2019
Community Health Needs Assessment and Implementation Strategy

BARNES JEWISH
West County Hospital
BJC HealthCare

MISSION: TO IMPROVE THE HEALTH OF THE PEOPLE AND COMMUNITIES WE SERVE.

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EXECUTIVE SUMMARY

Barnes-Jewish West County Hospital (BJWCH) is a 77-bed hospital located in Creve Coeur, a western suburb of St. Louis County, Missouri. BJWCH provides short-stay, general medical and outpatient surgical services, emergency services and an on-site outpatient location of the Siteman Cancer Center. The hospital's intimate environment and convenient access means patients receive exceptional personalized care along with advanced specialty and acute care services. The hospital has also established effective partnerships towards the goal of improving the health of the community. In 2019, BJWCH will open a replacement hospital on the campus that will include 64 private patient rooms and 14 operating rooms. (See Appendix A for additional information).

Like all nonprofit hospitals, BJWCH is required by the Patient Protection and Affordable Care Act (PPACA) to conduct a community health needs assessment (CHNA) and create an implementation plan every three years. As part of the CHNA process, each hospital is required to define its community. BJWCH defined its community as St. Louis County and identified West County and South County as specific focus areas. Once the community is defined, input must be solicited from those who represent the broad interests of the community served by the hospital, as well as those who have special knowledge and expertise in the area of public health.

BJWCH collaborated with Missouri Baptist Medical Center, Mercy Hospital St. Louis, Mercy Hospital South (formerly St. Anthony's Medical Center), St. Luke's Hospital and St. Luke's Des Peres to complete a focus group discussion with key leaders and stakeholders representing the community. Many of these hospitals have been working together since the initial stakeholder assessment conducted in 2013, followed by a second in 2016.

BJWCH then assembled an internal work group of clinical and nonclinical staff. This group reviewed focus group results as well as findings from a secondary data analysis to further assess identified needs. This analysis used data from multiple sources, including Conduent Healthy Communities Institute and Truven Health Analytics. The analysis identified unique health disparities and trends evident in St. Louis County when compared against state and U.S. data.

At the conclusion of the comprehensive assessment process, BJWCH identified one health need where focus is most needed to improve the future health of the community it serves: Diabetes.

The analysis and conclusions were presented, reviewed and approved by the BJWCH Board of Directors.

COMMUNITY DESCRIPTION

GEOGRAPHY

BJWCH is a member of BJC HealthCare, one of the largest, non-profit health care organizations in the country. BJC HealthCare hospitals serve urban, suburban and rural communities through 15 hospitals and multiple community health locations primarily in the greater St. Louis, southern Illinois and mid-Missouri regions. BJWCH, Missouri Baptist Medical Center and Christian Hospital are the three BJC HealthCare hospitals located in St. Louis County. BJWCH and Missouri Baptist Medical Center are located less than four miles from each other. The service areas of hospitals in the St. Louis metro area overlap each other.

St. Louis County is geographically divided into North County, West County and South County. BJWCH is located in west St. Louis County.

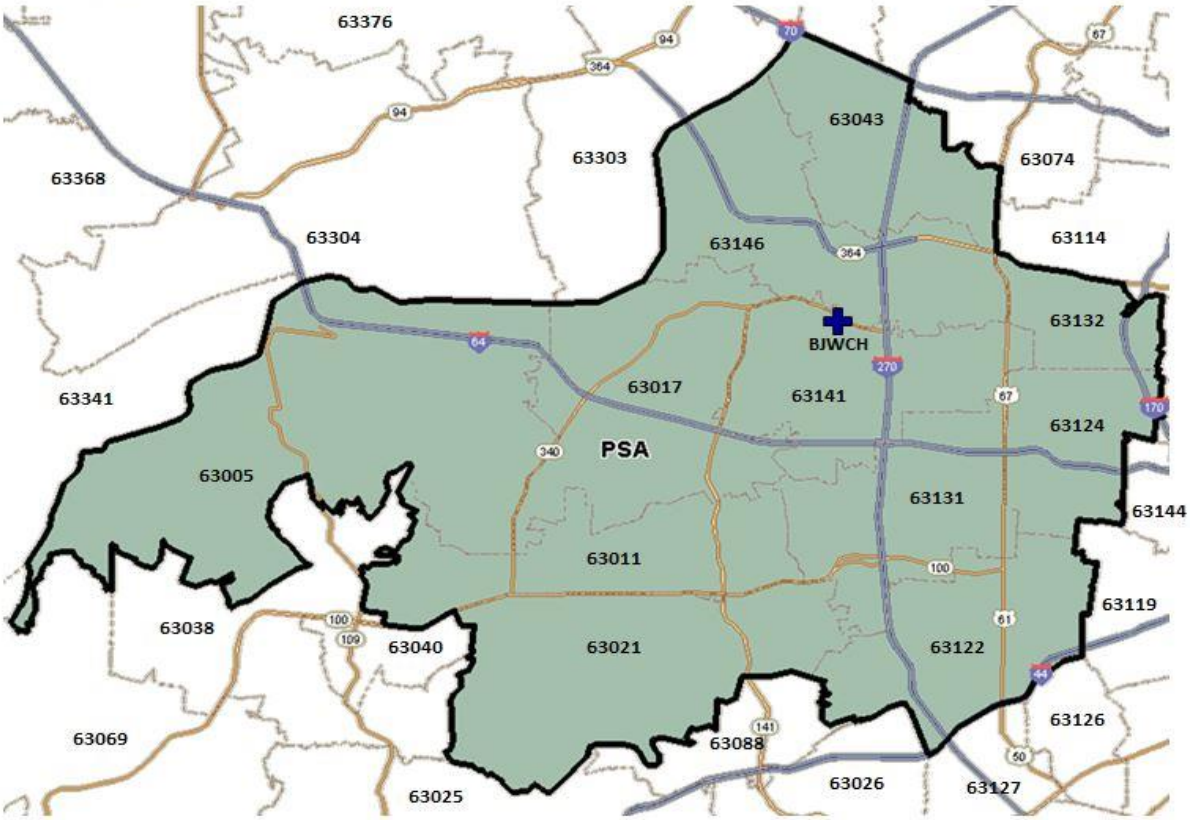
ST. LOUIS COUNTY SUB-COUNTIES: WEST COUNTY AND SOUTH COUNTY

For the purpose of this report, BJWCH defined its community as St. Louis County with focus on West County and South County. The majority of the available data to complete the CHNA compared St. Louis County, Missouri and the U.S. Whenever possible, data analysis was included on the sub-counties of St. Louis County: West County, South County and North County.

Specific zip codes as defined by BJC Strategic Planning for the west and south St. Louis Counties are as follows:

- West St. Louis County: 63025, 63005, 63011, 63017, 63021, 63038, 63040, 63043, 63044, 63074, 63088, 63105, 63114, 63117, 63119, 63122, 63124, 63130, 63131, 63132, 63133, 63141, 63143, 63144, 63146
- South St. Louis County: 63026, 63123, 63125, 63126, 63127, 63128, 63129

Barnes Jewish West County Hospital PSA Map



POPULATION

Population data are necessary to understand the health of the community and plan for future needs. In 2017, St. Louis County reported a total population estimate of 996,726 compared to the state population of 6,113,532. St. Louis County comprised 16 percent of the state of Missouri's total population. It is the most populous county in Missouri. Since the 2010 census, the county population declined 0.2 percent and the state experienced a 2 percent increase in population.

In 2017 in St. Louis County, 49 percent of the population resided in West County and 24 percent in South County.

A slight population increase is expected by 2020 in both West County (1 percent) and South County (nearly 2 percent).

INCOME

St. Louis County's median household income for the five-year period ending in 2017 was 22 percent higher than the state overall. Persons living below the poverty level in St. Louis County totaled 9.8 percent compared to 14.6 percent in the state. Home ownership was higher in St. Louis County (63.7 percent) than Missouri (57.8 percent percent).

In West County, the median household income in 2017 was $80,771 and projected to increase to $87,175 in 2020. In South County, the median household income in 2017 was $66,843 and projected to increase to $71,772 in 2020.

In West County, 13 percent of families with children were from single-parent households compared to 12 percent in South County. Adults and children in single-parent households are at a higher risk for adverse health effects, such as emotional and behavioral problems, compared to their peers. Children in such households are more likely to develop depression, smoke and abuse alcohol and other substances. Consequently, these children experience increased risk of morbidity and mortality of all causes. Similarly, single parents suffer from lower perceived health and higher risk of mortality.

AGE

The age structure of a community is an important determinant of its health and the health services it will need. The distribution of the population across age groups was similar in West County and South County.

RACE AND ETHNICITY

The regions that comprise St. Louis County vary in their racial and ethnic composition. In 2017, South County had a much higher percentage of people who identified as White (91 percent) compared to West County (75 percent). In South County, less than 2 percent identified as African American compared to 12 percent in West County.

EDUCATION

Individuals who do not finish high school are more likely than people who finish high school to lack the basic skills required to function in an increasingly complicated job market and society. Adults with limited education levels are more likely to be unemployed, on government assistance or involved in crime.

In South County, 8 percent of the population 25 and older did not have a high school diploma compared to 5 percent West County.

For many, having a bachelor's degree is the key to a better life. The college experience develops cognitive skills, and allows learning about a wide range of subjects, people, cultures and communities. Having a degree also opens up career opportunities in a variety of fields, and is often the prerequisite to a higher-paying job. It is estimated that college graduates earn about $1 million more per lifetime than their non-graduate peers. (Healthy Communities Institute)

In South County, 31 percent of the population 25 and older had a bachelor's degree compared to 36 percent in West County.

2016 CHNA MEASUREMENT AND OUTCOMES RESULTS

At the completion of the 2013 CHNA, BJWCH identified Cancer: Head & Neck and Alcohol/Substance Abuse where focus was most needed to improve the health of the community served by the hospital. This section of the report details results, goals and current status of these community health needs.

TABLE 1: BARNES-JEWISH WEST COUNTY HOSPITAL'S 2016 CHNA OUTCOMES

HEAD AND NECK CANCER	MENTAL / BEHAVIORAL HEALTH: SUBSTANCE ABUSE
PROGRAM GOAL	PROGRAM GOAL
Increase early detection of head and neck cancer.	Increase awareness of prescription drug misuse.
PROGRAM OBJECTIVES	PROGRAM OBJECTIVES
a) Partner with Washington University otolaryngologists to screen adults from south and west St. Louis County for head and neck cancer. Target: 80 adults b) Educate and counsel attendees about risk factors and understand impact of education. Target: Each subsequent year, increase percentage by 5% c) Connect identified high or moderate risk attendees to appropriate care	Possible options that were considered: a) Consult and/or partner with Barnes-Jewish Hospital, as substance abuse was chosen as a priority area for both hospitals. b) Develop goals, program, education and staff training regarding patients' risk assessment. c) Pilot program in emergency department
CURRENT STATUS	CURRENT STATUS
a) Partner with Washington University otolaryngologists to screen adults from south and west St. Louis County for head and neck cancer. Target: 80 adults - 2017 Outcome: 94 attendees screened - 2018 Outcome: 144 attendees screened - 2019 Event: September 7 and 8 b) Educate and counsel attendees about risk factors and understand impact of education. Target: Each subsequent year, increase percentage by 5% - 2017 Outcome: Increased percentage by 8% - 2018 Outcome: Increased percentage by 4% c) Connect identified high or moderate risk attendees to appropriate care for further treatment. Target: Minimum of 10% - 2017 Outcome: 32% made a follow-up appointment (15 attendees) - 2018 Outcome: 22% made a follow-up appointment (11 attendees) At the end of 2019, BJWCH will discontinue leading this program as it was not identified as one of the higher health care needs (#10 by BJWCH steering committee and did not rank as a need at all with the community stakeholders) in the the community we serve. BJWCH will offer to train the community outreach team at the Siteman Cancer Center or Washington University if they would like to continue the head and neck screening in 2020.	BJWCH was unsuccessful with our substance abuse need. The action plan owner left BJC and new clinical leadership did not have the resources to put together a program with goals, objectives and measureable results. Made the decision to focus on the head and neck action plan only.

CONDUCTING THE 2019 CHNA

Primary Data Collection: Focus Group

BJWCH collaborated with Missouri Baptist Medical Center, Mercy Hospital St. Louis, Mercy Hospital South (formerly St. Anthony's Medical Center) and St. Luke's Hospital in conducting a joint focus group to solicit feedback from community stakeholders, public health experts and those with a special interest in the health needs of residents located in West County and South County. For the first time, St. Luke's Des Peres was also included in the process. Many of these hospitals have been working together since the initial stakeholder assessment conducted in 2013, followed by a second in 2016. (See Appendix C for complete Focus Group Report).

Nineteen of 20 invited participants representing various St. Louis County organizations participated in the focus group. (See Appendix D). The focus group was held August 28, 2018, at the BJC Learning Institute in Brentwood, Missouri, with the following objectives identified:

1) Determine whether the needs identified in the 2016 hospital CHNAs are still the right areas on which to focus
2) Explore whether there are any needs on the list that should no longer be a priority
3) Determine where there are gaps in the plans to address the prioritized needs
4) Identify other organizations with whom these hospitals should consider collaborating
5) Discuss what has changed since 2016 when these needs were prioritized, and whether there are new issues to be considered
6) Understand what other organizations are doing to impact the health of the community and how those activities might complement the hospitals' initiatives
7) Evaluate what issues the stakeholders anticipate becoming a greater concern in the future that we need to consider now

2018 FOCUS GROUP SUMMARY

A general consensus was reached that needs identified in the previous assessment should remain as focus areas for the hospital.

