## Financial Literacy

Financial literacy is having the ability to understand and use financial skills like budgeting and investing. Financial literacy is a complex problem. Many people do not have the resources to meet their basic needs and financial literacy is closely related to poverty. 10% of Jefferson County residents and 13% of children in families are below 100% of the poverty level . While lower than the Missouri's rate of 19% and 14%, this is nevertheless a significant number.

Many needs associated with financial literacy were high among prioritized health issues by respondents to the MHJ Community Health Survey and ranked 4<sup>th</sup> highest when examining community survey data responses by the MHJ Community Health Council. This need was derived from identified needs such as those for affordable housing, healthcare, transportation, food, etc. when surveyed about the COVID-19 impact, significantly more Jefferson County individuals reported being worse off and all of which are related to financial literacy. Those who lack the financial skills and resources to withstand market downswings may make financial mistakes and may not be able to cope with financial shocks.



# Prioritized Needs

## Needs Not Addressed

### **Housing**

Though MHJ will not directly address housing as a part of the CHNA process, through intentional partnerships with strategic community organizations, MHJ will continue to impact housing needs in the community. MHJ is engaged in the Homelessness Taskforce Coalition of Jefferson County and supports as well as the Jefferson County Homeless Connect annual event.

### **Obesity**

While MHJ will not be directly engaged in this work, our commitment to access to care will support the community in addressing the need for affordable healthy food options. Mercy Jefferson often refers to the Jefferson County Health Department's dietitian to help with free nutrition counseling, as well as the local food pantries and food banks.

# Resources

**The following external sources of published data were used as part of the collection of secondary data during the assessment process:**

- Small Area Health Insurance Estimates, 2019. <https://www.census.gov/programs-surveys/sahie.html>
- SparkMap – Center for Applied Research and Engagement Systems (CARES), University of Missouri, 2018-2020. <https://sparkmap.org/report/>
- U.S. Census Bureau American Community Survey, 2019. <https://www.census.gov/programs-surveys/acs/data.html>
- U.S. Census Bureau, 2020 Census Results. <https://www.census.gov/>
- County Health Rankings, 2021. <https://www.countyhealthrankings.org/>

# Resources (continued)

The following external sources of published data were used as part of the collection of secondary data during the prioritized need process:

1. CDC Mental Health Basics, 2021. <https://www.cdc.gov/mentalhealth/learn/index.htm>
2. Healthy People 2020. Mental Health. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health/determinants>
3. Healthy People 2020. Mental Health. <https://www.healthypeople.gov/2020/leading-health-indicators/2020-lhi-topics/Mental-Health/data>
4. ER Opioid Misuse Rate Map, 2022. <https://health.mo.gov/data/opioids/er-opioid-misuse-rate.php>
5. Jefferson County Opioids Fact Sheet, 2019. <https://health.mo.gov/data/opioids/pdf/jefferson-county-opioids-fact-sheet-spring-2019.pdf>
6. Community Profile 2021 Jefferson County, 2021. <https://dmh.mo.gov/media/pdf/community-profile-2021-jefferson-county>

# IX Appendices\*

- Appendix A: Jefferson County Health Department 2017 Assessment
- Appendix B: Jefferson County Community Survey
- Appendix C: Homelessness Survey
- Appendix D: Stakeholder Survey & Results
- Appendix E: Jefferson County Focus Group Questions & Responses

\*Appendices are available as separate, supplemental pdf documents to this Community Health Needs Assessment Report.



*Your life is our life's work.*

# Appendices

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# Appendix A

Jefferson County Health Department  
2017 Community Health Assessment



**Jefferson County Health  
Department**

2017 Community Health Assessment

## Acknowledgements

The following community health assessment was completed due to the generous support of the Jefferson Foundation, as well as the hard work and diligence of the Jefferson County Health Department staff, and a variety of community partners and organizations.

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# Executive Summary

The Jefferson County Health Department (JCHD) is the local public health agency for Jefferson County, Missouri. Our mission is to promote and protect quality of life through education, leadership, partnership, prevention and response.

The Jefferson County Health Department is continually looking for the best ways to provide needed services to community members of Jefferson County. To do this, a complete understanding of the unique issues and problems Jefferson County community members face on a daily basis was needed. The goal of the 2017 Community Health Assessment was to gain insight into the perceptions of county residents on the most pressing health issues, risk factors, barriers to care, and health services utilization. Our hope was this assessment would also give community members a voice in what services they need and want, and act as a springboard moving forward with community collaborations and initiatives. We believe the information we obtained provides a good snapshot into the health and well-being of the county.

Now more than ever, local health departments must focus on innovative programs, initiatives, and partnerships that provide the meaningful impact to community populations while being an efficient use of time and resources. With a high prevalence of chronic disease and substance abuse throughout Jefferson County, JCHD is in a unique position to be a catalyst for change and foster a culture of health for all ages.

# Process and Methods

## Timeline



**DECEMBER 2016**

Grant awarded by Jefferson Foundation



**APRIL-MAY 2017**

Survey developed by JCHD staff



**JUNE-AUGUST 2017**

Survey disseminated and data collected



**NOVEMBER 2017**

Data analysis and interpretation begins

## Methods

The JCHD Community Health Assessment was unique in regards to what specific information it was looking to gain from the community. JCHD wanted to get a good picture of the health issues residents face in our community, what residents feel are the most important issues, how the community utilizes health department services, and what programs or services the community would like to see offered. To do that, the survey included questions about health choices and behaviors that are not typically addressed in standard community health assessments such as where do they obtain most of their meals, how often do they engage in physical activity and where, barriers preventing from eating healthy foods and obtaining health services, and what services they would like to see offered in the community.

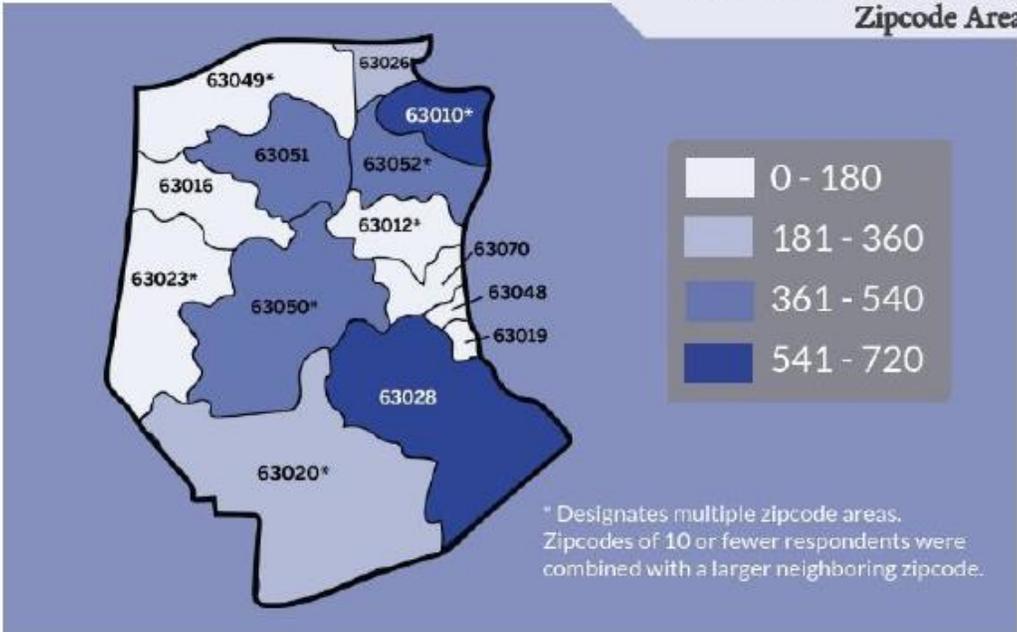
Data analysis and interpretation used primarily by the analytic programs within QuestionPro, Microsoft Excel, and the GIS mapping software. Utilizing these three programs, descriptive statistics were compiled and interpreted.

To disseminate the survey, a variety of methods were used to capture complete data. Online and paper surveys were distributed through social media platforms and newspaper publications, as well as at food pantries, libraries, recreation centers, and other public locations.

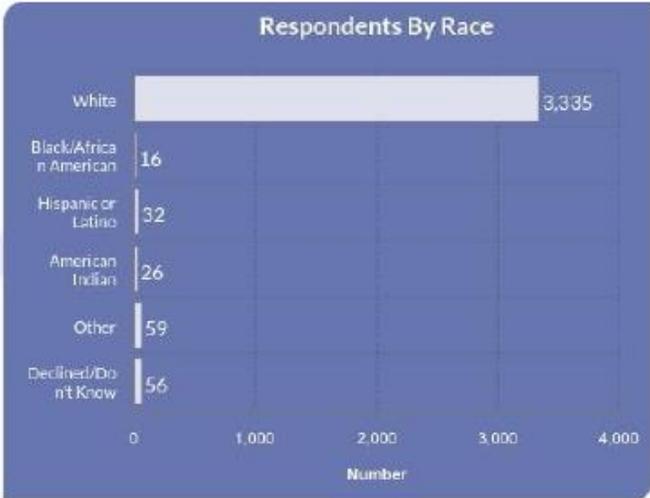


# Survey Demographics

Number of Respondents by Zipcode Area



**3,523**  
Number of respondents



# Survey Demographics

Most respondents were female who own or rent their place of residence. It was also found that the majority of respondents had completed at least a high school education. Almost half of respondents reported an average yearly income of \$50,000 or more.

**85 %**

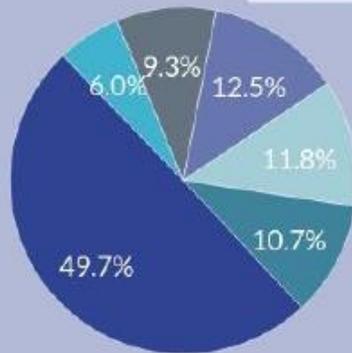
Percentage of respondents with a high school education

2267	Females	64%
1182	Males	34%
7	Other	0.2%
67	Declined/Don't Know	2%

**91 %**

Percentage of respondents who rent or own their place of residence

## Total Household Income



\$10,000 or Less	199	\$10,001-\$20,000	311
\$20,001-\$30,000	419	\$30,001-\$40,000	393
\$40,001-\$50,000	358	\$50,000 or Above	1,661

\* 182 respondents declined to report their income

# Health Insights

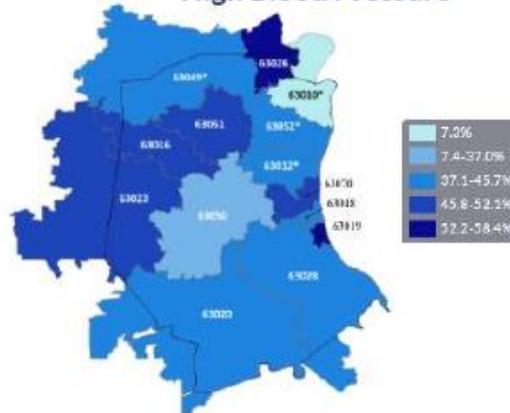
## Adult Diagnoses

Respondents were asked to list any health conditions they had been diagnosed with. It was found that the top 5 reported diagnoses included:

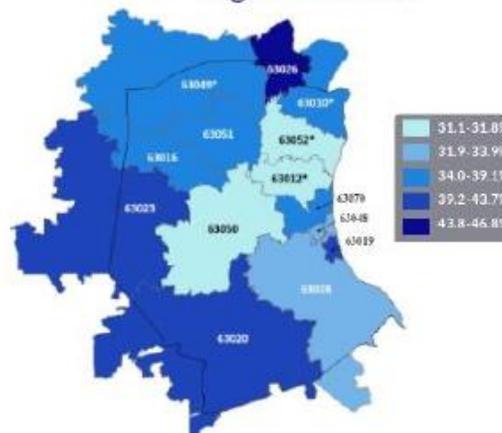


The maps below and on the next page break down each one of the top five reported adult diagnoses by zipcode area, reporting the percentage of those respondents who have the condition. These percentages are not weighted by respondent size, but still provide a detailed picture to the areas of the county with the highest health disparities.

### High Blood Pressure

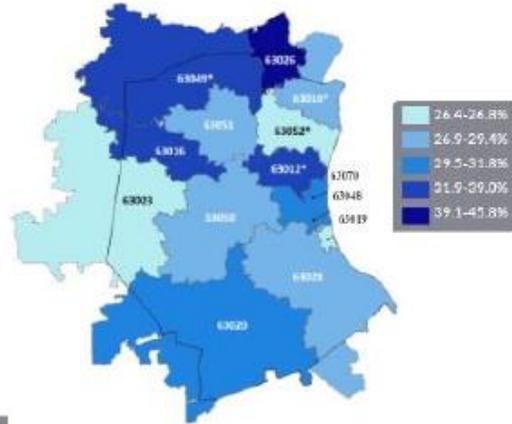


### High Cholesterol

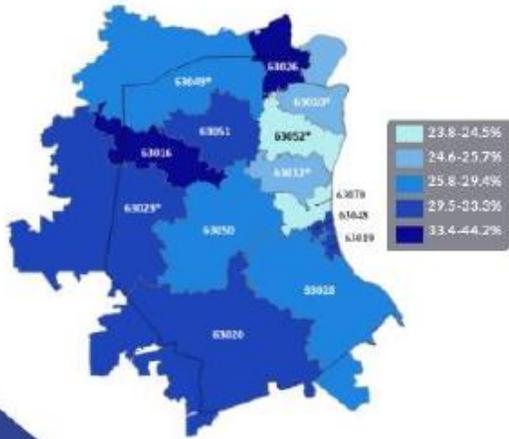


# Health Insights

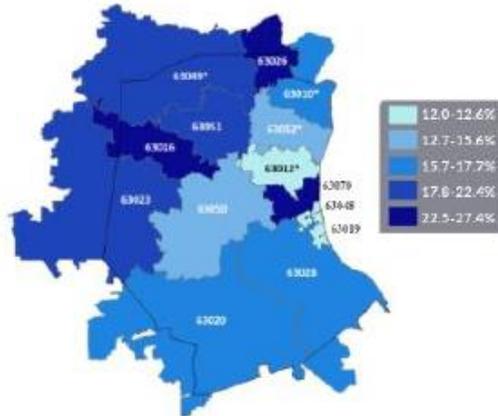
## Overweight/Obese



## Depression or Anxiety



## Diabetes (not gestational)



Adult Diagnoses  
(continued)

# Health Perceptions

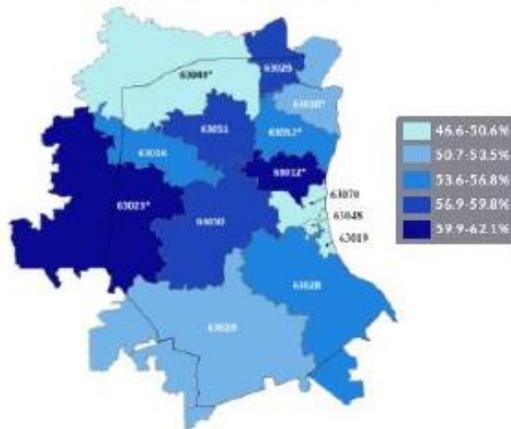
## Health Issues

Respondents were asked what they felt were the top 5 health issues in their community. It was found that the top 5 reported health issues included:

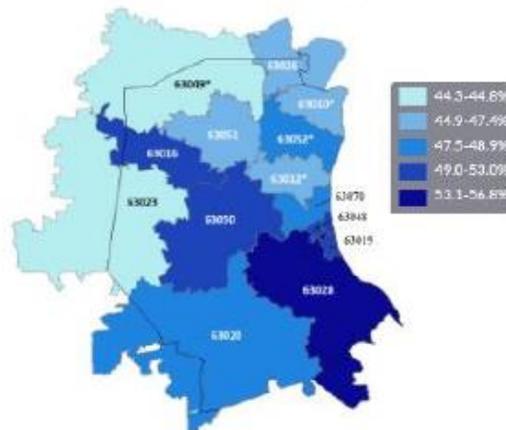


The maps below and on the next page break down each one of the top five reported health issues by zipcode area, reporting the percentage of the respondents who believe the health issue is a top 5 problem in their community.

