



**St. Francis
Hospital & Health Services**

Community Health Needs Assessment

2012

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Community Health Needs Assessment Summary

Summary

- St. Francis Hospital and Health Services is a not-for-profit faith-based healthcare facility in Maryville, MO. St. Francis is part of the SSM Health Care (hereinafter referred to as SSM) system based out of St. Louis, MO, that owns and operates healthcare facilities in Missouri, Wisconsin, Illinois and Oklahoma. As a faith-based organization the mission of SSM and St. Francis is "Through our exceptional healthcare services, we reveal the healing presence of God." The service area for St. Francis encompasses Nodaway County, Missouri and all of the contiguous surrounding counties in Missouri and Iowa. With over 100 years of service to the people of northwest Missouri and southwest Iowa, St. Francis has been and will continue to be, the place of choice in healthcare.
- In an effort to better serve the community and to meet the IRS requirements, St. Francis Hospital & Health Services performed a community health needs assessment (CHNA) to further discern the needs of the people. The first step was for staff members to participate in a training catalyzed by SSM Corporate Strategy and Systems Improvement department to further understand the requirements of the CHNA and how the organization might use this data to better serve its customers and community. SSM provided many speakers and tools to assist all of its organizations in the endeavor so that uniformity and adherence to the requirements would be accomplished. The training was completed and SSM scheduled routine conference calls to insure progress was being made at each organization.
- St. Francis created an internal steering team with staff members whom had attended the training and staff that had significant contact with the community through various avenues. In addition, a health partners external council was formed with members from St. Francis and area agencies involved in the care of the community. The purpose of the teams was to gain input on the process and to assist in the prioritization of the findings from the assessment.
- SSM assisted St. Francis in the collection of secondary health data that was provided by various state and national agencies and organizations. This data was compiled and distributed to the two groups for discussion and input. The data clearly showed there were needs in the service area but also revealed that Nodaway county was overall healthier than most counties in Missouri. Before the final prioritization meetings with the committees and the hospital Administrative Council, the data was updated to insure there was no significant change in population health.

Summary continued

- In addition to secondary data, St. Francis surveyed the community using focus groups and a direct mail paper survey. Community groups were asked their thoughts on community health and the needs that were going unmet in Nodaway County. The paper survey was sent to over 980 random community members and we received over 180 completed surveys. The data was collated and presented to the Community team along with the updated secondary data.
- The community team discussed the survey data and the secondary information at length to assist in the prioritization of needs. A standard prioritization tool, provided by SSM, was used to focus the discussion and create agreement on the top issues facing our area. This data was sent on to the St. Francis steering team that used a different prioritization tool to further define the hospital's role in creating a healthier community. These two groups combined to recommend that the two focuses of St. Francis & Health Services should be on lowering the obesity rate in the service area and to provide greater care and awareness of mental health needs for those individuals under the age of 16.
- These priorities were recommended to the Administrative Council at St. Francis and were adopted as the community health focus for 2013 and 2014. In the operational plan, to be submitted in October 2012, St. Francis will put forth a plan to affect change in these areas recognized as the top places of need.

Demographics

Demographics

Population Projection

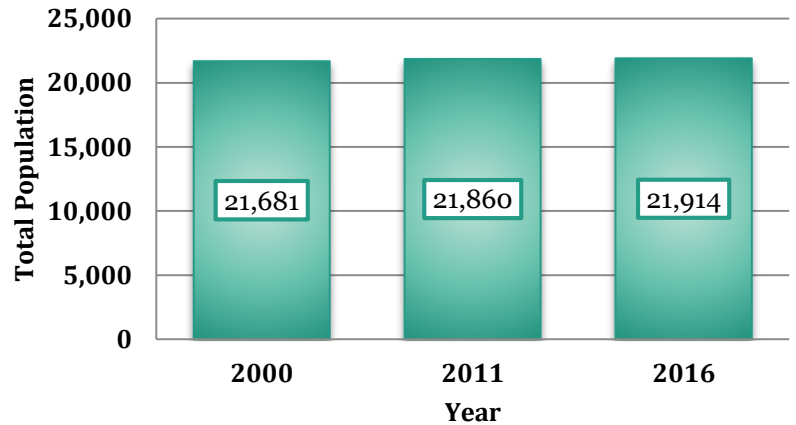
St. Francis Hospital & Health Services service area includes Nodaway County.

Based on an analysis of the 2011 Thomson Reuters Market Expert Demographic database (with Claritas), Nodaway is only projecting a **growth rate of 0.2%** (or 54 residents) from 2011 to 2016.

This is much lower than the projected 2011-2016 growth rate for Missouri (4.0%) and the U.S. (4.0%).

Population Estimates: Nodaway County

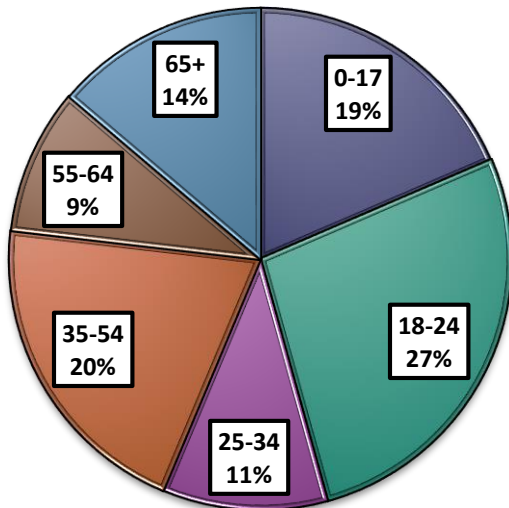
Source: 2011 Thomson Reuters/Claritas



2011 Estimated Population

Segmented by Age Cohort

Source: 2011 Thomson Reuters/Claritas



2011 Population

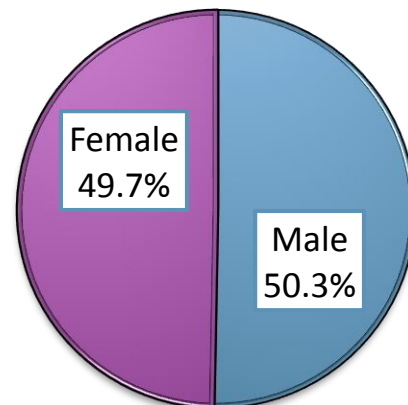
The largest age group in Nodaway County is the 18-24 group, which makes up about 27% of the total population.

Nodaway's gender segmentation is approximately equal.

2011 Estimated Population

Segmented by Gender

Source: 2011 Thomson Reuters/Claritas



County Health Rankings

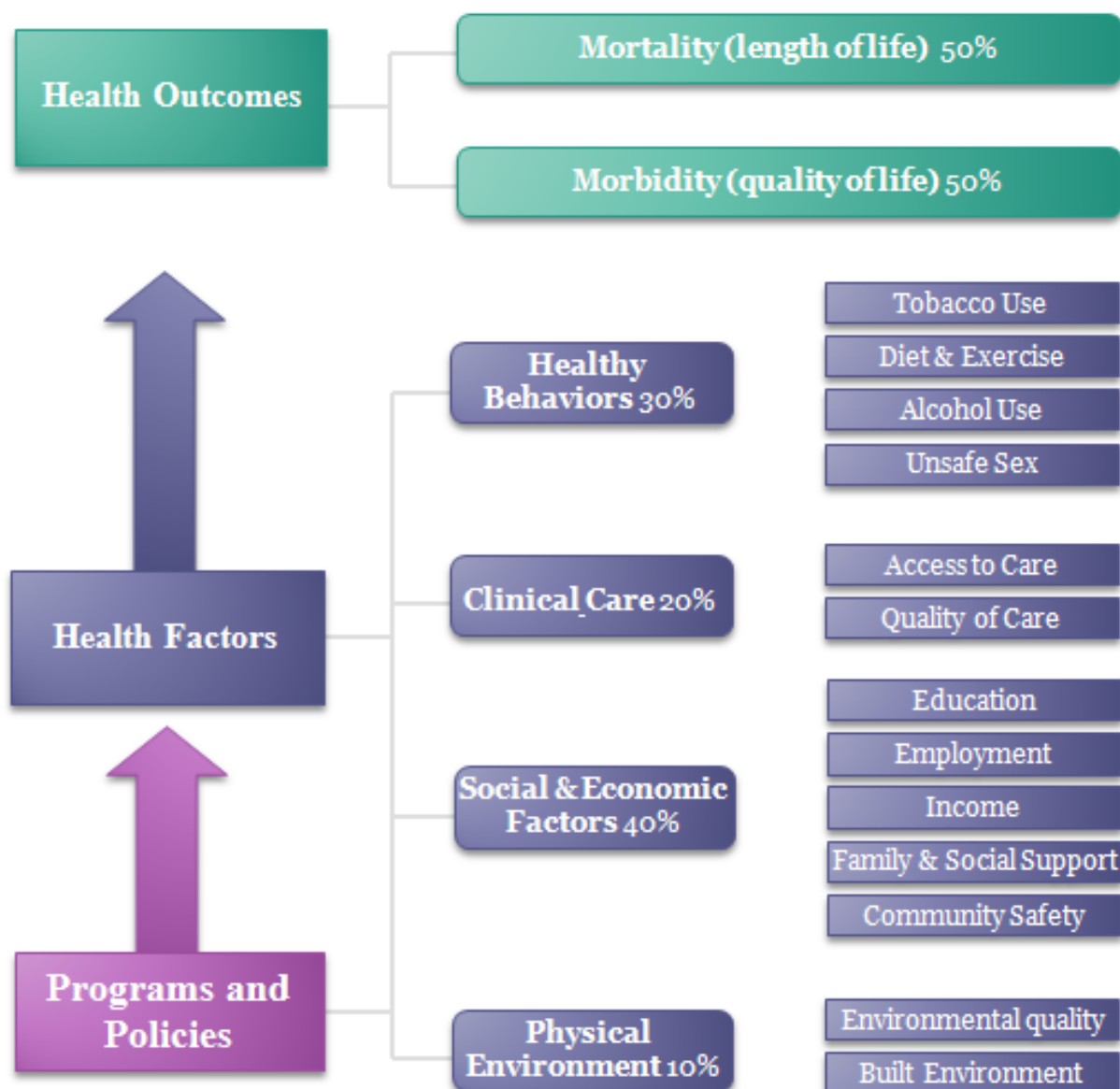
County Health Rankings

The health of a community depends on many different factors - ranging from health behaviors, education and jobs, to quality of health care, to the environment.

The Robert Wood Johnson Foundation collaborates with the University of Wisconsin Population Health Institute to develop County Health Rankings for each state. These rankings are based on the following:

- **Health Outcomes:** Health outcomes in the County Health Rankings represent how healthy a county is.
- **Health Factors:** Health factors in the County Health Rankings represent what influences the health of a county.

Source: www.countyhealthrankings.org



Health Outcomes

Health Outcomes – Mortality & Morbidity

2012 County Health Rankings – Mortality & Morbidity

Out of 115 Missouri counties, Nodaway was ranked 18 for Health Outcomes, which included Mortality and Morbidity.

Nodaway was ranked 18 for mortality. The measure for mortality was premature death (years of potential life lost before age 75 per 100,000 population).

Mortality (Premature Death) (Rank #18)	
Nodaway County	6,912
Missouri	7,981
National Benchmark (90 th percentile)	5,466

Source: *National Vital Statistics System (NVSS)*, 2006-2008, www.countyhealthrankings.org

Nodaway was ranked 32 for morbidity. The measures for morbidity included: poor or fair health (age-adjusted percent of adults reporting fair or poor health), poor physical health days (age-adjusted average number of physically unhealthy days reported in past 30 days), poor mental health days (age-adjusted average number of mentally unhealthy days reported in past 30 days), and low birthweight (percent of live births with low birthweight of < 2500 grams).

Morbidity (Rank #32)				
	Poor or fair health	Poor physical health days	Poor mental health days	Low birthweight
Nodaway County	14%	2.8	3.4	7.7%
Missouri	16%	3.6	3.7	8.1%
National benchmark (90 th percentile)	10%	2.6	2.3	6.0%

Sources: *BRFSS* 2004-2010; *National Vital Statistics System (NVSS)*, 2002-2008; www.countyhealthrankings.org

Other Health Status Indicators

Heart Disease

Heart disease is the leading cause of death in the U.S. Conditions that are heart disease risk factors include: high blood pressure, high blood cholesterol (LDL), diabetes, and obesity. Behaviors that can also increase the risk of heart disease are: tobacco use, diet, physical inactivity, and excessive alcohol use.