CONSIDERATIONS FOR ADDING TO LIST OF PRIORITIES

- Senior Health
- Cultural Competency and Health Literacy
- Trauma
- Housing Availability

SPECIAL POPULATIONS FOR CONSIDERATION

- Senior Health
- Lesbian, Gay, Bisexual, Transgender/Transsexual, Queer/Questioning, Intersex, Asexual/Allies
- Victims of Human Trafficking

- Immigrant Communities

GAPS BETWEEN DEFINED NEEDS AND OUR ABILITY TO ADDRESS THEM

- Look at needs in a holistic way based on the entire person
- Access to medication, especially among diabetics who have no health insurance or regular source of income
- Lack of services and impact of Mental Health
- EPICC program (Engaging Patients in Care Coordination); Narcan available through this program
- Health needs of North St. Louis County

OTHER ORGANIZATIONS WITH WHOM TO COLLABORATE

- American Cancer Society, who is exploring barriers to clinical specialty services among the underserved and uninsured
- Casa de Salud, needs of immigrant communities
- St. Louis Effort for AIDS, addressing sexually transmitted disease
- Missouri Access for All, advocate for Medicaid expansion
- St. Patrick's Center and Places for People, access to housing
- Metro and Gateway, issue of transportation and ability to access health services

CHANGES SINCE THE 2016 CHNA

- The St. Louis County Department of Public Health and the St. Louis City Health Department collaborated to prepare the Community Health Improvement Plan (CHIP) as a part of the St. Louis Partnership for a Healthy Community. The CHIP now incorporates social determinants of health and racial disparities as part of its needs to be addressed.
- Rates of Violence, Sexually Transmitted Infections and the Opioid crisis have increased since 2016.

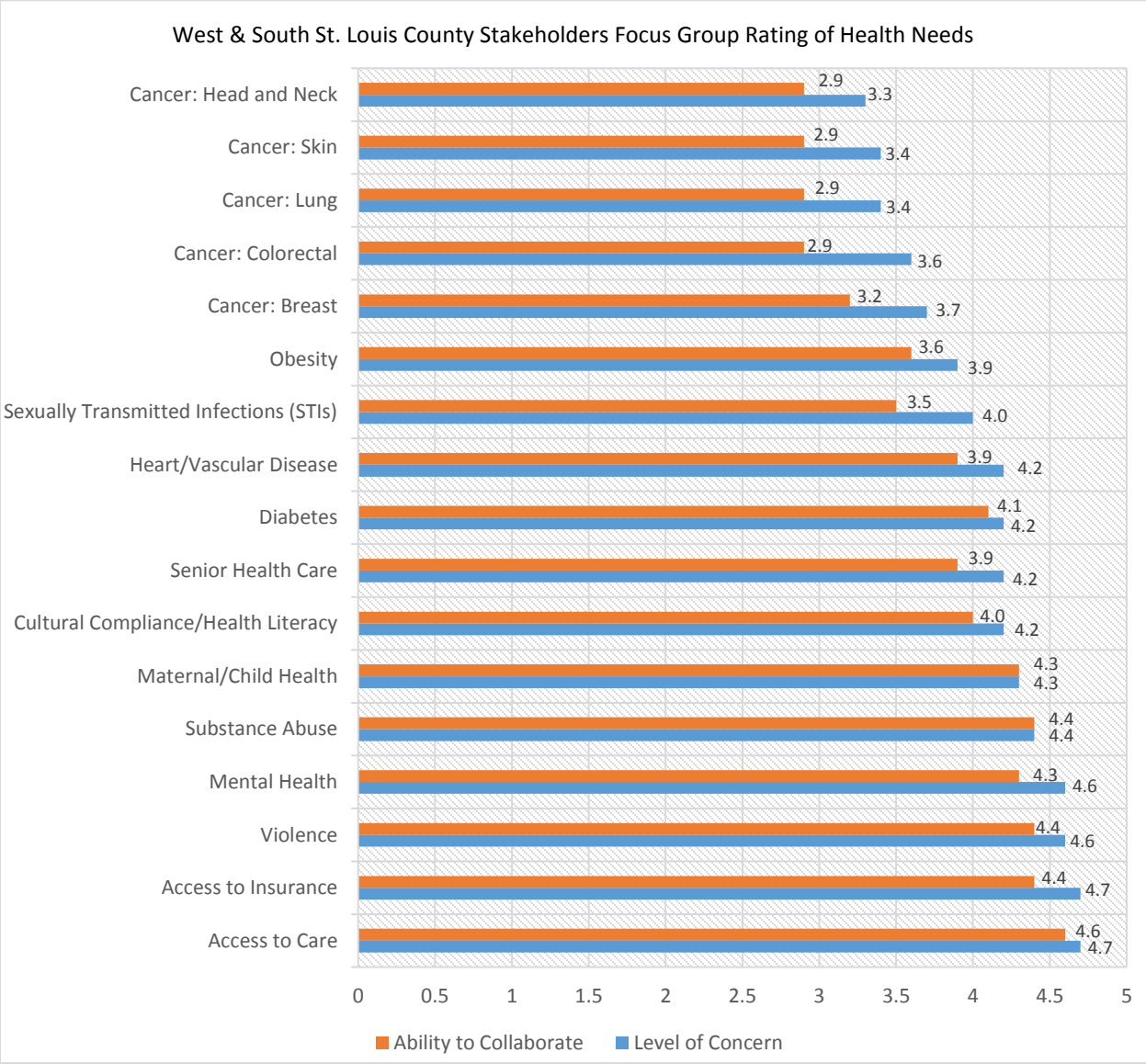
- Heart Disease continues to be the number one cause of death in the St. Louis region.

HEALTH CONCERNS FOR THE FUTURE

- Access to health insurance, especially Medicaid in Missouri
- Monitoring alcohol use as well as methamphetamine and cocaine

RATING OF NEEDS

Participants were given the list of the needs identified in the 2016 assessment and directed to re-rank them on a scale of 1 (low) to 5 (high), based on their perceived level of community concern and the ability of community organizations to collaborate in addressing:



Access to Care and Access to Insurance rated highest in terms of level of concern and ability to collaborate. Head and Neck cancer rated lowest on level of concern. Colorectal, Lung, Skin and Head and Neck cancer tied for lowest on ability to collaborate.

Secondary Data Summary

Based on the primary data reviewed by focus group members (see graph on previous page), key areas were identified for a secondary data analysis. These areas represent the most prevailing issues identified by the focus group. The majority of the analysis was completed comparing St. Louis County, Missouri and the U.S. In order to provide a comprehensive view (analysis of disparity and trend) the most up-to-date secondary data was included on the following needs:

- Access to Affordable Health Care/Care Coordination
- Access to Transportation
- Asthma
- Cancer
- Diabetes
- Heart Health & Stroke
- Obesity
- Mental Health
- Maternal and Infant Health
- Sexually Transmitted Infections
- Substance Use and Abuse

While BJWCH identified one need as its primary focus, the following needs will continue to be appropriately addressed by the hospital and other organizations in St. Louis County.

ACCESS TO AFFORDABLE HEALTH CARE/CARE COORDINATION

The ability to access health services has a profound and direct effect on every aspect of a person's well-being. Beginning in 2010, nearly 1 in 4 Americans lacked a primary care provider (PCP) or health center to receive ongoing medical services. Approximately 1 in 5 Americans today, children and adults under age 65, do not possess medical insurance. Individuals without medical insurance are more likely to lack a traditional source of medical care, such as a PCP, and are more likely to skip routine medical care due to costs, therefore, increasing the risk for serious and debilitating health conditions. Those who access health services are often burdened with large medical bills and out-of-pocket expenses. Increasing access to both routine medical care and medical insurance are vital steps in improving the health of the St. Louis County community. (Healthy Communities Institute).

The rate of primary care providers in St. Louis County (123 per 100,000) was 73 percent higher when compared to Missouri (71 per 100,000). The rate of dentists and mental health providers was just over 50 percent higher in St. Louis County (84/258 per 100,000) compared to Missouri (55/170 per 100,000).

The overall percentage of adults with health insurance in St. Louis County was 90.2 percent in 2016. When comparing the rate of adults with health insurance by race/ethnic groups, Hispanic or Latino had the lowest rate of adults with insurance (71.7) followed by African Americans (84.6).

Of the three sub-counties in St. Louis, West County had the lowest rate of emergency department visits at .32 per capita. South County's rate was .41 per capita and North County was the highest at .64.

ACCESS: TRANSPORTATION

Owning a car has a direct correlation with the ability to travel. Individuals with no car in the household make fewer than half the number of trips compared to those with a car and have limited access to essential local services such as supermarkets, post offices, doctors' offices and hospitals. Most households with above-average income own a car while only half of low-income households have a car. (Healthy Communities Institute)

ASTHMA

Asthma is a chronic lung disease characterized by periods of wheezing, chest tightness, shortness of breath and coughing. Symptoms often occur or worsen at night or in the early morning. These occurrences, often referred to as "asthma attacks," are the result of inflammation and narrowing of the airways due to a variety of factors or "triggers."

The North County (8.5 percent) asthma prevalence under age 65 had a slightly higher rate compared to South County (7.9 percent) and West County (7.8 percent).

The rate of asthma among African American, Non-Hispanic adults in St. Louis County was nearly twice the rate of White, Non-Hispanic adults. The death, hospitalization and ED visit rates due to asthma among African Americans were markedly higher than rates among Whites in both the state and the county.

CANCER

Cancer is a leading cause of death in the United States, with more than 100 different types of the disease. According to the National Cancer Institute, lung, colon and rectal, breast, pancreatic and prostate cancer lead in the greatest number of annual deaths.

Based on 2011-2015 data, the African American population had a higher rate of cancer when compared to White, American Indian, Asian/Pacific Islander and Hispanic in the county and the state.

When comparing the incidence rate due to colorectal cancer in St. Louis County, African Americans had a 28.8 percent higher incident rate when compared to Whites; a 49 percent higher rate compared to Hispanics; and an 81 percent higher rate when compared to Asian Pacific/Islander.

In St. Louis County, colon cancer screenings among African Americans were 15 percent less when compared to Whites.

South County breast cancer rates were 50 percent higher when compared to North County and approximately the same when compared to West County.

The age-adjusted death rate due to lung & bronchus cancer among African Americans in St. Louis County was 32 percent higher than the death rate among Whites and 166 percent higher when compared to Asians.

DIABETES

Diabetes is a leading cause of death in the United States. According to the Centers for Disease Prevention and Control, more than 25 million people have diabetes, including both individuals already diagnosed and those who have gone undiagnosed.

Diabetes disproportionately affects minority populations and the elderly, and its incidence is likely to increase as minority populations grow and the U.S. population becomes older. (Healthy Communities Institute).

African Americans in St. Louis County had a two and one-half times higher rate of death due to diabetes when compared to the White population. However, in St. Louis County, the death rate of African Americans was 3.1 points lower when compared to the state.

HEART HEALTH & STROKE

Heart disease and stroke are among the most preventable in the U.S., yet are the most widespread and costly health conditions facing the nation today. Heart disease and stroke are the first and third leading causes of death for both women and men. These diseases are also major causes of illness and disability and are estimated to cost the U.S. hundreds of billions of dollars annually in health care expenditures and loss of productivity. (CDC Division for Heart Division and Stroke Prevention).

While Whites in St. Louis County had a 10 percent lower incident rate of death due to cerebrovascular disease (stroke) compared to those in Missouri, the African American rate in the county was similar to the rate in the state.

In 2017, the propensity rate of high cholesterol, high blood pressure, heart disease and stroke were virtually identical in West County, South County and North County.

In St. Louis County, the death rate from stroke among African Americans was 1.6 times higher than the death rate among Whites. The death rate from heart disease and ischemic heart disease among African Americans was 1.4 times higher when compared to Whites.

OBESITY

Obesity increases the risk of many diseases and health conditions including heart disease, type 2 diabetes, cancer, hypertension, stroke, liver and gallbladder disease, respiratory problems and osteoarthritis. Losing weight and maintaining a healthy weight help to prevent and control these diseases. Being obese also carries significant economic costs due to increased health care spending and lost earnings. (Healthy Communities Institute).

Among the three segments of St. Louis County, West County had the lowest propensity for obesity in 2017 among adults 18 years old and older. South County was only 1 percentage point higher. The North County rate was 19 percent higher than the West County rate.

The rate of African American, Non-Hispanic adults who are obese was 82 percent higher when compared to White, Non-Hispanic adults.

MATERNAL AND INFANT HEALTH

The risk of maternal and infant mortality and pregnancy-related complications can be reduced by increasing access to quality preconception (before pregnancy) and inter-conception (between pregnancies) care. Moreover, healthy birth outcomes and early identification and treatment of health conditions among infants can prevent death or disability and enable children to reach their full potential. (Healthy People 2020).

The Healthy People 2020 national health target is to reduce the proportion of infants born with very low birth weight (5 pounds, 8 ounces) to 7.8 percent. The rate of African Americans was almost twice the target rate and higher than any other race for both St. Louis County and Missouri.

SEXUALLY TRANSMITTED INFECTIONS

Chlamydia rates of Whites and African Americans were higher in the county than the state. African American rates were 6 times higher than Whites in the county.

VIOLENCE

A violent crime is defined as a crime in which the offender uses or threatens to use violent force upon a victim. Violence negatively affects communities by reducing productivity, decreasing property values and disrupting social services. (Healthy Communities Institute).

Violent crimes include homicide, forcible rape, robbery and aggravated assault. During the three-year-period ending in 2014 when compared to the three-year-period ending in 2008, both St. Louis County (-15.8 percent) and Missouri (-14.3 percent) experienced a decline in violent crimes.

MENTAL/BEHAVIORAL HEALTH: MENTAL HEALTH

In 2017, there were an estimated 46.6 million adults age 18 or older in the U.S. with serious mental illness. This number represented 18.9 percent of all U.S. adults. (National Institute of Mental Health). From 2016 to 2017, the total cases of individuals in St. Louis County publically-funded facilities with a mental disorder principal diagnosis has increased from 5,257 to 5,352. (Missouri Department of Mental Health)

The propensity to suffer from symptoms of depression was 16 percent in West County and 18 percent in South County. North County was the highest sub-county at 20 percent.

Suicide is a leading cause of death in the United States, presenting a major, preventable public health problem. The death rate due to suicide among Whites was nearly two and one-half times the rate of African Americans in St. Louis County. The age-adjusted death rate due to suicide in St. Louis County increased 3.8 percent or 0.5 points from the five-year period ending in 2013 versus 2017. This was significantly lower than the 16.3 percent increase experienced by the state for the same time periods.