### Alcohol/Substance Abuse

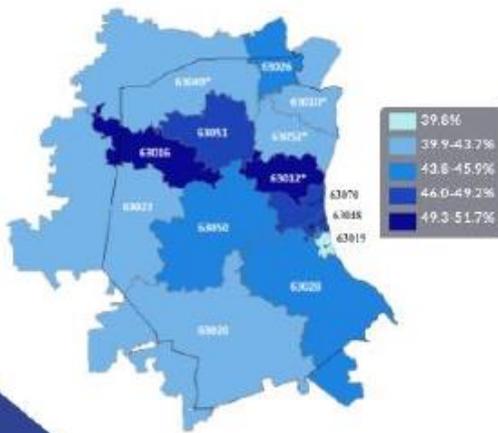


### Obesity

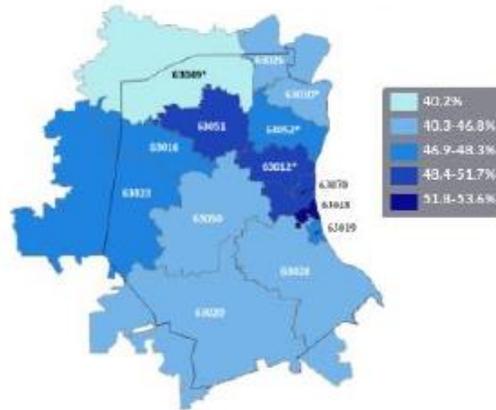


# Health Perceptions

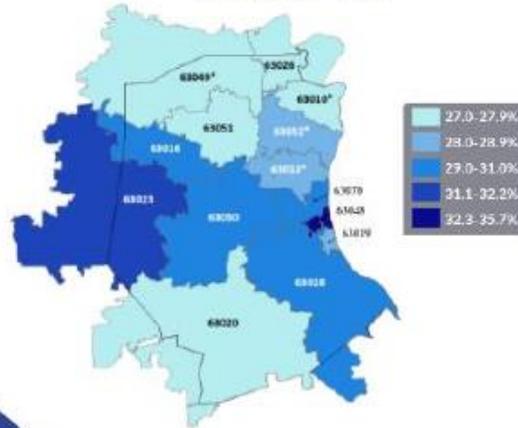
## Smoking/Vaping



## Prescription Drug Misuse



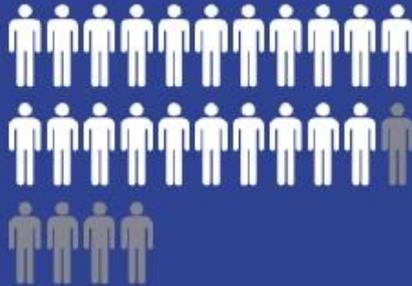
## Diabetes (not gestational)



Health Issues  
(continued)

# Health Insights

## Perceived Health



The survey found that the large majority of respondents, 82%, perceived themselves as healthy or very healthy.

## Health Conditions

On average, respondents who reported themselves as unhealthy or very unhealthy had over twice as many diagnosed health conditions than those who reported themselves as healthy or very healthy.



## Health Services



80%



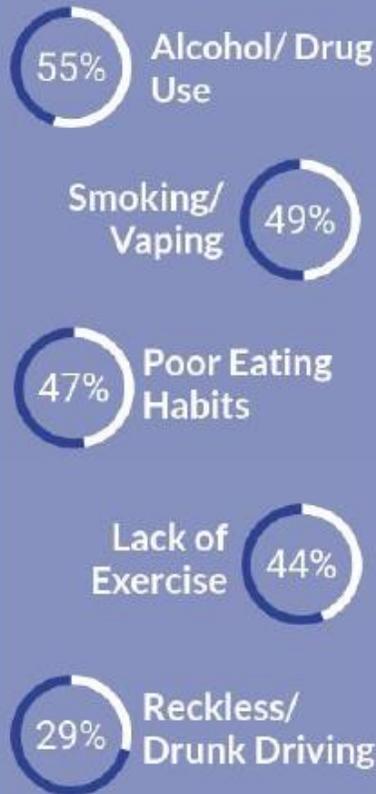
81%

Most of the respondents reported getting the majority of their health information from a doctor or nurse and most commonly going to a doctor's office for their medical care.

# Health Insights

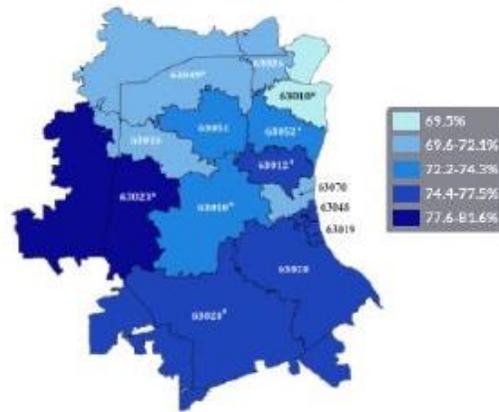
## Risk Factors

Respondents were asked to list the top 5 risky behaviors that impact the health in their community. Below shows the collective top 5 selected by the respondents.

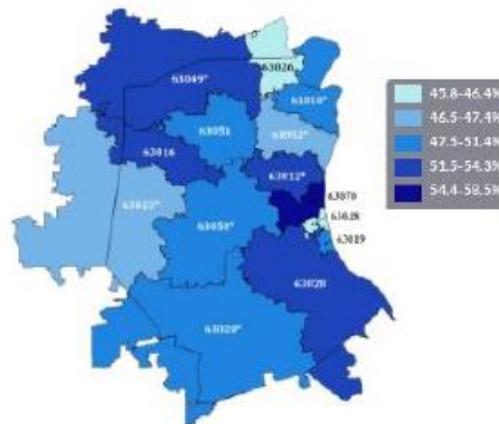


The maps below and on the next page break down each one of the top five reported risk factors by zipcode area, reporting the percentage of the respondents who believe the factor is a top 5 issue to health in their community.

### Alcohol/Drug Use

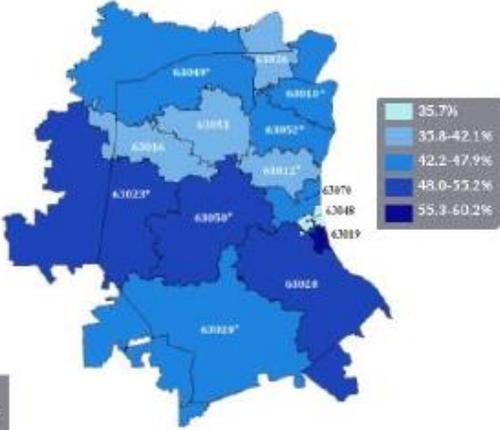


### Smoking/Vaping

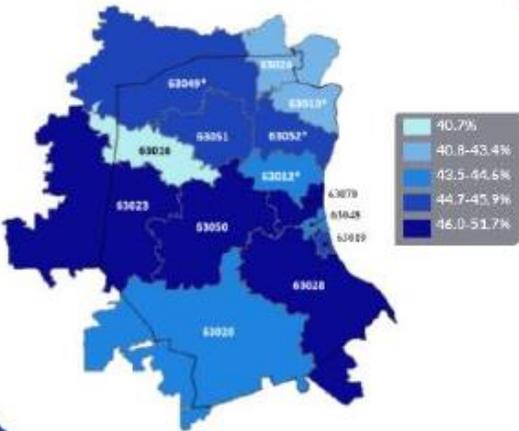


# Health Insights

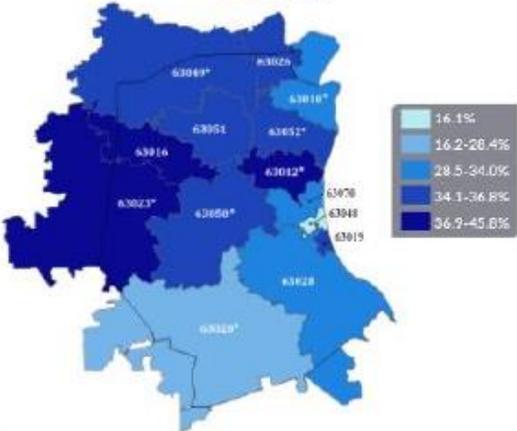
Poor Eating Habits



Lack of Exercise



Reckless/Drunk Driving



Risk Factors  
(continued)

# Health Insights

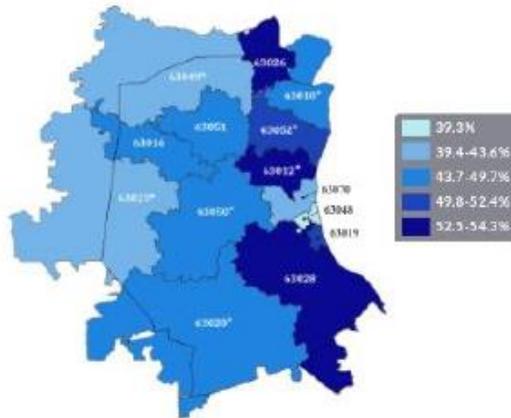
## Social Factors

Respondents were asked to list the top 5 social factors that impact the health in their community. Below shows the collective top 5 selected by the respondents.

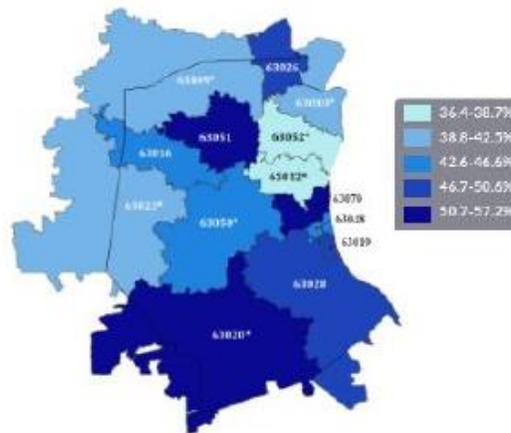


The maps below and on the next page break down each one of the top five reported social factors by zipcode area, reporting the percentage of the respondents who believe the factor is a top 5 issue to health in their community.

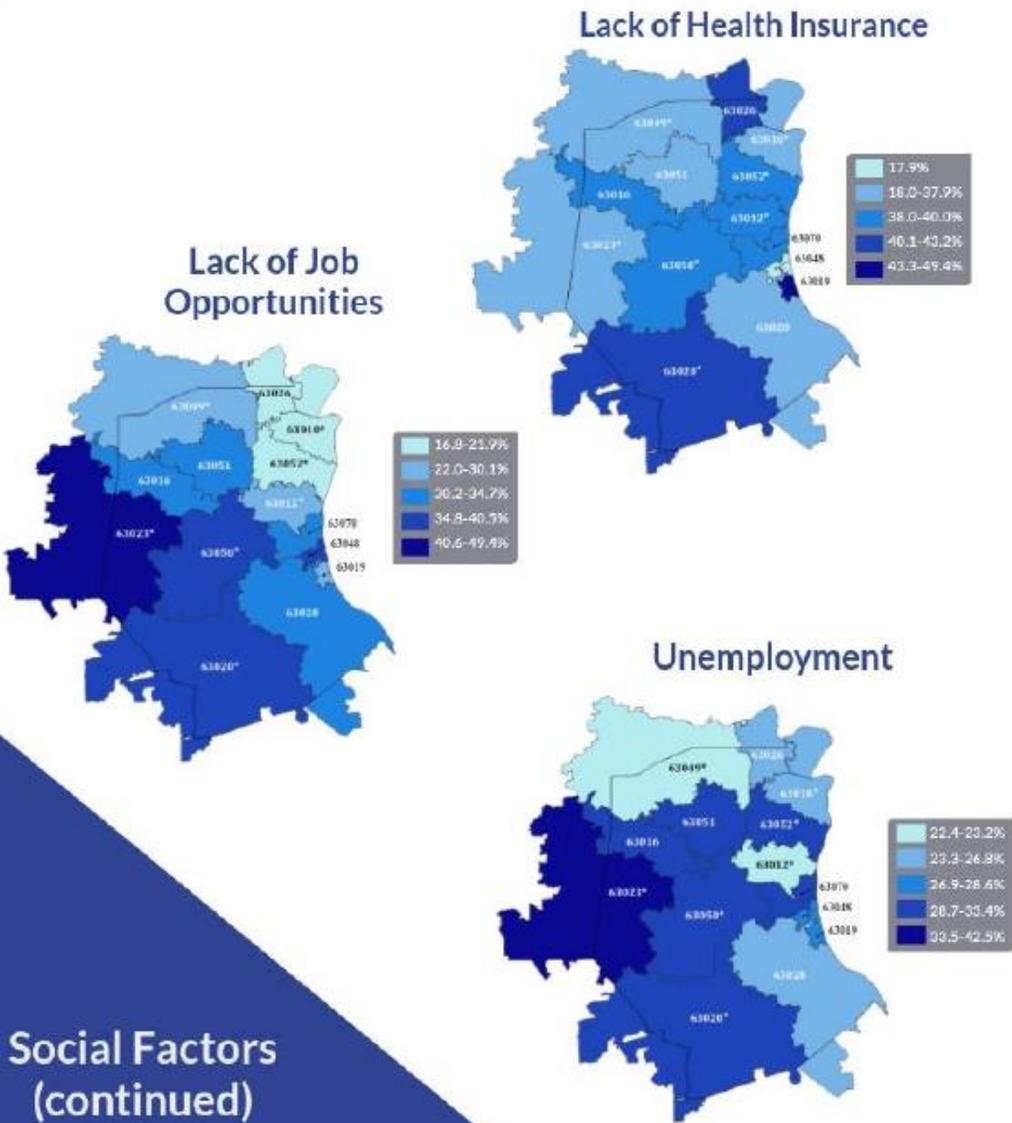
### Affordability of Health Services



### Low Income/Poverty



# Health Insights

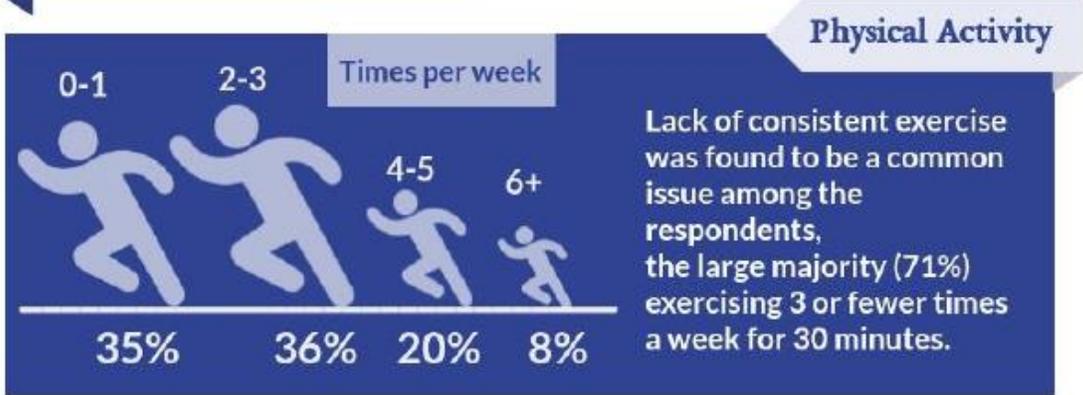


Jefferson County Health Department

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2017 Community Health Assessment

