SSM Health St. Mary's Hospital – Audrain

620 E Monroe St | Mexico, MO 65265

SSMHealth

2019-2021

Community Health Needs *Implementation* Strategy

Table of Contents

Message to Our Community

SSM Health St. Mary's Hospital-Audrain, formerly Audrain Medical Center, became a member of SSM Health in 2013, continues to deliver exceptional, compassionate care to Audrain and Montgomery communities. Inspired by the founding Franciscan Sisters of Mary and guided by the SSM Health 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. We are grateful for the opportunity to partner with the following organizations: the Arthur Center Community Health, the Public Health Departments of Audrain County and Montgomery County, Audrain County Commission, United Way of Audrain County, Mexico Area Chamber of Commerce, Mexico Parks and Recreation, Mexico Area YMCA, the Missouri Veterans Home and the City of Vandalia.

Over the last 12 months, in collaboration with our community partners, we have conducted a community health needs assessment by gathering health-related information from Community Commons regarding the counties of Audrain and Montgomery. We have also conducted community discussion forums, focus groups and a community health needs survey to identify concerns about the health of these communities and the number of area-based programs and organizations that exist to address their needs. These discussions 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 top three priorities we will address over the next three years:

1) Mental Health Disorders and Substance Abuse

2) Access to Health Care

3) Chronic Disease and Health Risks Prevention

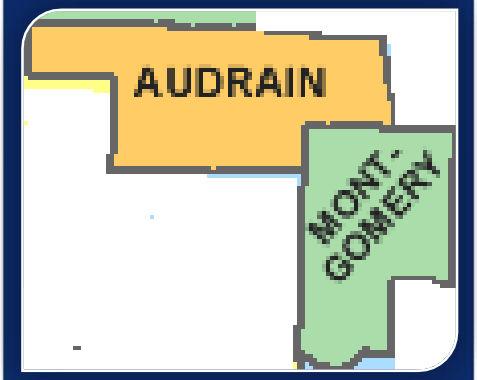
The 2019-2021 Community Health Needs Implementation Strategy Report was approved by the SSM Health St. Mary's Hospital - Jefferson City Board of Directors on June 6, 2019. SSM Health St. Mary's Hospital will further develop its community partnerships and deliver an exceptional experience through high-quality, accessible and affordable care to all residents. Please visit our website at ssmhealth/chna.com to learn more about how we will continue to make a difference in our community.

I welcome your thoughts on how together we can create healthier mid-Missouri communities.

Sincerely,

Mike Baumgartner
President, SSM Health Mid Missouri Region

Mid-Missouri Counties



Executive Summary

background

The Audrain-Montgomery Community Health Assessment Partnership (AMCHAP) pulled together on a mission to improve the health of residents in the two counties of Audrain and Montgomery. The partnership worked collaboratively to collect and analyze health data and gather input from community members and those representing the board interest of the community to aid in assessing and prioritizing needs.

This unique partnership of health care and social services providers is sponsored by SSM Health St. Mary's Hospital - Audrain, and includes ten additional partners: the Arthur Center Community Health, the Public Health Departments of Audrain County and Montgomery County, Audrain County Commission, United Way of Audrain County, Mexico Area Chamber of Commerce, Mexico Parks and Recreation, Mexico Area YMCA, the Missouri Veterans Home and the City of Vandalia.

SSM Health St. Mary's Hospital and its AMCHAP partners continue to work collaboratively to develop plans and resources to meet the community's needs.

priorities

This 2018 AMCHAP Community Health Needs Assessment report identified the following key issues for improving the health of residents in the two-county report area of central Missouri and asks the communities to work together to address these issues that most influence health and well-being in our communities. They are listed below in alphabetical order and will be further explained in this report.

- Mental Health Disorders and Substance Abuse
- Access to Health Care and Support Services
- Chronic Disease & Health Risks Prevention

strategies

- Address Barriers to Improve Access to Specialty and Primary Health Care Services
- Improve Coordination of Health and Human Services
- Improve Capacity for Early Identification of Behavioral Health Issues and Reduce Mental Health Stigma through Education
- Promote Chronic Disease Prevention and Self-Management in Both Clinical and Community Settings
- Improve Health Literacy and Education on Healthy Living
- Collaborate to Address Social Determinants of Health in Priority Intervention Area

SSM Health St. Mary's Hospital - Audrain

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

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

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. Mary's Hospital-Audrain

highlight of services

SSM Health St. Mary's Hospital – Audrain opened in 1918 as Audrain County Hospital and became a part of the SSM Health system in 2013. Today, the 77-bed community hospital offers a range of services including emergency care, cardiology services, medical imaging, a senior care unit and a nationally-recognized cancer screening program. In addition, we operate a network of primary care clinics across the region. We consistently offer the latest advances in medical services to provide our patients with exceptional health care.