MENTAL/BEHAIORAL HEALTH: SUBSTANCE USE AND ABUSE

The availability of county-level data on substance use and abuse is limited. In 2015,

St. Louis County residents had a total of 600 alcohol-related and 672 drug-related hospitalizations. In addition, there were 1,997 alcohol-related and 1,675 drug-related ER visits that did not include a hospital stay. In 2017, 2,713 individuals in St. Louis County were admitted into substance abuse treatment programs. A total of 886 were primarily due to alcohol while 414 were primarily due to marijuana and 57 were primarily due to prescription drugs. (Missouri Department of Mental Health).

While the rate increased from 2016-2018, heroin use (1,041 to 1,178) was the primary drug for admissions to substance use programs in St. Louis County compared to 850 admissions for alcohol use. Alcohol use rates decreased from 2016-2018.

Internal Work Group Prioritization Meetings

BJWCH chose 7 staff members to participate on an internal CHNA steering committee representing various hospital departments including, Executive Administration, Education, Washington University Physicians and Public Relations. (See Appendix E).

The work group met three times to analyze the primary and secondary data and to complete the priority ranking for the hospital's CHNA.

MEETING 1

The work group met Dec. 19, 2018, to review the purpose for the CHNA, role of the steering committee and goals for the project. The team reviewed the key findings from the 2016 CHNA and Implementation Plan, as well as data provided by the community stakeholder focus group. The group utilized the Ranking Method to assign a weight and rating to the health needs.

Discussion points included:

- Diabetes educators offer outpatient medical nutrition counseling and support to patients and are looking for opportunities to make the program more effective
- Chronic kidney disease always shows up on worst performing health indicators; risk factors tie back to diabetes, hypertension, heart disease, family history
- Questioned targeting Medicare population
- Lessons learned from the past process and current implementation plan, including aligning hospital expertise with the need
- Priorities and goals of St. Louis County, City Health Department and BJC

Initial reaction of needs BJWCH should focus on:

- Diabetes; it effects everything downstream and opportunities for more screening, education, how to better control, etc.
- Obesity

While the work group eliminated the needs listed below based on resources and specialties prior to ranking, other BJC hospitals and BJC HealthCare are focusing on many of these needs. BJC HealthCare is supporting community organizations involved in addressing Violence, although none of the BJC hospitals are directly focused on this need. Maternal /Child Health is also part of the BJC HealthCare strategic five-year plan and Cultural Competency is addressed by every BJC hospital in various ways.

- Mental Health: BJWCH does not offer these services: therefore it does not have the resources to address the need.
- Violence: Question raised on how a hospital can address domestic and gun violence. Discussion included impact staff with education, We Care Team, emergency preparedness drills, etc.

- Maternal/Child Health: BJWCH does not offer these services: therefore it does not have the resources to address the need.
- Cultural Competency/ Health Literacy: Education of staff should be incorporated into how we work. Question raised about efforts for LGT and populations with unique needs.

Following the meeting, the team was asked to complete a survey to prioritize the health needs identified by the focus group.

TABLE 2: CRITERIA FOR PRIORITY SETTING			
	RATING	WEIGHT	SCORE
How many people are affected by the problem?			
What are the consequences of not addressing this problem?			
Are existing programs addressing this issue?			
How important is this problem to community members?			
How does this problem affect vulnerable populations?			
TOTAL SCORE			

The work group used a ranking process to assign weight to criteria by using the established criteria for priority setting above. Criteria of overriding importance were weighted as "3," important criteria were weighted as "2," and criteria worthy of consideration, but not a major factor, were weighted as "1." Health needs were then assigned a rating ranging from one (low need) to five (high need) for each criteria. The total score for each need was calculated by multiplying weights by rating. This process was done individually.

MEETING 2

The steering committee met Jan. 30, 2019, to select the health care need(s) BJWCH will focus on in the 2019 – 2022 implementation plan and identify hospital leaders/departments to implement and measure.

At this meeting, the work group reviewed the following data:

- Results of internal steering committee ranking exercise
- Compared BJWCH ranking to the focus group ranking and Healthy Communities Institute (HCI)

TABLE 3: BARNES-JEWISH WEST COUNTY HOPSITAL INTERNAL WORK GROUP RANKING OF HEALTH NEEDS		
RANK	HEALTH NEED RANKED HIGHEST TO LOWEST	TOTAL SCORE
1	Behavioral / Mental Health: Substance Abuse	279
2	Chronic Condition: Obesity	260
3	Chronic Condition: Diabetes	255
4	Senior Health	226
5	Chronic Condition: Heart & Vascular	224
6	Access: Coverage	214
7	Access: Services	214
8	Cancer: Colorectal	202
9	Smoking / Tobacco Use & Education	199
10	Cancer Head & Neck	196
11	Cancer: Breast	176
12	Cancer: Lung	146
13	Sexually Transmitted Infections (STI)	120
14	Cancer: Skin	97

The team reviewed each need individually and discussed the disparity and trends noted in the secondary data. The group also compared its results to the focus group ranking.

Discussion points included:

  - Behavioral/Mental Health was at the top of the BJWCH priority results. Why need not chosen: Staffing
  - No streamlined process within BJC to refer
  - Social stigma
  - Concerns with safety in the health care setting, what can and cannot be control
- STIs
  - Uptick seen with patients presenting in the emergency department with sexually transmitted diseases
- Access to care
  - Very rough estimate: about 25 percent of patients who present in emergency department do not have a primary care physician
- Obesity and Diabetes
  - BJWCH will chose one of these for our focus; may chose obesity as it is part of the root cause for diabetes.
- Head and Neck Cancer

- Will not chose as data shows this ranks lower
  - BJWCH ranked this need 10 out of 14
  - External stakeholders and Healthy Communities Institute did not rank need at all (out of 14 options)
- Considered lessons learned from the past that internal work group recommend only picking one need and doing it successfully vs. many needs and failing due to lack of resources and expertise of owner to address the need.
- There is the option to pass this program over to Siteman Cancer Center or Washington University Physicians if they are interested in continuing it in 2020.

TABLE 4: BJWCH COMMUNITY HEALTH NEEDS ASSESSMENT INTERNAL WORK GROUP VS. EXTERNAL STAKEHOLDERS RANKINGS

RANK	BJWCH INTERNAL TEAM RANKING	STAKEHOLDERS RANKING
1	Behavioral / Mental Health: Substance Abuse	Access to Care
2	Chronic Condition: Obesity	Access to Insurance
3	Chronic Condition: Diabetes	Violence
4	Senior Health	Mental Health
5	Chronic Condition: Heart & Vascular	Substance Abuse
6	Access: Coverage	Maternal/Child Health
7	Access: Services	Cultural Compliance/Health Literacy
8	Cancer: Colorectal	Senior Health Care
9	Smoking / Tobacco Use & Education	Diabetes
10	Cancer Head & Neck	Heart/Vascular Disease
11	Cancer: Breast	Sexually Transmitted Infections (STIs)
12	Cancer: Lung	Obesity
13	SexuallyTransmitted Infections (STIs)	Cancer: Breast
14	Cancer: Skin	Cancer: Colorectal

Next, the work group reviewed results of the secondary data using the Healthy Communities Institute (HCI) Data Scoring Tool, which compares data from similar communities in the nation. The tool provides a systematic ranking of indicators for St. Louis County and helps prioritize the needs. The scoring is based on how a county compares to other similar counties within the state and U.S., the average state value, the average U.S. value, historical indicator values, Healthy People 2020 targets, and locally set targets, depending on data availability. The team reviewed the scores by indicators.

The table below shows:

- needs identified by the internal work group ranking
- primary data from the focus group ranking
- results of the secondary data using Conduent Healthy Communities Institute scoring tools that compared data from similar communities in the nation

TABLE 5: BJWCH INTERNAL WORK GROUP VS. ST. LOUIS COUNTY & HEALTHY COMMUNITIES INSTITUTE

RANK	BJWCH INTERNAL WORK GROUP RANKINGS	COMMUNITY STAKEHOLDERS RANKING	CONDUENT HEALTHY COMMUNITIES RANKING
1	Behavioral / Mental Health: Substance Abuse	Access to Care	Depression: Medicare Population
2	Chronic Condition: Obesity	Access to Insurance	Rheumatoid Arthritis or Osteoarthritis: Medicare Population
3	Chronic Condition: Diabetes	Violence	Alzheimer's Disease or Dementia: Medicare Population
4	Senior Health	Mental Health	Atrial Fibrillation: Medicare Population
5	Chronic Condition: Heart & Vascular	Substance Abuse	Food Insecure Children Likely Ineligible for Assistance
6	Access: Coverage	Maternal/Child Health	Stroke: Medicare Population
7	Access: Services	Cultural Compliance/Health Literacy	Babies with Low Birth Weight
8	Cancer: Colorectal	Senior Health Care	Breast Cancer Incidence Rate
9	Smoking / Tobacco Use & Education	Diabetes	Cancer: Medicare Population
10	Cancer Head & Neck	Heart/Vascular Disease	Osteoporosis: Medicare Population
11	Cancer: Breast	Sexually transmitted Infections (STIs)	Prostate Cancer Incidence Rate
12	Cancer: Lung	Obesity	Death Rate due to Drug Poisoning
13	Sexual Transmitted Infections (STI)	Cancer: Breast	Hyperlipidemia: Medicare Population
14	Cancer: Skin	Cancer: Colorectal	Heart Failure: Medicare Population
15		Cancer: Lung	Adults 20+ with Diabetes
16		Cancer: Skin	Chlamydia Incidence Rate: Female 15-19
17		Cancer: Head & Neck	Preterm Births

- Diabetes; Heart Health; Breast Cancer; Senior Health Care; and Sexually Transmitted Infections (and related categories) were listed by all three groups.
- Substance Abuse; Lung Cancer; Obesity; Access to Care: Coverage; Colorectal Cancer; Access to Services (Care); Head and Neck Cancer; and Skin Cancer; were listed by the stakeholders and the internal work group.

- Mental Health and Maternal/Child Health were ranked by the stakeholders and the Conduent Healthy Communities Institute
- Smoking/Tobacco Use & Education was ranked by the internal team.
- Violence and Cultural Competence/Health Literacy were ranked by the stakeholders.

MEETING 3

Because the steering committee was undecided on its selection between Diabetes and Obesity as a priority for BJWCH, the committee gathered again on Feb. 25, 2019, with the goal of learning more from clinical staff members who are taking care of pre-diabetic, diabetic and obese patients.

Registered dietitian nutritionists and certified diabetes educators learned about the robust process that was utilized to choose these two health care needs, lessons learned and desired outcome.

Although the committee felt strongly that Obesity can help address other health needs, such as Diabetes, Cancer, Heart Failure, Stroke, etc., the lack of available resources ultimately led the team to select Diabetes. Not only does the hospital already have clinical staff roles allocated and in place whose responsibilities address Diabetes, BJWCH provides a comprehensive diabetes program.

CONCLUSION

At the conclusion of the comprehensive assessment process to determine the most critical needs in the West County and South County communities, the group concluded that BJWCH will focus on: Diabetes.

APPENDICES

Appendix A: About Barnes-Jewish West County Hospital

Barnes-Jewish West County Hospital (BJWCH) has been providing high-quality health care in a compassionate, healing environment since 1989 and is united with BJC HealthCare in the mission to improve the health of the people and communities we serve.

Patients have access to world-class physicians, including Washington University Physicians, BJC Medical Group and private practice physicians. BJWCH offers highly specialized care for a unique line of services. This includes the Siteman Cancer Center, emergency care, heart and vascular, imaging, sleep disorders, and physical therapy and rehabilitation, as well as a full range of inpatient and outpatient surgical procedures including colorectal, urology, orthopedics, plastics, ENT, digestive diseases, bariatrics and ophthalmology.

In 2017, BJC HealthCare continued to invest in our community by breaking ground for a replacement hospital and new medical office building on the campus. The new hospital will provide a healing environment that is innovative, modern and efficient, designed to enhance the excellent patient care for which we are known.

BJWCH is connected to the region's national leader in medicine, Barnes-Jewish Hospital and is a part of BJC HealthCare, one of the largest nonprofit health care organizations in the United States.

In 2018, BJWCH provided $5,025,662.00 in financial assistance and means-tested programs serving 8,570 persons. This total includes:

- $3,056,293.00 in financial assistance serving 3,737 individuals
- 4,833 individuals on Medicaid at a total net benefit of $1,969,369.00

BJWCH also provided a total of $18,265,660.00 to 87,284 persons in other community benefits including, community health improvement services, subsidized health services and in-kind donations. (See Appendix B for Community Benefit Expenses)

Appendix B: 2018 Net Community Benefit Expenses

BARNES-JEWISH WEST COUNTY HOSPITAL: 2018 TOTAL NET COMMUNITY BENEFIT EXPENSES		
CATEGORY	PERSONS SERVED	TOTAL NET BENEFIT
FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS		
Financial Assistance at Cost	3,737	$3,056,293.00
Medicaid	4,833	$1,969,369.00
TOTAL FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS	8,570	$5,025,662.00
OTHER COMMUNITY BENEFITS		
Community Health Improvement Services	5,890	$68,076.00
Health Professional	431	$11,722,280.00
Subsidized Health Services	80,963	$6,458,453.00
Cash and In-Kind Donation		$16,851.00
TOTAL OTHER COMMUNITY BENEFITS	87,284	$18,265,660.00
GRAND TOTAL	95,854	$23,291,322.00

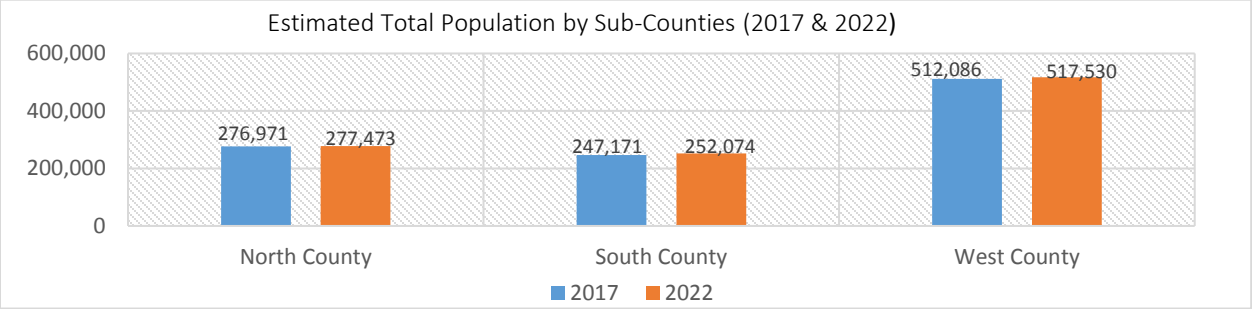
Appendix C: St. Louis County Demographic