# Activities



## Exercise Locations

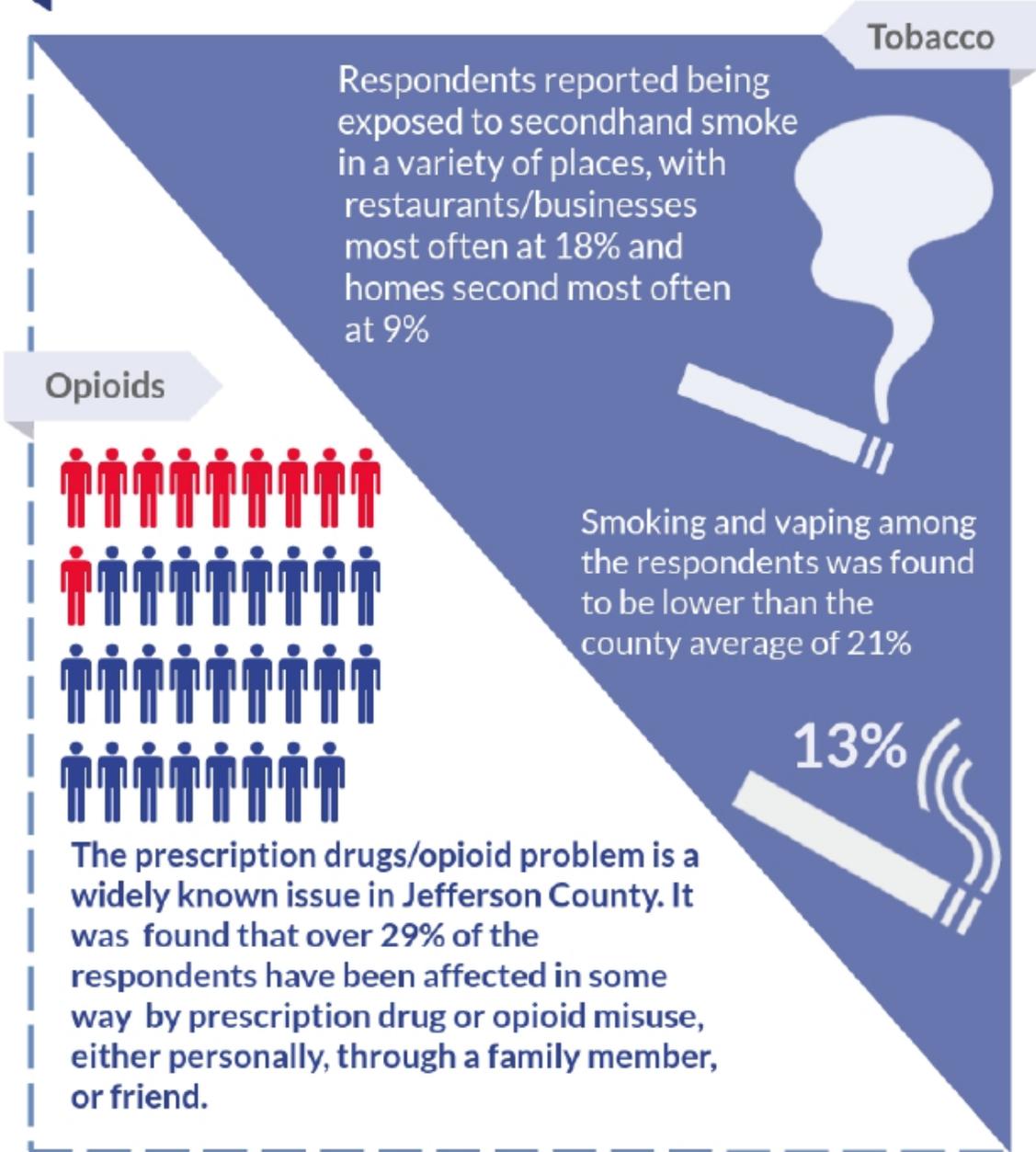
Respondents' top places to exercise included their homes, parks, public recreation centers (including YMCA), and private gyms. Within the "Other" category, respondents noted most often exercising outside (hiking, walking sidewalks, etc.), and getting exercise through their jobs (manual labor).



## Screen Time

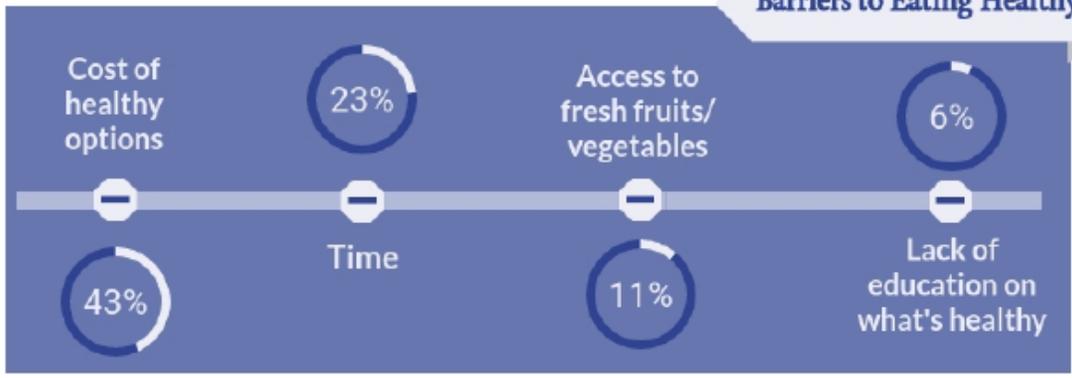


# Drug Use



# Barriers to Health

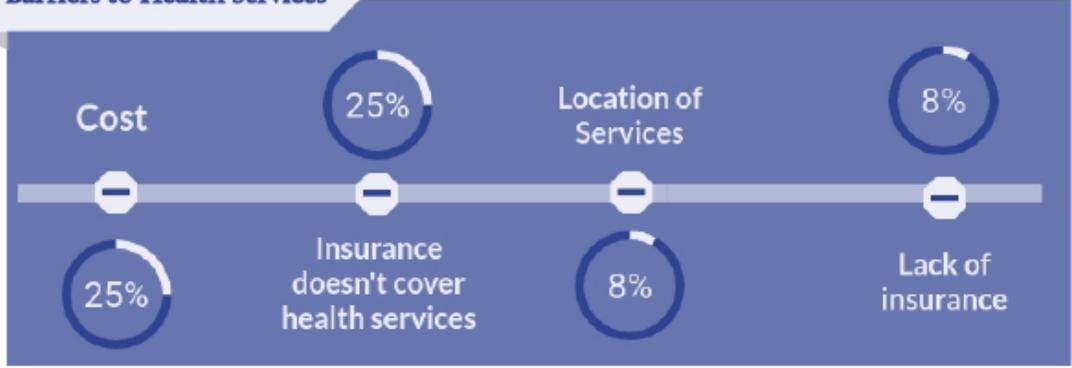
## Barriers to Eating Healthy



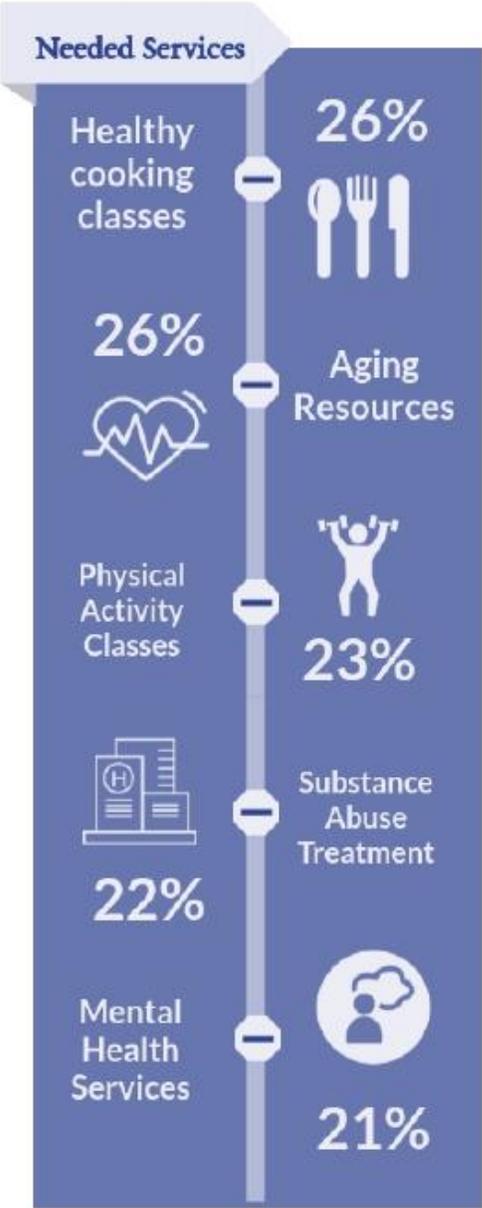
Respondents were asked to choose what they perceived to be the largest barrier(s) to eating a healthy diet. The most often selected barriers among the total respondents included, cost of health options, time, access to fresh fruits/vegetables, and lack of education on what's healthy. Other notable barriers included not liking healthy foods (5.7%) and not knowing how to cook (5%).

Respondents were also asked about what they perceived to be the largest barrier(s) to using health services. The most often selected barriers among total respondents included, cost, insurance not covering the service, location of services, and lack of insurance. Other notable barriers reported were transportation (6%) and lack of providers (4%).

## Barriers to Health Services



# Needed Services



Respondents were asked to list any services they felt were needed and were not currently available or accessible. The top responses included healthy cooking classes, aging resources, physical activity classes, substance abuse treatment, and mental health services. Many of these choices were not surprising given the reported health issues and social factors. These findings reaffirm the need for targeted operations in these areas.



Jefferson County Health Department

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2017 Community Health Assessment

# Moving forward

## Summary

The results found from the community health assessment provided JCHD with a good picture of the health issues residents face in our community, what residents feel are the most important issues, how the community utilizes health department services, and what programs or services the community would like to see offered. Our hope is that the community will be able to use this information to better understand the needs of the population and develop programs/provide services to combat those issues.

## Limitations

- The survey was not weighted to account for socioeconomic status of the residents and thus has the potential to be biased.
- Our goal was to gain a general understanding of the perceptions of residents and we understand that the data can only be loosely generalized to the general population of Jefferson County.

## Moving Forward

The information obtained from health assessment has already proven invaluable in the development of future programs and initiatives. The information highlighted recurrent barriers and needs of respondents and JCHD has already begun to develop responses to the results. These include:

- Purchasing of a mobile wellness van to provide services to locations with difficult or no access to care
- Partnering with Healthy Lifestyles Initiative (12345 Fit-Tastic) to enhance our educational messaging and wellness programming.
- 3.4.50 framework, a community health improvement strategy based on evidence that three health behaviors elevate risk for four chronic conditions that together cause more than fifty percent of deaths, will become a driving force in future program development.
- Development of a large scale grocery store initiative has begun, targeting healthy food education and availability.

# Appendix B

## Jefferson County Community Surveys

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Community Survey Results .....	32

### St. Louis Metropolitan Area Survey

Where you live is an important part of your health. St. Louis metropolitan area hospital systems want to hear from you about what is going well in your community and what needs improvement. Your responses to this survey are very important and will guide local solutions for a variety of health and social issues.

This survey is part of the St. Louis Metropolitan Area- Health Systems Community Health Needs Assessment conducted jointly by SSM Health, BJC, Mercy Health, St. Luke's and Shriner's Hospitals. The survey will take about 10-15 minutes to complete.

All responses will be confidential and anonymous. We will only share combined, aggregated results from the survey.

In addition to asking about specific health needs, this year's survey has a special focus on the social determinants of health (SDoH). These are the conditions in which people are born, grow, live, work and age that shape health. Social determinants of health include factors like income/financial status, education, neighborhood and physical environment, employment, and social support networks, as well as access to health care. Addressing social determinants of health is important for improving health outcomes and reducing longstanding health problems in our communities.

For more information about Social Determinants of Health please visit the following website:  
<https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>

Thank you for your participation!

#### Section I: Health Needs, Access and Information

1. Please select the top three health challenges you face

Cancer	Heart Disease
Diabetes	Joint pain or back pain
Overweight/Obesity	Alcohol overuse
Lung disease	Drug Addiction
High Blood Pressure	I do not have any health challenges
Stroke	Other

2. Where do you go for routine health care?

Physician's Office	Community Health Center/Clinic
Local Health Department	I do not receive routine health care
Emergency Room	I would not seek health care
Urgent Care Clinic	Other

3. Are there issues that prevent you and/or your family from accessing health care?

Cultural/religious beliefs	Fear (e.g. of doctors/health systems; not ready to face/discuss health problem...)
Don't know how to find doctors	Language and/or cultural barriers

No health insurance/unable to pay for care  
Unable to pay co-pays/deductibles  
Transportation  
Lack of health centers/providers nearby  
Don't feel welcome

My health insurance is not accepted  
Scheduling problems (e.g.-when we are available, health services are closed, etc.)  
Other

4. What types of health screenings and/or services do you need better access to in order to help keep you healthy?

Blood pressure  
Cancer  
Cholesterol (fats in the blood)  
Dental screenings  
Emergency preparedness  
Exercise/physical activity  
Falls prevention for elderly  
Nutrition  
Prenatal Care  
Quitting smoking

Suicide prevention  
Weight loss help  
Vaccination/immunization  
Mental health/depression  
Drug and/or alcohol abuse  
HIV/AIDS & STIs  
Routine well checkups  
Eating disorders  
I have adequate access to health services  
Other

5. What health screenings and/or services do you feel your child/ren need better access to in order to help keep them safe and healthy?