…

…

community benefit

In 2017, SSM Health St. Mary's Hospital - Audrain provided over $4.1 million in community benefit, comprised of $4 million in uncompensated care and $101,655 in community services.

Examples of community benefit programs include:

- Community Health Education
- Financial Assistance Programs
- Health Risk Screenings
- Health Professions Education
- Support Groups

community partnerships

We are proud to be part of community partnerships that work to improve health outcomes in the areas we serve. For example:

- Arthur Center – FQHC
- Compass Health
- Council for Drug Free Youth
- Audrain and Montgomery County Health Departments
- Mexico Area YMCA
- United Way

Hospital at a Glance 2017

Admissions	1,781
Outpatient Visits	124,848
ER Visits	12,489
Births	183
Beds	77
Employees	360
Medical Staff	141
Volunteers	81
Charity Care	19,497

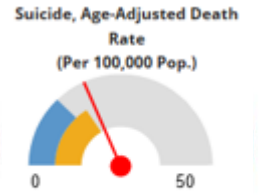
The Health Needs of Our Community

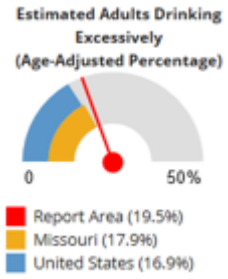
Methods of Analysis

The needs assessment was conducted using three methods: secondary data analysis, discussions with community groups and provider clients and surveys completed by community members, community leaders and local health and human service providers. Secondary data previously collected for other purposes was used from a variety of credible public local, state and federal sources to provide a context for analysis and interpretation. Data is key to diagnosing and addressing some of our region's most pressing health issues, and by analyzing the information available to the public, furthers our missions to improve health and the well-being of our communities. Community discussion groups, much like town hall meetings, were organized and facilitated by members of the AMCHAP Steering Team. Throughout this process, more than 80 individuals participated in eight discussion groups and consumer interview sessions. In addition to the review of demographics and secondary data, and the aforementioned discussion groups with key stakeholders and community representatives, a community perception survey was conducted to assess the perception of health care and health status across the five-county region in the analysis.

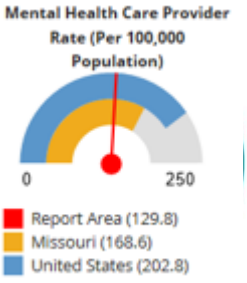
key priorities

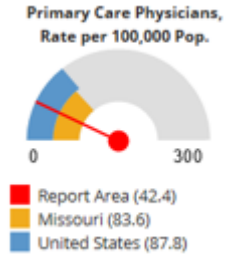
Mental Health / Substance Abuse

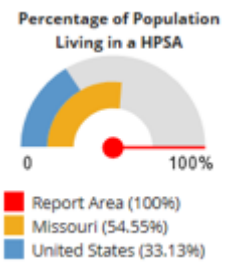




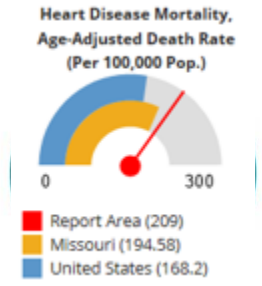
Access to Health Care

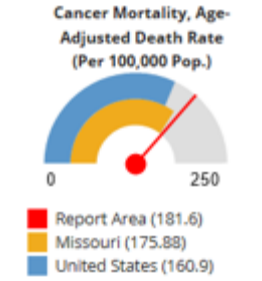


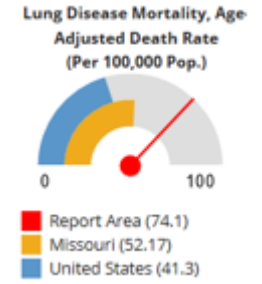




Chronic Disease







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 has been made.