DEMOGRAPHIC OF ST. LOUIS COUNTY VS. MISSOURI		
	ST. LOUIS COUNTY	MISSOURI
GEOGRAPHY		
Land area in square miles, 2010	507. 80	6,874,1.52
Persons per square mile, 2010	1967.2	87.1
POPULATION		
Population, 2017	996,726	6,113,532
Population, 2010	998,883	5,988,923
Population, Percent Change - 2010 -2017	-0.2	2.1
RACE / ETHNICITY		
White, Percent, 2017	68.6	83.1
White Alone, not Hispanic or Latino, Percent, 2017	66.1	79.5
African American Alone, Percent, 2017	24.7	11.8
Asian Alone, Percent, 2017	4.4	2.1
Hispanic or Latino, Percent, 2017	2.9	4.2
Two or More Races, Percent, 2017	2.1	2.3
American Indian and Alaska Native alone, Percent, 2017	0.2	0.6
Native Hawaiian and Other Pacific Islander Alone, Percent, 2017	0.0	0.1
LANGUAGE		
Foreign Born Persons, Percent, 2013-2017	6.9	4.0
Language other than English Spoken at Home, Percent 5+, 2013-2017	8.7	6.0
AGE		
Persons Under 5 Years, Percent, 2017	5.8	6.1
Persons Under 18 Years, Percent, 2017	22.0	22.6
Persons 65 Years and over, Percent, 2017	17.7	16.5
GENDER		
Female Person, Person, 2017	52.5	50.9
Male Persons, Percent, 2017	47.5	49.1

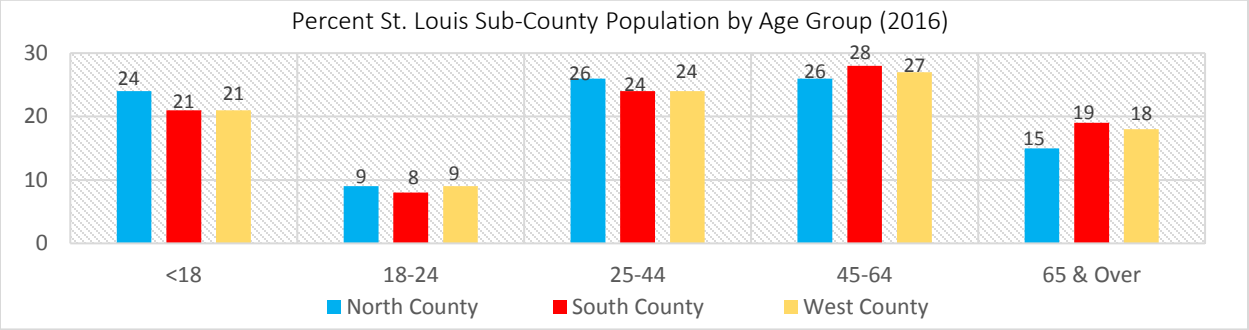
Source: Conduent Healthy Communities Institute

ST. LOUIS COUNTY DEMOGRAPHIC INCLUDING EDUCATION / INCOME / HOUSING VS. MISSOURI		
	ST. LOUIS COUNTY	MISSOURI
EDUCATION		
High School Graduate or Higher, Percent of Persons Age 25+, 2013-2017	93.2	88.8
Bachelor's Degree or Higher, Percent of Persons Age 25+, 2013-2017	42.8	27.6
INCOME		
Per Capita Income, 2013-2017	$38,081.00	$28,282.00
Median Household Income, 2013-2017	$62,931.00	$51,542.00
People Living Below Poverty Level, Percent, 2013-2017	9.8	14.6
HOUSING		
Housing Units, 2017	441,236	2,792,506
Homeownership, 2013-2017	63.7	57.8
Median Housing Units Value, 2013-2017	181,100	145,400
Households, 2013-2017	402,307	2,386,203
Average Household Size (2013-2017)	2.4	2.5

Source: Conduent Healthy Communities Institute



Source: Truven Health Analytics



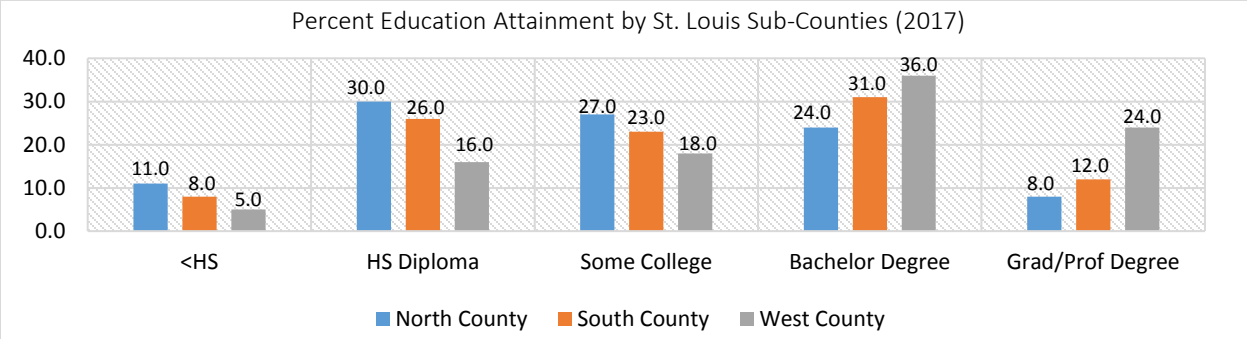
Source: Truven Health Analytics

DEMOGRAPHIC OF SUB-COUNTIES OF ST. LOUIS COUNTY							
		NORTH COUNTY		SOUTH COUNTY		WEST COUNTY	
		2017	2022	2017	2022	2017	2022
POPULATION BY RACE /ETNICITY	White	83,297	74,948	225,764	227,727	385,069	381,329
	African American	177,995	184,336	4,420	4,886	60,826	61,000
	Asian & Pacific Islander	620	681	402	421	872	938
	Two or More Races	2,689	3,189	6,686	7,756	33,778	38,431
	Hispanic	364	379	152	154	698	695
	American Indian	6,405	7,554	3,788	4,372	11,341	13,107
	Other	5,601	6,386	5,959	6,758	19,502	22,030
	TOTAL POPULATION	276,971	277,473	247,171	252,074	512,086	517,530
MALE POPULATION	<18	33,894	32,916	26,129	25,951	55,420	54,146
	18-24	13,071	12,884	9,990	10,493	24,149	25,119
	25-44	32,495	33,761	29,149	29,653	59,572	60,312
	45-64	31,211	29,227	34,084	32,163	66,578	62,462
	65-74	10,102	12,293	11,562	14,447	23,224	28,428
	75+	6,534	7,007	8,422	9,069	15,752	16,990
	MALE TOTAL	127,307	128,088	119,336	121,776	244,695	247,457
FEMALE POPULATION	<18	33,091	31,984	24,756	24,722	53,411	52,147
	18-24	13,139	12,611	9,551	9,779	23,469	24,057
	25-44	39,300	38,560	30,096	30,410	62,545	62,180
	45-64	39,724	38,499	36,278	34,699	74,167	71,060
	65-74	13,825	16,682	14,124	17,112	28,062	33,725
	75+	10,585	11,049	13,030	13,576	25,737	26,904
	FEMALE TOTAL	149,664	149,385	127,835	130,298	267,391	270,073
TOTAL HOUSEHOLDS		109,824	110,675	102,268	104,500	212,177	215,277

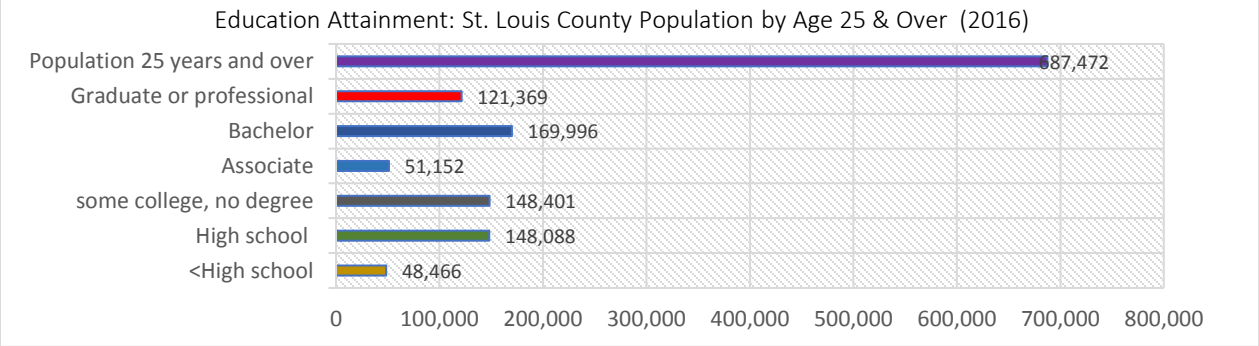
Source: Truven Health Analytics

TOTAL HOUSEHOLDS & FAMILY STRUCTURE OF SUB-COUNTIES OF ST. LOUIS COUNTY				
YEAR 2017		NORTH COUNTY	SOUTH COUNTY	WEST COUNTY
TOTAL HOUSEHOLDS		109,824	102,268	212,177
MEDIAN HOUSEHOLD INCOME		$46,569	$66,843	$80,771
FAMILY STRUCTURE	Families	72,594	68,055	134,785
	Married Couple w / Children	16,281	22,088	45,725
	Married Couple no Children	22,541	31,833	59,623
	Male Head w / Children	3,425	2,258	3,873
	Male Head, no Children	2,639	1,795	3,373
	Female Head w / Children	18,810	5,681	13,546
	Female Head, no Children	8,900	4,394	8,646

Source: *Truven Health Analytics*



Source: Truven Health Analytics



Source: *Truven Health Analytics*

Appendix D: Community Stakeholders Focus Group Report

PERCEPTIONS OF THE HEALTH NEEDS

OF ST. Louis COUNTY RESIDENTS

FROM THE PERSPECTIVES OF COMMUNITY LEADERS

PREPARED BY:

Angela Ferris Chambers

Director, Market Research & CRM

BJC HealthCare

NOVEMBER 1, 2018

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BACKGROUND

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, non-profit hospitals were mandated to conduct a community-based health needs assessment (CHNA) every three years. As a part of that process, each hospital is required to solicit input from those who represent the broad interests of the community served by the hospital as well as those who have special knowledge and expertise in the area of public health and underserved populations.

Several St. Louis County hospitals have chosen to work together on this part of the assessment process, even though they are on different time lines for completing their CHNAs. They include Barnes-Jewish West County Hospital, Missouri Baptist Medical Center, Mercy Hospital St. Louis, Mercy Hospital South (formerly St. Anthony's Medical Center) and St. Luke's Hospital. For the first time this year, St. Luke's Des Peres was also included in the process. Many of these hospitals have been working together since the initial stakeholder assessment, conducted in 2012, followed by a second in 2015.

The hospitals continue to be on different timelines with this iteration of the needs assessment. The assessments of Mercy Hospital South, Mercy St. Louis, St. Luke's Hospital and St. Luke's Des Peres are due at the end of June 2019. Those of Barnes-Jewish West County and Missouri Baptist Medical Center are due at the end of December 2019. However, all hospitals continue to cooperate on soliciting the community feedback to be incorporated into each individual assessment.

RESEARCH OBJECTIVES

The main objective of this research is to solicit feedback on the health needs of the community from experts and those with special interest in the health of the community served by the hospitals of St. Louis County.

Specifically, the discussion focused around the following ideas:

1) Determine whether the needs identified in the 2016 hospital CHNAs are still the right areas on which to focus

2) Explore whether there are any needs on the list that should no longer be a priority

3) Determine where there are the gaps in the plans to address the prioritized needs

4) Identify other organizations with whom these hospitals should consider collaborating

5) Discuss what has changed since 2016 when these needs were prioritized, and whether there are new issues to be considered

6) Understand what other organizations are doing to impact the health of the community and how those activities might complement the hospitals' initiatives

7) Evaluate what issues the stakeholders anticipate becoming a greater concern in the future that we need to consider now

METHODOLOGY

To fulfill the PPACA requirements, the sponsoring hospitals conducted a single focus group with public health experts and those with a special interest in the health needs of St. Louis County residents, especially of those who reside in the west and south regions of the county. It was held on August 28, 2018, at the BJC Learning Institute in Brentwood, MO. The group was facilitated by Angela Ferris Chambers of BJC HealthCare. The discussion lasted about ninety minutes.

19 individuals representing various St. Louis County organizations participated in the discussion. (See Appendix)

Trish Lollo, President, Barnes-Jewish West County Hospital, welcomed participants at the beginning of the meeting. Those who were observing on behalf of the sponsoring hospitals were also introduced.

During the group, the moderator reminded the community leaders why they were invited - that their input on the health priorities of the community is needed to help the hospitals move forward in this next phase of the needs assessment process.

The moderator shared the demographic and socioeconomic profile of St. Louis County. This included specific breakouts on the north, south and west-central sectors, when data was available. Information on the needs prioritized by each of the hospitals in their most recent assessments, and the highlights of each hospital's implementation plan, were sent in advance of the presentation and were reviewed during the discussion. The moderator also reviewed the steps that the hospital collaborative has taken to commonly address the health need of diabetes, an issue they have chosen to tackle together within the last year.

Because these hospitals occasionally referred to the same needs differently, some changes were made in the nomenclature to ensure that the same health need was being referenced. This was based on work that BJC HealthCare conducted in 2015 and 2016 to develop a common nomenclature to use among all of its hospitals.

The following health needs (based on the revised nomenclature) were identified in the 2016 hospital CHNAs and implementation plans.

