

SSM Health St. Francis Hospital
2016 South Main Street | Maryville, MO 64468



2019 - 2021

Community Health Needs *Implementation* Strategy



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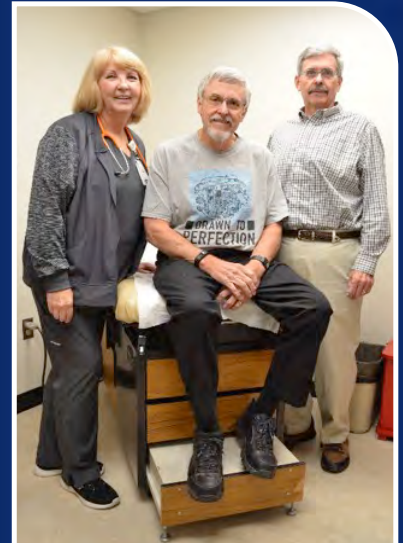
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Message to Our Community

SSM Health St. Francis Hospital, a member of SSM Health, has delivered exceptional, compassionate care to northwest Missouri for nearly 125 years. Inspired by our founding Franciscan Sisters of Mary and guided by our Mission — Through our exceptional health care services, we reveal the healing presence of God — we cherish the sacredness and dignity of each person as demonstrated through our Values of compassion, respect, excellence, stewardship and community.

Our sustained community commitment can be seen through our collaborative partnerships with residents and organizations. We rely on these relationships to help us identify and develop plans to address high-priority community health needs.

Over the last 12 months, in collaboration with our community partners, we have conducted a community health needs assessment by gathering health-related information regarding Nodaway County. We have also conducted community discussion forums and a perception survey to identify concerns about the health of the county. These discussions and survey identified needs that were prioritized based on the level of importance to community members and the hospital's ability to truly make an impact.

The priorities we will address over the next three years:

#1 – Mental Health Concerns

#2 – Obesity

During this time, SSM Health St. Francis will further develop its community partnerships and deliver an exceptional experience through high-quality, accessible and affordable care to all residents. Please visit our website at ssmhealth.com to learn more about how we will continue to make a difference in our community.

I welcome your thoughts on how we can create a healthier (Insert community).

Sincerely,



Michael A. Baumgartner
President & CEO
SSM Health St. Francis Hospital



Executive Summary



background

An eight-step process was used to complete the Community Health Needs Assessment. From Step 1 of identifying a community group to Step 7 and 8 when the final report and implementation plan were drafted, the process entailed administering a survey and conducting focus groups, collecting secondary data and compiling the data for the community group to review. The key findings from the survey and focus groups and highlights from the secondary data search were presented to the community group. This group

identified community health needs then prioritized based on severity, importance to community, impact and existing community resources.

From the list of priorities, a strategic implementation plan was formulated that describes how the facility plans to meet the health needs identified in the assessment.

The CHNA written report and strategic implementation plan were reviewed by hospital and medical staff leadership, and adopted by the governing board.



priorities

Based on the review of data and discussion among the members, the community group identified key community needs as:

- mental health concerns
- obesity
- access to healthy food
- accessibility to health screenings

The prioritization process caused the group to look carefully at each need and form an opinion as to the seriousness of the need within the community, the importance of addressing the need; whether or not addressing the need will improve the quality of life in the community and are there resources already addressing the need.