Childhood obesity  
Physical activity  
Nutrition  
Alcohol or drug use  
Breastfeeding  
Teen pregnancy  
Smoking  
Internet safety

Blood lead levels  
Asthma  
Injury prevention  
Suicide  
Mental Health  
Other  
I do not have children

6. Where do you get most of your health information (Check all that apply)

Doctor/health provider  
Facebook or Twitter  
Other social media  
Family or friends  
Health department  
Hospital  
Internet

Library  
Newspaper/Magazines  
Radio  
TV  
Worksite  
Other

Section II: Where you Live, Learn, Work, and Play.

The questions in this section help us better understand which Social Determinants of Health are affecting the communities we serve

7. Please choose the best response to reflect your opinion: (Strong Agree, Agree, Neither Agree Nor Disagree, Disagree, Strong Disagree, Not Applicable or Not Sure)

I am friendly with most of my neighbors.

There are places for people like me to gather in my community (such as places of worship, community centers, events, libraries and/or parks.)

I feel safe in my community.

Children in my community have access to high quality education.

There are enough safe and affordable houses and apartments in my community.

I feel like I belong in my community.

I trust the public service providers in my community such as public health, law enforcement and emergency services.

Decisions for the community are made with resident participation.

My community has enough good-paying jobs.

My community is a good place to raise children.

8. My household has transportation that we can depend on to meet our daily needs. This may include a car or truck, bike, bus, taxi, etc.

Always                  Often                  Sometimes                  Rarely                  Never

9. Everyone in my household can get the health services we want and need including physical, mental and dental health services.

Always                  Often                  Sometimes                  Rarely                  Never

10. I can get healthy food for my family.

Always                  Often                  Sometimes                  Rarely                  Never

11. Why is getting healthy food a challenge for you? Please select all that apply:

- Food pantries and other sources of free food are not available in my community.
- Healthy food is not available in my community.
- Healthy food is too expensive in my community.
- I don't have the time to buy or prepare healthy food.
- I don't know how to find food pantries and other sources of free food.
- I have schedule problems in accessing stores with healthy foods.
- I have transportation problems.
- The store I go to does not take EBT/QUEST/FoodShare.
- The store I go to does not take WIC.
- It is not a challenge for me to get healthy food in my community
- Other

12. I or someone in my household experiences discrimination.

Always                      Often                      Sometimes                      Rarely                      Never

13. What types of discrimination have you or your household members experienced? Please select all that apply.

- Age
- Citizenship status
- Criminal Justice Background
- Disability Status
- Gender
- Income or Socioeconomic status
- Place of Birth
- Race
- Religious
- Sexual Orientation
- Skin Color
- Other

14. In what situations have you or your household members experienced discrimination?

- At a place of worship
- At school
- At work
- In my home
- In public places such as parks, libraries, etc.
- When applying for a job
- When interacting with government agencies
- When interacting with law enforcement
- When looking for housing to rent or buy
- When receiving healthcare services
- When shopping at stores or eating at restaurants
- Other

15. When I experience discrimination, it is usually

- When I am in my community
- When I am outside of my community
- Equally inside and outside of my community
- I do not usually experience discrimination

16. What do you think are the top FIVE STRENGTHS of your community right now?

Please choose only 5 responses and select the ones you believe your community is doing really well.

- Ability to continue living in my home or chosen community as I get older
- Access to dental care
- Access to mental health services
- Access to affordable health care
- Access to affordable healthy foods
- Access to affordable housing
- Access to affordable transportation
- Access to community parks and other recreation locations for physical activity
- Clean environment
- Community events
- Community safety
- Community spaces such as businesses, parks and schools are inclusive to people of all identities
- Good paying jobs and strong economy
- Good places to raise a family
- Good schools
- Opportunities to practice spiritual beliefs
- Racial and ethnic diversity
- Sense of belonging
- Strong family life/relationships
- Strong community leaders and role models
- Other

17. What do you think are the top FIVE AREAS FOR IMPROVEMENT in your community?

Please choose only 5 responses and select the ones you believe your community needs to be doing better or should be focusing on. Your response to this question will help us determine what health priorities will be in Rock County over the next few years.

- Ability to continue living in my home or chosen community as I get older
- Access to dental care
- Access to mental health services
- Access to affordable health care
- Access to affordable healthy foods
- Access to affordable housing
- Access to affordable transportation
- Access to community parks and other recreation locations for physical activity
- Clean environment
- Community events



24. Do your children have health insurance?

Yes

No

I do not have children

25. What is your gender? Examples: male, female, non-binary, transgender

Enter your answer

26. What is your sexual orientation? Examples: lesbian, gay, heterosexual/straight, bisexual, asexual

Enter your answer

27. With which categories do you identify? (choose all that apply)

- African American or Black
- American Indian or Alaska Native
- Asian Indian
- East Asian
- Hispanic or Latinx
- Middle Eastern or North African
- Native Hawaiian or other Pacific Islander
- Southeast Asian
- White
- A category not listed
- Other

28. What languages do you speak at home?

Enter your answer

29. What is your age group?

- Under 18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65-74
- 75+

30. What is the highest grade or year of school you completed?

- Less than 9th grade
- 9-12 grade, no diploma
- High School graduate or GED
- Trade/Technical Training Program
- Some college credit, no degree
- Associate's Degree
- Bachelor's Degree
- Graduate or Professional Degree

31. What is your employment status (choose all that apply)

- Employed, full-time (includes self-employed)
- Employed part-time (includes self-employed)
- Out of work for more than 1 year
- Out of work for less than 1 year
- Caregiver
- Student
- Retired
- Unable to work

32. Are you a Veteran?

Yes

No

33. How would you describe your current financial situation? (choose all that apply)

- I don't have enough money to pay the bills to meet household needs.
- Money is a major stressor in my life.
- I live paycheck to paycheck.
- I am financially secure and meet my and my family's needs.
- I have enough money to live comfortably without stress.

34. Do you consider yourself to be a person with a disability?

Yes

No

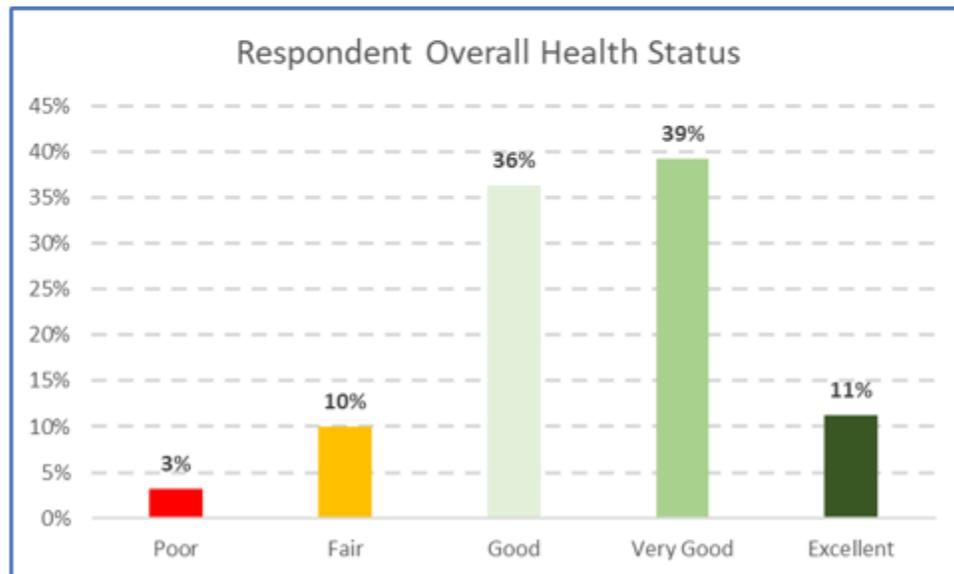
### Community Survey

382 Jefferson County residents participated in an online survey of community residents that was conducted in spring and summer 2021. Respondents were asked a variety of questions about their themselves, their families, and their community. These questions included personal health-related questions, their perception of their community regarding health-related topics, and the impacts of Covid-19.

While the sample is not a perfect representation of Jefferson County residents, in many respects it is representative. The sample is overwhelmingly female (83%), better educated (over 90% had post HS education), and middle-aged (participants had to be at least 18 years old). The racial/ethnic identity (97% white, non-Hispanic) is only slightly whiter than the county. Income levels are fairly representative. Homeowners are slightly overrepresented vs. renters, as are households with children. Overall, the sample provides insights from a knowledgeable group of residents with a vested interest in the future of Jefferson County.

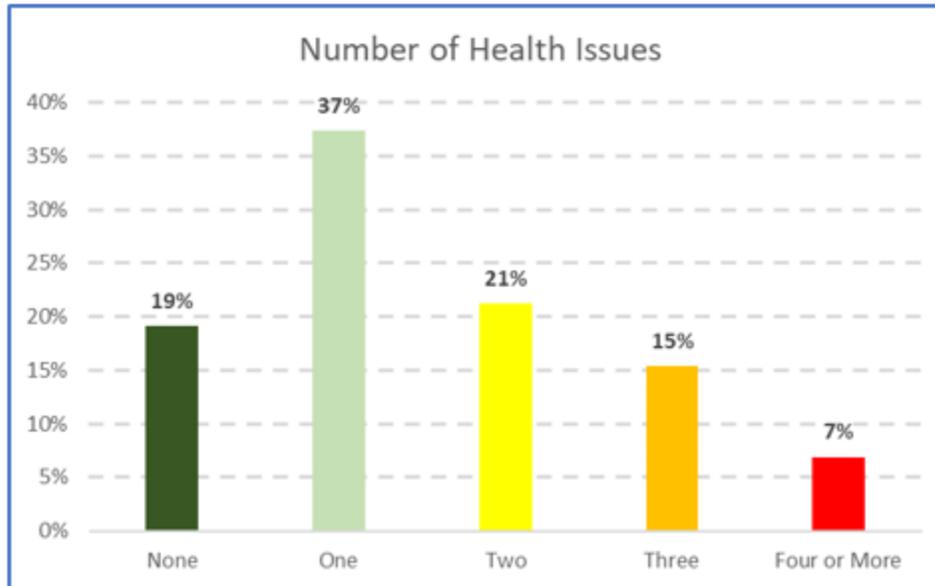
### Personal Health Status

Respondents were asked about their overall health status. The responses are shown in the chart below. Overall, 91% of the respondents indicated that they were in at least "Good" health. 50% indicated that their status is "Very Good" or "Excellent".



When asked about the number and types of health issues they had, 19% of the survey respondents indicated that they had no health issues at all. The remaining 81% of the respondents had one or more health issues. The chart below shows the number of health

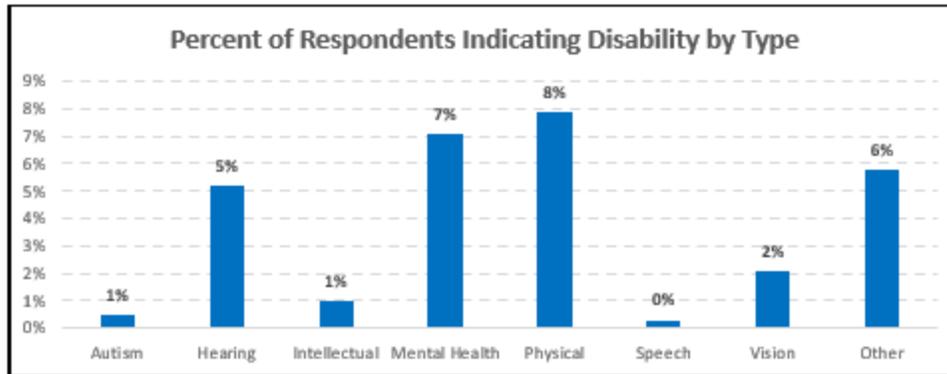
issues respondents said they had. Almost half of the respondents had one or two health issues while over one-fifth of the respondents had three or more health issues.



Respondents also identified what sorts of health issues they suffer from. The most common identified issues were obesity (45%), back and joint pain (36%), and high blood pressure (24%). All other issues affected less than 10% of the respondents.

Respondents were also asked if they suffered from some sort of disability. 16.6% of the respondents indicated that they have at least one disability. Of those with a disability almost three-fourths (73%) indicated that they had one disability, while another 19% identified two disabilities and the remaining 8% have three or more disabilities.

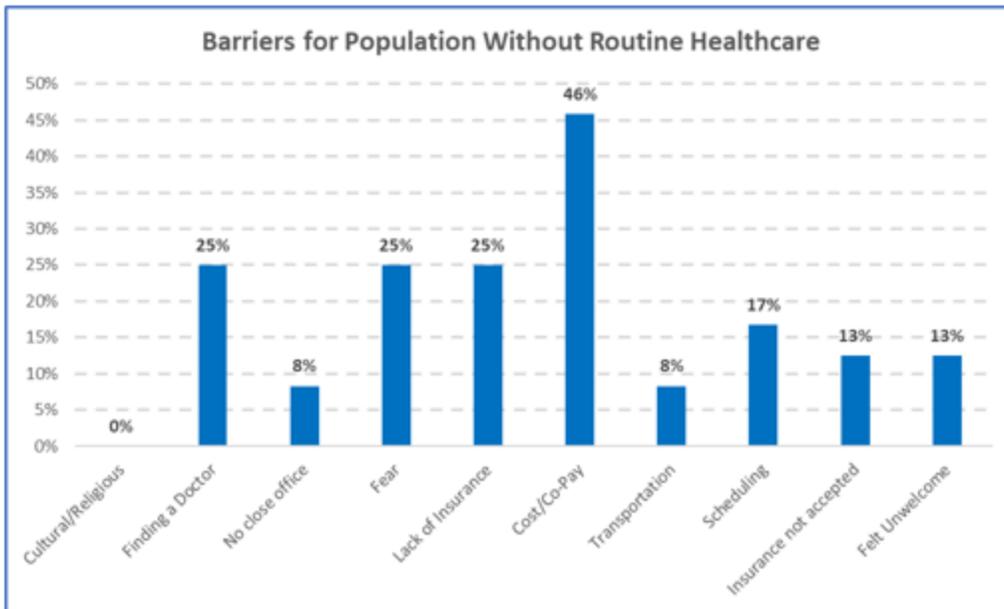
The chart below shows which disabilities were identified by respondents when presented with a list of common disabilities as well as an "other" option. The percentages are from the overall sample surveyed. Physical, mental health, and hearing disabilities top the list at 8%, 7%, and 5%, respectively. These are not insignificant numbers. It is also important to recognize that a broad and varied range of disabilities affect the quality of life of community members.



