SSM Health St. Mary's Hospital – Jefferson City

2505 Mission Drive | Jefferson City, MO 65109

SSMHealth

2019-2021

Community Health Needs *Implementation* Strategy

Table of Contents

Assessment

Message to Our Community 3

Executive Summary 4

About Us 5

The Health Needs of Our Community 6

Our Progress since 2015 7

Implementation

Strategic Implementation Plan 8

Priority #1 9

Priority #2 11

Priority #3 13

Going Forward 15

Appendices

Prioritizing Health Needs 17

Process Tools 18

Assessment Overview..... 19

CHNA collaborators ..... 20]

Message to Our Community

SSM Health St. Mary's Hospital-Jefferson City, a member of SSM Health, has delivered exceptional, compassionate care to central Missouri communities for 114 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. We are grateful for the opportunity to partner with the following organizations: Capital Region Medical Center; Community Health Center of Central Missouri; Compass Health Network, Missouri Coalition for Community Behavioral Healthcare, the Public Health Departments of Callaway County, Cole County, Miller County, Moniteau County and Osage County; and the United Way of Central Missouri.

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 Callaway, Cole, Osage, Miller and Moniteau. 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) Access to Health Care & Support Services

2) Mental Health & Substance Abuse

3) Chronic Disease & Health Risk Prevention

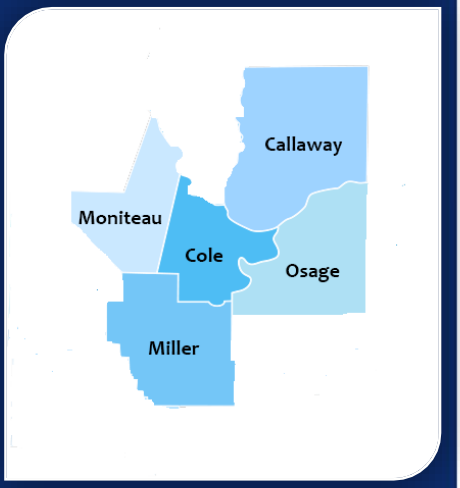
The 2019-2021 Community Health Needs Implementation Strategy Report was reviewed and approved by the SSM Health St. Mary's Hospital - Jefferson City Board of Directors on May 22, 2019. SSM Health St. Mary's Hospital will further develop its community partnerships and deliver an exceptional experience through high-quality, accessible and affordable care to all residents. Please visit our website at ssmhealth.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
SSM Health St. Mary's Hospital – Jefferson City

Mid-Missouri Counties



Executive Summary

background

The Central Missouri Community Health Assessment Partnership (CMCHAP) pulled together once again on a mission to improve the health of residents in the five counties of Callaway, Cole, Miller, Moniteau and Osage. 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 service providers is sponsored by SSM Health St. Mary's Hospital - Jefferson City and Capital Region Medical Center, and includes nine additional partners: the Community Health Center of Central Missouri; Compass Health Network, Missouri Coalition for Community Behavioral Healthcare, the Public Health Departments of Callaway County, Cole County, Miller County, Moniteau County and Osage County; and United Way of Central Missouri.

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

priorities

This 2018 CMCHAP Community Health Needs Assessment report identifies the following key issues for improving the health of residents in the five-county report area of Central Missouri and asks 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.

- Access to Health Care and Support Services
- Chronic Disease & Health Risks Prevention
- Health Literacy
- Mental Health and Substance Abuse
- Social Determinants that Influence Health

strategies

- Address Barriers to Improve Access to Specialty and Primary Health Care
- Improve Coordination of Health and Human Services
- Improve Access to Mental Health Services to Address Behavioral Disorders and Substance Abuse
- Improve Capacity for Early Identification of Behavioral Health Issues and Reduce Mental Health Stigma
- Support Community-Based Mental Health Collaborative Efforts Taking an Upstream Approach
- Promote Chronic Disease Prevention and Self-Management in Both Clinical and Community Settings
- Address Social Determinants of Health Through Partnerships

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-Jefferson City

highlight of services

Located in Missouri's state capitol for 114 years, SSM Health St. Mary's Hospital - Jefferson City is a full-service, community hospital with a rich history. The hospital moved to a new state-of-the-art building in 2014 and features an evidence-based design that focuses on healing environments and patient safety. We serve patients in need of behavioral health, emergency, cardiology, orthopedic, cancer, maternity and medical imaging services.