From these results, the highest prioritized, most pressing need was identified as **mental health concerns** and **obesity**.

strategies

Health Need	Proposed Actions	Community Partners
Mental Health Services	<ul style="list-style-type: none"> • Continue and expand clinic behavioral health offerings • Continue to provide support to organizations providing mental health programs to the community • Enhance relationship with Northwest Missouri State University's wellness center regarding behavioral/mental health concerns • Work with area schools to raise awareness and provide resources for child and adolescent mental health • Increase community education regarding mental health 	<ul style="list-style-type: none"> Northwest Missouri State University Area schools Mental health providers Big Brothers Big Sisters of Nodaway County
Adult and Childhood Obesity	<ul style="list-style-type: none"> • Continue Healthy Lifestyles and Commit to be Fit • Continue diabetes education programs and support group • Continue and expand Health 4 Life programs <ul style="list-style-type: none"> ✓ Continue to expand H4L into surrounding rural schools ✓ Consider surveying immediately after and multi-year post completion • Encourage SSM Health St. Francis caregivers to volunteer to participate • Continue health screenings • Increase community education regarding obesity 	<ul style="list-style-type: none"> Northwest Missouri State University Area schools Nodaway County Health Department Maryville Parks and Recreation

About Us

SSM Health

SSM Health is a Catholic not-for-profit health system serving the comprehensive health needs of communities across the Midwest through a robust and fully integrated health care delivery system. Headquartered in St. Louis, SSM Health has care delivery sites in Missouri, Illinois, Oklahoma and Wisconsin. The health system includes 24 hospitals, more than 300 physician offices and other outpatient care sites, 10 post-acute facilities, comprehensive home

Through our exceptional health care services, we reveal the healing presence of God.

care and hospice services, a pharmacy benefit company, an insurance company, a technology company and an Accountable Care Organization.

With more than 10,000 providers and 40,000 employees in four states,

SSM Health is one of the largest employers in every community it serves. An early adopter of the electronic health record (EHR), SSM Health is a national leader for the depth of its EHR integration.

SSM Health St. Francis Hospital

Highlight of services

We provide a wide range of medical services including:

- Acute inpatient care
- Obstetrical services
- Behavioral health unit
- Cancer care
- Outpatient offerings (lab, imaging, rehab, etc.)
- Medical provider clinics

Community partnerships

We are proud to be part of community projects that work to improve health outcomes in the areas we serve:

- Second Saturday Screenings at the Farmers' Market with Maryville Host Lions Club
- Annual Health & Fitness Fair in conjunction with Maryville Parks and Recreation
- Health screenings at several area employers

Community benefit

In 2017, SSM Health St. Francis Hospital provided \$4.2 million in community benefit, comprised of \$2.875 million in charity care; \$506,000 in community services; and \$836,000 in unpaid costs of Medicaid and other public programs.

Examples of our community benefit programs include:

- Funding the launch of **Health 4 Life**, 4th grade wellness program in area schools
- Donating office space and internet accessibility for Big Brothers Big Sisters of Nodaway County
- Offering free colon cancer screenings
- Providing onsite observation and training for medical students in a clinical environment

Hospital at a Glance

Admissions	 1,503
Outpatient Visits	 40,397
ER Visits	 7,653
Births	 237
Beds	 552
Employees	 500
Medical Staff	 30
Volunteers	 85
Charity Care	 \$4.2M

The Health Needs of Our Community

Following review of primary and secondary data, the Advisory Council established four areas of highest concern:

- **Mental health issues** ranked highest (at 14.81% of respondents) for the “diseases, challenges or conditions that you think are a concern for our community.” A significant number of respondents also wrote-in mental health services/providers in answer to “What resources could be used differently to improve health care.”
- **Obesity** ranked 2nd behind mental health issues for the “diseases, challenges or conditions that you think are a concern for our community.” Nodaway County was seen as significantly higher than the state and national averages for the percentage of overweight population (at 45.7%).
- The **lack of access to healthy foods** especially for low income or the vulnerable population in Nodaway County was considered to be one indicator for poorer health outcomes.
- The council determined that **accessibility to health screenings** would be beneficial in identifying health concerns before they become chronic issues.

key priorities

Poor Mental Health Days

4.7

Poor Mental Health Days is the average number of mentally unhealthy days reported in the past 30 days (age adjusted).

While Nodaway County’s rate is 4.7 days and the state of Missouri is at 4.4 days, the top US performers report an average of 3.1 days.