Heart Disease

Goals	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce age-adjusted death rate due to heart disease in our region from 231.4 deaths per 100,000 individuals, as reported in 2015, to 225 deaths per 100,000 individuals by 2018 (MICA)	231.4 (2011-2013)	208.1 (2012-2014)	208.1 (2014)	228.10 (2015)	219.22 (2015)	216.17 (2016)	220.02 (2017)
Decrease percentage of congestive heart failure (CHF) 30-day hospital readmission rate at SSM Health St. Mary's Hospital – Audrain from 16% in 2015 to 15.3% by 2018 (HIDI)	16%	9.9%	9.1%	13.1%	13.2%	14.02%	7.27%

Cancer Deaths

Goals	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the age-adjusted death rate due to cancer in our region from 178.2 deaths per 100,000 individuals, as reported in 2015, to 175 deaths per 100,000 individuals by 2018 (MICA)	178.2 (2011-2013)	174.3 (2012-2014)	174.3 (2014)	181.92 (2015)	185.80 (2015)	185.41 (2016)	198.37 (2017)

Cancer – Breast & Lung

Goals	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Increase percentage of stage 1 breast cancer initial diagnosis' from 19.7% (hospital 5-year 2010-2014 baseline average) to 24.7% by 2018 (Cancer Registrar)	19.7% (2010-2014)	15.8% (2015)	16.67% (2016)	19.64%	18.27%	22.94%	15.74%
Increase percentage of stage 1 lung cancer initial diagnosis' from 37.5% (hospital 5-years 2010-2014 baseline average) to 42.5% in 2018 (Cancer Registrar)	37.5% (2010-2014)	12.5% (2015)	14.29% (2016)	14.63%	14.85%	18.10%	8.70%

Strategic Implementation Plan

Upon review of the findings from the secondary data analysis, community input sessions and the health needs perception survey, the AMCHAP Steering Team compiled a listing of the top 50 issues identified and completed a prioritization exercise. The listing includes both health issues and social determinants of health. As part of the CHNA requirements, hospitals are required to prioritize the needs that are identified and validated through the data analysis. In order to do so, specific criteria was used to focus attention to identified health issues and community needs that met these criteria.

- Health issue that impact a significant portion of the population, or for which disparities exist and which put a greater burden on some population groups.
- Poor rankings for health issues within the service area as compared to other counties, state average, national average or Health People 2020 national health goals
- Health issues for which trends are worsening

Priority #1 **Mental Health Disorders and Substance Abuse**

Priority #2 **Access to Health Care**

Priority #3 **Chronic Disease & Health Risks Prevention**

Mental Health Disorders and Substance Abuse

Mental health issues, such as anxiety, depression and risk of suicide, are prevalent concerns. There are limited mental health providers in the area in general but especially noted was the gap in providers for youth and families in distress. Long wait lists for treatment or counseling were often noted. Additionally, mental health is intertwined with other key health issues such as substance abuse, addiction, and overall good physical health. It was noted that individuals may be using drugs/alcohol as a mechanism to cope with mental health issues stemming from toxic stress they have experienced. Social stigmas around mental health plays a role in whether someone chooses to seek care.

Community input also emphasized the impact of opioid abuse on the community, a lack of detox or substance abuse treatment options, as well as the economic burden it is placing on law enforcement, EMS, and hospital providers. Heroin and opioid use were mentioned more often, however, alcohol, marijuana, and methamphetamines were also mentioned as top concerns.

- The Suicide Age-Adjusted Death rate for the report area per 100,000 population is 18.5%, compared to the US rate of 13% and the Missouri rate of 16.4%
- According to the exploreMOhealth.org county and zip-code level study data, depression is the top health factor in Audrain and Montgomery counties.
- Alcohol- and Substance-Related Mental Health Disorders is ranked fifth among the top five chronic diseases and conditions in both counties included in the report area.
- Forty-seven percent of the CHNA community health needs survey respondents said drug use was the top challenge facing their community.
- Twenty-eight percent of survey respondents indicated mental health disorders was the most important issue in our community.