Needs Being Addressed	BJWCH	MBMC	Mercy Hospital South	St. Luke's	Mercy St. Louis
Access to Care: Coverage					X
Access to Care: Services			X		X
Cancer: Breast				X	X
Cancer: Colon				X	
Cancer: Head and Neck	X				
Cancer: Lung				X	
Chronic Conditions: Diabetes		X	X		X
Chronic Conditions: Heart & Vascular		X		X*	
Maternal/Child Health					X
Mental Health			X		X
Obesity			X		
Substance Abuse	X		X		X

*Addressing diabetes as part of this

Other health needs were identified in the 2016 hospital plans, but not addressed, due to factors such as lack of expertise and limitations in resources. These included:

Needs Not Being Addressed[1]
Cancer: Skin
Cultural Competence/Health Literacy
Senior Health
Sexually Transmitted Infections
Smoking/Tobacco use and Education
Violence

The moderator also shared several pieces of information to help further identify the health needs of St. Louis County. They included:

- the best performing health indicators
- the best performing social determinants of health
- the worst performing health indicators
- the worst performing social determinants of health

Other health indicators were also shared that described access to health insurance, access to healthcare providers, and infectious disease rates (including STDs). At the end of the presentation, the community stakeholders rated the identified needs based on their perceived level of concern in the community, and the ability to collaborate to address them.

KEY FINDINGS

FEEDBACK ON THE NEEDS BEING ADDRESSED:

The details on the needs being addressed by each hospital was sent to the group for review one week prior to the meeting. During the meeting, the moderator shared a summary slide to remind them about the needs that each hospital has chosen to address.

One stakeholder was particularly interested in how the hospitals are addressing the specific needs of immigrant communities with respect to cultural competence and language barriers. He was especially concerned about addressing diabetes in Hispanic communities. Another was wondering whether the hospitals have addressed the willingness of Muslims who are diabetic to take insulin during Ramadan or Eid.

Another stakeholder wanted clarification on Mercy St. Louis' objective to decrease disparities in the incidence of diabetes in North St. Louis County, and which specific ZIP codes were being targeted in these efforts. The Mercy representative addressed the question, and referenced the Mercy Clinics that are located around Interstate 270 and Lindbergh Boulevard as well as in Hazelwood.

There was another suggestion that the hospitals look at race and ethnicity data separately. There have been some cases in which Hispanics and Caucasians are counted together, resulting in totals of more than 100% in the demographic distributions. He suggested that ethnicity, as defined as the percent of Hispanics in a population, should be tracked separately from race.

Another stakeholder questioned why Christian and DePaul Hospitals were not included in this meeting. The moderator explained that there had been a separate discussion on the specific needs of north St. Louis County in which those hospitals were collaborators. Both hospitals have also been invited to participate in the Diabetes Collaborative.

The school nurse representative commented on the fact that asthma was missing from the list of identified needs. Her data suggests that number of asthma cases among school-age children has soared in the last several years, while diabetes has not increased at as dramatic a rate.

There were also questions around the emergency department (ED) utilization data that were shared, and the moderator clarified that the number of visits is based on where the patient lived as opposed to where the hospital was located. The high ED utilization in North County may be considered a reflection of lack of access to primary care providers in that market.

NEEDS THAT SHOULD BE REMOVED FROM THE LIST:

Stakeholders agreed that the needs being addressed should remain, and nothing should be removed from the list.

OTHER NEEDS THAT SHOULD BE ADDRESSED:

The representative from the Kirkwood Fire Department was surprised that Senior Health is not one of the needs being addressed through the implementation plans. He mentioned that the majority of the calls to which his paramedics respond are related to heart and respiratory conditions in the elderly, including CHF and COPD. He also said that many of the needs he sees

among Seniors are related to a lack of social support – they are living alone and unable to care for themselves, with no family support available close by.

Another questioned why cultural competency and health literacy were not being addressed, as they would impact every need that was identified on the left hand side of the table.

Another stakeholder observed that, although violence was identified as a need, there was no mention of trauma. They should be considered as two separate issues. She also suggested that cultural competence, health literacy and trauma should be evaluated for every health need that is identified.

Housing availability was mentioned as an additional need that may impact the health of the community.

SPECIAL POPULATIONS FOR CONSIDERATION:

One stakeholder cautioned the hospitals about how they examine their data. Being able to disaggregate the data to hone in on all types of disparities should be an essential component of the process. Although a disparity may seem small percentage-wise, it can represent tens of thousands of people. It may appear not be a significant issue when it really is. She encouraged the group to take this step and examine the data by race, age, ethnicity and gender so as not to miss health issues that are more serious in specific segments. Otherwise, the data points get whitewashed when they are examined in aggregate.

Similarly, every health issue that is identified should be examined through the lens of cultural competence and health literacy.

The Jewish Federation representative mentioned that her organizations is currently going through a planning process to prioritize the issues on which they should focus. Senior health is one that rose to the top of their list of prioritizations. Many of the older adults in their community are living alone and do not have social support. They are concerned about their social isolation and the impact that has on their access to health services.

Another stakeholder from the National Council of Alcohol and Drug Abuse suggested that the LGBTQIA (Lesbian, Gay, Bisexual, Transgender/Transsexual, Queer/Questioning, Intersex, Asexual/Allies) were not mentioned in any of the identified needs. He suggested that there are issues of cultural competence that should be considered, especially when they show up in the emergency department and need to reveal their romantic status/gender identity to the doctor.

Another stakeholder identified those who are victims of human trafficking as a special population with unique health needs.

The specific needs of immigrant communities were identified by the representative of the Laborer's Union as an area not to be forgotten. In working with the data, he cautioned hospital representatives not to under count the number of Hispanic individuals by mixing them with racial groups, as the two measures are different and distinct, although they may overlap.

- He also cautioned the hospital community to recognize that there are cultural differences that impact the need for health care. One example is how the Latino community treats their oldest family members, preferring to care for them at home and not to send them

to long-term care facilities. This creates mental health issues for the care givers that may not be recognized.

- The issue of health insurance coverage impacts this community, and the number of individuals who are un- and underinsured should be evaluated through this lens,
- Substance abuse and opioid addiction is not often recognized as impacting immigrant communities. The stakeholder was concerned that is often viewed only as a black and white issue and that the needs of immigrant communities are often forgotten when opioid solutions are identified.

GAPS BETWEEN DEFINED NEEDS AND OUR ABILITY TO ADDRESS THEM:

One stakeholder suggested that we need to look at these individual needs in a holistic way based on the entire person. The hospitals' assessment needs to involve more than just the patient's physical health.

Another mentioned access to medication, especially among diabetics who have no health insurance or regular source of income.

When it comes to mental health, several stakeholders mentioned that there is a lack of available services. When services are available, it is often challenging for those who need them to get access.

- Another stakeholder suggested that within each of the needs each hospital identifies, they should consider the impact of mental health issues. For example, how do mental health issues contribute to an individual's obesity, or how does depression impact diabetes?

When it comes to addressing substance abuse, one stakeholder recalled that there was no mention of access to Narcan as a part of any of the hospitals' plans. That led into a discussion about the EPICC program (Engaging Patients in Care Coordination) in which several St. Louis area hospitals are participating. Access to Narcan is available through this program.

- This program represents a cultural shift in how opioid addiction is treated. It involves administration of a medication (buprenorphine) in the ED to stop short-term cravings. In addition, former addicts provide counselling in the ED and act as recovery coaches, also helping patients to secure resources and get into outpatient treatment. Only select hospital ED physicians are authorized to prescribe buprenorphine at this time.

- Another stakeholder discussed the importance of having an electronic medical record (EMR) that can track clinical encounter information between different hospital and outpatient settings. This would be especially important in identifying patients who suffer from addiction and may seek drugs at several different locations. Having an EMR that is shared among different health systems and facilities would help ensure continuity of care and services for these individuals and others.

- There is also an issue of limited grants and funding to address the opioid crisis and the entire continuum of care, including mental health, physical health and residential care. Having more collaboration among all of the area's hospitals and health care organizations would be a way to move forward in addressing these issues.

Several stakeholders expressed concern that this discussion was not deliberately addressing the health needs of north St. Louis County. The hospitals included in this discussion were counselled not overlook that area, even though DePaul and Christian are specifically focusing on it. Those hospitals should not be left alone to address the health of north County. The degree of health needs in that community, especially when disparities are considered, may be more than those two hospitals alone can address.

OTHER ORGANIZATIONS WITH WHOM TO COLLABORATE:

The representative from the American Cancer Society mentioned that they are exploring barriers to clinical specialty services among the underserved and uninsured. She cited the example of a patient who tests positive for a fecal occult blood test (FOBT) and needs a colonoscopy. They are exploring how to address this need for those diagnostic services that catch cancer early before it becomes more advanced and requires a higher level of care.

Casa de Salud is another organization that should be considered for future inclusion in discussing the needs of immigrant communities.

The St. Louis Effort for AIDS could also be an effective partner when considering how to address sexually transmitted disease.

Missouri Access for All is an important organization when considering partners to support and advocate for Medicaid expansion.

Organizations that address the need for housing may also be important collaborators, including the St. Patrick's Center and Places for People. For many organizations, access to housing is a requirement to paying for health services and will help establish stability for those in need.

The issue of transportation can also affect the ability to access health services. Including Metro and Gateway may help the group better understand these issues and what resources are available to address them.

CURRENT COLLABORATIONS THAT WERE HIGHLIGHTED:

One stakeholder reminded participants about the Gateway to Better Health program, which is under the Regional Health Commission. It covers outpatient healthcare services for qualified city and county residents. Normally, those who apply for Medicaid but who are deemed ineligible can be considered for this program.

CHANGES SINCE THE 2016 CHNA:

The representative from the St. Louis County Department of Public Health mentioned that they are in collaboration with the St. Louis City Health Department to prepare their most recent Community Health Improvement Plan (CHIP), as a part of the St. Louis Partnership for a Healthy Community. This partnership includes not only the health departments, but a coalition of a

broad range of stakeholders, community organizations, and advocates, including our collaborating hospitals, who share a common vision for achieving a more equitable St. Louis community, with optimal health for all. During the CHIP process, the health departments were challenged by their community partners to rethink the way they defined their health needs, moving from disease conditions and health outcomes, to addressing how social determinants of health impact health outcomes. As a result, they committed to changing how they classified their needs and analyze at their data, incorporating social determinants of health and racial disparities as part of their needs to be addressed.

The representative from the Health Department reported that violence is also worse than it was in 2016 along with sexually transmitted infections.

- With regard to violence, the specific issues of domestic violence, interpersonal violence, and suicide have impacted the overall rates of firearms mortality, which has been rising every year.
- The rise in violence also creates a need for recognizing that trauma-informed care must be included as part of the solution, especially for those individuals whose first encounter is at the emergency department.

There was also agreement that the opioid crisis is worse than it was three years ago. Specifically, fentanyl was not around in 2014 and 2015. In 2017, 85% of overdose deaths were due to fentanyl in St. Louis City and County.

The representative of the American Heart Association noted that heart disease continues to be the number one cause of death in the St. Louis region. They are exploring the root causes of this major health issue. They suggest that changes need to be explored at the larger health system level to have the greatest impact, rather than continuing to focus on the individual. The required policy and organizational changes need to be organized and coordinated if the area is going to see any substantive improvement in this area.

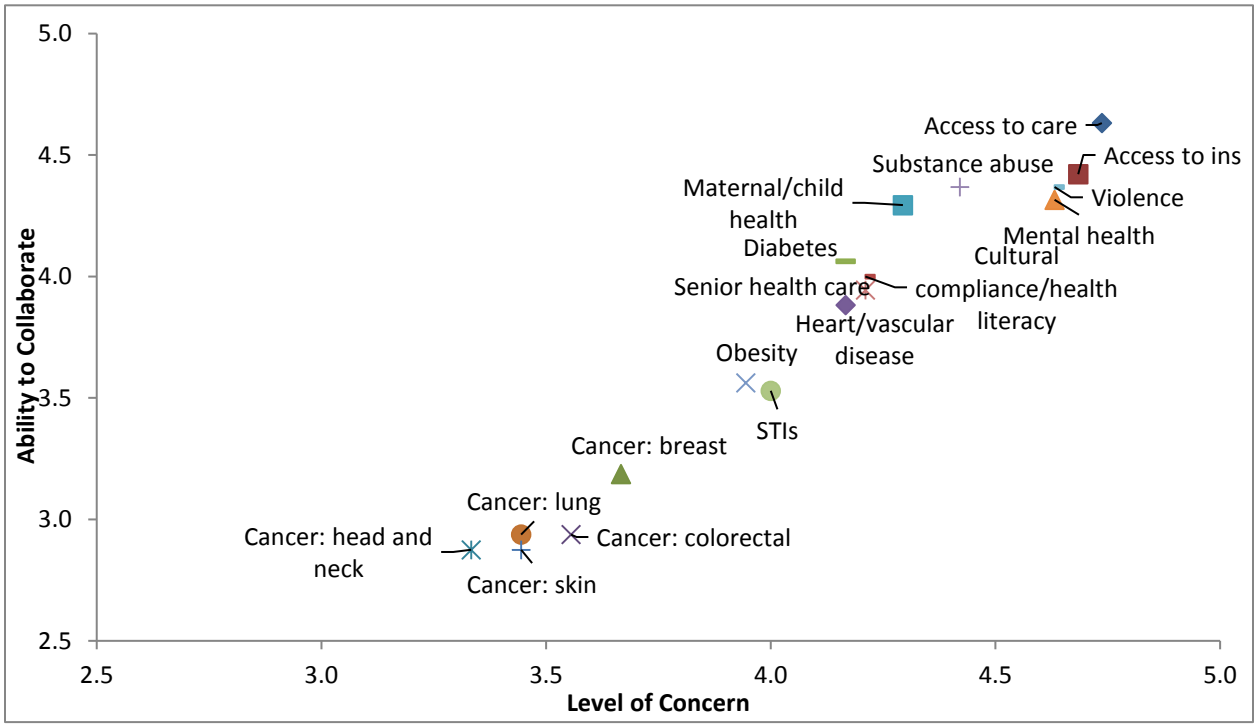
HEALTH CONCERNS FOR THE FUTURE:

Access to health insurance, especially Medicaid in Missouri, continues to be a concern for many. A few expressed a belief that health indicators were less negative when the Missouri Medicaid program was not as restrictive as it currently is. Many believe that there needs to be a continued effort to support the expansion of Medicaid in Missouri.