Overall health depends on both physical and mental well-being. Measuring the number of days when people report that their mental health was not good, i.e., poor mental health days, represents an important facet of health-related quality of life.

30%

Obesity Rate

For Nodaway County, 29.9% of adults age 20 and older self-report that

they have a body mass index (BMI) greater than 30.0 (obese).

Excess weight is an indicator of an unhealthy lifestyle and puts individuals at risk for additional health issues.



Our Progress Since 2015

Our last Community Health Needs Assessment was conducted in 2015. Below are the health needs we identified, the strategies we implemented to address them and the progress that we made.

HEART DISEASE

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE
Reduce the age-adjusted death rate due to coronary heart disease in Nodaway County from 113.8 deaths per 100,000 persons reported in 2015 to 110 deaths per 100,000 persons by 2018 (HCI)	HCI	2yr lag	113.8 (2011-2013)	122.3 (2012-2014)	123.9 (2013-2015)	123.9 (2013-2015)	123.9 (2013-2015)
Maintain the SSM Health St. Francis Hospital – Maryville congestive heart failure (CHF) 30-day readmission threshold at or below 7.41% between 2015 and 2018 (PIR)	PIR	Ad hoc	7.4%	6.3%	5.9%	14.3%	8.3%
Reduce the percentage of Nodaway County adults who are not taking medication for their high blood pressure from 29.6% in 2015 to 25.7% or better by 2018 — reducing the gap between county and state by half. (Community Commons)	CC	5yr lag	29.6%	29.6%	29.6%	29.6%	29.6% (2006-2010)

OBESITY

Goals	Source	Release Date	Baseline	CY16TD	CY16YE	CY17TD	CY17YE
Reduce the age-adjusted death rate due to diabetes in Nodaway County from 29.5 deaths per 100,000 persons in 2015 to 26.5 deaths per 100,000 persons by 2018 (HCI)	HCI	7yr lag	29.5 (2005-2007)	29.5 (2005-2007)	29.5 (2005-2007)	29.5 (2005-2007)	29.5 (2005-2007)
Reduce the percentage of Nodaway County adults who are obese from 28% in 2015 to 26% by 2018 (County Health Rankings)	CHR	4yr lag	28% (2012)	28% (2012)	28% (2012)	28% (2012)	30% (2013)
Reduce the percentage of Nodaway County adults who are overweight from 41.1% in 2015 to 40% by 2018 (HCI)	HCI	4yr lag	41.1% (2011)	41.1% (2011)	41.1% (2011)	41.1% (2011)	41.1% (2011)
Decrease the percentage of SSM Health St. Francis Hospital – Maryville clinic patients who are overweight (BMI >25) or obese (BMI >30) from 43.8% in 2015 to 40% in 2018 (Reporting Workbench)	RWB	Ad hoc	43.8%	44.1%	42.6%	44.7%	36.2% (pts seen between 7/1 & 12/31/17)

Strategic Implementation Plan



Once the community health needs were identified, through review of the primary and secondary data by the Advisory Council and prioritization process, the hospital's senior leadership ranked the top needs using an internal prioritization process. Needs were rated on magnitude; alignment with mission, key strategies and priorities; resources needed to address the issue; and the hospital's ability to impact change.



Priority #1

MENTAL HEALTH



Priority #2

OBESITY



Priority #1 — Mental Health

Mental health is inextricably linked to physical health. Poor mental health can have an impact on behaviors that result in poor physical health. Mental health is a common thread in many chronic health conditions. Depression has been linked to higher rates of cardiovascular disease and diabetes. Additionally, persons with depression tend to engage in more risk behaviors for these diseases—such as smoking, poor diet or lack of exercise—than persons without depression.