Priority #1

Decrease ER Visits rate due to Alcohol and Substance-Related Mental Disorders for the report area from 3.08 (per 1,000 residents) to 2.56 by 2021

action plan

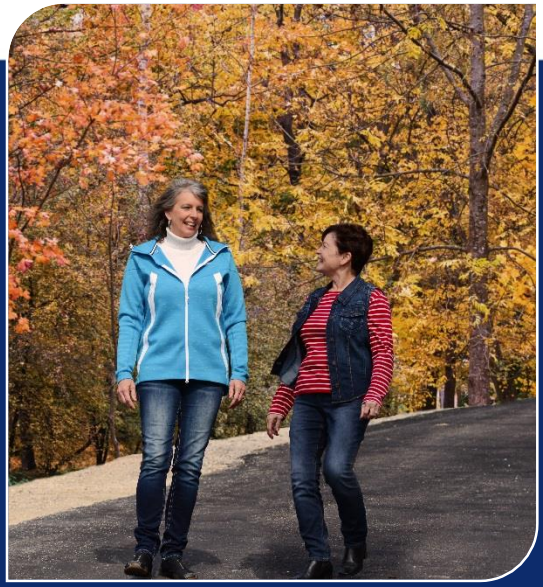
- Partner to provide Adult and Youth Mental Health First Aid education and Suicide Prevention and Awareness education
- Provide leadership support and enroll primary care clinics in Missouri Child Psychiatry Access Project (MO-CPAP) which provides free, same-day expert child psychiatry phone consultation to primary care providers (PCPs)
- Explore partnership and implementation of Missouri Hospital Association Engaging Patients In Care Coordination (EPICC) program in Emergency Department
- Evaluate partnership with Council for Drug Free Youth to extend school-based education and increase availability of substance use prevention and early identification/ intervention initiatives in the report area
- Participate and support SSM Opioid Stewardship Program and central Missouri opioid task force initiatives
- Continue to offer the SSM Health Senior Care / Geriatric Psych specialty program
- Continue to offer Telepsychiatry services in the Emergency Department and Inpatient Geriatric Psych Unit

community partners

- Missouri Hospital Association
- Missouri Mental Health Foundation
- Council for Drug Free Youth
- County Health Departments of Audrain and Montgomery

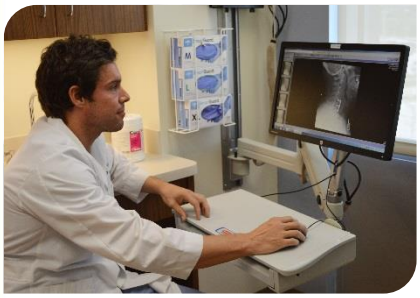
supporting resources

- SSM Medical Group and SSM Health Behavioral Services
- NAMI



Access to Health Care

Access to specialty, primary and preventive health care services through a doctor's office, clinic or other appropriate provider is an important element of a community's health care system, and is vital for helping the community's residents to be healthy. The ability to access care is influenced by many factors, including insurance coverage and the ability to afford services, long waits for appointments or treatments, the availability and hours of operation of health care providers, an understanding of where to find services when needed, a lack of providers and a lack of reliable transportation were frequently mentioned as concerns.



Lack of access to OB physicians and services was of great concern, leading to lack of prenatal care during pregnancy, high risk deliveries, infant poor health and mortality. The infant mortality rate for Montgomery County was 10.7 per 1,000 births compared to the Missouri rate of 7.2 and the US rate of 6.5, per 1,000 births. Public health providers reported that many mothers are first seeking OB prenatal care in the third trimester. The teen births (rate of total births to women age 15-19 per 1,000 female population) for the report area was 50.04 compared to the Missouri rate of 39.5 and the US rate of 36.6. These indicators may indicate the existence of broader issues pertaining to access to reproductive and maternal and child health and education.

Lack of mental health providers and substance abuse services was mentioned most among input session participants. Community input emphasized the impact of mental health disorders and drug abuse on the community, a lack of mental health professionals and treatment options, as well as the economic burden it is placing on law enforcement, EMS, public health and hospital providers. Opioid use and alcohol overuse were mentioned more often, however, marijuana, and methamphetamines were also mentioned as top concerns.

- The percentage of population in the report area living in a designated Health Professional Shortage Area (HPSA) is 100%. A geographic area designated as a HPSA, is defined as having a shortage of primary medical care, dental or mental health professionals.
- Of the respondents to the 2018 community health assessment survey, who reported they did not see a doctor in the past 12 months, 40% said they could not afford and 12% reported lack of insurance and lack of transportation as a reason they didn't see a doctor.
- Survey respondents noted lack of affordable health insurance, lack of specialists, hours of operation, long-wait time for appointments and lack of health care professionals as the top five factors that impact access to health care in their community.