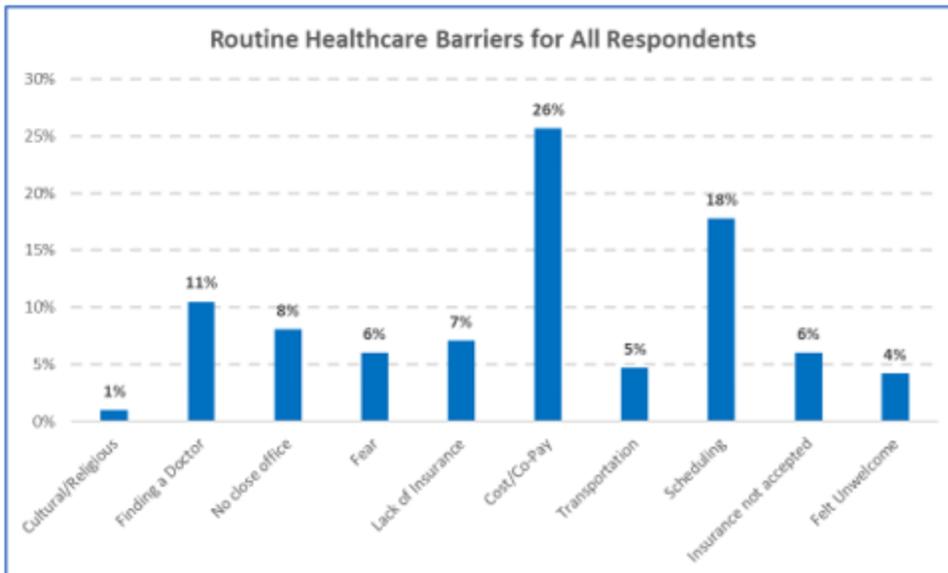
### Barriers to Receiving Healthcare

When asked where they received routine healthcare most respondents (88.5%) indicated they went to a physician’s office and one percent indicated they used a community health center. The remaining 10.5% of respondents either did not receive routine healthcare (6.3%) or used urgent care (3.7%) or emergency rooms (.5%) for routine healthcare. Accessing a physician’s office for routine care was the most common response across all income categories and emergency room usage was concentrated in the lower income ranges.

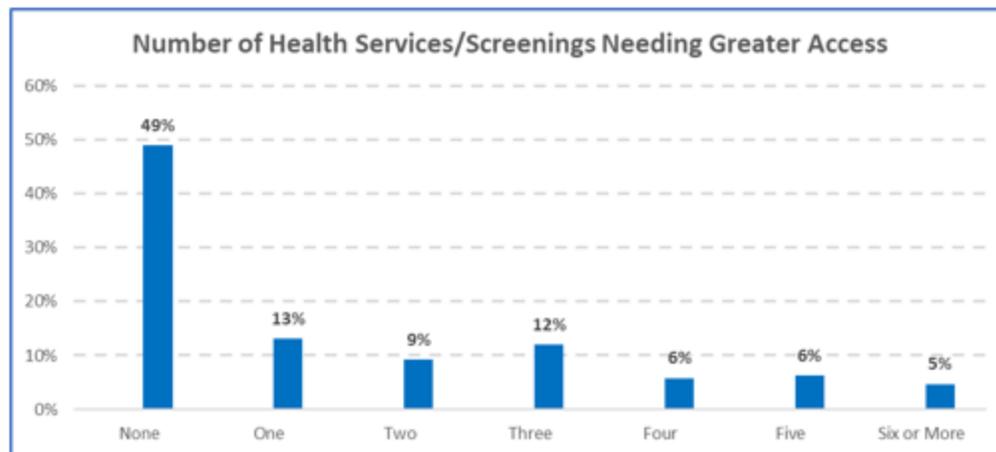
A surprising finding is that people across all income ranges except the lowest (< \$10,000) indicated that they do not receive routine healthcare. The respondents who indicated they don’t routinely access healthcare closely resemble everyone else in terms of the number of issues they have; only 20% have no health issues. When this group was asked about what barriers they had to receiving routine healthcare the most common barrier was costs/co-pays (46%). While some of the other barriers have a financial component such as lacking insurance, many of the barriers such as feeling fearful, feeling unwelcome, or not being able to find a doctor are not solved by money alone. A complete listing of identified barriers is shown in the chart below.



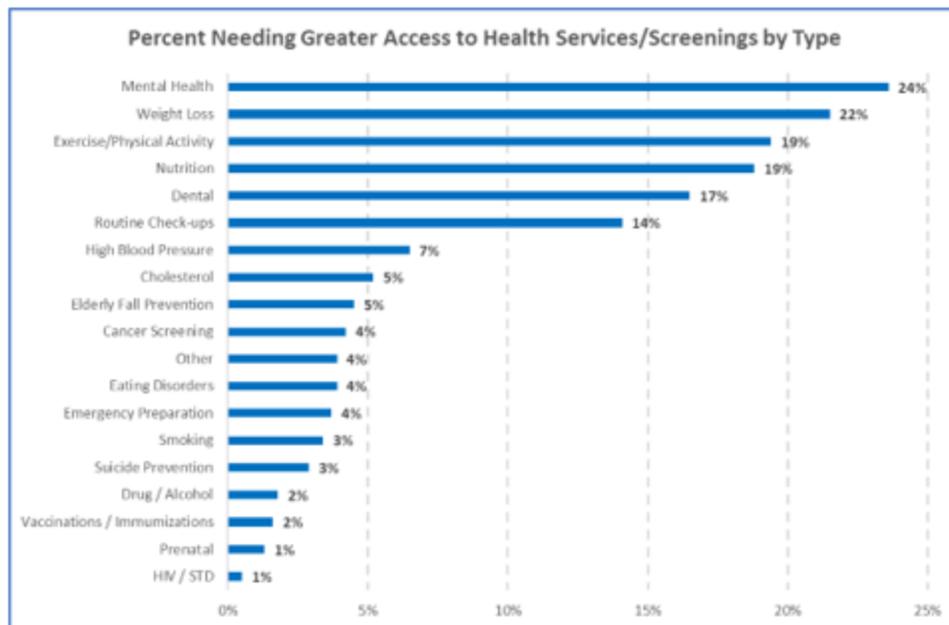
The chart below shows the barriers identified by all participants. Overall, the rates are not as dramatic, but the barriers are widespread and cannot be neatly lumped into a single underlying theme. Two barriers stand out, cost/co-pays are the largest barrier followed by scheduling.



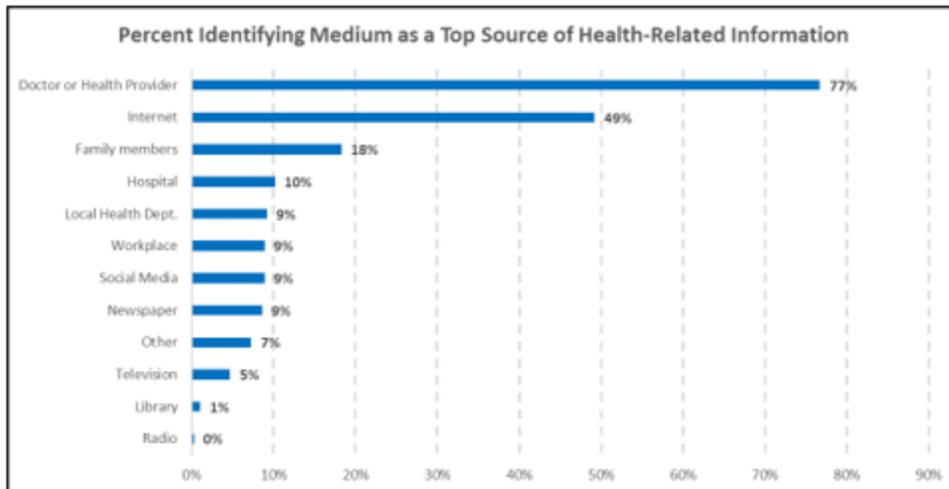
Survey respondents were presented a nineteen-item list of specific health related services and were asked to identify those that they needed better access to. Forty-nine percent (49%) of the respondents indicated that they did not need access to anything to which they didn't already have access. The remaining 51% needed access to at least one more service. The chart below shows the number of services identified.



Respondents were asked about specific types of health services and screening to which they need greater access. The chart below shows the percentage of respondents indicating the need for greater access to a particular service or screening. The most often identified types of needed service/screenings were for mental health issues (24%), followed by weight loss (22%), exercise/physical activity (19%), nutrition (19%), dental services (17%), and routine checkups (14%). All other services were identified by between 1% and 7% of respondents.

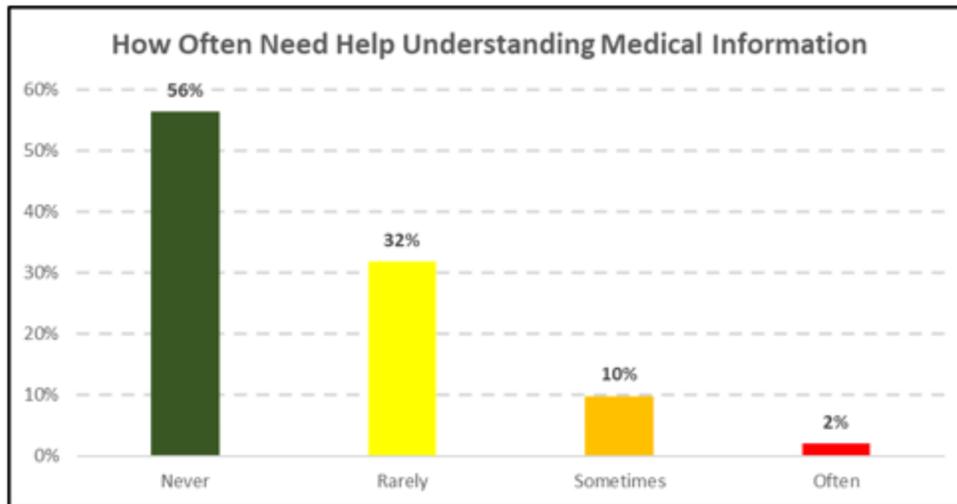


The survey respondents were also asked where they received their health information and if they needed assistance understanding or interpreting the information they received. Respondents identified their three top sources for health information. The percentage of respondents selecting each source is shown in the chart below. Community members receive their health-related information from a wide variety of sources. The top source is a doctor of other health provider (77%), followed by internet sources (49%), and family members (18%).



Twenty percent (20%) of the respondents did not identify one of the three professional health resources (doctors or other providers, hospitals, or local health department) as a top source of information. Surprisingly, their usage rates for other sources of information are very similar to those that utilize professional health resources and are not statistically different. There is not an easily identifiable alternative source or sources of information. This group also does not indicate any differences in needing help understanding information provided by doctors or pharmacies, so the available data does not provide a simple explanation as to why healthcare providers are not a top source of information for them.

A final question about their personal health situation was asked of respondents. Respondents were asked how often they need help understanding medical information. The chart below shows the distribution of responses. The majority of those surveyed (56%) indicated that they never need help. An additional 32% say they rarely need assistance. That leaves 12% who need assistance at least some of the time. Overall, it is positive that such a large proportion of the respondents never need help understanding medical information or only need help rarely.

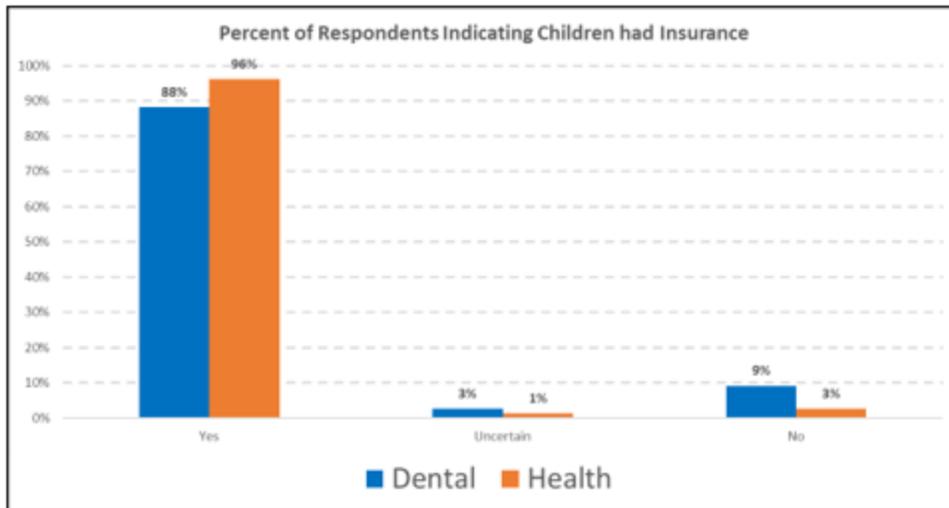


### Children's Health Needs

Forty-four percent (44%) of the survey respondents indicated that they are responsible for the health needs of at least one child. They were asked a series of questions related to their children's health including where they received routine care, their insurance status, what sorts of disabilities they might have, and what sorts of services they need greater access to for their children.

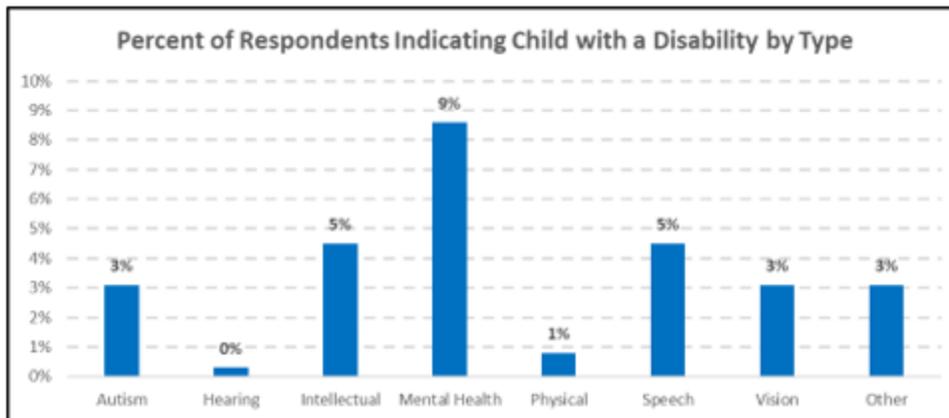
When asked where their children received routine healthcare, 85% of the respondents with children indicated that the children saw a pediatrician. From a public health perspective this is useful to know because a source of contact and information for the majority of children has been identified. Three percent (3%) indicated using urgent care for routine healthcare and all other specific responses were less than one percent each.

Respondents were asked about the insurance status of children in their care. They were asked about health and dental insurance. The chart below shows the responses to the survey questions. Ninety-six percent of the respondents indicated that their children had health insurance and 88% indicated that their children had dental insurance. Fortunately, a significant majority of respondents with children (88%) have both health and dental insurance coverage for the children. About 7% of the respondents indicated that their children had health insurance, but no dental insurance. Three percent (3%) of the respondents indicated that their children had neither health nor dental insurance, while the remainder were uncertain about one or both types of insurance.



Respondents were asked to identify any disabilities children in their care have. Fifteen (15%) of the respondents indicated that they cared for a child with a disability. Over half (60%) were dealing with multiple disabilities within the household. The data does not show how many children within the household have a disability; it could be multiple children with a single disability or one child with multiple disabilities. Regardless, the family must deal with those disabilities.

The chart below shows the percentage of respondents that identified having a child with a particular type of disability within the household. The most common type of disability identified was mental health issues (9%), intellectual disabilities (5%), and speech issues (5%). It is important to recognize that, like adults, children and their families deal with a wide range of disability issues.