Source: <http://www.cdc.gov/heartdisease/index.htm>

As you will see in this section, heart disease is the leading cause of death in Nodaway County. In addition, the top inpatient hospitalization diagnosis is “heart and circulation”. The “Health Behaviors” section of the County Health Rankings also points out that nearly 31% of Nodaway adults are obese and 30% do not engage in leisure-time physical activity.

Cancer

Incidence and death rates for all cancers have been declining across the country due to advances in research, detection and treatment; yet cancer remains the second leading cause of death in the United States (U.S. Department of Health and Human Services, 2010). It is also the second leading cause of death for both Missouri and Nodaway County residents (Vital Statistics, 2009). Nodaway County statistics indicate preventative measures - the number of women receiving mammograms and colonoscopies for residents over 50 - are running behind the state and national rates.

Other Health Status Indicators

Top 5 Causes of Death(2009)

Source: Missouri DHSS, MICA

1. Heart disease
2. Cancer
3. Chronic lower respiratory diseases
4. Alzheimer's disease
5. Cerebrovascular disease - Stroke
5. Other digestive diseases (tie)

Inpatient Hospitalizations – Top 5 Diagnoses (2009)

Source: 2009 Missouri Information for Community Assessment

1. Heart & circulation
2. Pregnancy – birth – reproduction
3. Respiratory (throat and lung)
4. Mental disorders
5. Injury and poisoning

Inpatient Hospitalizations – Top 5 Chronic Disease Diagnoses (2009)

Source: 2009 Missouri Information for Community Assessment

1. Heart disease
2. Cancer
3. Arthritis/other joint disorders
4. Chronic obstructive pulmonary disease (COP)
5. Stroke/cerebrovascular disease

Other Health Status Indicators (cont.)

ER– Top 5 Diagnoses (2009)

Source: 2009 Missouri Information for Community Assessment

1. Injury & poisoning
2. Respiratory (throat & lung)
3. Brain – spinal cord – eyes – ears
4. Digestive system
5. Symptoms and ill-defined conditions

ER– Top 5 Chronic Disease Diagnoses (2009)

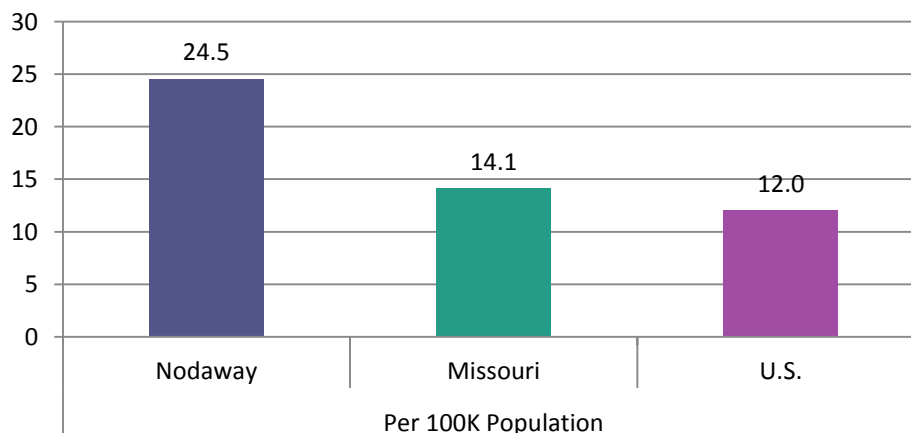
Source: 2009 Missouri Information for Community Assessment

1. Heart Disease
2. Chronic obstructive pulmonary disease (COPD)
3. Arthritis/other joint disorders
4. Asthma
5. Alcohol/substance related disorders (tie)
5. Diabetes (tie)

Individuals struggling with serious mental illness are at higher risk for suicide, homicide and accidents as well as chronic conditions including cardiovascular and respiratory diseases. As an ongoing negative trend, 2009 suicides in Nodaway County were significantly higher than the state and national rates.

2009 Suicide Rates

Source: Missouri Information for Community Assessment



Other Health Status Indicators

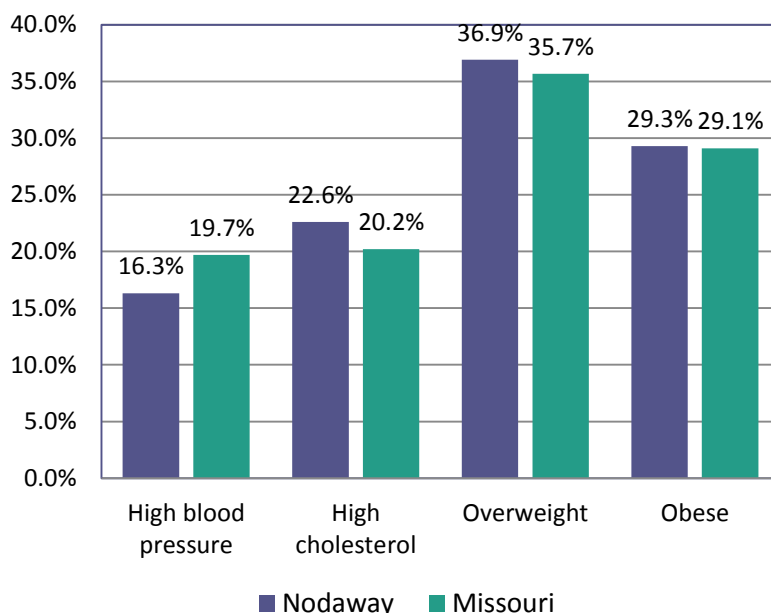
Missouri County-level Study (CLS)

The Missouri County-level Study (CLS), which was first conducted in 2003 and again in 2007, produced county-level estimates of chronic disease risk factors, diseases and related health conditions. The 2007 CLS involved interviews with 49,513 Missouri adults and was supported by a grant from the Missouri Foundation for Health (MFH). The University of Missouri-Columbia Health and Behavioral Risk Research Center (UMC HBRRC) conducted the interviews.

Nodaway County's rates for high cholesterol, being overweight, and obesity are at or higher than the Missouri indicators.

Health Risk Factors

Source: 2007 Missouri CLS



“Low-income Preschool Obesity Rate” represents the prevalence of obesity among children aged 2-4 years in households with income < to 200% of the poverty threshold based on family size. For children aged 2-4 years, obesity is defined as BMI-for-age > 95th percentile based on the 2000 Centers for Disease Control and Prevention’s (CDC) sex-specific growth charts.

Low-income Preschool Obesity Rate (2009)

Source: United States Department of Agriculture (USDA) Food Environment Atlas

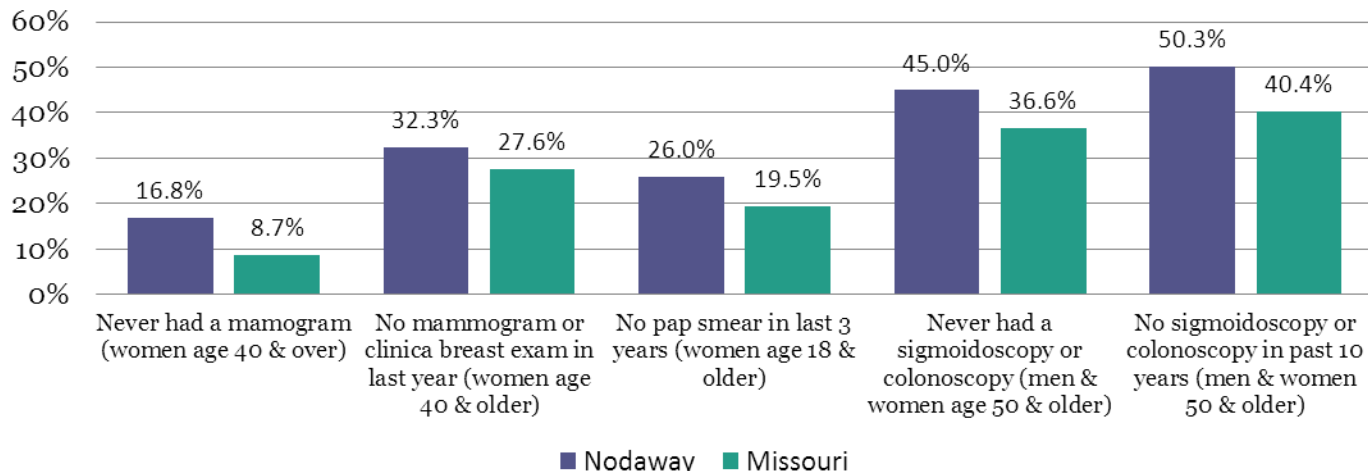
13.9%

Other Health Status Indicators

The number of new cancer cases can be reduced, and many cancer deaths can be prevented with age-appropriate screenings and treatment. Nodaway County are higher than the Missouri rates in not completing recommended screenings for breast, cervical and colorectal cancers.

Cancer Detection Screenings

Source: 2007 Missouri CLS



Health Factors

2012 County Health Rankings – Health Factors

Out of 115 Missouri counties, Nodaway was ranked 3 for Health Factors, which included Health Behaviors, Clinical Care, Social & Economic Factors, and Physical Environment.

2012 County Health Rankings – Health Behaviors

Nodaway county was ranked 8 for Health Behaviors, which included Adult obesity* (percent of adults that report a BMI \geq 30), Physical inactivity (percent of adults aged 20 and over reporting no leisure time physical activity), and Excessive drinking*.

*The excessive drinking measure reflects the percent of the adult population that reports either binge drinking, defined as consuming more than 4 (women) or 5 (men) alcoholic beverages on a single occasion in the past 30 days, or heavy drinking, defined as drinking more than 1 (women) or 2 (men) drinks per day on average.

Health Behaviors (Rank #8)			
	Adult obesity	Physical inactivity	Excessive drinking*
Nodaway	31%	30%	15%
Missouri	31%	28%	17%
National Benchmark (90 th percentile)	25%	21%	8%

Other Health Behavior Factors

Traffic Safety

In 2010, there were a total of 405 crashes in Nodaway County. Out of these crashes, 1 was fatal; 21.5% (87) involved speeding; and 5.2% (21) involved drinking. A seat belt was not used in 8.4% (23) of these crashes.

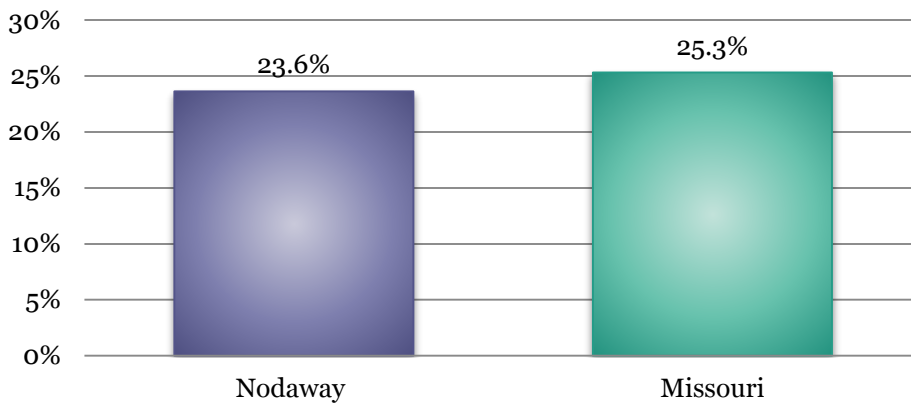
Nodaway County – 2010 Crash Data		
Fatal	1	0.2%
Injury	88	21.7%
Property Damage	316	78.0%
Speed	87	21.5%
Drinking	21	5.2%
Young Driver	138	34.1%
Mature Driver	113	27.9%
Motorcycle	3	0.7%
Pedestrian	2	0.5%
Fixed Object	81	20.0%
Persons Killed	1	0.2%
Safety Device Not Used	0	0.0%
Persons Injured	131	32.3%
Safety Device Not Used	34	8.4%
Total	405	

Source: Missouri State Highway Patrol, 2010, <http://www.msHP.dps.mo.gov/>

Other Health Behavior Factors (cont.)