SSM Medical Group provides access to primary care and specialty services through the Mid-Missouri region including pharmacies, urgent care and walk-in clinics, pediatrics, sleep medicine, cardiothoracic surgery, pulmonology, spine and pain management, sports medicine and rehab, wound care with hyperbaric treatment, occupational medicine, and telehealth services.

community benefit

In 2017, SSM Health St. Mary's Hospital – Jefferson City provided more than $7.6 million in community benefit, comprised of nearly $5.3 million in charity care; nearly $300,000 in community services; and over $2 million in unpaid costs of Medicaid and other public programs.

community partnerships

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

- Catholic Charities
- Community Health Center of Central Missouri
- Compass Health
- Council for Drug Free Youth
- County Health Departments
- Jefferson City YMCA
- United Way of Central Missouri

2017 Hospital at a Glance

Admissions	6,863
Outpatient Visits	183,947
ER Visits	32,536
Births	867
Beds	154
Employees	867
Medical Staff	368
Volunteers	423
Charity Care	29,193

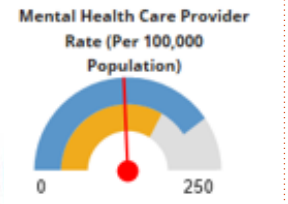
The Health Needs of Our Community

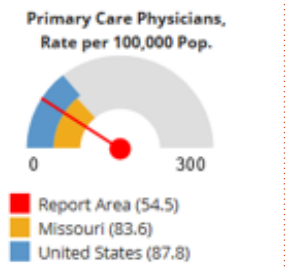
Methods of Analysis

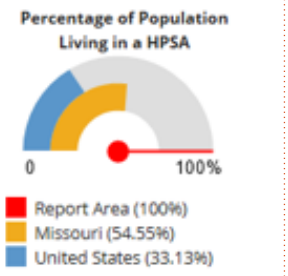
The needs assessment was conducted using three methods: secondary data analysis, discussions with community groups and provider clients and surveys completed by community members, community leaders and local health and human service providers. Secondary data previously collected for other purposes was 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 CMCHAP Steering Team. Throughout this process, more than 254 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