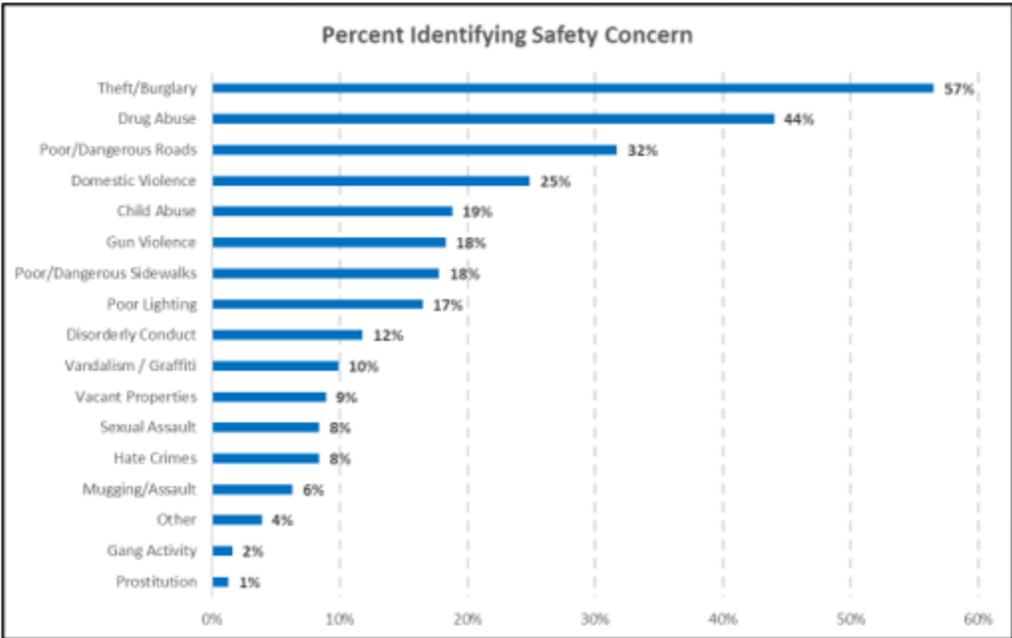


Finally, respondents were asked to identify what sort of services, screenings, or educational their children need. Thirty-six percent (36%) of the respondents with children identified at least one type of service their children could benefit from. The most commonly identified services were mental health, internet safety, nutrition, physical activity, and bullying.

**Community**

The survey respondents were asked several sets of questions regarding how they view their community. The general topics covered include safety, concerns, strengths, challenges, and a general category. We will examine each of these in detail, beginning with the safety category.

Only 12% of respondents indicated that they have no safety concern. Of those that did identify at least one concern, they typically identified between one and four safety concerns. However, over one-fifth of the survey respondents identified five or more issues. The chart below shows the percent of survey respondents identifying each specific safety concern.

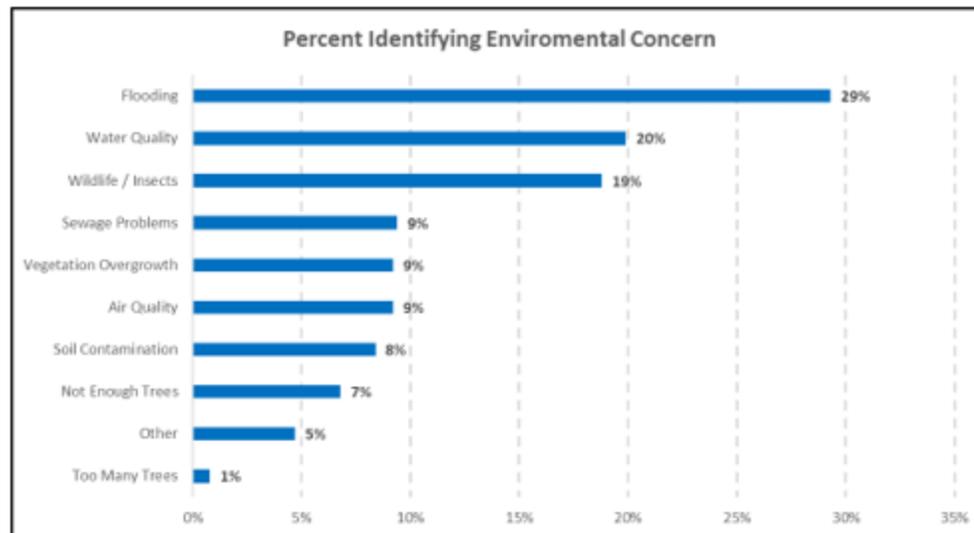


The top concern, identified by 57% of the respondents is burglary/theft. It is the only item with more than half of the respondents agreeing it is a community safety concern. Drug abuse, which has been well-documented, had the second highest percentage (44%). Poor/Dangerous roads (32%), domestic violence (25%), and child abuse (19%) round out the top 5 concerns.

A perhaps surprising finding is that three of the top eight safety concerns are related to infrastructure. Poor/Dangerous Roads (32%), Poor/Dangerous Sidewalks (18%), and Poor Lighting (17%) each were concerns for a significant portion of the survey respondents. Infrastructure issues tend to be easier to solve than social issues since the biggest obstacle tends to be financial rather than social.

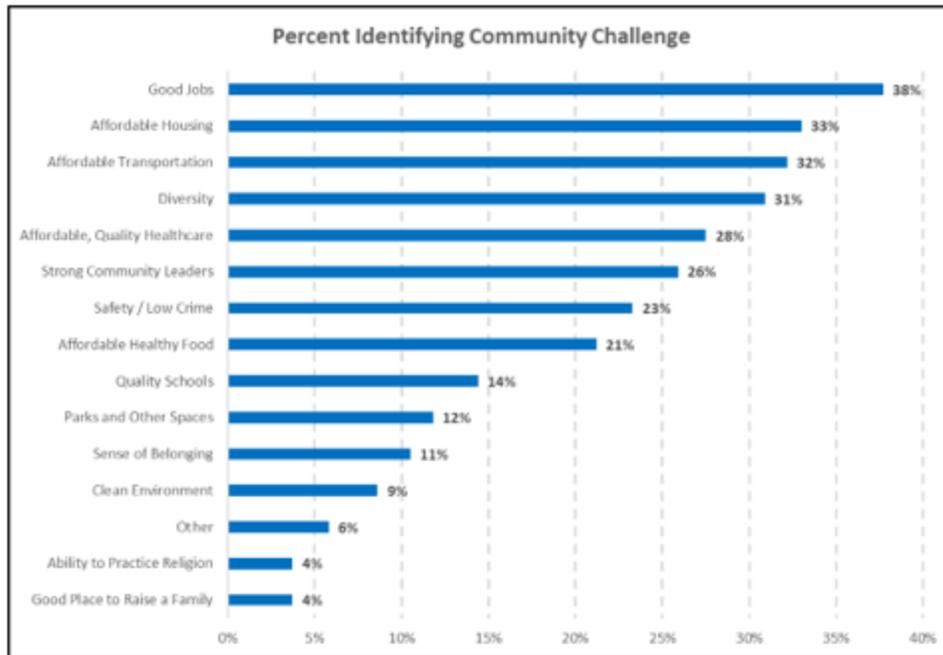
In a separate question, respondents were asked to what extent they agreed with the statement “I trust the law enforcement officials in my community”. Seventy-eight percent (78%) of the respondents indicated that their agreement with the statement, 8% disagreed with the statement and the remaining 14% neither agreed nor disagreed with the statement. Overall, the sentiment toward law enforcement officials is overwhelmingly positive.

The survey respondents were asked to identify environmental concerns. Fifty-six percent (56%) of the respondents indicated having at least one environmental concern. The top concern, by a wide margin, is flooding. Twenty-nine percent (29%) of the respondents identified flooding as a significant environmental issue. Water Quality (20%) and Wildlife/Insects (19%) were identified by about one in five respondents as a significant issue. Several other issues were identified by between 7% and 9% of the respondents, indicating concern across a range of issues. The percentage of respondents concerned about environmental issues and that many issues register with a significant percentage of respondents is an indicator of the importance of environmental issues to Jefferson County residents.

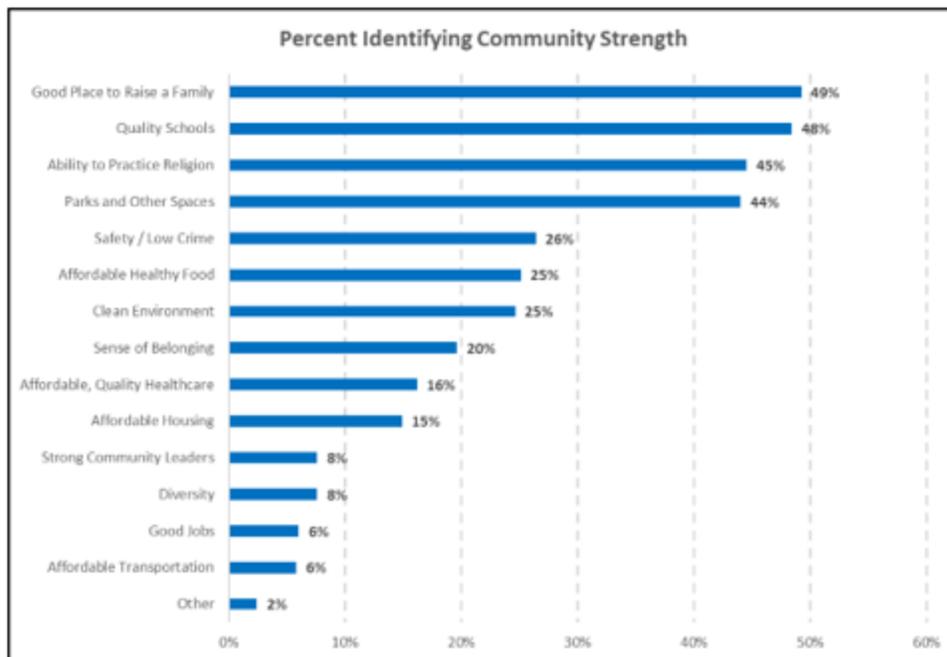


Respondents were also asked to identify challenges facing the community. Eighty-five percent (85%) of the community members identified at least one challenge; respondents typically

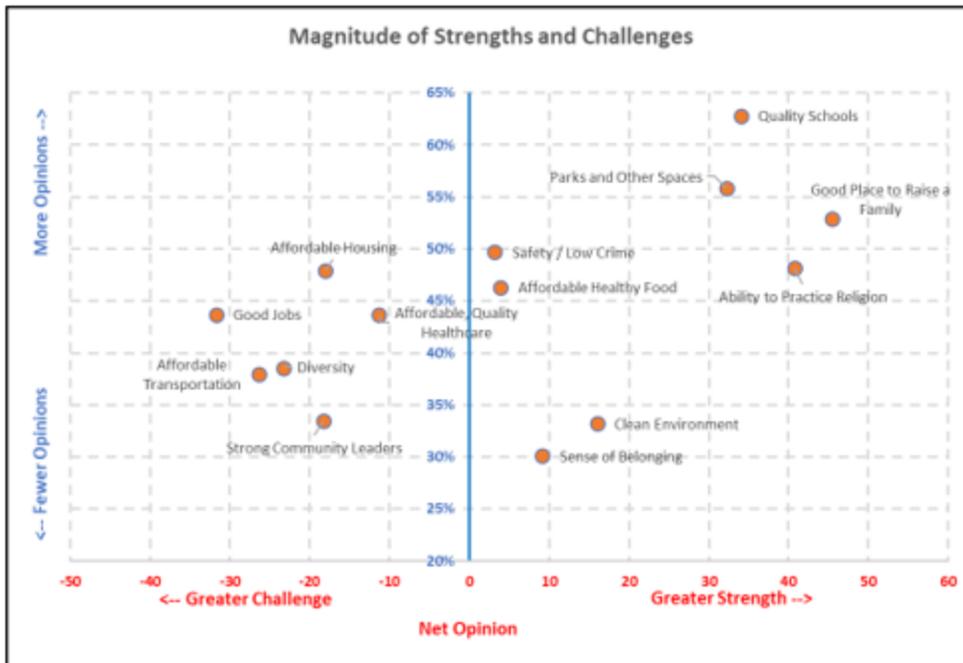
identified two or three issues. Four of the top five issues are rooted in economics. The top challenge identified is having good jobs (38%), followed by affordable housing (33%), affordable transportation (32%), diversity (31%), and affordable health care (28%). More than half of the items on the list were identified as challenges by at least 20% of the respondents. This is an indication that there are a lot of areas of potential challenges facing community members. On a positive note, very few respondents (4%) think that raising a family or practicing their religion is a challenge in Jefferson County.



Residents were also asked to identify community strengths. In general, the ranking of community strengths is opposite of the ranking of challenges; things that rank high as a strength tended to rank low as a challenge. The items ranked highest as strengths, such as being a good place to raise a family or the ability to practice your religion, tend to be less economically driven, although most everything has an economic dimension.



In order to achieve a more holistic picture of challenges and strengths facing Jefferson County we can combine responses to obtain a net opinion as well as the magnitude of opinions on a topic. The chart below shows the net challenge or strength of an item along the horizontal axis and the percentage of respondents offering an opinion, either positive or negative, along the vertical axis. This offers insight into what topics are most likely to have broad public support for change. The items on the left half of the grid were deemed to be net challenges. For example, good jobs was a topic that many people expressed an opinion about and an overwhelming majority of the opinions were that having good jobs is a challenge in Jefferson County. Therefore, efforts to change this could have broad support in the community.

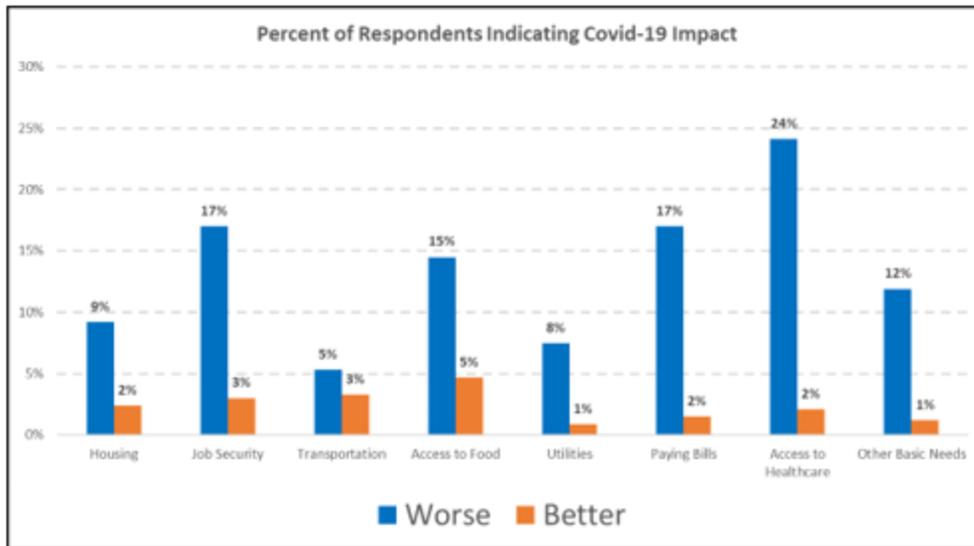


**Covid-19 Impact**

The survey respondents were asked about the impact of Covid-19 on their personal situation. They were given a list of eight topics and asked to identify if Covid-19 made their situation worse, better, or did not affect them. Overall, 47% of respondents indicated some sort of impact; 43% of the respondents reported negative impacts while 9% reported positive impacts.