Physical Inactivity

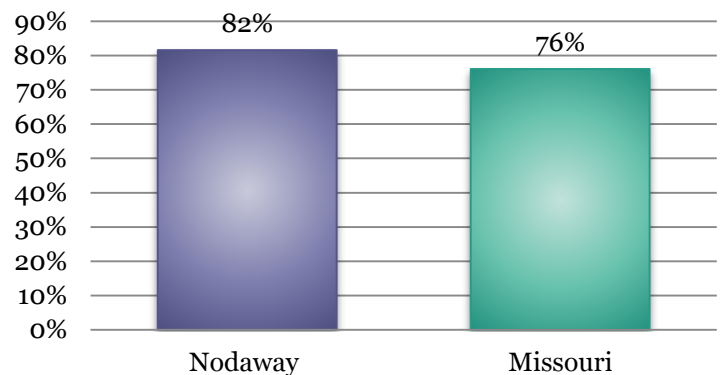
Source: 2007 Missouri CLS



Those who did not engage in leisure-time physical activity have not participated in any physical activities or exercise such as running, calisthenics, golf, gardening, or walking for exercise in the past 30 days. Nodaway's rate of 23.6% is comparable to Missouri's 25.3%.

Less than 5 Fruits/Vegetable per Day

Source: 2007 Missouri CLS



Over 80% of Nodaway residents consume less than 5 fruits and vegetables per day. This is slightly higher than Missouri's 76%.

2012 County Health Rankings – Clinical Care

Nodaway county was ranked 11 for Clinical Care, which included Uninsured (percent of population under age 65 without health insurance), Primary care physicians (ratio of population to primary care physicians), Preventable hospital stays (Hospitalization rate for ambulatory-care sensitive conditions per 1,000 Medicare enrollees), Diabetic screening (Percent of diabetic Medicare enrollees that receive HbA1c screening), and Mammography screening (Percent of female Medicare enrollees that receive mammography screening).

Clinical Care (Rank # 11)					
	Uninsured	Primary care physicians	Preventable hospital stays	Diabetic screening	Mammography screening
Nodaway	15%	1,050:1	63	84%	68%
Missouri	15%	1,015:1	75	84%	65%
National Benchmark (90 th percentile)	11%	631:1	49	89%	74%

Sources: Health Resources and Services Administration’s Area Resource File (ARF) for 2009, AMA Master File (2008), U.S. Census Bureau’s 2008 population estimates; Medicare claims data, 2006-2007; www.countyhealthrankings.org

Other Clinical Care Indicators

In 2008, Nodaway County had 7,347 residents per mental health provider.

Mental Health Providers	
Nodaway County	7,347:1
Missouri	9,561:1

Source: Health Resources and Services Administration’s (HRSA) Area Resource File (ARF), countyhealthrankings.org, 2008

2012 County Health Rankings – Social & Economic Factors

Nodaway county was ranked 3 for Social & Economic Factors, which included Inadequate social support (percent of adults without social/emotional support), Children in single-parent households (percent of children that live in household headed by single parent), and Violent crime rate (violent crime rate per 100,000 population).

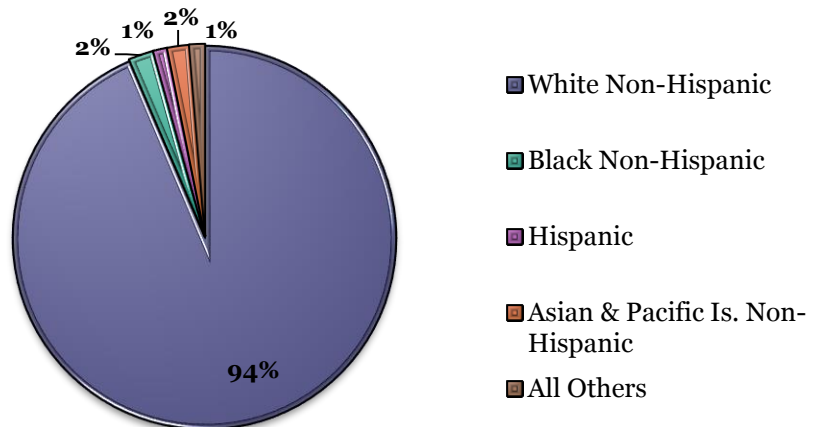
Social & Economic Factors (Rank # 3)			
	Inadequate social support	Children in single-parent households	Violent crime rate
Nodaway	15%	22%	158
Missouri	19%	32%	518
National Benchmark (90 th percentile)	14%	20%	73

Sources: BRFSS, 2005-2009; 2005–2009 American Community Survey (ACS); Uniform Crime Reporting program, 2008; www.countyhealthrankings.org

Other Social & Economic Factors

Race/Ethnicity Distribution

Source: Thomson Reuters/Claritas 2011



The population in Nodaway County is predominantly White/non-Hispanic (94%).

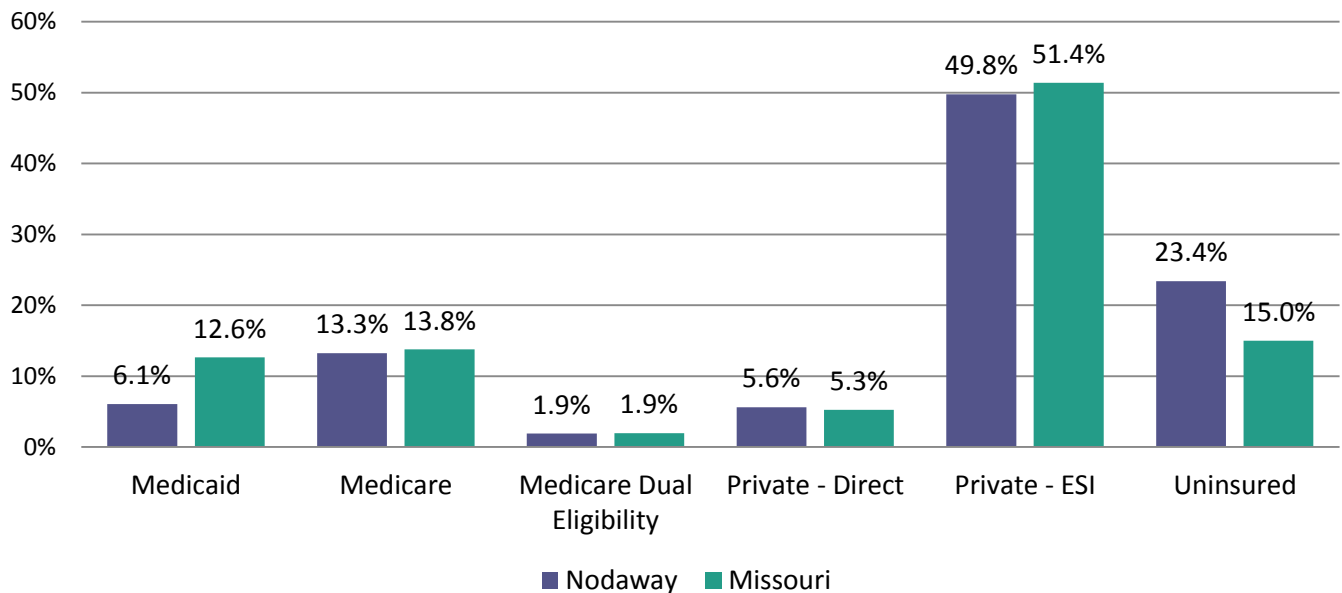
Other Social & Economic Factors (cont.)

A large portion of Nodaway County residents are uninsured. Uninsured individuals are more likely to go without preventive care, to delay or forgo medical care, and to die prematurely. When sick, the uninsured may utilize emergency services for care. When uninsured patients cannot afford their medical bills, the cost of this care is passed on to the insured in the form of higher premiums.

Source: Families USA, 2011, <http://www.familiesusa.org/issues/uninsured/>

2011 Insurance Coverage Estimates

Source: Thomson Reuters, Claritas, Inc.

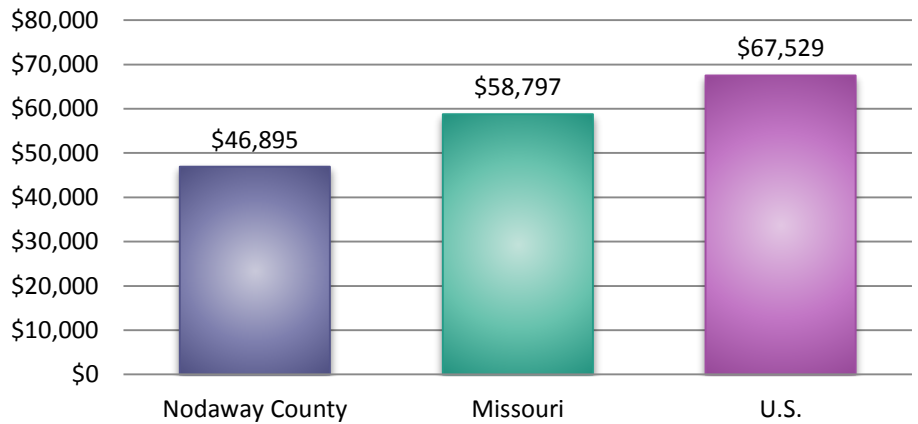


Other Social & Economic Factors (cont.)

2011 Average Household Income

Source: Thomson Reuters; Claritas, Inc., 2011

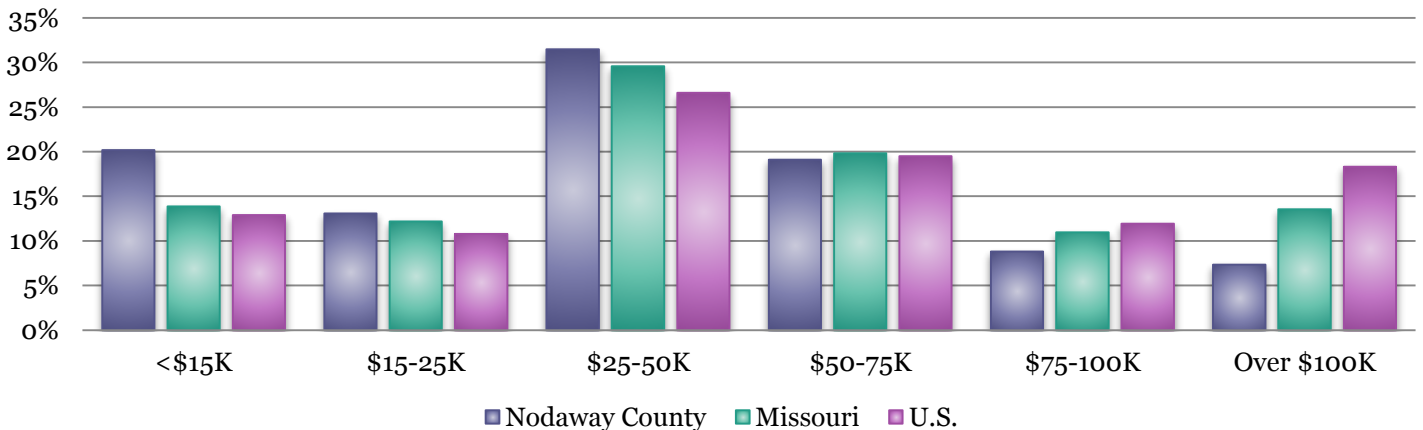
The average household income in Nodaway County is \$46,895. This is considerably lower than Missouri's average of \$58,797 and the U.S.'s average of \$67,529.



Nodaway County had a higher percent of average household incomes of <\$15K, \$15-25K, and \$25-50K when compared with Missouri and the U.S. as a whole. Nodaway County had a lower percent of average household incomes of \$50-75K, \$75-100K, and over \$100K when compared to Missouri and the U.S.

2011 Household Income Distribution

Source: Thomson Reuters/Claritas, Inc., 2011



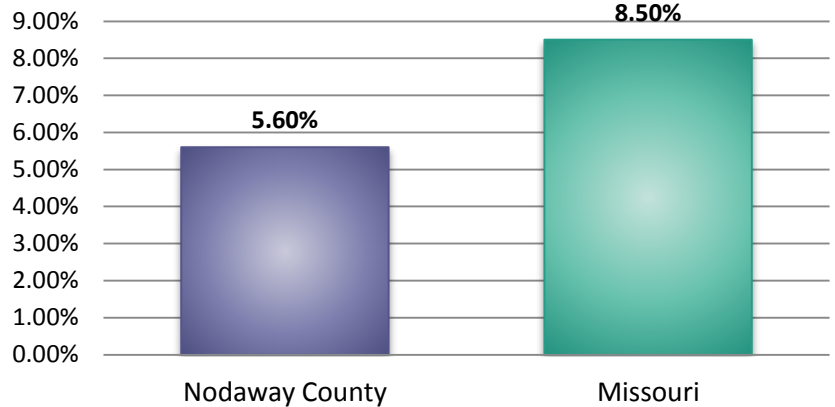
Other Social & Economic Factors (cont.)