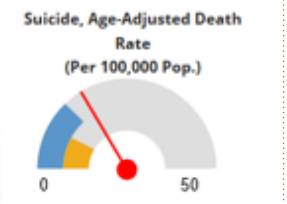
Access to Health Care

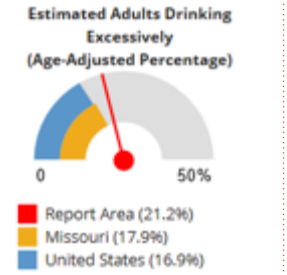


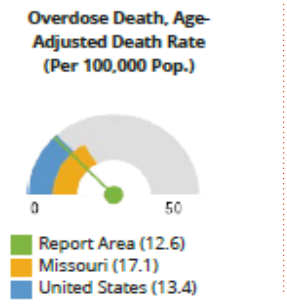




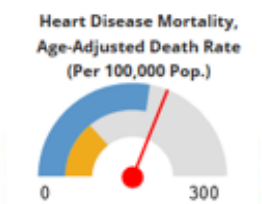
Mental Health / Substance Abuse

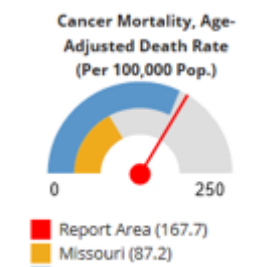


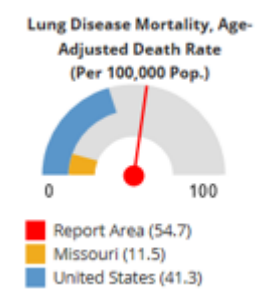




Chronic Disease







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 the age-adjusted death rate due to heart disease in our region from 190.7 deaths per 100,000 persons, as reported in 2015, to 185 deaths per 100,000 persons in 2018 (MICA)	190.7 (2011-2013)	190.7 (2012-2014)	190.69 (2014)	199.07 (2015)	205.04 (2015)	198.45 (2016)	183.81 (2017)
Decrease percentage of congestive heart failure (CHF) 30-day hospital readmission rate from 24.22% in 2015 to 15.3% by 2018 (Epic)	24.22%	17.0%	20.2%	21%	16.5%	17.37%	16.30%

Cancer Deaths

Goals	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Reduce the age-adjusted death rate due to cancer in our region from 178.4 deaths per 100,000 persons, as reported in 2015, to 175 deaths per 100,000 persons by 2018 (MICA)	178.4 (2011-2013)	176.4 (2012-2014)	176.4 (2012-2014)	164.46 (2015)	173.83 (2015)	171.95 (2016)	157.64 (2017)

Cancer – Breast & Lung

Goals	Baseline	CY16TD	CY16YE	CY17TD	CY17YE	CY18TD	CY18YE
Increase percentage of stage 1 breast cancer initial diagnosis' from 20% (hospital 5-year 2010-2014 baseline average) to 25% by 2018 (SSM Health St. Mary's Hospital - Jefferson City Cancer Registrar)	20% (2010-2014)	21.26%	10.53%	20.99%	11.07%	16.29%	16.29%
Increase percentage of stage 1 lung cancer initial diagnosis' from 20% (hospital 5-year 2010-2014 baseline average) to 25% by 2018 (SSM Health St. Mary's Hospital - Jefferson City Cancer Registrar)	20% (2010-2014)	20.81%	14.43%	29.71%	9.13%	17.08%	17.08%

Strategic Implementation Plan

Upon review of the findings from the secondary data analysis, community input sessions and the health needs perception survey, the CMCHAP 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 **Access to Health Care**

Priority #2 **Mental Health Disorders and Substance Abuse**

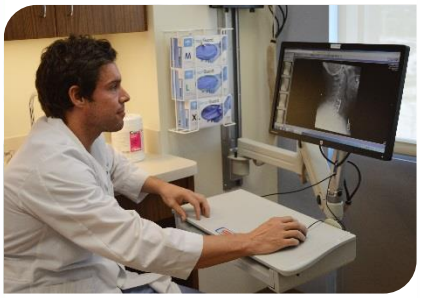
Priority #3 **Chronic Disease & Health Risks Prevention**

Access to Healthcare

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 accepting new Medicaid patients and a lack of reliable transportation were frequently mentioned as concerns.

For the purposes of this report, "access to care" is more than just access to health insurance. It also encompasses availability and continuity of primary and specialty care for physical and behavioral health, as well as accessibility and coordination of health and human services and providers.

Lack of mental health providers and substance abuse services was mentioned most among participants. Lack of accessible or reliable transportation to health care, especially for low-income individuals and senior adults who rely on public transportation to get to appointments and elsewhere for care is a barrier to healthcare, especially in the more rural areas of our region.



- 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, 41% said they could not afford it. Survey respondents noted that lack of affordable health insurance, long-wait time for appointments and hours of operations were the top three factors that impact access to health care in our community.
- Thirty-eight percent of survey respondents indicated that better access to mental health care would most improve the quality of life in their community.
- During the 2018 CHNA input sessions, participants ranked the lack of access to public and or affordable transportation as the top factor impacts access to health care in four of the five counties included in the report area.