The chart below shows the percent of respondents indicating their situation was worse or better. Several pieces of information can be gleaned from this chart. First, for every area examined, significantly more people are worse off. Second, no single issue affected more than a quarter of the respondents. Third, every issue affected a significant portion of those surveyed and a small portion of the respondents experienced positive impacts. In sum, the impacts were overall negative and spread out across a variety of areas.

When comparing the topics covered accessing healthcare was the area most impacted by Covid-19, both in net impact and in total negative impact with almost one-fourth of the respondents experienced a worsening of their situation. Access to food was the second most impacted activity, partly because 5% of the respondents experienced a better situation due to Covid-19. Transportation was the least impacted area, both in total and net negative impact, probably because of the lack of an extensive public transportation system.



#### Community Survey Summary

The community survey was extensive, covering a great number of topics about respondents, their children, families, and their opinions about their community. Some of the highlights include:

- Four out of five respondents had at least one health issue
- Mental health was identified as an issue in several contexts
- Paying for healthcare is an issue, even for individuals with insurance
- One-fifth of respondents did not identify a health professional among their top source of health-related information
- Almost 10% of respondents indicated their children do not have dental insurance
- Theft is the top safety concern
- Flooding is the top environmental concern
- Having good jobs, affordable housing, and transportation issues are top challenges for the community
- Quality schools and being a good place to raise children are the top strengths of the community
- Covid-19 negatively impacted many people in many ways

# Appendix C

## Jefferson County Homelessness Surveys

\*The survey was the same questions as the community survey

### **Project Homeless Connect**

Project Homeless Connect, an event sponsored by service agencies, provide an opportunity to obtain local data from a difficult to reach population. Individuals and agency personnel were surveyed at the event which was held in Arnold in mid-October. A total of twenty-three individuals, six clients and seventeen staff/volunteers, participated.

When asked about the most pressing health issue, clients indicated a range of issues including mental health, medical care, dental care, and substance abuse. Service providers' and volunteers' responses tended to echo those of clients. Mental health concerns were mentioned most often, but many other issues were identified.

Clients were asked to rate their satisfaction with several services including medical, dental, mental health, substance abuse treatments, and access to medicines. With the exception of dental services, with which all clients indicated their dissatisfaction, there was a range of responses, mostly positive. When service providers were asked to discuss these same topics, the negative responses were similar across all topics – a lack of providers, long waiting lists, transportation issues, and an ability to pay were frequently cited concerns.

When asked about safety about two-thirds of each group, the clients and the service providers, either indicated they felt safe or had no specific concerns. Drugs were the most often identified concern, however, both violent crimes and property crimes were listed as concerns. One individual cited poor road conditions as a safety concern in their neighborhood.

Several sources for obtaining food were presented to clients and they were asked to identify to what extent they used them to obtain food. A wide variety of sources were identified. Food pantries and grocery stores were the most often identified source and sit-down restaurants and fast-food established were the list used. Discount stores and convenience store/gas stations were also regularly used by clients to obtain food. When providers were asked about the topic, they indicated that money was an issue for clients and that fast food was often the convenient and more affordable option.

When asked about struggles over the past year several issues were identified by clients including housing, utilities, transportation, and unemployment. Service providers expanded on these struggles and identified issues such as older cars, and not being able to purchase gas as transportation-related problems. The lack of financial resources was a theme that the service providers identified across multiple issues.

Obtaining and understanding medical information was also a topic. Most clients indicated that accessing online medical information was a problem to some degree. The reasons given varied. In some instances, clients lack internet access, or a lacking a device that is convenient for consuming content, or trouble locating the needed information. Many clients also admitted that they struggle to understand the information at least some of the time. Providers also

indicated clients suffered from technical issues as well as a lack of willingness or fear of asking for help that prevents clients from asking for assistance.

While the sample size for the Project Homeless Connect surveys were small, the information provided by the participants is very similar to what has been provided through the other primary data sources used in this assessment. Mental health issues and a host of issues rooted in the lack of financial resources are common themes around the homeless population's problems.

# Appendix C

## Jefferson County Stakeholder Survey and Results

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### CHNA Stakeholder Survey

The Patient Protection and Affordable Care Act (PPACA) requires each 501(c)3 hospital to solicit input from those who represent the broad interests of the community to inform the hospital's Community Health Needs Assessment.

Again this year, the area's health systems and hospitals are collaborating on this effort. Although in the past, we have conducted individual focus groups to solicit your feedback, this year we are asking you to complete an online survey for each community you serve. The survey should take no more than X minutes of your time and must be received by [DATE].

Thank you in advance for your participation in this important work.

#### CONTACT INFORMATION:

##### 1. Contact Information

Your name:

Your organization:

Your title:

Your email address:

#### GEOGRAPHIC FOCUS:

##### 2. For this survey, what part of the St. Louis region do your responses represent?

- Crawford County, MO
- Madison County, IL
- St. Charles County, MO
- St. Clair County, IL
- St. Francois County, IL
- St. Louis City, MO
- North St. Louis County, MO
- South St. Louis County, MO
- West-Central St. Louis County, MO

#### Community Health Needs

3. Thinking about the [community identified above], please rate your level of concern about each of these health needs on a scale 1 (low concern) to 5 (high concern).

- Accidents/injuries
- Alcohol Abuse
- Cancer
- Dental Care
- Diabetes

Drug abuse  
Heart health  
High blood pressure  
Immunizations/Infectious Dx  
Maternal/infant health  
Mental health  
Obesity  
Reproductive/sexual health  
Respiratory Diseases (Allergies, Asthma, COPD)  
Stroke  
Tobacco use

#### Collaboration around Community Health Needs

4. Thinking about [community identified above], how would you rate the potential of community partners to work together to address each of these health needs. Please rate each on a scale 1 (little potential) – 5 (significant potential).

Accidents/injuries  
Alcohol Abuse  
Cancer  
Dental Care  
Diabetes  
Drug abuse  
Heart health  
High blood pressure  
Immunizations/Infectious Dx  
Maternal/infant health  
Mental health  
Obesity  
Reproductive/sexual health  
Respiratory Diseases (Allergies, Asthma, COPD)  
Stroke  
Tobacco use

#### Barriers to Accessing Health Services

5. How impactful are each of the following barriers to accessing health care among the populations you serve? Rate on a scale of 1 (little impact) – 5 (significant impact).

Cultural/language barriers  
Difficulty obtaining medications  
Fear (of doctors/health providers; not ready to address health issues)  
Health literacy (e.g. don't understand how to access services or health instructions)

Lack of health care services nearby  
Lack of insurance coverage/insurance not accepted  
Scheduling services is difficult  
Unable to pay co-pays/deductibles

#### Populations at Risk

6. Among the audiences you serve, which of the following populations are most at risk? Identify up to five.

Infants (age <5)  
Children (ages 6 - 12)  
Teenagers (13 - 18)  
Young adults (19 - 24)  
Older adults (65+)  
Homeless  
Immigrants  
LGBTQ  
Low-income populations  
People with disabilities  
Pregnant women  
Refugees  
Specific racial/ethnic group(s)  
Those suffering from substance abuse  
Unemployed  
Veterans  
Victims of violence

#### Impact of Social Factors

7. Which of the following social factors have historically had the greatest impact on the health of the communities you serve? Pick the top five.

Access to affordable healthy food  
Access to good schools  
Child-care services  
Discrimination, including racism  
Eldercare services  
Environmental issues affecting including clean air, water  
Food insecurity  
Good paying jobs  
Good schools  
Poverty  
Recreational locations within the community  
Safe community (low crime, violence)

Safe, affordable housing  
Social isolation  
Transportation

#### Impact of COVID-19

8. Thinking about the COVID-19 pandemic and its impact on [the geographic region], which of the following have had the greatest impact on the health of the community as a whole? Pick the top three.

Difficulty managing home schooling???

Increased stress and anxiety

Difficulty access health services

Difficulty accessing childcare

Difficulty accessing healthy food

Difficulty caring for elderly, disabled

Increased feelings of loneliness and social isolation

Loss of community members

Loss of household income

Loss of housing

Overall financial hardship

9. What are the biggest gaps within this community to address any of the needs that you have identified?

10. What new health issues are you aware of in this community that may not be widely known, yet are a concern for the future?

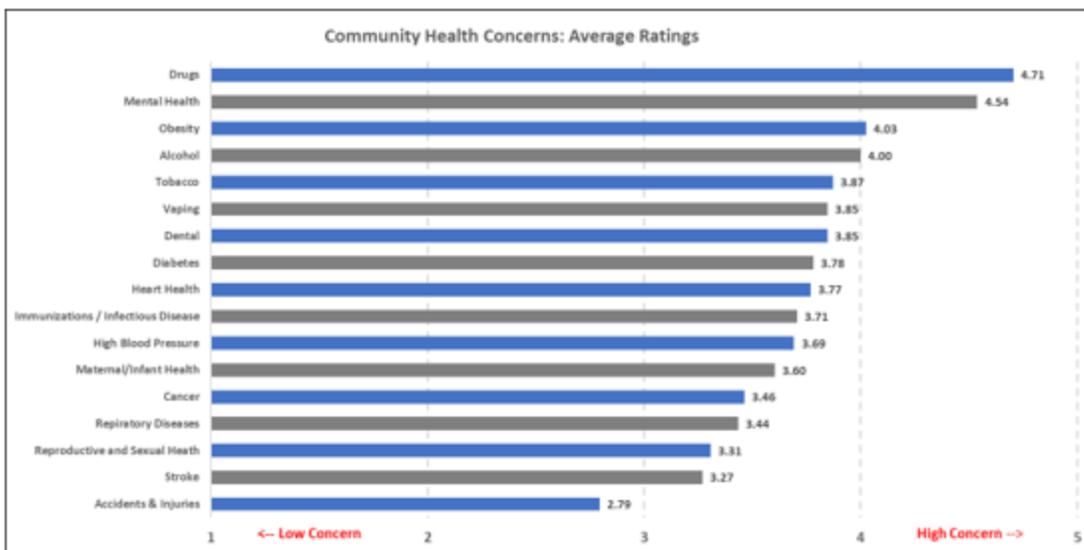
11. Think about **health assets** or resources as people, institutions, services, supports, built resources (i.e. parks) or natural resources that promote a culture of health. What are the most important **health assets** or resources within [this geography]?

12. How can all community stakeholders work together to use their collective strength to improve the health of [geographic area]?

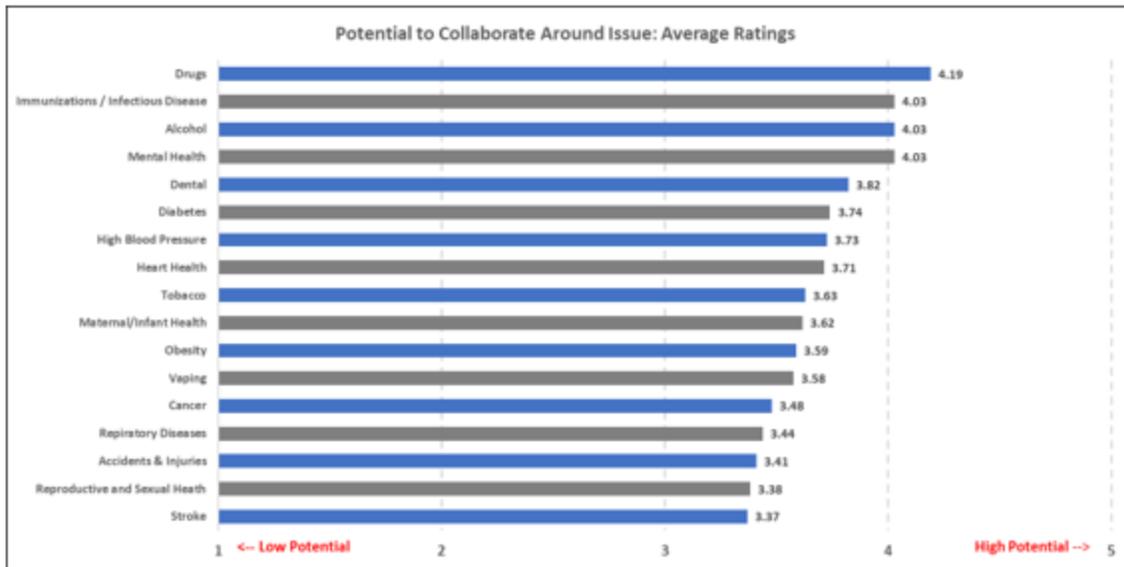
## Stakeholder Survey

A survey of local healthcare and community agency personnel was conducted to gain insight into the perspective of professionals who regularly deal with Jefferson County community health issues. Seventy-eight respondents completed the survey. The respondents were asked to identify community issues, at-risk populations, barriers to connecting community members with services, the potential for collaboration, and barriers to inter-organizational collaboration. Below are the results of that survey.

Survey respondents were asked to rate their level of concern about a variety of community health concerns on a scale from 1 to 5. The chart below shows the average (mean) level of concern for a variety of community health issues. Two issues stood apart from others. The issue of greatest concern is drugs, which 77% of the respondents rated at the highest level of concern. This was followed closely by mental health issues which was rated at the highest level of concern by 72% of the respondents. Obesity, and alcohol issues, and tobacco issues rounded out the top five; about one-third of the respondents rated each of these at the highest level of concern.



The survey respondents were asked about the potential for agency collaboration around these same issues. Several of the issues that were rated of high concern, including drugs, alcohol, and mental health, rated high on the potential for collaboration. The chart below shows the average rating for potential for each of the items rated for level of concern. Overall, the relative ranking regarding collaboration potential resembles the ranking of concerns.



Knowing issues of concern and which issues that organizations might be able to best collaborate on presents the opportunity to distinguish which issues might be best tackled from a multi-organizational standpoint. By classifying issues based on both level of concern and potential for cooperation as high, medium, or low, based on relative rankings we get the following grouping of issues. Three issues, drugs, alcohol, and mental health are both issues of great concern and have a high potential for collaboration, making them the best candidates for multi-organizational efforts. An additional four issues have a combination of either high concern and medium potential for collaboration or medium concern and high potential. A complete listing of issues is shown below.