Priority #2

Increase collaborative community partnerships to improve access and service capacity for Maternal Health and Mental Health from 0 to 2 by 2021

action plan

- Implement Outpatient Perinatal Assessment Services
- Explore collaboration with SSM Health Women's Health to implement Centering Pregnancy Model in Montgomery County
- Partner with the Arthur Center to increase capacity and referrals for suicide evaluation of Emergency Department patients

community partners

- Arthur Center – FQHC
- United Way
- County Health Departments of Audrain and Montgomery
- MU Health

supporting resources

- SSM Medical Group
- SSM Health Women's Health Services Integration Specialist

Chronic Disease & Health Risks Prevention

Chronic diseases, specifically Diabetes, Heart/Cardiovascular, Cancer and Lung/COPD are prevalent health issues in the report area. Diabetes and Heart Disease was the most frequently mentioned chronic disease, and was often linked with discussion about obesity and overweight. Heart Disease is the leading cause of death in the report area. Obesity is often the driver of other chronic conditions, such as diabetes, heart disease and cancer. Increasing rate of obesity was a common concern in Audrain and Montgomery counties, where more than 34 percent of the population was rated as obese. More than 40 percent of the survey respondents indicated obesity and being overweight as a top health challenge they face.

Preventing these health issues from occurring is of particular importance through education, risk screenings, preventative care, proper nutrition, fitness and other healthy living habits. Related contributing factors reported were nutrition and diet, low physical activity and exercise levels, and access to healthy food. Access to healthy foods was mentioned as a barrier, including that some cannot afford to purchase fresh produce or would have to travel some distance to access healthy food. There was wide recognition of the toll chronic illness has on health, its impact on the health care system, and the importance of not only treatment but also behavioral change necessary to address the chronic disease, specifically the patient's desire to change and engage in self-management of their chronic disease.

- The percent of adults with Heart Disease in the report area is 12.6%, nearly three times higher than Missouri (4.8%) and the United States (4.4%). The mortality rate for Heart Disease per 100,000 population is 209 for the report area, mostly attributable to Montgomery County's age-adjusted death rate of 242.7 per 100,000, which is significantly higher than the Missouri rate of 194.58 per 100,000 population.
- Cancer and Lung/Chronic Obstructive Pulmonary Disease were reported frequently among the top diseases for hospitalizations, ER visits and chronic disease deaths in the report area and are listed among the top causes of death, just behind Heart Disease (MICA 2017). The Cancer mortality age-adjusted death rate per 100,000 population is 181.6 for the two-county report area, which is higher than the Missouri rate of 175.88 per 100,000 population.
- The Lung disease mortality, age-adjusted death rate per 100,000 population for the report area is 74.1 compared to the Missouri rate of 52.17 and the US rate of 41.3.

Priority #3

Decrease Chronic Disease Deaths in the report area from 502.17 (per 100,000 resident) to 488.95 by 2021

action plan

- Provide community and workplace health fairs and screenings
- Provide annual Senior Expo to promote healthy living and preventative care
- Provide community health education. Health literacy, including health risk prevention, chronic disease self-management, preventative care, and life skills education, stress management and coping are needed to improve health and wellness decisions.
- Evaluate implementation of evidenced-based Diabetes Prevention Program (DPP) in partnership with the YMCA
- Explore partnership with Audrain and Montgomery County Health Departments to enhance community diabetes support and resources
- Collaborate with Catholic Charities to enhance parish health ministry
- Continue support and partnership with Audrain County YMCA
- Continue to provide community and school-based health education classes

community partners

- Mexico Area Family YMCA
- County Health Departments
- Audrain and Montgomery County Schools

supporting resources

- SSM Medical Group
- SSM Health Occupational Medicine
- SSM Health St. Mary's Diabetes Center
- Defense Against Diabetes, LLC

Going Forward

SSMHealth

Visit us online at

facebook.com/ssmhealth

@ssmhealth

ssmhealth.com/CHNA

Achieving our Goals, Now and in the Future

We are committed to improving the health of our community through focused and collaborative efforts to address unmet needs.