- Two out of four community groups indicated that mental health or mental illness is one of the most serious health issues facing this community.
- Nodaway County's rate for poor mental health days is 4.7 compared to the state rate of 4.4 and top US state performers' rate of 3.1. Atchison and Andrew counties (which border Nodaway on the west and south) have poor mental health rates lower than Nodaway at 4.2. and 4.0 respectively.
- The percentage of Nodaway County's Medicare population has seen a steady increase, 13.8% in 2010 to 17.4% in 2015.
- Mental health issues ranked third behind obesity and high blood pressure when asked to select the diseases, challenges or conditions that you have been diagnosed with by a health care provider in the 2018 CHNA community survey.
- Mental health issues ranked highest when asked the diseases, challenges or conditions that you think are a concern for our community in the 2018 CHNA community survey.
- For the question "What resource could be used differently to improve health care?", 16 of 101 responses indicated mental health or psychiatric services or resources.



Priority #1

Mental Health Goals

action plan

- Continue and expand clinic behavioral health offerings
- Continue to provide support to organizations providing mental health programs to the community
- Enhance relationship with Northwest Missouri State University's wellness center regarding behavioral/mental health concerns
- Work with area schools to raise awareness and provide resources for child and adolescent mental health
- Increase community education regarding mental health

community partners

- Northwest Missouri State University
- Area schools
- Mental health providers
- Big Brothers Big Sisters of Nodaway County

supporting resources

- Nodaway County Health Department



Priority #2 — Adult & Childhood Obesity

Obesity continues to be a growing issue for the physical and economic health of our nation. The CDC reports that obesity rates in America have increased from 35% in 2011-2012 to 39.8% in 2015-2016. Obesity-related conditions include heart disease, stroke, type 2 diabetes and certain types of cancer, which are some of the leading causes of preventable, premature death.

- For Nodaway County, 33% of the population are considered obese, compared to the state rate of 32% and top US performing states at 26%.
- Physical inactivity is one health factor for obese people. In Nodaway County, 27.6% of the population self-report no leisure time for activity such as running, calisthenics, golf, gardening or walking for exercise. This compares to Missouri at 24.1% and the national rate of 21.8%.
- Another indicator that may impact healthy eating is the percentage of population with low-food access or living more than ½ mile from the nearest supermarket, supercenter or large grocery store. This indicator is relevant because it highlights populations and geographies facing food insecurity. Nodaway County's percent of population with low-food access is 53.28%, compared to Missouri at 25.57% and the United States as a whole at 22.43%.
- In Nodaway County, 45.7% of adults aged 18 and older self-report that they have a Body Mass Index between 25.0 and 30.9 (overweight), compared to the state at 35.3% and United States at 35.8%. Excess weight may indicate an unhealthy lifestyle and puts individuals at risk for further health issues.
- The percentage of obese adults in Nodaway County has seen an increase from 26% in 2004 to 29.9% in 2013.



Priority #2

Obesity Goals

action plan

- Continue **Healthy Lifestyles** and **Commit to Be Fit**
- Continue diabetes education programs and support group
- Continue and expand **Health 4 Life** programs
 - Continue to expand **H4L** into surrounding rural schools
 - Consider surveying immediately after and multi-year post completion
 - Encourage SSM Health St. Francis caregivers to volunteer to participate
- Continue health screenings
- Increase community education regarding obesity

community partners

- Northwest Missouri State University
- Area schools
- Area employers
- Nodaway County Health Department
- Maryville Parks and Recreation

supporting resources

- Nodaway County Health Department
- University of Missouri Extension



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Appendices

data sources

Primary Data

The primary data consisted of a community perception survey as well as a focus group including key stakeholders within Nodaway County.