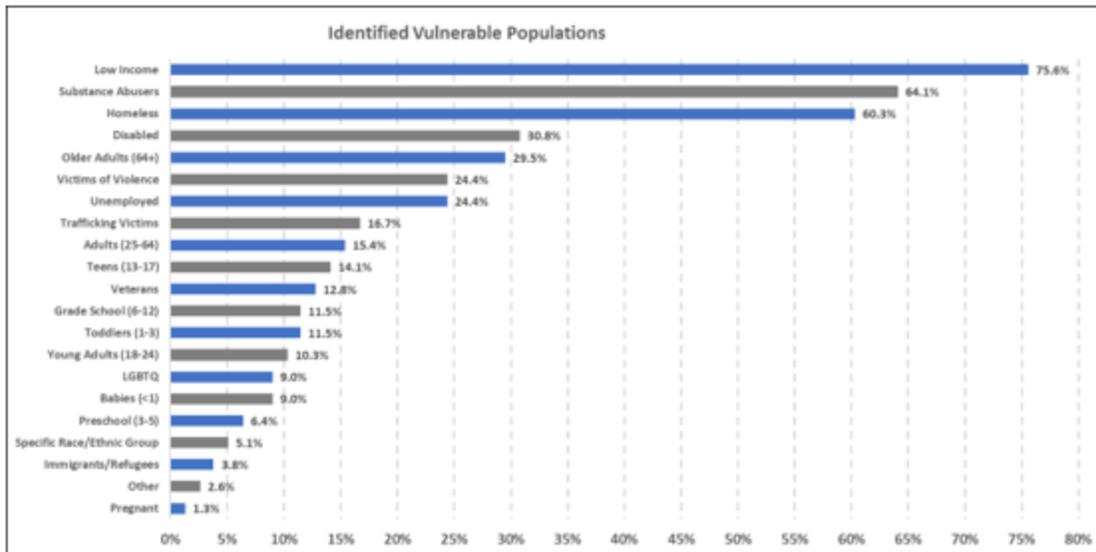
Combining Concern and Potential for Collaboration	
Potential	Health Issue
High/High	Drugs
	Mental Health
	Alcohol
High/Medium	Obesity
	Tobacco
	Dental
	Immunizations
Medium/Medium	Diabetes
	Heart Health
	High Blood Pressure
Low/Medium	Vaping
	Maternal-Infant Health
Low/Low	Cancer
	Respiratory
	Reproductive/Sexual
	Stroke
	Accidents

When respondents were asked how agencies might collaborate to solve community issues three themes emerged. First, sharing of information. This included two sub-themes: research and data for agencies and providing information for the public. The second theme is to connect resources and people to create a seamless experience for people in need. The third theme is to combine resources to combat big and/or expensive issues.

Respondents were asked to rate specific barriers to health services. The chart below shows the ranking of these barriers. The highest rated barrier is the inability to pay deductibles, followed closely by transportation and mobility issues. The third highest issue is the lack of insurance. These three highest rated barriers, like many on this list, have a significant financial component. The root issue in the top three barriers to health services is a lack of financial wherewithal on the part of individuals. Other issues such as lack of drug treatment and mental health services are systemic and can have a broader impact. Other barriers such as health literacy and overcoming fears are not financial and may be easier to tackle from a resource standpoint.

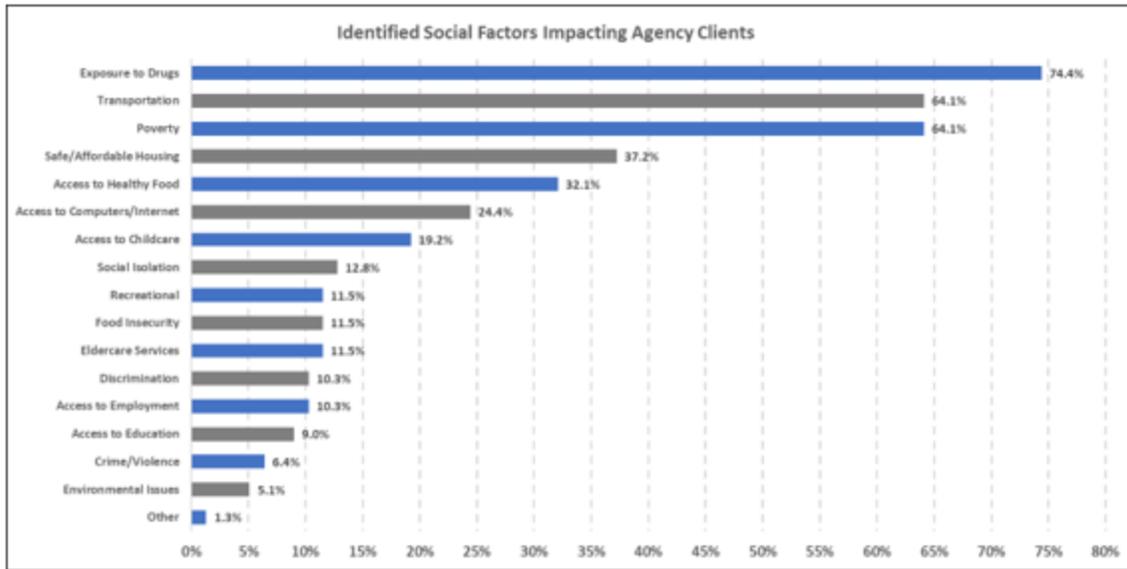


Respondents were asked to identify vulnerable populations by identifying up to five groups most in need of health services. The chart below shows the percentage of respondents selecting each group as one of the most vulnerable. Not unexpectedly, considering the issues identified, low-income persons were the group selected most often and were identified by three-fourths of the respondents. Substance abusers were the second most vulnerable group according to survey respondents. This is consistent with other information since alcohol and drug abuse are identified as a concern throughout this community needs assessment. The third most vulnerable population is homeless persons. Homelessness is another topic that continually emerges. Many other populations are identified below. It is important to keep in mind that these populations are not mutually exclusive. In other words, a person can belong to multiple categories. From a public health perspective this means that focusing on one population doesn't mean others are excluded or ignored. In fact, a thoughtful selection of issues and person to help can impact multiple populations of concern.

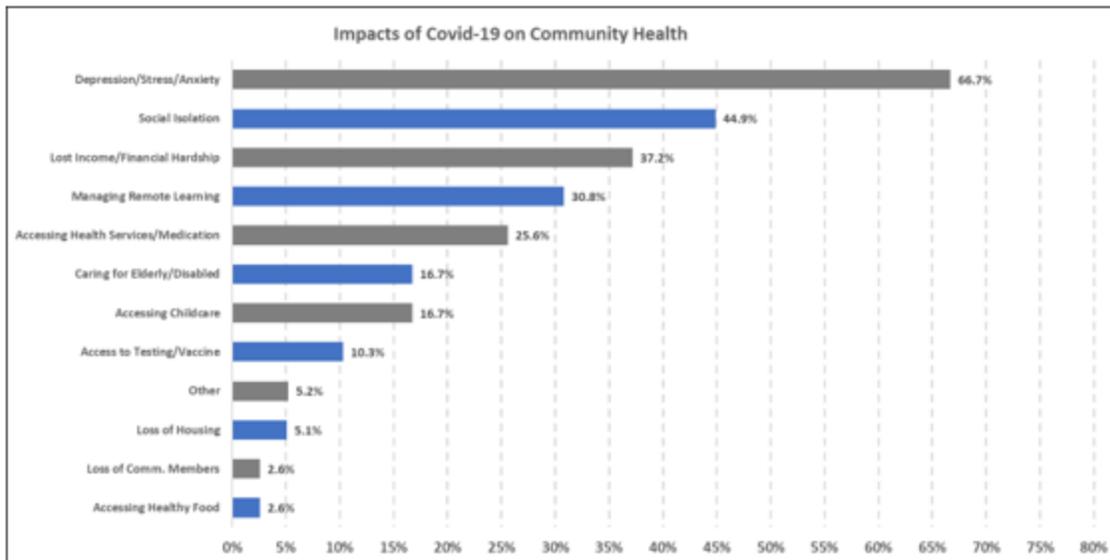


In addition to vulnerable populations, respondents were asked to identify vulnerable geographic areas of Jefferson County. Overall, every portion of the county was identified by at least one respondent, demonstrating how widespread issues are, but themes did emerge. The regions of the county most often identified were the southern portion of the county and rural areas in general. Some respondents even included reasons for why rural areas are problematic; most often identifying lack-of-service issues and social isolation.

Respondents were also asked to identify social factors that impact their agency’s clients. Below is a ranking based on the percent of respondents identifying each social factor. Each respondent was able to select up to five issues. The top three social issues: drugs, transportation, and poverty, are familiar topics in this discussion. However, some new factors are identified here including internet access, social isolation, childcare, and crime. It is important to recognize that some of these social factors contribute to, or are exacerbated by, other issues.



The survey respondents were also asked to identify the impacts of Covid-19 on community health. The top two categories of Covid-19 impacts are related to mental health. Depression/Stress/Anxiety was cited as an issue by two-thirds of the respondents and social isolation was identified as an issue by 44.9% of the respondents. Economic hardships and lack of access to normally available services such as childcare, schools, and healthcare are also identified as significant issues.



When respondents were given the opportunity to self-identify the largest gaps that impacted agencies' ability to provide services, two themes were mentioned frequently – financial wherewithal, both for agencies and individuals, and a lack of transportation for individuals. Mental health services and shelter and housing were also mentioned several times. The need for a referral service was also identified as an issue. While technically a solution, Medicaid expansion was also identified by several respondents.

# Appendix E

## Jefferson County Focus Groups

#	QUESTION	RESPONSES	#	%			
1	What is the biggest health issue that affects you, your family, and neighbors in Jefferson County?	Medical Care	10	22%			
		Transportation	7	15%			
		Staffing shortages; Wait list for services	4	9%			
		Drugs & substance use	4	9%			
		Financial resources	3	7%			
		COVID	3	7%			
		Dental Care	3	7%			
		Aging	2	4%			
		Affordable Health Care	2	4%			
		Reliable & effective healthcare system	1	2%			
		Communication of healthcare topics	1	2%			
		Mental Health	1	2%			
		SUD/Treatment	1	2%			
		Obesity	1	2%			
		Health aids in homes for elderly	1	2%			
		Lack of transitional housing	1	2%			
Spiritual needs	1	2%					
<b>Total Responses</b>			<b>46</b>	<b>100%</b>			
2	Are you able to access healthcare resources in Jefferson County?	<b>Healthcare Type</b>	<b>Yes</b>	<b>No</b>	<b>TOTAL</b>	<b>% Yes</b>	<b>% No</b>
		Medical Care	13	1	14	93%	7%
		Dental Care	8	0	8	100%	0%
		Mental Health	7	1	8	88%	13%
		Substance Use	7	1	8	88%	13%
		Assessment/Treatment					
		Pharmacy	7	1	8	88%	13%
<b>Total Responses</b>			<b>42</b>	<b>4</b>	<b>46</b>	<b>91%</b>	<b>9%</b>
3	What stops you or people you know from receiving healthcare here in Jefferson County?	Money/Financial resources; Cost of services; Copay	16	36%			
		Transportation	12	27%			
		Lack of Specialists; have to go to St. Louis; Availability of services	4	9%			
		Lack of quality doctors and medical staff; low expectations	2	5%			
		Staffing Shortage	2	5%			
		Not a priority	2	5%			
		COVID pandemic	1	2%			
		Availability of Services	1	2%			
		Medicaid application process	1	2%			
		Insurance	1	2%			
		Fear (not being treated well)	1	2%			
		Knowledge of resources; where to go	1	2%			
		<b>Total Responses</b>			<b>44</b>	<b>100%</b>	

#	QUESTION	RESPONSES	#	%			
4	What are your safety concerns in your neighborhood?	Crime	6	21%			
		Drug abuse/use; overdoses	5	17%			
		None	4	14%			
		Inadequate security	2	7%			
		Police response time	2	7%			
		Accessibility with impaired mobility	1	3%			
		Traffic incidents	1	3%			
		Guns	1	3%			
		Safety check on Seniors	1	3%			
		Bad roads	1	3%			
		Roaming Animals	1	3%			
		Domestic violence	1	3%			
		Sex offenders; predators	1	3%			
		Abandoned homes with individuals living in them	1	3%			
		Homeless; turn to crime	1	3%			
<b>Total Responses</b>			<b>29</b>	<b>100%</b>			
5	Do you or anyone you know in Jefferson County feel isolated or lack of social support in general or due to COVID?	Responses	Yes	No	TOTAL	% Yes	% No
			18	11	29	62%	38%
		<i>Descriptors of Isolation:</i> Exacerbated with mental illness; Prior history of isolation; Individuals did not want to be around one another; Impacted my work & career; Its been a struggle because friends can't visit-big challenge; I am very much at risk of getting the virus; Feeling lonely, need to help stop COVID with more selflessness; not doing enough to stop the virus.					
6	Do you follow an exercise program 2-3 times per week?	Responses	Yes	No	TOTAL	% Yes	% No
			15	10	25	60%	40%
6	If not, what stops you from exercising?	Lack of initiation or interest, lazy	4	31%			
		Mental health, depression	3	23%			
		Time Constraints	2	15%			
		Not having local places to work out at is an issue for some	2	15%			
		Health issues	1	8%			
		No childcare	1	8%			
		<b>Total Responses</b>			<b>13</b>	<b>100%</b>	
7	Thinking about the food you eat, where do you get most of your food?	Grocery Store	19	58%			
		Restaurants	5	15%			
		Fast food	3	9%			
		Food Pantry	2	6%			
		Farmer's Market	2	6%			
		Family/Friend	2	6%			
		<b>Total Responses</b>			<b>33</b>	<b>100%</b>	
		Cook at home predominately	9	27%			

#	QUESTION	RESPONSES	#	%			
8	In the last 12 months, have you or anyone you know ever experienced difficulties in the following areas? <i>Please note that Not Applicable responses were not calculated in the scores.</i>		Yes	No	Total	% Yes	% No
		Transportation issues	16	7	23	70%	30%
		Worried about losing stable housing	15	7	22	68%	32%
		Having your utilities turned off	15	8	23	65%	35%
		Obtaining & keeping employment	9	12	21	43%	57%
		Obtaining childcare	10	11	21	48%	52%
	<b>Total Responses</b>	<b>65</b>	<b>45</b>	<b>110</b>	<b>59%</b>	<b>41%</b>	
9	Are health care materials/information you receive easy for you and your family to understand?		Yes	No	TOTAL	% Yes	% No
			15	13	28	54%	46%
10	Are you or your family able to access necessary medical information or community resources online?	<i>Responses</i>	Yes	No	Total	% Yes	% No
			23	3	26	88%	12%
		<i>Barriers Stated:</i>				#	%
		Limited/No Internet				6	60%
		Difficult to access information				2	20%
		Don't know where to look				1	10%
	Hard to view on cell phone				1	10%	
	<b>Total Responses</b>				<b>10</b>	<b>100%</b>	
11	Are there any other concerns or needs for that you want to share?	Transportation				3	15%
		Homelessness				2	10%
		Lack of affordable housing				2	10%
		Family togetherness				1	5%
		Would not support public transportation				1	5%
		Set up cooking classes in the past but no one				1	5%
		Lack of providers to distribute cars				1	5%
		Health literacy				1	5%
		Child abuse				1	5%
		Affordable child care				1	5%
		Denial for disability				1	5%
		Difficulty contacting state offices - DSS, DFS				1	5%
		Insufficient health care options				1	5%
		Need more mental health resources				1	5%
		Not willing to accept jobs that pay less than \$15 per				1	5%
		Peer pressure on children				1	5%
	<b>Total Responses</b>				<b>20</b>	<b>100%</b>	
	<i>Not a concern; not in totals</i>	We are doing well to share information.					