There also needs to be vigilance in monitoring alcohol use as well as methamphetamine and cocaine use. Abuse of those two stimulants is on the rise, and there is an increase in overdose deaths resulting from them.

RATING OF NEEDS

Participants rerated the needs identified in the 2016 assessment on a scale of 1 (low) to 5 (high), based on their perceived level of community concern and the ability of community organizations to collaborate around them.



The issues of access to care and access to insurance were rated the highest in terms of level of concern and ability to collaborate, followed by violence and mental health. Substance abuse and maternal/child health were not far behind.

The table on the next page shows the actual ratings for each need that was evaluated.

Focus Group Average Scores		
Health Need	Level of Concern	Ability to Collaborate
Access to Care	4.7	4.6
Access to Insurance	4.7	4.4
Violence	4.6	4.4
Mental Health	4.6	4.3
Substance Abuse	4.4	4.4
Maternal/Child Health	4.3	4.3
Cultural Compliance/Health Literacy	4.3	4.3
Senior Health Care	4.2	3.9
Diabetes	4.2	4.1
Heart/Vascular Disease	4.2	3.9
Sexually Transmitted Infections (STIs)	4.0	3.5
Obesity	3.9	3.6
Cancer: Breast	3.7	3.2
Cancer: Colorectal	3.6	2.9
Cancer: Lung	3.4	2.9
Cancer: Skin	3.4	2.9
Cancer: Head and Neck	3.3	2.9
Cancer: Head and Neck	3.3	2.9

NEXT STEPS

Using the input received from community stakeholders, the St. Louis County hospitals will consult with their internal workgroups to evaluate this feedback. They will consider other secondary data, and determine whether/how their priorities should change.

The needs assessments and associated implementation plans must be completed by June 30, 2019 for Mercy St. Louis, Mercy Hospital South, St. Luke's Hospital and St. Luke's Des Peres; and by December 31, 2019 for Barnes-Jewish West County, Missouri Baptist Medical Center.

Appendix E: Focus Group Participants and Hospital Observers.

ST. LOUIS COUNTY STAKEHOLDERS FOCUS GROUP PARTICIPANTS			
LAST NAME	FIRST NAME	ORGANIZATION	ATTENDANCE
Bartnick	Rachelle	American Heart Association	X
Bradshaw	Karen	Integrated Health Network	X
Burgess P.	Ariel	International Institute of St. Louis	X
Costerison	Brandon	NCADA	X
Ditto	Nicole	Gateway Region YMCA	X
Duggan	Debbie	St. Louis Counseling	X
Franklin	Wil	Betty Jean Kerr People Health Center / Hopewell Community Mental Health	X
Harbison	Ryan	American Diabetes Association	X
Leonardis	Deborah	American Cancer Society	X
Marek	Michael	American Diabetes Association	X
Menefee	Maggie	ALIVE	X
Neumann	Linda	St. Louis Suburban School Nurses Association	X
Orson	Wendy	Behavioral Health Network	
Schmidt	Spring	St. Louis County Public Health Dept	X
Smith	David	Kirkwood Fire Dept	X
Underwood	Brooke	American Diabetes Assoc	X
Valdez	Sal	LiUNA	X
Waldman	Missy	City of Olivette	X
Weinstein	Nikki	Jewish Federation of St. Louis	X
Wessels	Robert	United Way 211	X

ST. LOUIS COUNTY STAKEHOLDERS FOCUS GROUP HOSPITALS' OBSERVERS			
LAST NAME	FIRST NAME	ORGANIZATION	ATTENDANCE
Arney	Stacy	BJWCH	X
Bub	Laura	Mercy Hospital South	X
Carroll	Megan	St. Luke's Hospital	X
Carter	Traci	Mercy St. Louis	X
Donato	Cyndy	MBMC	X
Egan	Cara	MBMC	X
Finetti	Yoany	BJWCH	X
Hoefer	Bill	Mercy Hospital South	X
Hudson	Gregory	St. Luke's	X
King	Karley	BJC HealthCare	X
Lollo	Trish	BJWCH	X
Loving	David	St. Luke's Hospital	X
Ray	Diane	St. Luke's	X
Weinstein	Cindy	BJWCH	X

Appendix F: Community Health Needs Internal Work Group

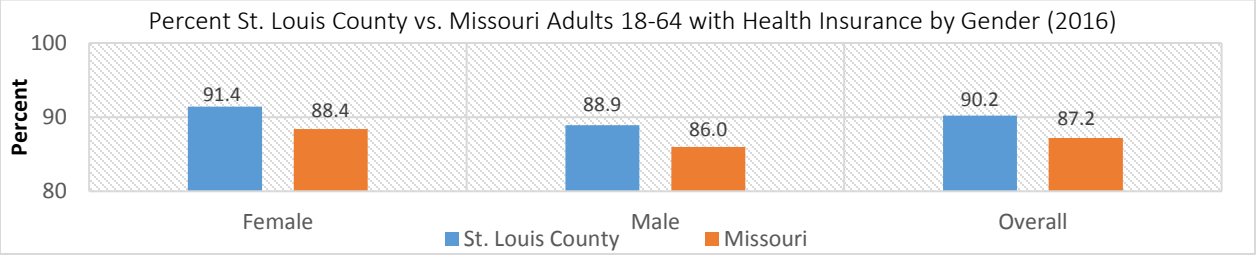
BJWCH COMMUNITY HEALTH NEEDS ASSESSMENT INTERNAL WORK GROUP			
LAST NAME	FIRST NAME	TITLE	DEPARTMENT
Finetti	Yoany	Vice President / Chief Nurses	Barnes-Jewish West County Hospital
Heaton	Jan	Spec, Clinical Education	Education Department
King	Karley	Program Manager	BJC Communication and Marketing
Lollo	Trish	President	Barnes-Jewish West County Hospital
Martin	Libby	Manager II	Communication & Marketing
Stollard	Laura	Manager, Clinical Program	Education Program
Tao	Richard	MD	Emergency Department

Appendix G: Secondary Data

ACCESS TO HEALTH CARE

ST. LOUIS COUNTY ACCESS TO HEALTH CARE		
HEALTH INDICATORS	ST. LOUIS COUNTY	MISSOURI
Percent Adults with Health Insurance Age 19-64 (2017)	90.6	86.8
Percent Children with Health Insurance (2017)	96.9	94.9
Primary Care Providers Rate / 100,000 (2016)	123	71
Dentist Rate/100,000 (2017)	85	57
Mental Health Providers Rate/100,000 (2018)	258	170
Non-Physicians Primary Care Providers Rate / 100,000 (2017)	85	87
Preventable Hospital Stays.: Medicare Population / 1000 (2015)	47.7	56.6

Source: Conduent Healthy Communities Institute



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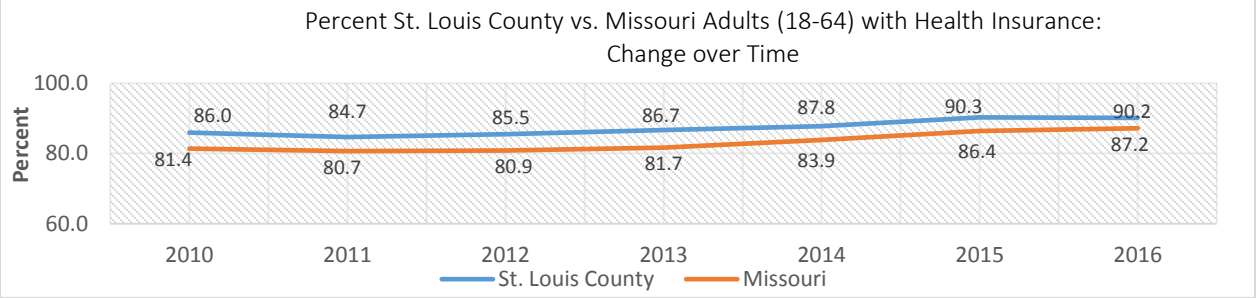

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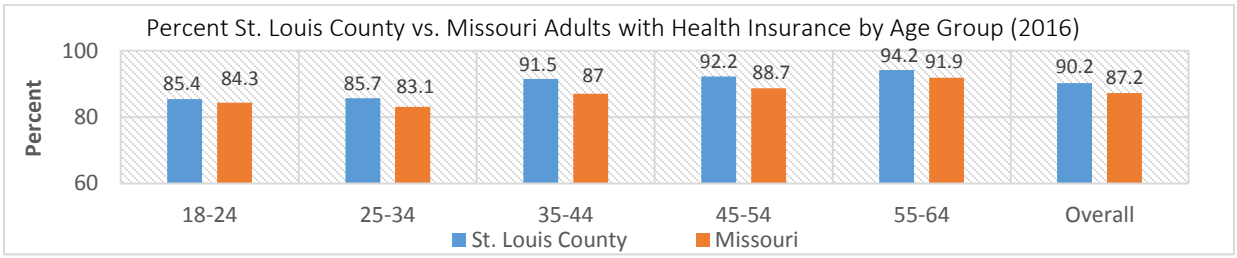
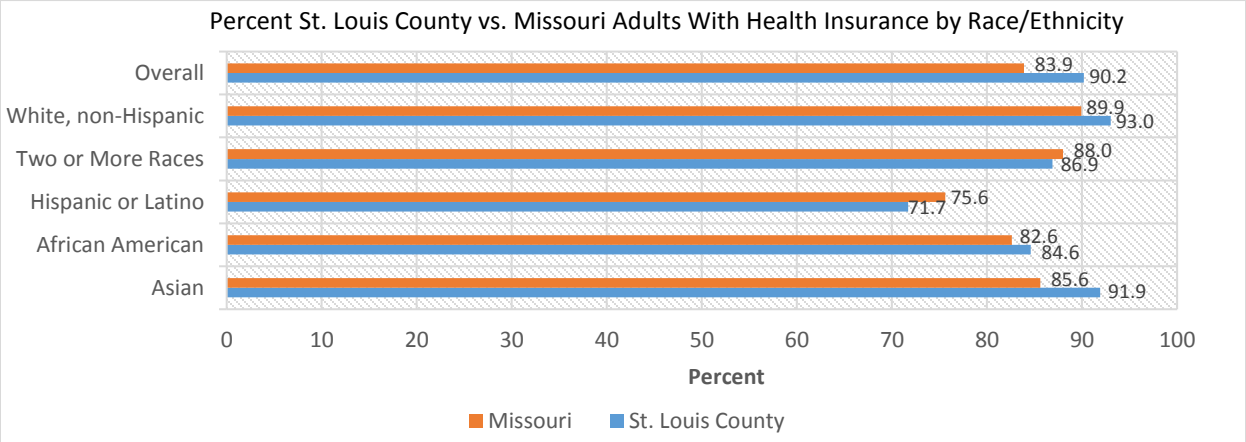


Source: Conduent Healthy Communities Institute

ACCESS TO HEALTH CARE



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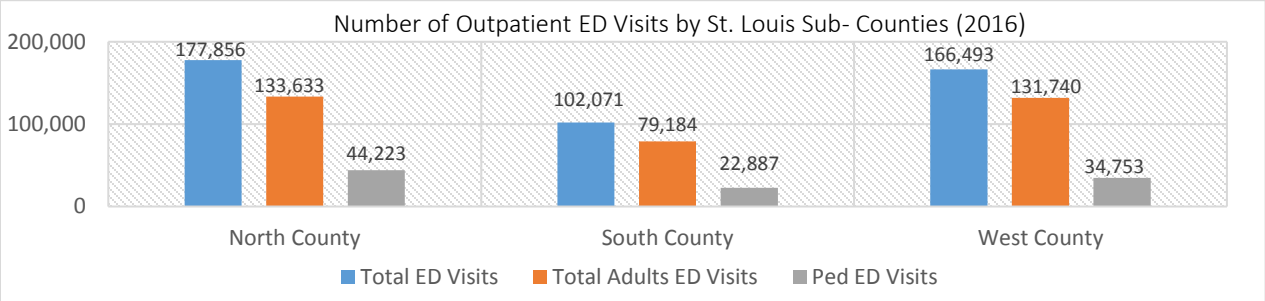
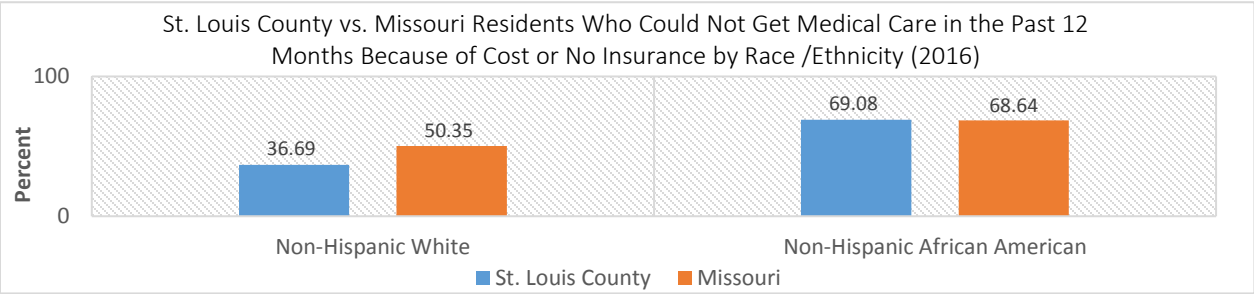


Source: Truven Health Analytics



Source: Missouri Department of Health & Senior Services

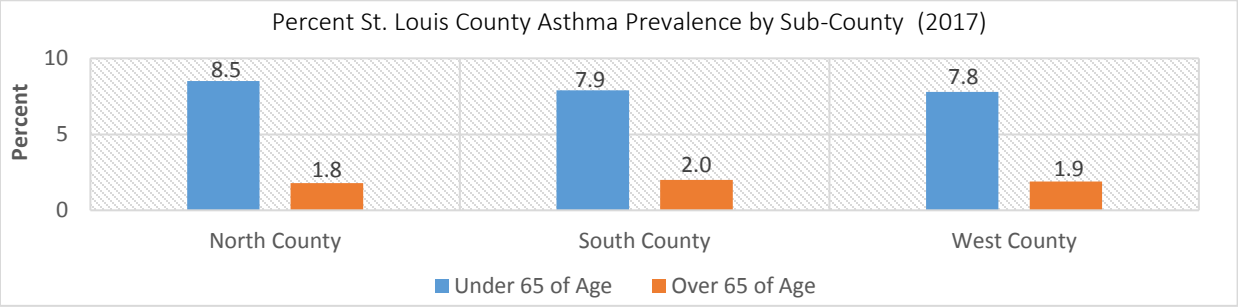
ACCESS: TRANSPORTATION		
HEALTH INDICATORS	ST. LOUIS COUNTY	MISSOURI
Percent Households without a Vehicle (2013-2017)	7.2	7
Percent Workers Commuting by Public Transportation (2013-2017)	2.7	1.5
Mean Travel Time to Work; Age 16+ (2013-2017)	24.2 Minutes	23.5 Minutes