Priority #1

Decrease percent of population in BRFSS Central Region* that did not get medical care because of cost from 51% to 49% by 2021

action plan

- Partner with Catholic Charities of Central and Northern Missouri and other community stakeholders to establish a health and human service outreach program in an identified priority intervention area of Jefferson City (Census Tract 106)
- Work with area health care providers and community partners to evaluate and establish a community-based solution to health-related transportation challenges (i.e. HealthTran)
- Recruit and/or increase capacity of health care professionals to improve access to primary and specialty care providers in identified shortage areas
- Evaluate implementation and / or expansion of telehealth / telemedicine offerings
- Collaborate with the United Way Unmet Needs Council, State agencies and organizations, and other health and human service providers to ensure coordination and connection services and resources

community partners

- Capital Region Medical Center
- Catholic Charities of Central and Northern Missouri
- United Way of Central Missouri
- Community Health Center of Central Missouri
- County Health Departments of Callaway, Cole, Miller, Moniteau and Osage

supporting resources

- SSM Medical Group
- Compass Health
- Community Asset Building, LLC / Missouri Rural Health Association
- St. Mary's Hospital Foundation

* Missouri Resident County Level Study Profile; CLS Year: 2016 for Central BRFSS Region; Sourtce: DHSS-MOPHIMS Community Data Profiles

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.

Local public health data shows deaths and ER visits due to opioid overdoses have increased significantly in the community from 2012 to 2017. Poor mental or behavioral health frequently contributes to or exacerbates problems with physical health and illness. An additional concern is related to connecting patients with health and human services needed, especially coordination of care for patients with co-occurring or dual diagnosis conditions.

- Alcohol- and Substance-Related Mental Health Disorders is ranked second as the top disease condition utilizing the ER in the report area.
- Alcohol- and Substance-Related Mental Health Disorders is ranked fourth among the top five chronic diseases and conditions in all five counties included in the report area.
- Alcohol and Substance Related Mental Health Disorders is ranked fifth among the top five causes for Inpatient Hospitalizations in the five county report area, behind Heart Disease, Cancer, Lung Disease and Diabetes.
- Thirty percent of the CHNA community health needs survey respondents said drug use was the most important issue facing our community.
- Twenty-eight percent of survey respondents indicated mental health disorders was the most important issue in our community.
- Thirty-nine percent of survey respondents indicated that better access to mental health care would most improve the quality of life in our community.
- According to the exploreMOhealth.org county and zip-code level study data, depression is the top health factor in all five counties included in the report area.

Priority #2

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

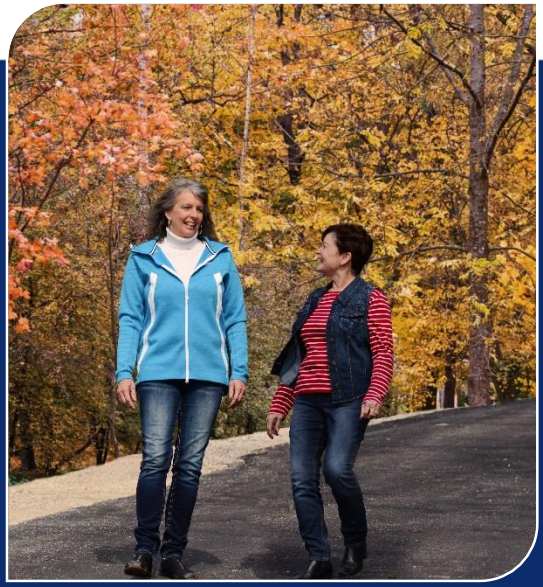
- Provide Crisis Intervention Training (CIT) to EMS, first responders and other front-line crisis personnel
- Partner to provide Adult and Youth Mental Health First Aid education and Suicide Prevention and Awareness education
- Provide active leadership and commitment to Behavioral Health Resource Partnership collaborative
- Support Mental Health Awareness events and community campaign to reduce stigma of mental illness
- Participate in ER Enhancement Project and evaluate implementation of Peer Support for mental health in the ER
- 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 and ER physician
- Enhance partnership with Council for Drug Free Youth to expand school-based education and increase availability of substance use prevention and early identification/intervention initiatives in the region
- Participate and support SSM Opioid Stewardship Program and central Missouri Opioid Task Force initiatives, including expanded Drug Take Back program
- Continue offering SSM Health Outpatient Brief Treatment Program for Adults and the Outpatient Transitional Care Program for Adults and Seniors
- Continue to offer Telepsychiatry services in the Emergency Department and Inpatient Behavioral Health

community partners

- Home State Health
- Council for Drug Free Youth, In A Flash Suicide Prevention
- Behavioral Health Resource Partnership
- MO-CPAP
- County Health Departments of Callaway, Cole, Miller, Moniteau and Osage

supporting resources

- SSM Medical Group and SSM Health Behavioral Services
- Compass Health
- Missouri Mental Health Foundation
- Missouri Coalition of Behavioral Health Centers