Labor Force/Unemployment

In October 2011, Nodaway County had 12,267 residents in the civilian labor force. Out of these residents, 11,579 were employed and 688 were unemployed. The unemployment rate for Nodaway County was 5.6%, which is lower than Missouri's unemployment rate of 8.5%.

Unemployment Rates (Oct. 2011)

Source: Missouri Economic Research and Information Center, Missouri Department of Economic Development



Labor Force/Unemployment (Oct. 2011)

Source: Missouri Economic Research and Information Center, Missouri Department of Economic Development

Civilian Labor Force	Employment	Unemployment	Unemployment Rate
12,267	11,579	688	5.6%

Major Employers in Nodaway County

Source: Missouri Partnership, 2011

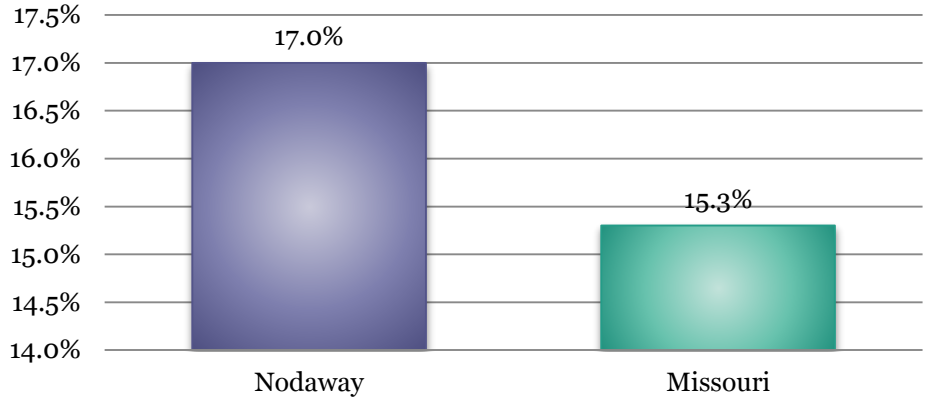
Deluxe
Energizer Battery
Federal-Mogul
Kawasaki Motors
Laclede Chain
Loch Sand & Construction
Maryville Metal Culverts
Nucor

Other Social & Economic Factors (cont.)

Percent in Poverty (all ages)

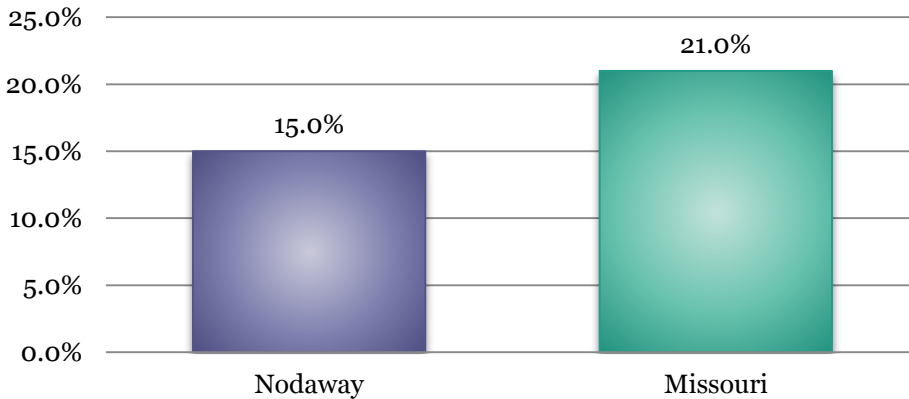
Source: Small Area Income and Poverty Estimates (U.S. Census Bureau), 2010

In 2010, the poverty rate was 17.0% in Nodaway county, which was higher than the 15.3% rate in Missouri.



Percent of Children in Poverty (0-17)

Source: Small Area Income and Poverty Estimates (U.S. Census Bureau), 2010

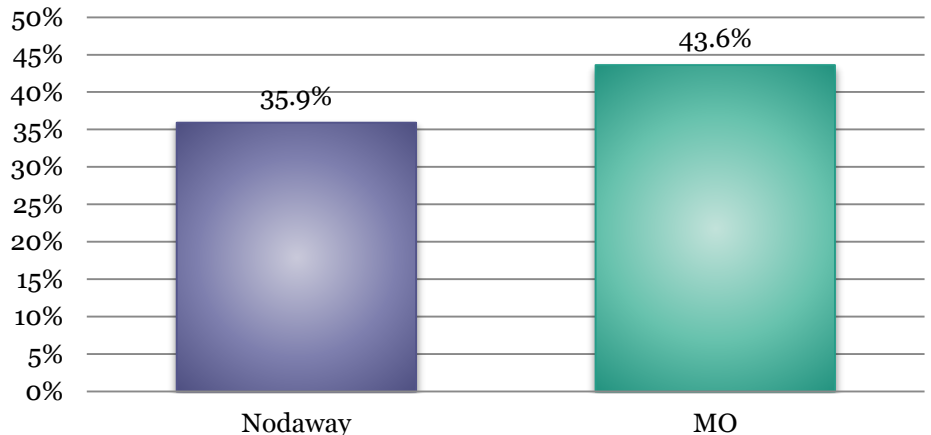


The 2010 poverty rate for children (age 0-17) was 15.0% in Nodaway.

Students Enrolled in Free/Reduced Lunch

Source: Missouri Kids Count, 2009

Based on 2009 data, 35.9% of students were enrolled in free/reduced lunch.



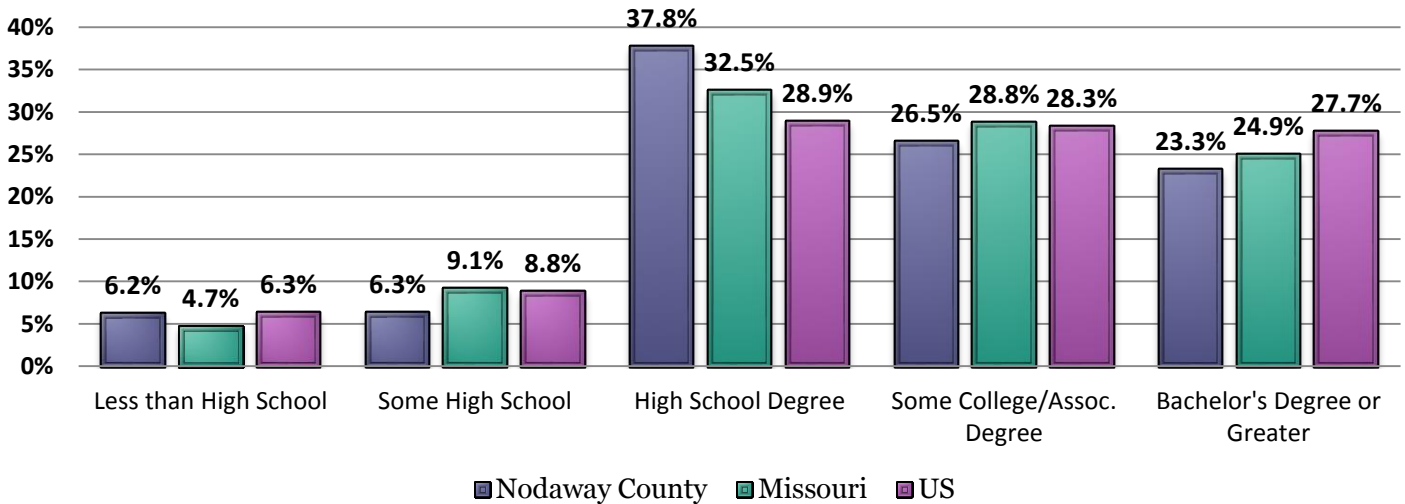
Other Social & Economic Factors (cont.)

Education Level Distribution

Most of the adult population (age 25 and older) in Nodaway County have a high school degree or higher (87.5%).

Education Level Distribution

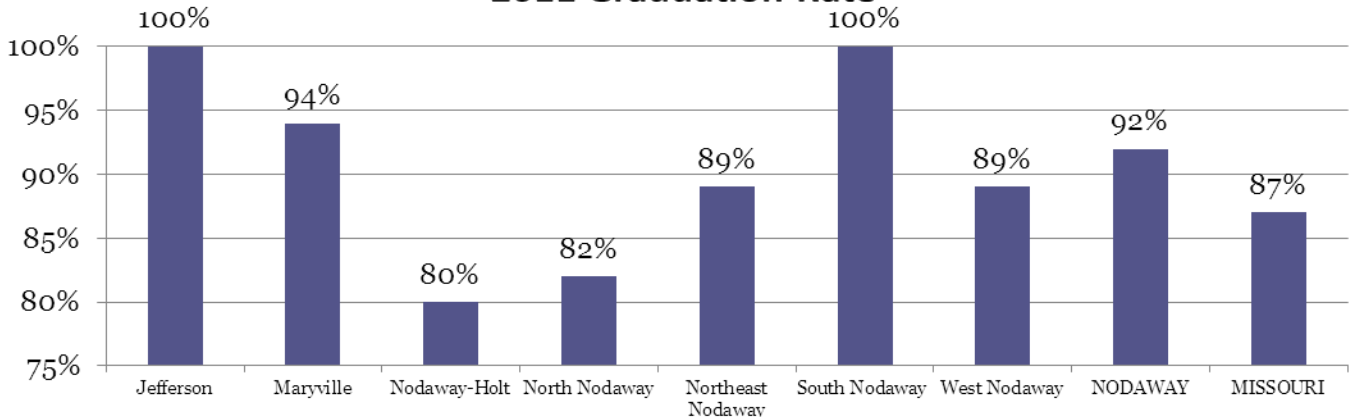
Source: Thomson Reuters/Claritas, Inc., 2011



Graduation Rate

There are seven school districts located in Nodaway County. The combined graduation rate for all school districts for 2011 was 92% compared to the Missouri rate of 87%.

2011 Graduation Rate



Other Social & Economic Factors (cont.)

2010 Crime Data

According to the Missouri Statistical Analysis Center, in 2010 there were a total of 362 crimes in Nodaway County.

Compared to Missouri, Nodaway County had much lower crime rates and violent crime rates per 100,000 population. In 2010, Nodaway County had 362 crimes, and 36 violent crimes.

Nodaway County also had less domestic violence incidents per 100K population than Missouri. In 2010, there were 62 domestic violence incidents in Nodaway County.

Nodaway County – Offenses (2010)	
Violent Offenses	36
Property Offenses	326
Murder	0
Rape	2
Robbery	1
Aggravated Assault	33
Burglary	76
Theft	231
Motor Vehicle Theft	18
Arson	1
Total Crime Index	362

Nodaway & Missouri – Crime Rates (2010)

	Crime Rate/ 100K population	Violent Crime Rate/ 100K population
Nodaway County	1,947	196
Missouri	4,008	478

Nodaway & Missouri – Domestic Violence Incidents (2010)

	Rate/100K population
Nodaway County	338
Missouri	796

2012 County Health Rankings – Physical Environment

Nodaway county was ranked 66 for Physical Environment Factors, which included Air pollution-particulate matter days (annual number of unhealthy air quality days due to fine particulate matter), Air pollution-ozone days (annual number of unhealthy air quality days due to ozone), Access to recreational facilities (Rate of recreational facilities per 100,000 population, Percent of population who are low-income and do not live close to a grocery store, and Percent of all restaurants that are fast-food establishments.

Physical Environment (Rank # 66)

	Air pollution-particulate matter days	Air pollution-ozone days	Access to recreational facilities	Limited access to healthy foods	Fast food restaurants
Nodaway	0	0	9	10%	50%
Missouri	0	7	10	8%	47%
National Benchmark (90 th percentile)	0	0	16	0%	25%

Sources: The Public Health Air Surveillance Evaluation (PHASE) project, 2006; US Census Bureau's Zip Code Business Patterns, 2008; United States Department of Agriculture (USDA) Food Environment Atlas, 2008; www.countyhealthrankings.org

Other Physical Environment Factors

Nodaway County only has 1 grocery store (0.05/1,000 population);29.08% of its households are low-income and live more than a mile away from the store. However, it has 15 fast-food restaurants (0.68/1,000).