Source: Conduent Healthy Communities Institute

ASTHMA

ST. LOUIS COUNTY VS. MISSOURI THREE-YEAR MOVING ASTHMA AVERAGE RATE						
HEALTH INDICATORS	2013-2015		2014-2016		2015-2017	
	St. Louis County	Missouri	St. Louis County	Missouri	St. Louis County	Missouri
Asthma Death / 100,000 population	1.58	1.07	1.81	1.19	1.17	1.1
	2011-2013		2012-2014		2013-2015	
Asthma Hospitalizations /10,000 population	15.51	11.74	15.06	11.44	14.08	10.65
Asthma EMERGENCY ROOM Visits/ 1000 population	7.6	5.39	7.78	5.47	7.56	5.34

Source: Missouri Health Department & Senior Services



Source: Truven Health Analytics

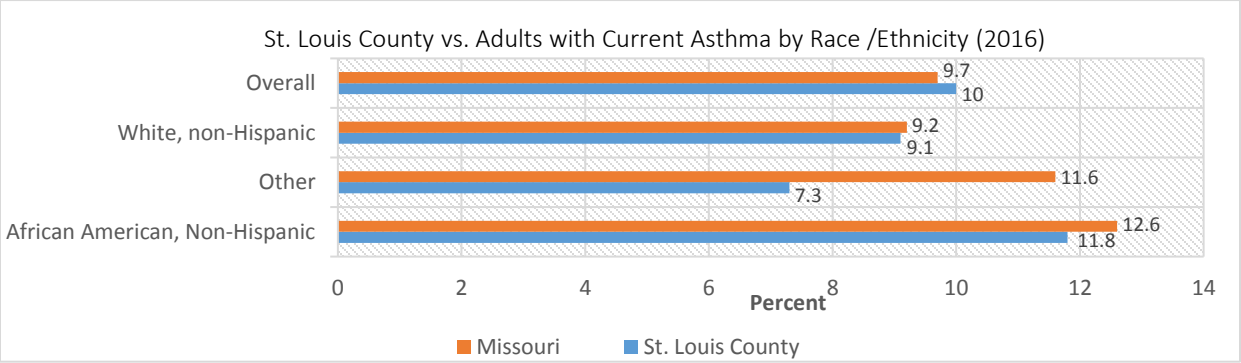
St. Louis County vs. Missouri Asthma RATE BY RACE / ETHNICITY				
HEALTH INDICATORS	WHITE		AFRICAN AMERICAN	
	ST. LOUIS COUNTY	MISSOURI	ST. LOUIS COUNTY	MISSOURI
Death / 100,000 (2007-2017)	0.67	0.83	2.78	3.08
Hospitalizations / 10,000 (2011-2015)	6.76	7.13	37.17	35.59
Emergency Room Visits / 1,000 (2011-2015)	2.4	3.02	20.06	18.16

Source: Missouri Department of Health & Senior Services

ST. LOUIS COUNTY VS. MISSOURI & U.S. RESPIRATORY DISEASES RATE			
HEALTH INDICATORS	ST. LOUIS COUNTY	MISSOURI	U.S.
Adults with Current Asthma in Percent (2016)	10	9.7	9.3
Age-Adjusted Death Rate due to Chronic Lower Respiratory Disease /100,000 Population (2013-2017)	31.6	51.9	41.1
Asthma: Medicare Population in Percent (2015)	5.8	4.7	5.1

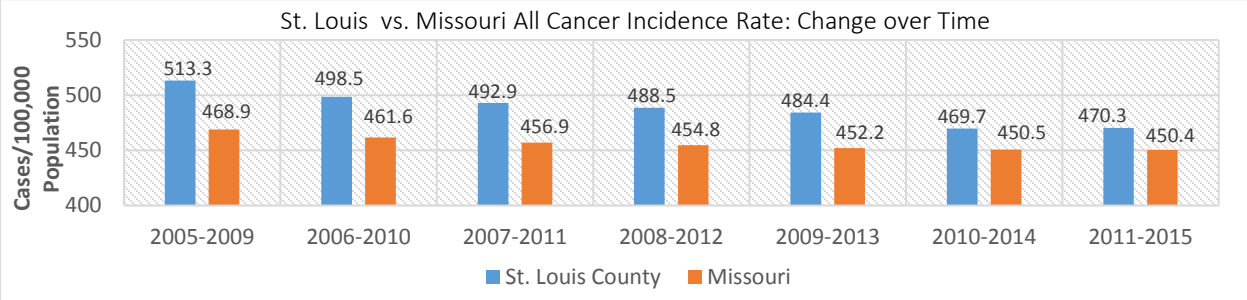
Source: Conduent Healthy Communities Institute

ASTHMA



Source: Conduent Healthy Communities Institute

CANCER



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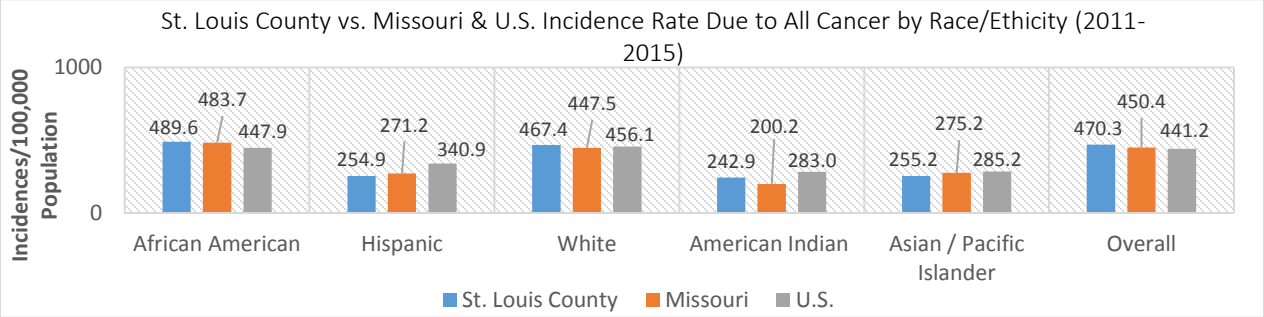
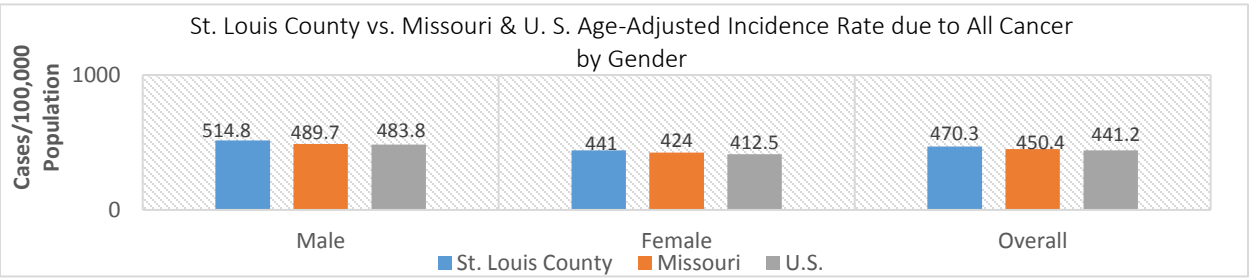
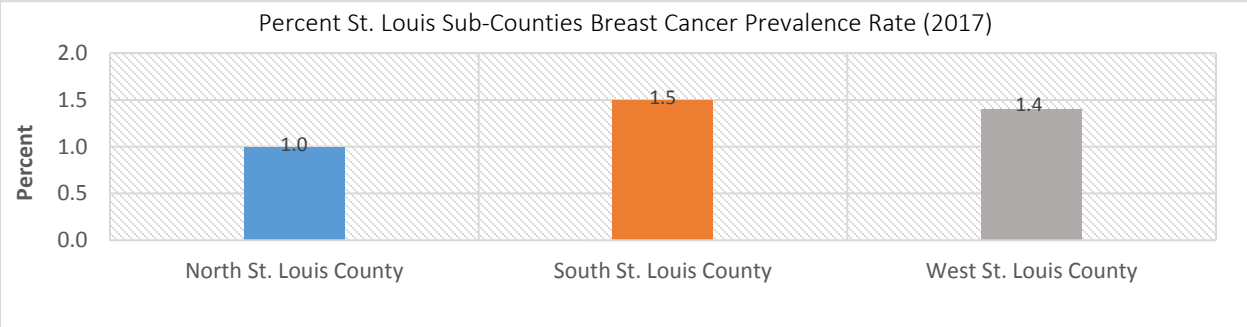


Source: Conduent Healthy Communities Institute and CDC Cancer Profile

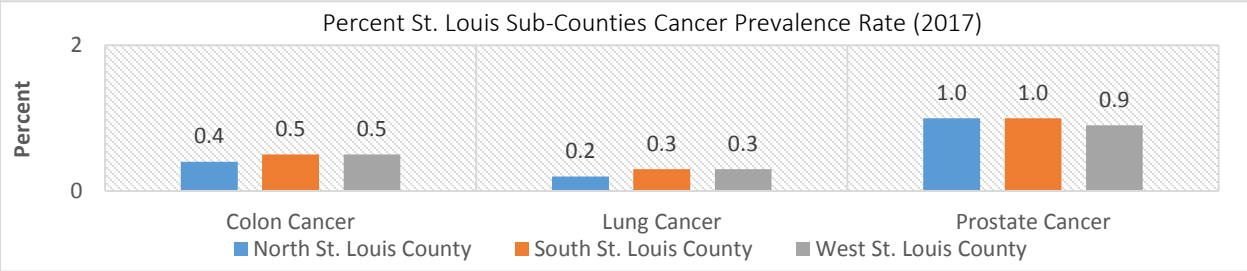


Source: Conduent Healthy Communities Institute and CDC Cancer Profile

CANCER



Source: Truven Health Analytics



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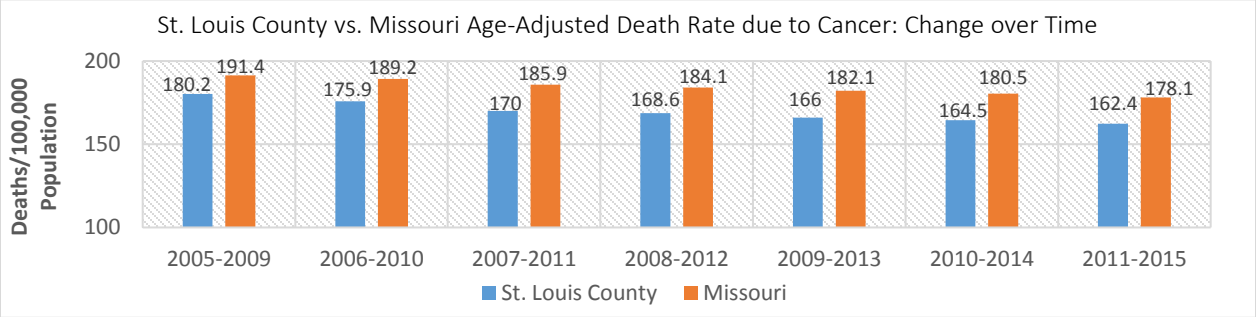
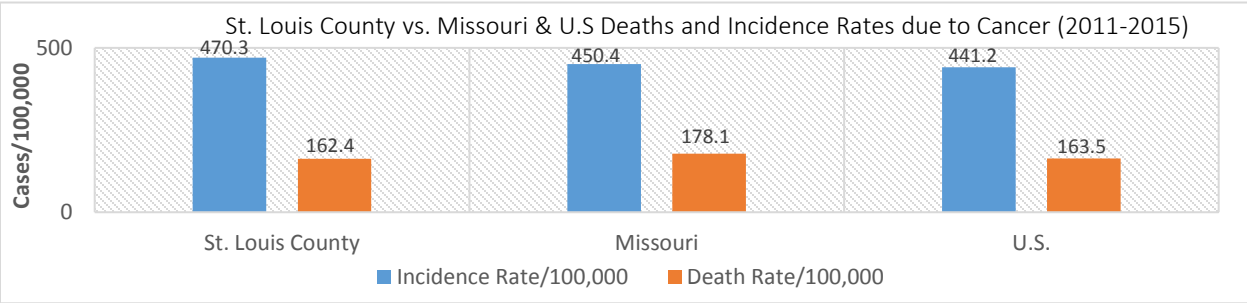
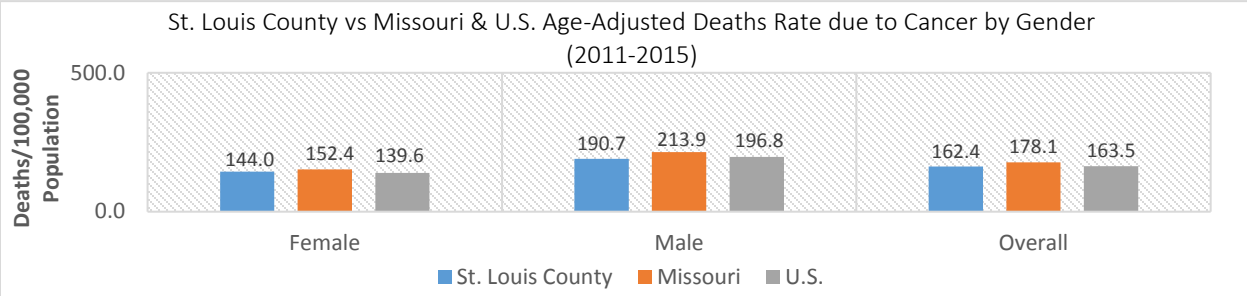