online tools

Community Commons https://www.communitycommons.org is an on-line assessment tool where data, interactive tools, and collaborations can be connected. Community Commons provides public access to thousands of meaningful data layers that allow mapping and reporting capabilities so anyone can explore community health. The ability to see your selected area's demographics and performance on a core set of community indicators linked to evidence-informed interventions. The default is to the "core outcome and action indicators framework" associated with The County Health Rankings/Roadmaps to Health, The Community Guide, Healthy People 2020, and other widely used sources of indicators and evidence-informed program activities. CHNA indicator sets can be drawn from the following sources:

- Centers for Disease Control and Prevention (CDC) https://data.cdc.gov/
- Catholic Health Association https://www.chausa.org/communitybenefit/community-benefit
- County Health Rankings www.countyhealthrankings.org
- Kaiser Permanente https://www.kff.org/statedata/?state=MO
- Healthy People 2020 https://www.healthypeople.gov/
- Health Resources and Services Administration https://data.hrsa.gov/
- National Quality Forum https://www.qualityforum.org/Home.aspx

ExploreMOHealth https://exploremohealth.org was created in partnership between Missouri Foundation for Health and the MHA Health Institute, the not-for-profit corporation affiliated with the Missouri Hospital Association. By combining their resources they have created a unique health-related dataset that provides Zip Code level analysis and arranges the data to include which health and social factors should be prioritized in each ZIP Code.

Priority MICA (Missouri Information for Community Assessment) https://webapp01.dhss.mo.gov/MOPHIMS/MICAHome Additionally, data was collected and analyzed utilizing the Priority MICA, which provided a structured process to determine the priority health needs of a community. The Priority MICA allows a user to prioritize from a list of diseases or risk factors available in the application. The diseases/risk factors were selected for inclusion in the application based upon the Department of Health and Senior Services (DHSS) strategic plan, Healthy People 2020 and available data. Funding agencies can use the Priority MICA to determine priority areas for funding in an area, or a community can use the Priority MICA as part of a community assessment process.

While every attempt was made to design a comprehensive assessment, it may not measure all aspects of health in the community, nor can it adequately represent all possible populations of interest. Therefore, information gaps may exist.

Contact our Community Benefit Leader for more information at

Beverly.Stafford@ssmhealth.com

SSM Health St. Mary's Hospital – Audrain

620 S Monroe | Mexico, MO 65265

SSMHealth.

2019-2021

Appendices

prioritizing health needs

As part of the CHNA requirement, hospitals are required to 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 Service Area as compared to the State or Region, other counties or Healthy People 2020 national health targets
- Health issues for which trends are worsening

A two-step prioritization process is recommended. Step one of this process focuses on community-specific criteria that are rated by community members to evaluate the identified needs. This step is subjective and measures community member's 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 is that this list is sorted in descending order by priority and then reviewed by your internal prioritization team using system feasibility criteria. The internal criteria are more objective and 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.

The CMCHAP collaborative team also considered indicators that relate to problems the Public Health Department had already identified through its own assessments. Data collected by various organizations, such as the U.S. Census, Centers for Disease Control and Prevention, Robert Wood Johnson Foundation, Community Commons, Missouri Hospital Association, and the Missouri Department of Health and Human Services were vital to this assessment. Valuable input from community members added depth and quality to the data.

In addition, the collaborative examined “social determinants of health,” or factors in the community that can either contribute to poor health outcomes or support a healthy community. These data are available on the above-mentioned organizations websites and in the County Health Rankings Report.

Appendix

Below are examples of the external and internal prioritization process tools.

External Prioritization: Have your community partners or community members on your CHNA work team complete the ranking below. A high "total priority score" indicates the highest prioritized, most pressing need.

Instructions: For each of the identified community needs, please select the rating that best describes your agreement with the statements below and write it in the box below the question.

5: Strongly Agree 4: Agree 3: Neutral 2: Disagree 1: Strongly Disagree

	Severity	Importance to Community	Impact	Existing community resources	
Identified Community Needs	In my opinion, this is a serious health need within this community.	In my opinion, addressing this health need is very important to this community.	In my opinion, addressing this health need will improve the quality of life within this community.	In my opinion, there are no resources for addressing this health need within this community.	**Total Priority Score**
					0
					0
					0

Internal Prioritization: Once community members have created a list of priorities, using the newly prioritized list of needs, complete the ranking below. A high "total priority score" indicates the highest prioritized most pressing need.

Instructions: Please rank each of the identified needs using the following criteria and scale.