Nodaway County – Physical Environment

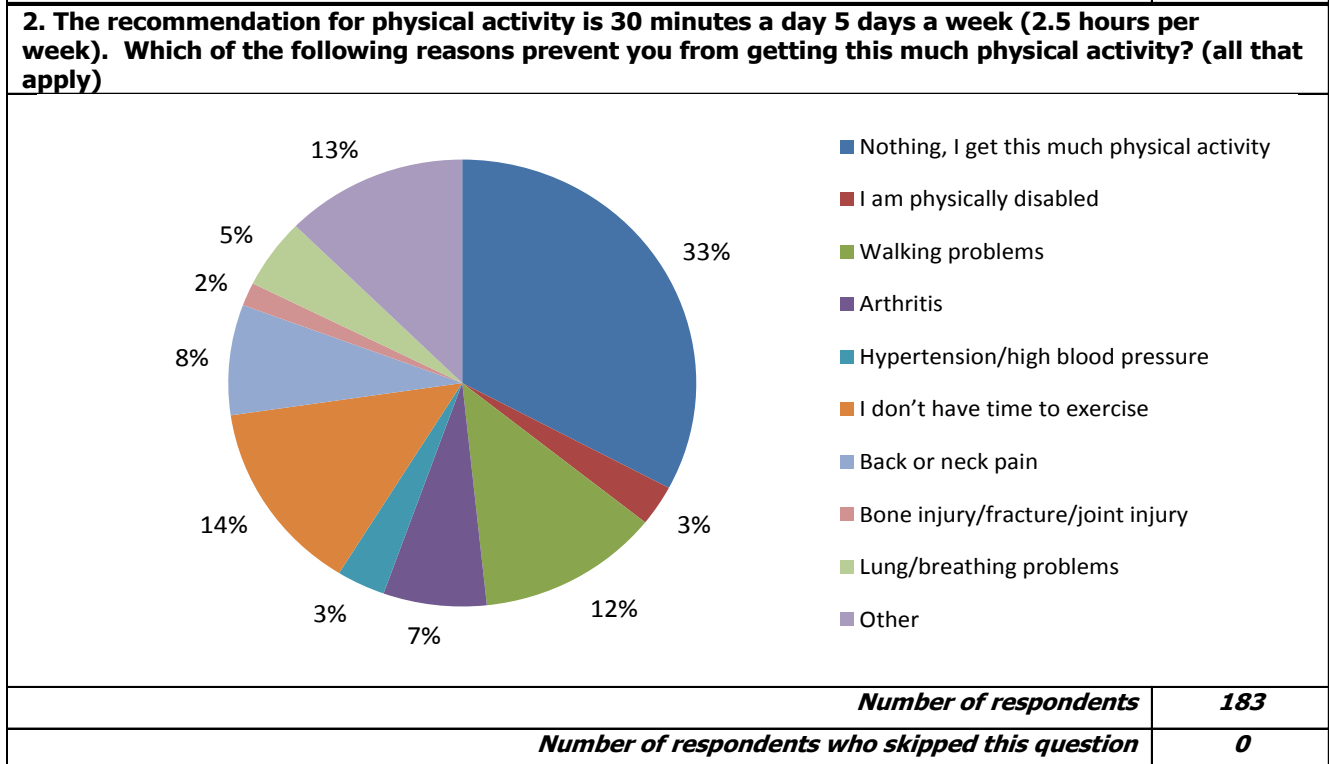
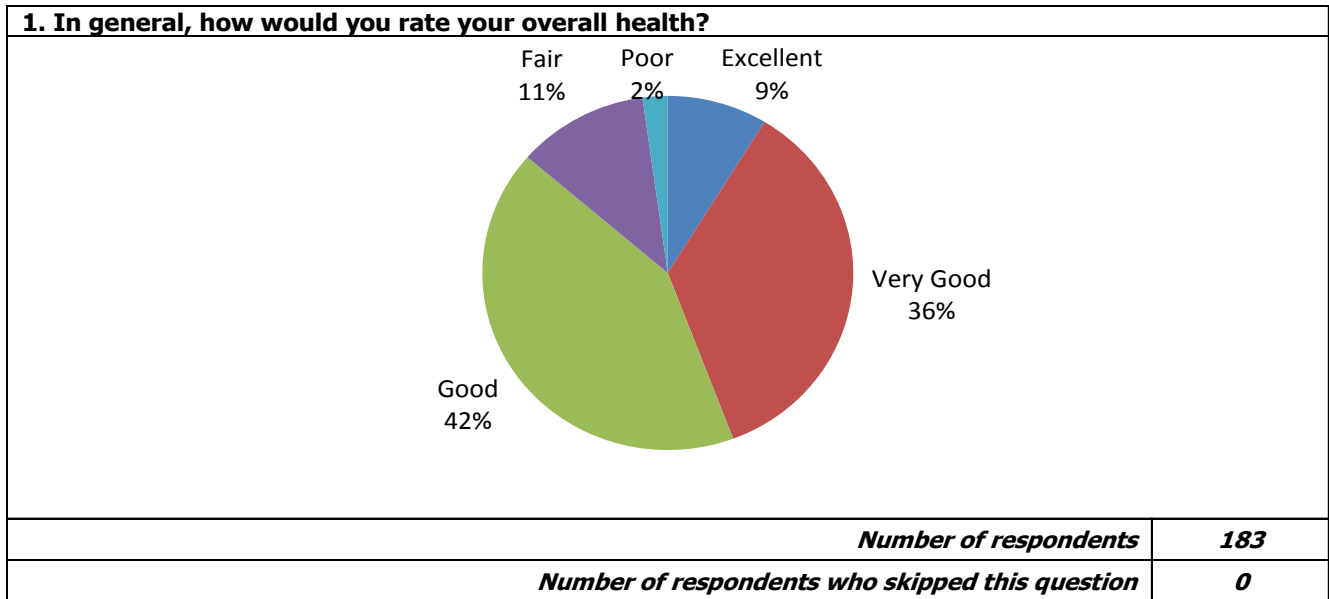
Grocery stores/ 1000 pop 2008	0.05
Fast-food restaurants/ 1000 pop 2008	0.68
Low income & > 1 mi to store 2006	29.08

Source: USDA/ERS Food Environment Atlas, <http://ers.usda.gov/FoodAtlas/>

Community Survey

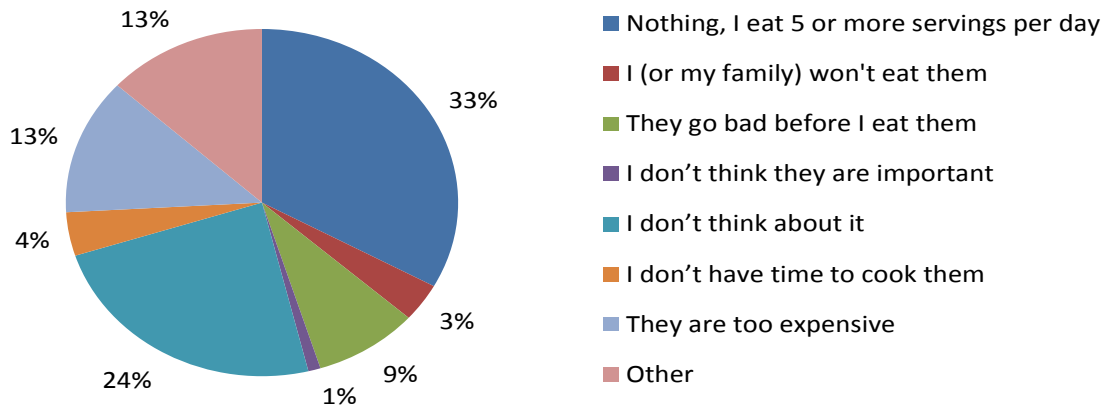
2012 Community Survey Results

In February, 2012, a survey tool was developed utilizing assistance from the SSM Health Care Corporate Planning staff through the CHNA Toolkit. A total of 979 surveys were mailed to 979 homes in Nodaway County. An online survey was also made available and its access was posted in fliers distributed to various locations in Maryville.



2012 Community Survey Results continued

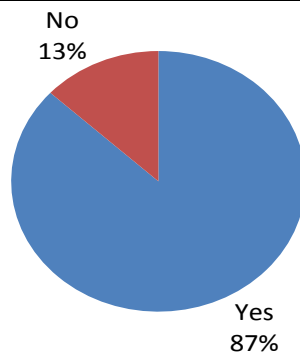
3. One recommendation to maintain a healthy lifestyle is to eat at least 5 servings of fruits and vegetables a day (not French fries or potato chips). Which would you consider the main reason that you do not eat this way.



Number of respondents 183

Number of respondents who skipped this question 0

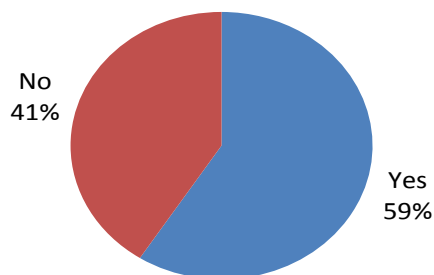
4. Have you visited a doctor (primary care) in the past 12 months?



Number of respondents 183

Number of respondents who skipped this question 0

5. Have you visited a specialist (Ob/Gyn, dermatologist, allergist, etc.) in the past 12 months?

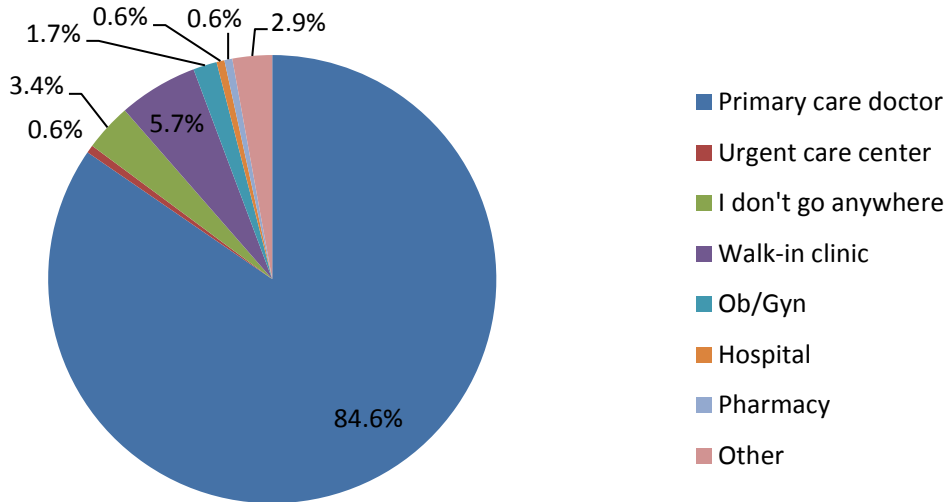


Number of respondents 183

Number of respondents who skipped this question 0

2012 Community Survey Results continued

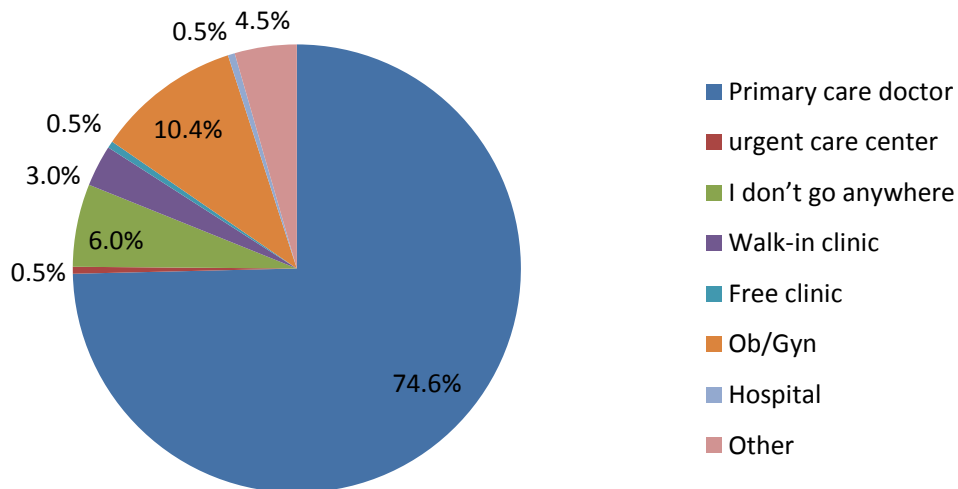
6. Where do you go most often for health care when you are sick?