The community perception survey, replicated from the 2015 survey to provide the opportunity for comparison, was conducted over a two-month period in the following manner:

- The Advisory Council members distributed paper copies of the questionnaire at their agencies. Those agencies included the Maryville Community Center, Nodaway County Health Center, Nodaway County Senior Center and Community Services, Inc.
- A press release regarding the CHNA process was distributed to local media offering anyone interested the opportunity to request a survey through the hospital's community relations and development office.
- An online version of the survey (Survey Monkey) was utilized to accumulate and graph the results. The online site was communicated through email and Facebook posts.
- The 21-question survey covered a wide range of topics from access to care, quality of life, chronic disease and lifestyle factors.
- A total of 226 surveys were received.
- Once the survey responses were tabulated, the survey results were evaluated and analyzed for health and demographic trends.
- The full results were distributed to and discussed by the Advisory Council at its final meeting.

The focus group(s) consisted of key community stakeholders. The hospital had a total of 67 people participating in these focus groups. See Appendix B for complete list of focus groups sessions conducted.

Focus group questions:

1. What is your perception of the most serious health issues facing this community?

Ask community members to share specific concerns. Keep this conversation focused and do not allow the conversation to digress into venue for complaints.

2. What is your perception of the most beneficial health resources or services in this community?

Ask community members to share specific examples.

3. What can the hospital do to improve health and quality of life in the community?

This question may be the most important because it elicits ideas for how to improve services and relationships in the community and provides direction for new activities or strategies.

Secondary Data

In addition to a review of demographics, we gathered and reviewed data from broad sources to set the initial direction and priorities of the community health needs assessment. The secondary data was derived from a variety of sources including Community Commons, Department of Health & Senior Services, County Health Rankings and ExploreMOHealth.org

Appendix B

prioritizing health needs

As part of the CHNA requirement, hospitals must evaluate the needs that are identified and validated through the data analysis. In order to do so, hospitals must establish specific criteria that will be used to assess each of the identified community needs. The system has recommended criteria and ratings that each hospital can use during prioritization. The method used to evaluate the needs as well as potential weighting is customizable based on the hospital's approach.

Prior to review of the data, a list of criteria was developed to aid in the selection of priority areas. During the data-review process, attention was directed to health issues that met any of these criteria:

- Health issues that impact a lot of people or for which disparities exist, and which put a greater burden on some population groups
- Poor rankings for health issues in Nodaway County as compared to the state, other counties or top US performers

Step one of this prioritization process focuses on community-specific criteria that are rated by community members to evaluate the identified needs. This step is subjective and measures community members' perceptions of the identified needs using a strongly agree to strongly disagree 5-point Likert scale.

Once the community has evaluated their needs based on their perceptions, step two begins. The list of perceived needs is sorted in descending order by priority and then reviewed by hospital leadership using system feasibility criteria. The internal criteria are more objective. They focus on alignment to key strategies, resources, magnitude of issue and overall capability. Based on internal prioritization, the top ranking priorities establish the areas of focus for the Strategic Implementation Plan.

Appendix C

community representation

Representation on the Advisory Council was sought to leverage existing relationships and provide diverse input for the comprehensive review and analysis of community health needs in Nodaway County. Members invited to participate serve in health and social services organizations include those that:

- Serve low-income populations
- Serve at-risk populations
- Serve minority members of the community
- Represent the general community

ADVISORY COUNCIL MEMBERS

Name	Organization Represented
Tom Patterson	Nodaway County Health Center
Judy Frueh	Northwest Missouri State University
Norma Eckerson	Community Service
Lisa Macali	Nodaway County Economic Development
Steve Klotz	Maryville School District
Deb Garrett	Rogers Pharmacy
Amie Firavich	Senior Center
Jonathan Mitchell	First Presbyterian Church
Shelby Eitel	Big Brothers Big Sisters of Nodaway County
Jackie Ross	SSM Health St. Francis Hospital
Estella Myrick	SSM Health Medical Group
Kim Milward	Regional Council of Governments
Kim Treese	SSM Health at Home
Rita Miller, Coordinator/Facilitator	SSM Health St. Francis Hospital
DeAnn Davison, Process Support	SSM Health St. Francis Hospital
Alexia Scoggin	Intern