	Magnitude	Alignment with Mission, Key Strategies & Priorities	Resources Needed to Address the Issue	Hospital's ability to Impact	
5	Greater than 10% unfavorable as compared to benchmark	Consistent with 2 or more SFHRP strategies	No additional resources needed; service is currently in place	Can provide a service likely to measurably improve the community's health status	
3	10% unfavorable as compared to benchmark	Consistent with one of the SFHRP strategies	Minimal resources needed to extend a current service	Can provide a service likely to measurably improve the community's health status with expertise from a community organization partner	
1	Equal to or more favorable as compared to benchmark	Inconsistent with the SFHRP strategies	Requires significant resources	Don't have the ability to measurably improve this need	
Identified Community Needs					**Total Priority Score**
					0
					0

Appendix

Assessment Overview

Community Commons https://www.communitycommons.org is an on-line assessment tool where data, interactive tools, and collaborations can be connected. Community Commons provides public access to thousands of meaningful data layers that allow mapping and reporting capabilities so anyone can explore community health. The ability to see your selected area's demographics and performance on a core set of community indicators linked to evidence-informed interventions. The default is to the "core outcome and action indicators framework" associated with The County Health Rankings/Roadmaps to Health, The Community Guide, Healthy People 2020, and other widely used sources of indicators and evidence-informed program activities. CHNA indicator sets can be drawn from the following sources:

- Centers for Disease Control and Prevention (CDC) https://data.cdc.gov/
- Catholic Health Association https://www.chausa.org/communitybenefit/community-benefit
- County Health Rankings www.countyhealthrankings.org
- Kaiser Permanente https://www.kff.org/statedata/?state=MO
- Healthy People 2020 https://www.healthypeople.gov/
- Health Resources and Services Administration https://data.hrsa.gov/
- National Quality Forum https://www.qualityforum.org/Home.aspx

ExploreMOHealth https://exploremohealth.org was created in partnership between Missouri Foundation for Health and the MHA Health Institute, the not-for-profit corporation affiliated with the Missouri Hospital Association. By combining their resources they have created a unique health-related dataset that provides Zip Code level analysis and arranges the data to include which health and social factors should be prioritized in each ZIP Code.

Priority MICA (Missouri Information for Community Assessment) https://webapp01.dhss.mo.gov/MOPHIMS/MICAHome Additionally, data was collected and analyzed utilizing the Priority MICA, which provided a structured process to determine the priority health needs of a community. The Priority MICA allows a user to prioritize from a list of diseases or risk factors available in the application. The diseases/risk factors were selected for inclusion in the application based upon the Department of Health and Senior Services (DHSS) strategic plan, Healthy People 2020 and available data. Funding agencies can use the Priority MICA to determine priority areas for funding in an area, or a community can use the Priority MICA as part of a community assessment process.

While every attempt was made to design a comprehensive assessment, it may not measure all aspects of health in the community, nor can it adequately represent all possible populations of interest. Therefore, information gaps may exist.

Appendix

CHNA collaborators

The Audrain-Montgomery Community Health Needs Assessment Partnership consists of the following organizations and their representatives, who formed the Steering Team and contributed much time and effort to this project:

Sponsor:

- SSM Health St. Mary's – Audrain www.ssmhealth.com
  - Joshua Allee
  - Donna Jacobs
  - Jenea Smith
  - Beverly Stafford
  - Heather Williams

Partners:

- Arthur Center Community Health www.arthurcenter.com
  - Terry Mackey
  -
- Associated Medical Arts http://www.hadh.org/
  - Mary Ellen Shanks, ARNP
- Audrain County Commission www.audraincounty.org
  - Alan Winders
- Audrain County Health Department www.audraincountyhealth.org
  - Sandra Hewlett
- City of Vandalia www.vandaliamo.net
  - Darren Berry
- Mexico Area Chamber of Commerce www.mexico-chamber.org
  - Dana Keller
- United Way of Audrain County www.unitedwayofaudrainco.org
  - Josh Hanley
- Mexico Area YMCA www.mexicoymca.org
  - Lori Brandow
  - Kaylee Paffrath
- Mexico Veterans Home www.mvc.dps.mo.gov
  - Brenda Ezell
- Mexico Parks & Recreation www.mexicomissouri.net
  - Chad Shoemaker
  - Brooke Jameson
- Montgomery County Health Department www.montgomerycountyhealth.org
  - Linda Harman
  - Robin OverKamp