Number of respondents 175

Number of respondents who skipped this question 8

7. Where do you go when you need your yearly check-up or physical? (all that apply)

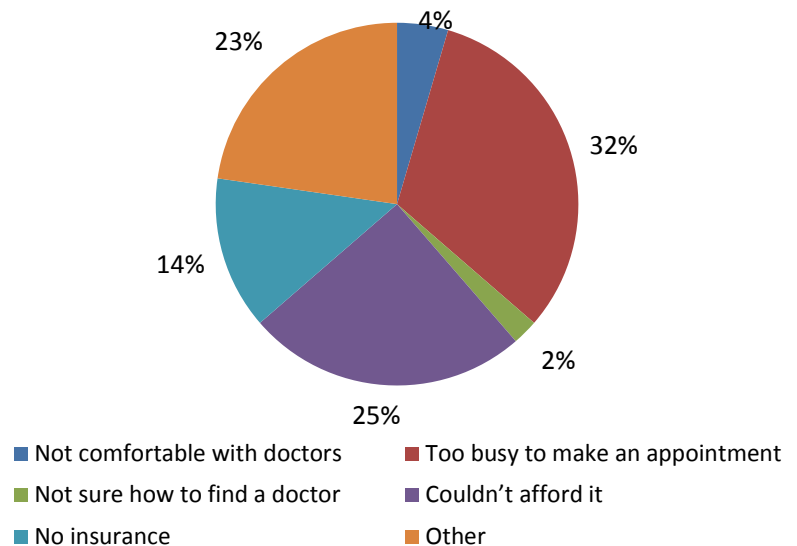
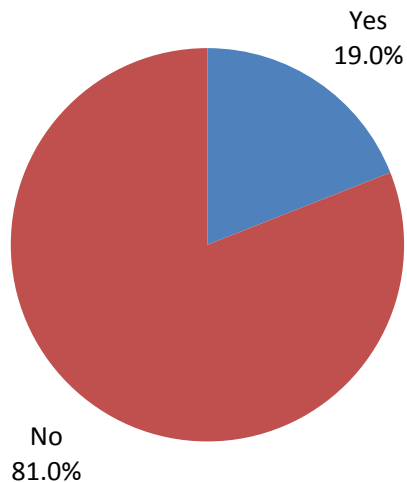


Number of respondents 183

Number of respondents who skipped this question 0

2012 Community Survey Results continued

8. Was there a time, in the past 12 months, where you needed to see a doctor, but didn't? If yes, why didn't you see a doctor?