Chronic Disease & Health Risks Prevention

Chronic diseases, specifically Diabetes, Heart/Cardiovascular, Cancer and Lung/COPD are prevalent health issues. Diabetes and heart disease was the most frequently mentioned chronic disease, and was often linked with discussion about obesity and overweight. There is 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.

Priority #3

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 Heart Disease mortality age-adjusted death rate per 100,000 population is 186.8 for the five-county report area, which is more than two times the Missouri rate of 85.63 per 100,000 population. Diabetes is the second highest risk factor for developing Heart Disease. Diabetes is ranked the fourth highest disease and condition in the five county report area; ranked fourth among the top causes of inpatient hospitalizations; and as second among top five preventable hospitalizations.
- The Cancer mortality age-adjusted death rate per 100,000 population is 167.7 for the five-county report area, which is significantly higher than the Missouri rate of 87.2 per 100,000 population.
- The Lung Disease mortality, age-adjusted death rate per 100,000 population for the five-county report area is 54.7 compared to the Missouri rate of 11.5.
- Heart Disease is ranked the number one cause of inpatient hospitalizations and number one chronic disease condition in the five county report area, followed by Cancer second, COPD/Lung Disease third, Diabetes fourth and Alcohol and Substance Related Mental Health Disorders at five.

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 Successful Aging Forum
- 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
- Collaborate with Catholic Charities to enhance parish health ministry
- Continue support and partnership with Jefferson City YMCA LiveStrong program
- Continue to provide community health education classes and Support Group programs

community partners

- Jefferson City YMCA
- Catholic Charities
- County Health Departments
- Central Missouri Agency on Aging

supporting resources

- SSM Medical Group
- SSM Health Occupational Medicine
- SSM Health St. Mary's Diabetes Center

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 – Jefferson City

2505 Mission Drive | Jefferson City, MO 65109

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.

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

assessment overview

Primary Data components included a paper and on-line Community Health Needs Survey designed to assess health status, health risk behaviors, preventive health practices and health care access. A total of 855 resident surveys were completed. Eight Community Discussion Group forums were held with community leaders, stakeholders, partners and residents. A total of 254 individuals participated in the community input sessions.

Secondary Data 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. The availability of new datasets enabled a more detailed level of analysis such as health and social factors at a county and zip code level.

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 Central Missouri 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:

- Capital Region Medical Center, www.crmc.org
  - Tiffany Rutledge
  - Paula Burnett
  - Betty Berendzen
- SSM Health St. Mary's Hospital- Jefferson City www.ssmhealth.com
  - Beverly Stafford
  - Joshua Allee
  - Janet Wear-Enloe
- Callaway County Health Department https://callawaycounty.org/health-department
  - Sharon Lynch
- Cole County Health Department, www.colehealth.org
  - Kristi Campbell
  - Mike Sapp
  - Mary Telthorst
- Community Health Center of Central Missouri, www.chccmo.org
  - Jeff Davis
- Compass Health Network, http://compasshealthnetwork.org
  - Karen Cade
- Miller County Health Department, www.millercountyhealth.com
  - Mike Herbert
  - Bonnie Kempker
- Missouri Coalition for Community Behavioral Healthcare, https://www.mocoalition.org
  - Cindy Davis
- Moniteau County Health Department, www.moniteaucountyhealth.org
  - Andrea Kincaid
- Osage County Health Department, www.osagecountyhd.org
  - Susan Long
- United Way of Central Missouri www.unitedwaycemo.org
  - Ann Bax