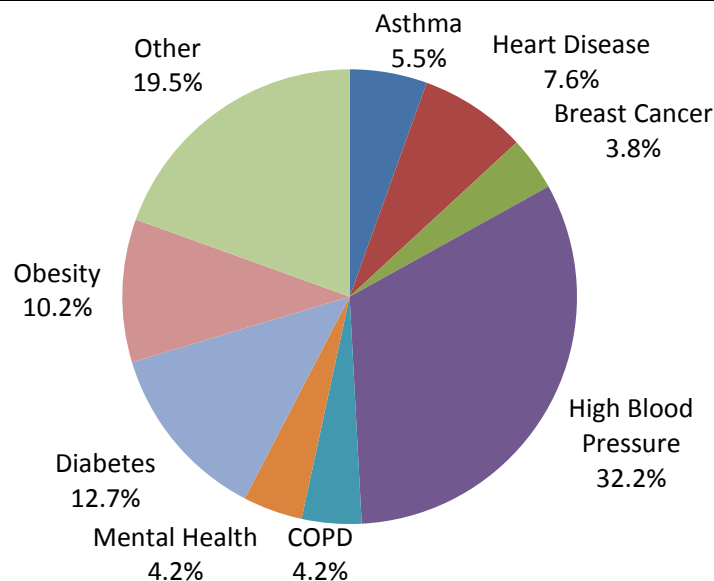
Number of respondents

178

Number of respondents who skipped this question

5

9. Select the diseases, challenges or conditions that you have been diagnosed with by a health care provider.



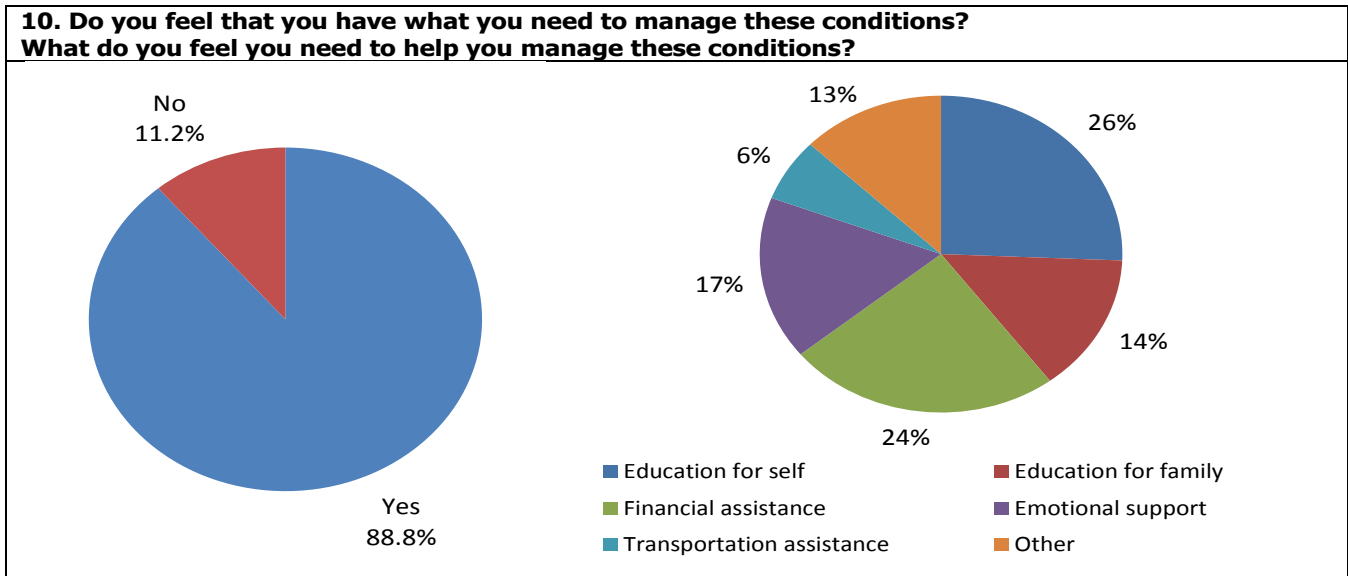
Number of respondents

147

Number of respondents who skipped this question

36

2012 Community Survey Results continued

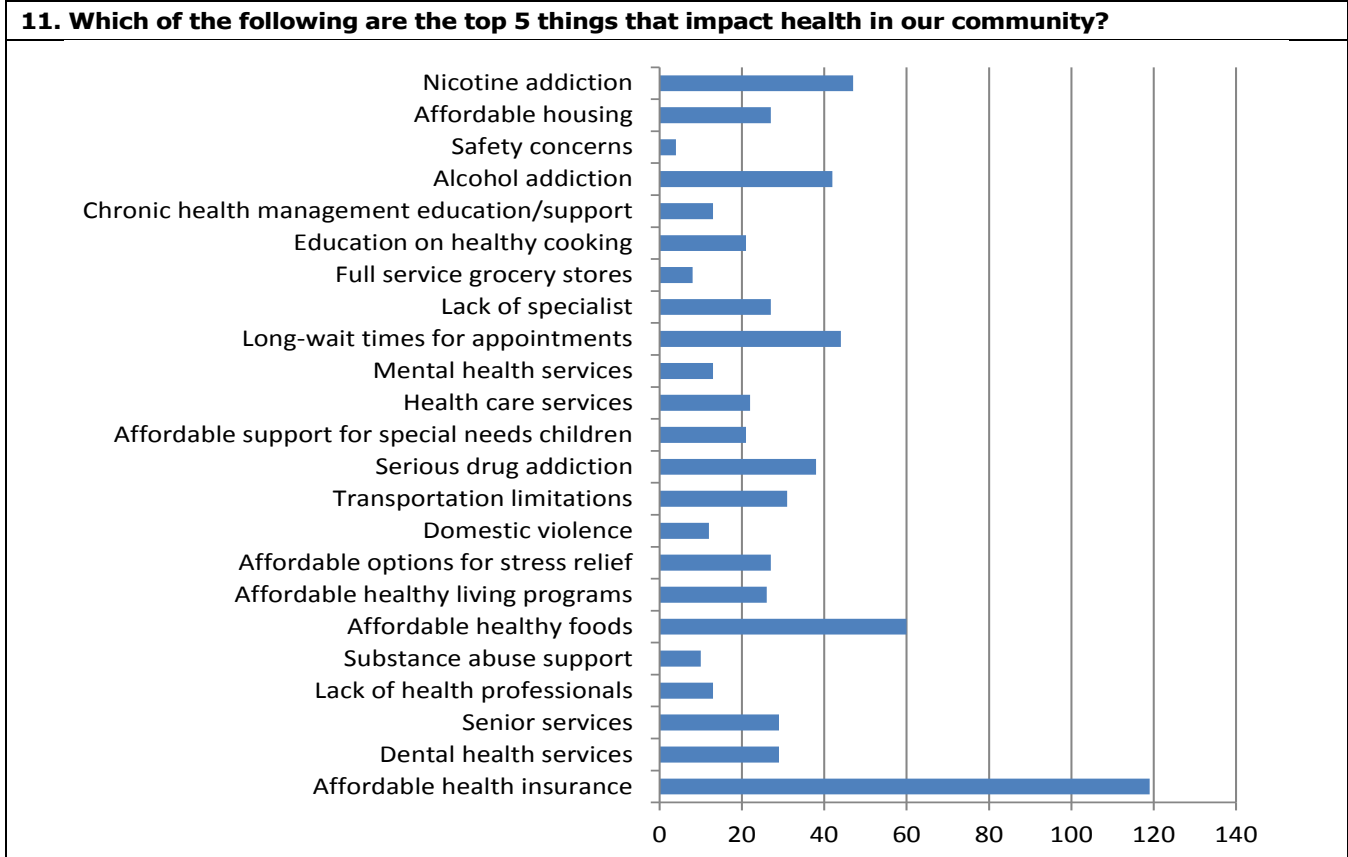


Number of respondents

152

Number of respondents who skipped this question

31



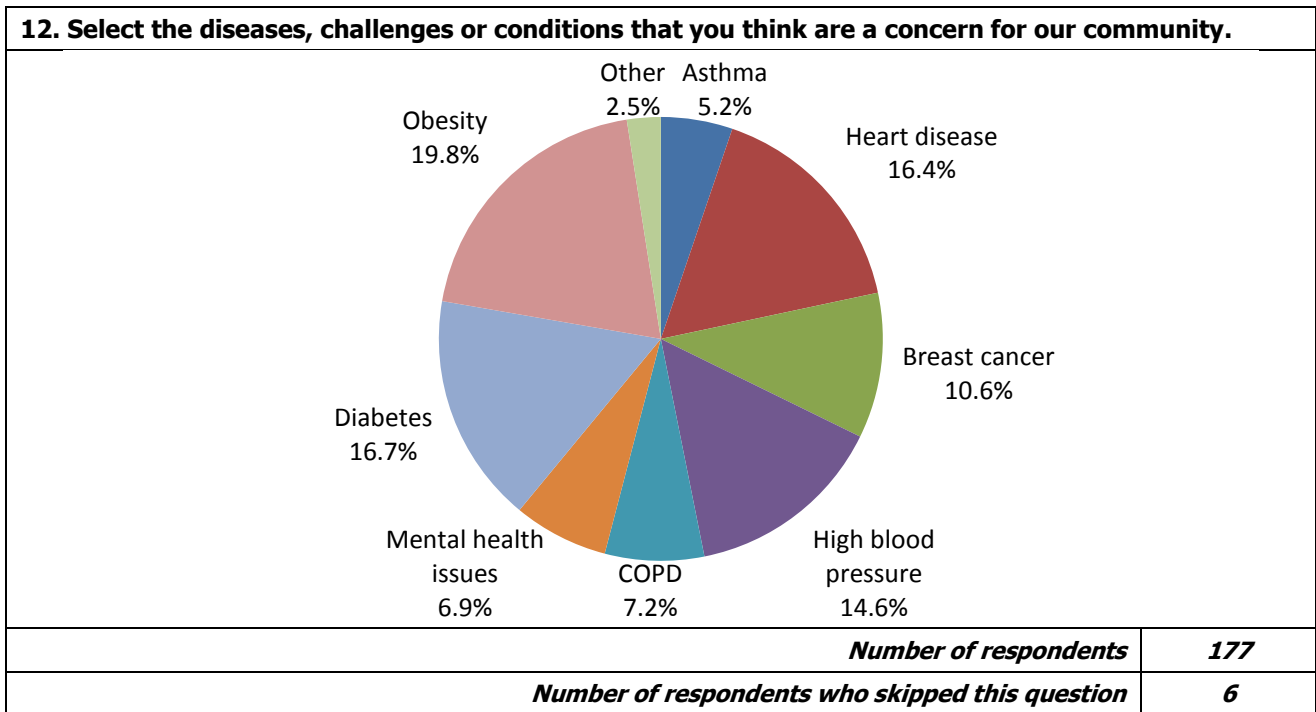
Number of respondents

172

Number of respondents who skipped this question

11

2012 Community Survey Results continued



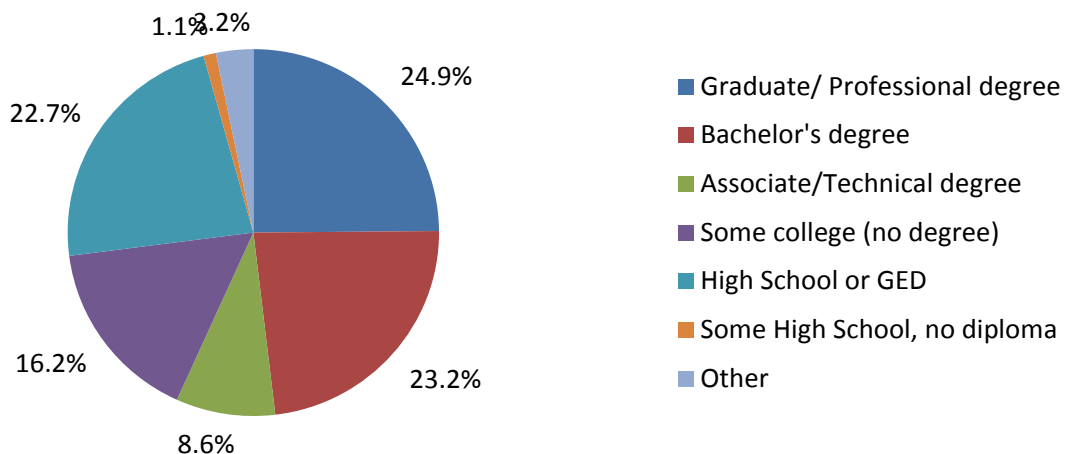
13. What are our major strengths/resources in our community related to health care?

	Totals
Hospital (St. Francis)	46
Professionals (doctors, nurses, specialists, etc.)	43
Services (health fairs, walk-in clinic, pharmacy , ED)	15
Community Center/Parks & Rec	9
Health care (friendly, available, etc.)	9
Public/County Health	4
Community Support Services	4
Educational Services	4
Nutritional Services	3
Community	3
Very limited	2
No Smoking Ban	2
Senior & Aging Services	1
Governmental Services	1
Herbal store	1

2012 Community Survey Results continued

14. What resources could be used differently to improve health care?		Totals
	Expanded access (inc. wait times, nurse advice line)	19
	Healthy lifestyles education/services	11
	Fees/costs	8
	Coordination of/additional services	7
	Additional professionals	6
	Pool (water aerobics)	5
	Exercise facilities (low cost, trails)	3
	Continuum of care services	2
	Transportation	2
	Dialysis facilities	2
	Substance/alcohol abuse issues	2
	Campus services	1
	Good paying jobs	1
	Health food stores	1
	Free diet/nutrition support	1

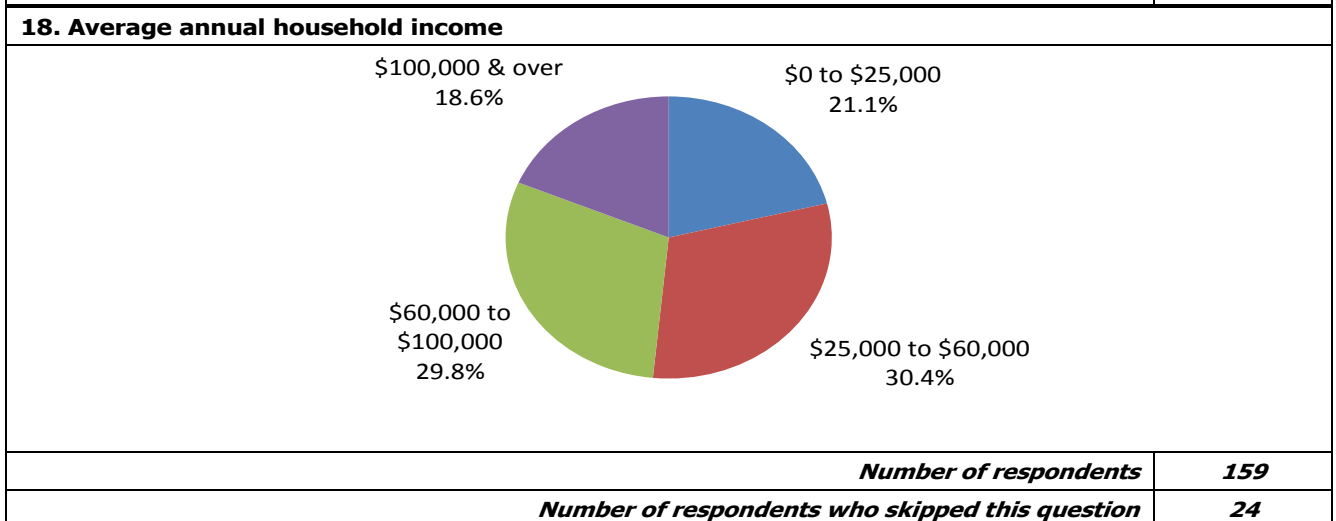
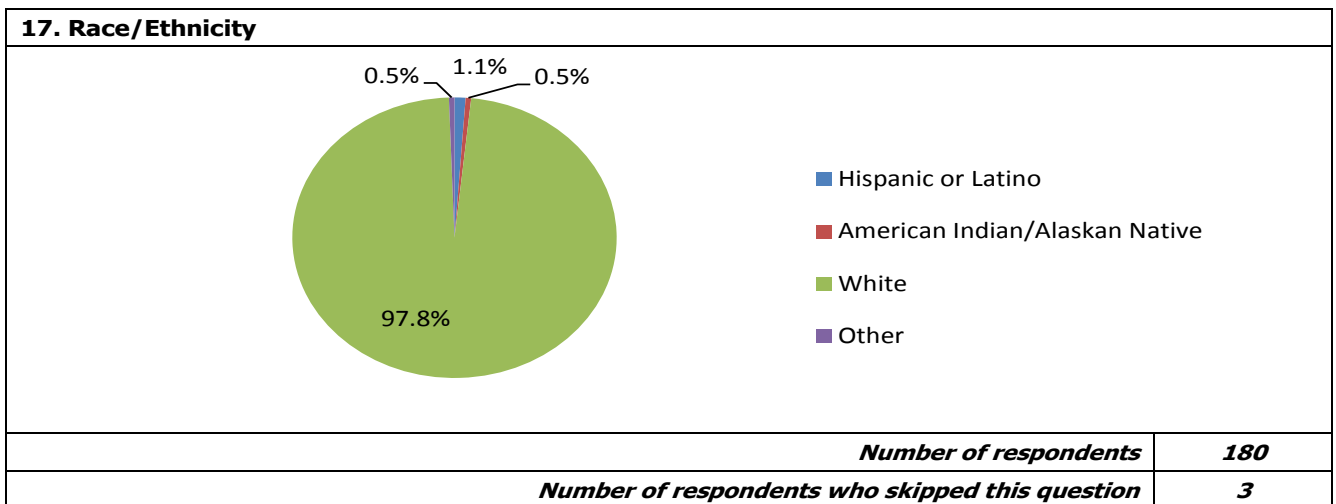
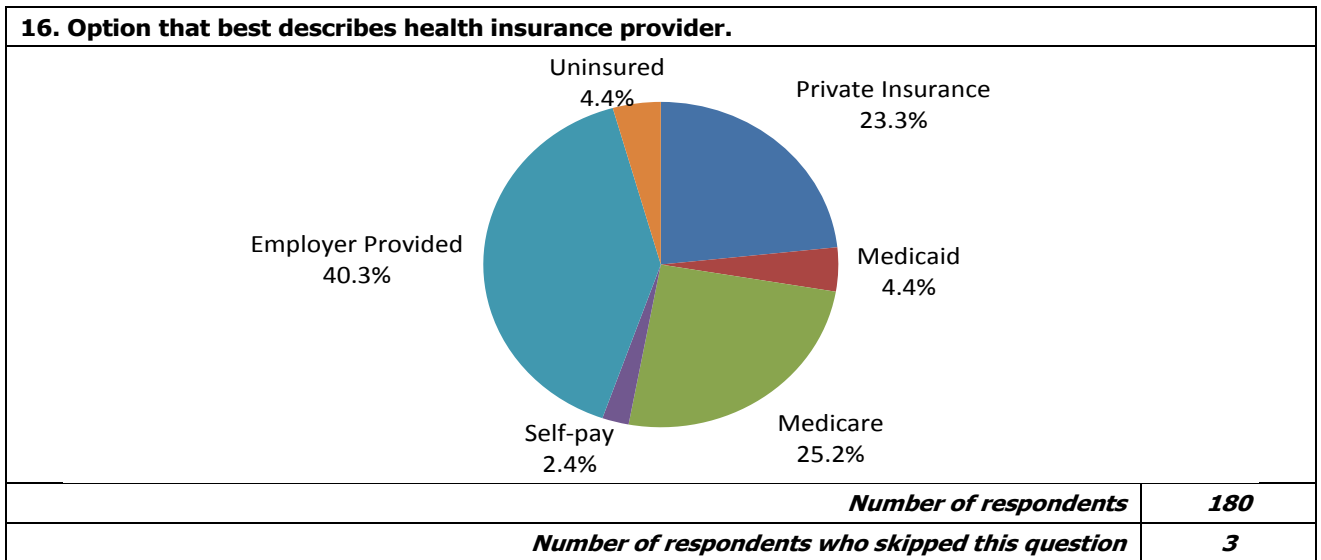
15. Highest level of education completed.



Number of respondents **182**

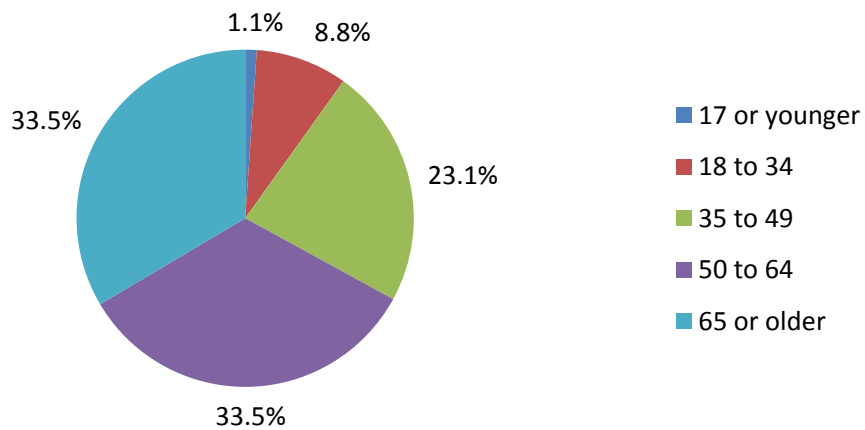
Number of respondents who skipped this question **1**

2012 Community Survey Results continued



2012 Community Survey Results continued

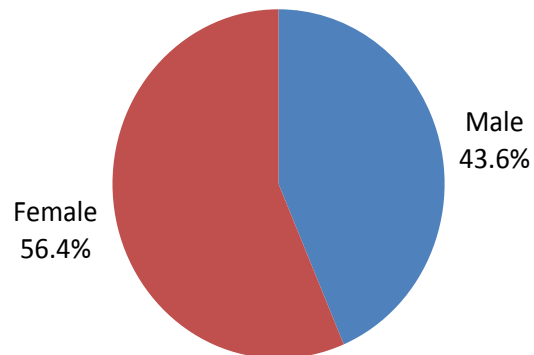
19. Age



Number of respondents 182

Number of respondents who skipped this question 1

20. Gender



Number of respondents 179

Number of respondents who skipped this question 4

Assessing Community Health Needs

Prioritization of Community Health Needs

- Once the secondary data collection was completed and the community surveys were compiled, the Healthy Communities Council was convened to review and analyze the data to identify the most pressing community health needs.
- The community prioritization asked community partners on your CHNA Healthy Communities Council to complete the ranking based on severity, importance to community, impact and existing community resources. The matrix determined that a high "total priority score" would indicate a higher prioritized, more pressing need.
- The outcome of the community prioritization pointed to obesity, affordable health insurance, healthy transportation options, mental health resources for youth and adolescents and access to healthy foods as the top health community needs.

	Severity	Importance to Community	Impact	Existing community resources	
Identified Community Needs	<i>In my opinion, this is a serious health need within this community.</i>	<i>In my opinion, addressing this health need is very important to this community.</i>	<i>In my opinion, addressing this health need will improve the quality of life within this community.</i>	<i>In my opinion, there are no resources for addressing this health need within this community.</i>	Total Priority Score
Obesity	4.91	4.73	4.64	3.00	17.27
Affordable health insurance	4.45	4.36	4.00	2.82	15.64
Healthy transportation options	4.30	4.20	4.40	2.70	15.60
Mental health resources for 16 & under	4.09	4.18	3.73	3.36	15.36
Access to affordable healthy food	3.82	4.55	4.45	2.55	15.36
Alcohol and drug issues	4.27	4.09	3.91	2.73	15.00
Dental services	3.73	3.73	3.27	3.82	14.55
Access to health care	3.82	3.82	3.73	2.36	13.73
Rural transportation issues	3.50	3.60	3.40	2.80	13.30
Nicotine addiction	3.82	3.73	3.45	2.18	13.18
SCALE -- 5: Strongly Agree 4: Agree 3: Neutral 2: Disagree 1: Strongly Disagree					

Prioritization of Community Health Needs continued

- Once community members created a list of priorities, the St. Francis CHNA Steering Team met to decide which needs would be of focus for planning purposes. Using the newly prioritized list of needs, the team ranked . A high "total priority score" indicates the highest prioritized most pressing need.
- The team determined that mental health services for youth/adolescents and obesity will be the two areas of emphasis for the coming year.

	Magnitude	Alignment with Mission, Key Strategies & Priorities	Resources Needed to Address the Issue	Hospital's ability to Impact	
5	<i>Greater than 10% unfavorable as compared to benchmark</i>	<i>Consistent with 2 or more SFHRP strategies</i>	<i>No additional resources needed; service is currently in place</i>	<i>Can provide a service likely to measurably improve the community's health status</i>	
3	<i>10% unfavorable as compared to benchmark</i>	<i>Consistent with one of the SFHRP strategies</i>	<i>Minimal resources needed to extend a current service</i>	<i>Can provide a service likely to measurably improve the community's health status with expertise from a community organization partner</i>	
1	<i>Equal to or more favorable as compared to benchmark</i>	<i>Inconsistent with the SFHRP strategies</i>	<i>Requires significant resources</i>	<i>Don't have the ability to measurably improve this need</i>	
Identified Community Needs					Total Priority Score
Mental health for youth	5	5	3	3	16
Obesity	3	5	3	3	14
Insurance	1	5	3	3	12
Healthy food	5	3	1	3	12
Alcohol/drug issues	3	3	3	3	12
Transportation	3	3	1	3	10
Dental access	1	1	1	1	4

Sources

Section	Data	Source
Demographics	Population Estimates	Thomson Reuters Market Expert; Claritas, Inc.
County Health Ranking	County Health Rankings	County Health Rankings
Mortality	Mortality (Premature Death)	County Health Rankings; National Vital Statistics
Morbidity	Poor physical health days	County Health Rankings; BRFSS
	Poor mental health days	County Health Rankings; BRFSS
	Low birthweight	County Health Rankings; National Vital Statistics
Other Health Status Indicators	Heart Disease	CDC
	Stroke	CDC
	Inpatient Hospitalizations - Top 5 diagnoses	Missouri Department of Health & Senior Services (DHSS), Missouri Information for Community Assessment (MICA)
	Inpatient Hospitalizations - Top 5 chronic disease diagnoses	Missouri DHSS, MICA
	Preventable Hospitalizations	Communities - AHRQ Preventable Hospitalizations, Hospital Industry Data Institute discharge data, 2010
	ER - Top 5 diagnoses	Missouri DHSS, MICA
	ER - Top 5 chronic disease diagnoses	Missouri DHSS, MICA
	Top 5 causes of death	Missouri DHSS, MICA
	Heart Disease & Stroke	Missouri DHSS, Missouri Heart Disease and Stroke Prevention Program, The Burden of Heart Disease and Stroke in Missouri
	High blood pressure	Missouri DHSS, Missouri County-Level Study (CLS)
	High cholesterol	Missouri DHSS, Missouri County-Level Study (CLS)
	Overweight	Missouri DHSS, Missouri County-Level Study (CLS)
	Obese	Missouri DHSS, Missouri County-Level Study (CLS)
	Low-income Preschool Obesity Rate	ERS, USDA, Food Environment Atlas
	Current Diabetes	Missouri DHSS, Missouri County-Level Study (CLS)
	Current Asthma	Missouri DHSS, Missouri County-Level Study (CLS)
Fair or Poor General Health Status	Missouri DHSS, Missouri County-Level Study (CLS)	
Health Behaviors	Excessive drinking	County Health Rankings; BRFSS
	Sexually Transmitted Infections	County Health Rankings; CDC's National Center for Hepatitis, HIV, STD, and TB Prevention
	Teen Birth Rate	County Health Rankings; National Vital Statistics System (NVSS) at the National Center for Health Statistics (CDC)
	Traffic Safety	Missouri State Highway Patrol, Department of Public Safety, Nodaway County Facts
	Tobacco Use	Missouri DHSS, Missouri County-Level Study (CLS)
	Mothers Smoked During Pregnancy	Missouri DHSS, Missouri County-Level Study (CLS)
	No Leisure-Time Physical Activity	Missouri DHSS, Missouri County-Level Study (CLS)
	Less than 5 Fruits/Vegetables per Day	Missouri DHSS, Missouri County-Level Study (CLS)

Clinical Care	Primary Care Physicians	County Health Rankings; Health Resources and Services Administration's (HRSA) Area Resource File (ARF)
	Preventable Hospital Stays	County Health Rankings; Dartmouth Institute; Medicare claims data
	Diabetic Screening	County Health Rankings; Dartmouth Institute; Medicare claims data
	Mental Health Providers	County Health Rankings; Health Resources and Services Administration's (HRSA) Area Resource File (ARF)
	Age-Appropriate Preventive Care	Missouri DHSS, Missouri County-Level Study (CLS)
Social & Economic Factors	Inadequate Social Support	County Health Rankings; BRFSS
	Children in Single-Parent Households	County Health Rankings; American Community Survey (ACS)
	Race/Ethnicity Distribution	Thomson Reuters Market Expert; Claritas, Inc.
	2011 Insurance Coverage Estimates	Thomson Reuters Market Expert; Claritas, Inc.
	2011 Average Household Income	Thomson Reuters Market Expert; Claritas, Inc.
	Unemployment Rates	MERIC, Missouri Department of Economic Development
	Major Employers in Nodaway County	Missouri Partnership
	Percent in Poverty	U.S. Census Bureau, Small Area Income and Poverty Estimates
	Percent of Children in Poverty	U.S. Census Bureau, Small Area Income and Poverty Estimates
	Students Enrolled in Free/Reduced Lunch	2010 Missouri Kids Count
	Education Level Distribution	Thomson Reuters Market Expert; Claritas, Inc.
	Graduation Rate	Missouri Department of Elementary and Secondary Education (DESE), Missouri Comprehensive Data System
	Nodaway County - Offenses	Missouri State Highway Patrol, Department of Public Safety, Nodaway County Facts
	Crime Rates	Missouri State Highway Patrol, Statistical Analysis Center, 2010 Crime in Missouri; U.S. Census Bureau, American Fact Finder
	Domestic Violence Incidents	Missouri State Highway Patrol, Statistical Analysis Center, 2010 Crime in Missouri; U.S. Census Bureau, American Fact Finder
Physical Environment	Air pollution - Particulate Matter Days	County Health Rankings; The Public Health Air Surveillance Evaluation (PHASE) project
	Air pollution - Ozone Days	County Health Rankings; The Public Health Air Surveillance Evaluation (PHASE) project
	Access to Healthy Foods	County Health Rankings; US Census Bureau's Zip Code Business Patterns
	Access to Recreational Facilities	County Health Rankings; ERS, USDA, Food Environment Atlas
	Grocery Stores/1,000 Population	ERS, USDA, Food Environment Atlas
	Fast-Food Restaurants/1,000 population	ERS, USDA, Food Environment Atlas
	Low Income & >1 Mile to Store	ERS, USDA, Food Environment Atlas

**St. Francis Hospital and Health Services
2012-2016 Strategic, Financial and Human Resource Plan - 2013 Update
Community Health Needs Assessment -Strategic Implementation Plan**

IRS Form 990, Schedule H Requirements

Indicate what the hospital's Needs Assessment describes ("X" all that apply):	
X	A definition of the community served by the hospital facility
X	Demographics of the community
X	Existing health care facilities and resources within the community that are available to respond to the health needs of the community
X	How data was obtained
X	The health needs of the community
X	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
X	The process for identifying and prioritizing community health needs and services to meet the community health needs
X	The process for consulting with persons representing the community's interests
X	Information gaps that limit the hospital facility's ability to assess all of the community's health needs
	Other
If "Other" was selected, please explain:	
Indicate how the hospital facility makes its Needs Assessment widely available to the public ("X" all that apply):	
X	Hospital facility's website
X	Available upon request from the hospital facility
	Other
If "Other" was selected, please explain:	
Indicate the tax year the hospital last conducted a Needs Assessment:	
2012	
If the hospital's Needs Assessment was conducted with one or more other hospital facilities, list the other hospital facilities:	
Indicate how the hospital has addressed needs identified in its most recently conducted Needs Assessment ("X" all that apply):	
X	Adoption of an implementation strategy to address the health needs of the hospital facility's community
X	Initiation of the implementation strategy
	Participation in the development of a community-wide community benefit plan
	Participation in the implementation of a community-wide community benefit plan
X	Inclusion of a community benefit section in operational plans
	Adoption of a budget for provision of services that address the needs identified in the Needs Assessment
X	Prioritization of health needs in its community
	Prioritization of services that the hospital facility will undertake to meet health needs in its community
	Other
If "Other" was selected, please explain:	



A Force for Good in Our Community

St. Francis Hospital & Health Services, Maryville, MO, has been meeting the health needs of Northwest Missouri and Southwest Iowa for over 118 years. The 81-bed facility is located in rural Nodaway County. This report summarizes the hospital's plan to address high-priority needs identified in its 2012 Community Health Needs Assessment. Highlighted needs include Mental Health Services for Youth and Adolescents and Obesity.

Read the full report at www.stfrancismaryville.com.

Our high-priority needs include:

Mental health services for youth and adolescents



How are we helping?

~ Currently, a part-time developmental pediatrician practice focuses solely on behavioral health conditions including autism. She is supplemented by a part-time nurse practitioner that shares her focus.

~ A parent-educator collaborative will be facilitated to increase awareness of mental health issues among youth.

~ A tele-health program will be investigated for development for pediatric psychiatric care.

~ Beginning August 2013, two new psychiatrists will care for outpatient adolescent patients in need of services.

Our Partners:

- ~Area mental health providers
- ~Nodaway county schools
- ~Horizon Health

Contact:

NAME/Dept Rita Miller/Community Relations
Phone 660.562.7933
Email Rita_Miller@ssmhc.com

Obesity



How are we helping?

~ Currently, obese patients with significant co-morbidities are served through the Healthy Lifestyle program. Many patients have been successful in the program and continued success is expected.

~ Establish a St. Francis Hospital Foundation scholarship program for Healthy Lifestyles when no payer source is available for patients most in need.

~ Pilot a program for healthy living with St. Francis employees to demonstrate to the community and employers the benefits of a healthier life.

~ Partner with schools to encourage activity during the school day.

Our Partners:

- ~Nodaway County Schools
- ~St. Francis Hospital Foundation
- ~Maryville Parks & Rec Department
- ~Nodaway County Health Department

Contact:

NAME/Dept Rita Miller/Community Relations
Phone 660.562.7933
Email Rita_Miller@ssmhc.com