Source: Conduent Healthy Communities Institute

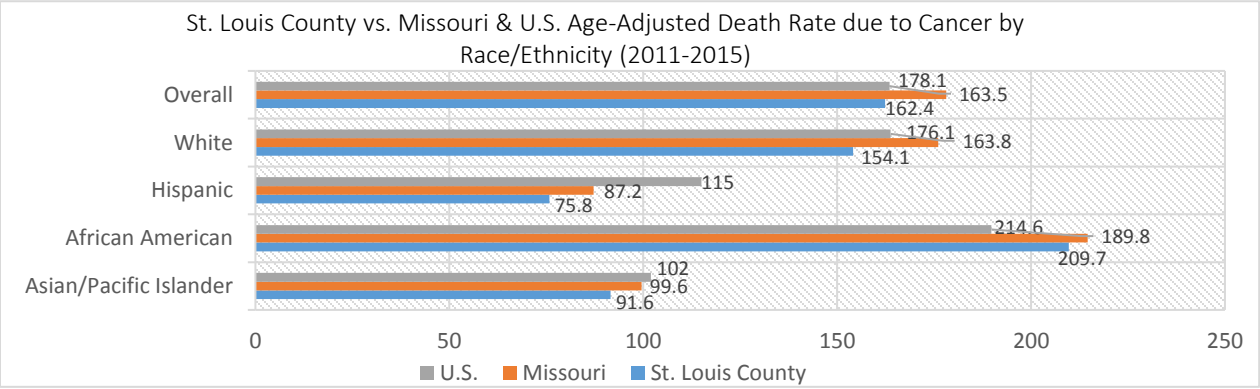


Source: Conduent Healthy Communities Institute & CDC State Cancer Profile

CANCER



Source: CDC State Cancer Profile



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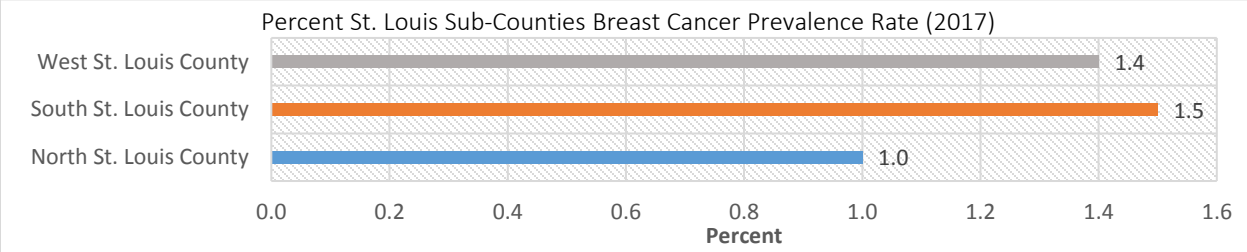

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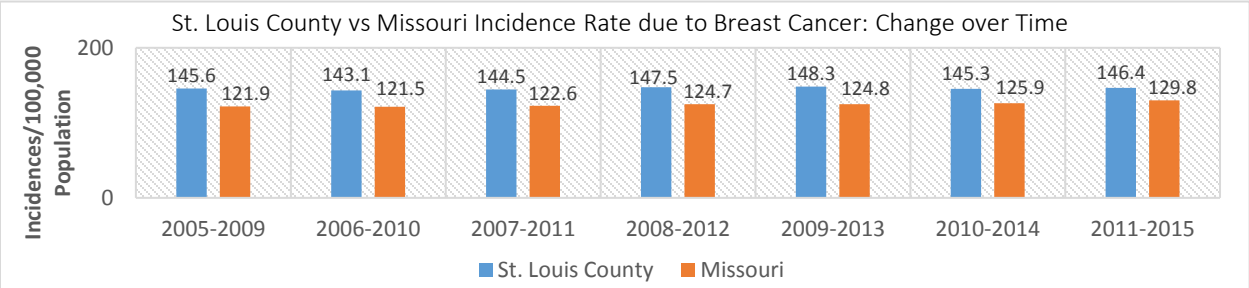

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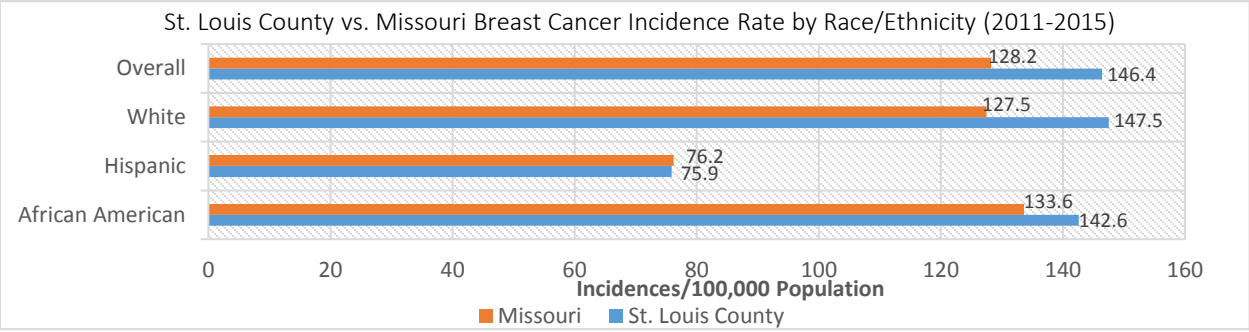

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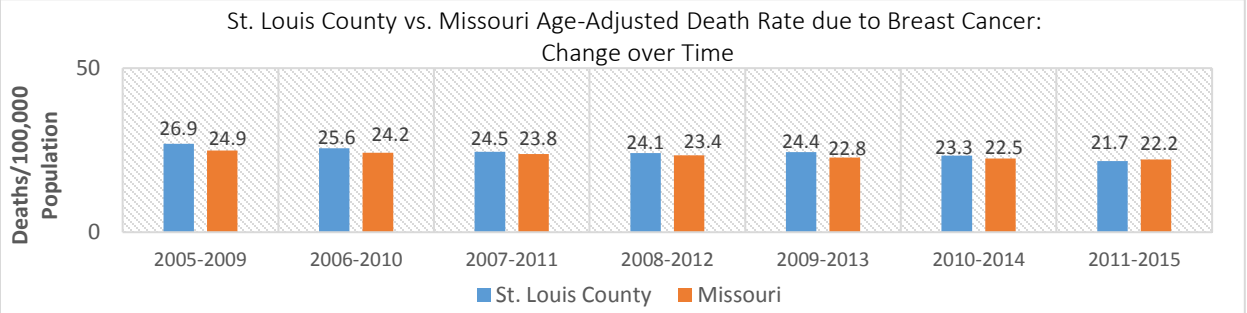

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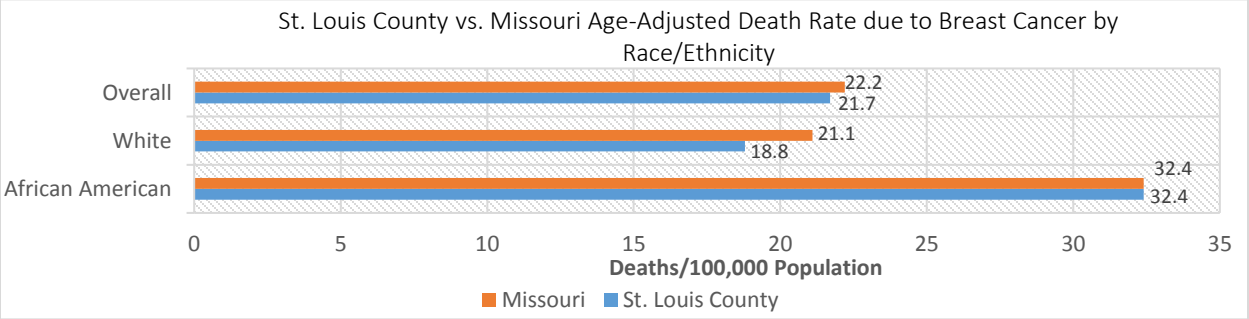

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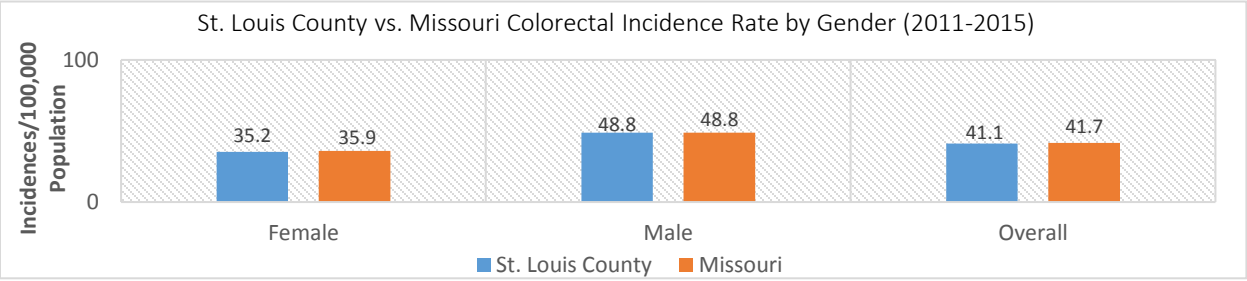

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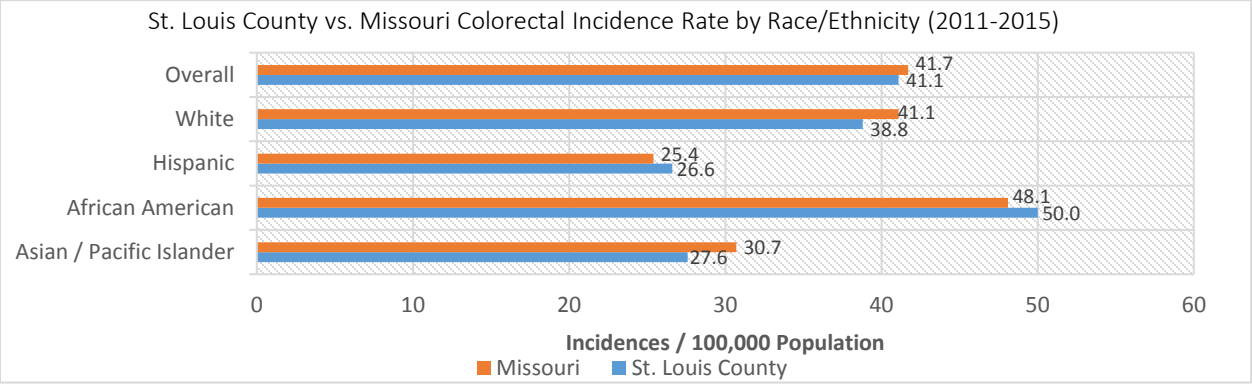

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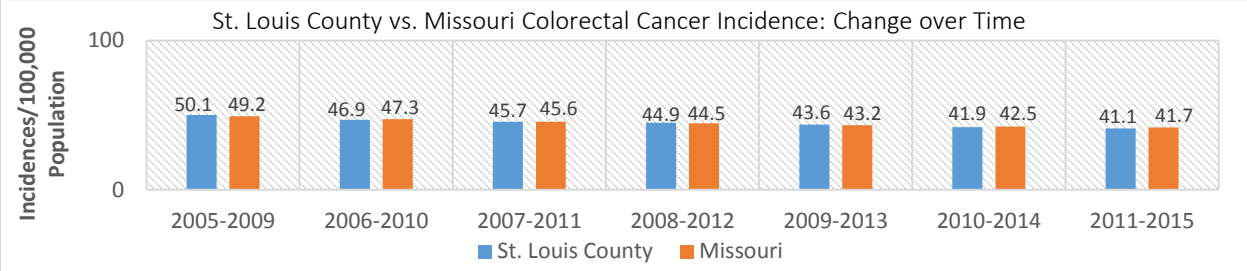

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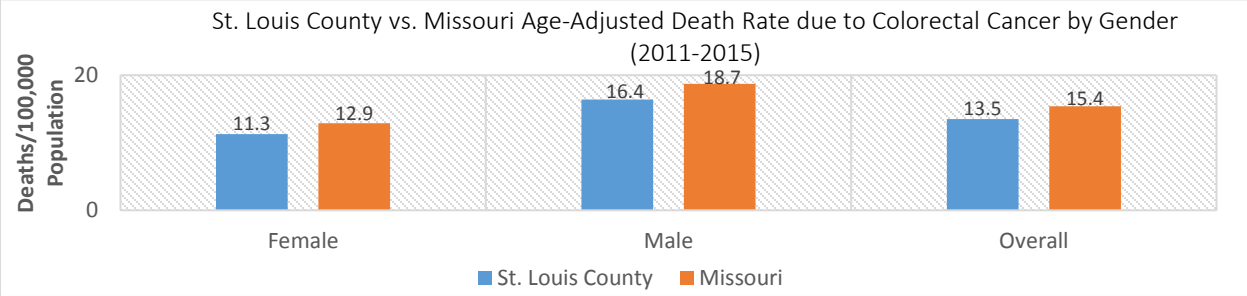

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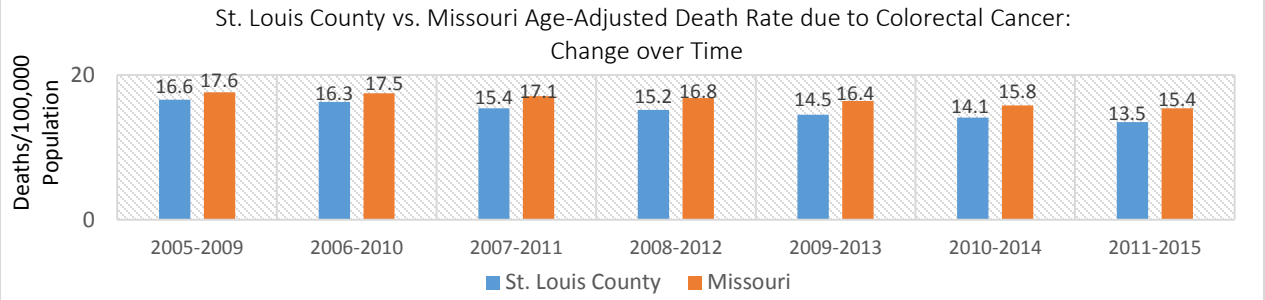

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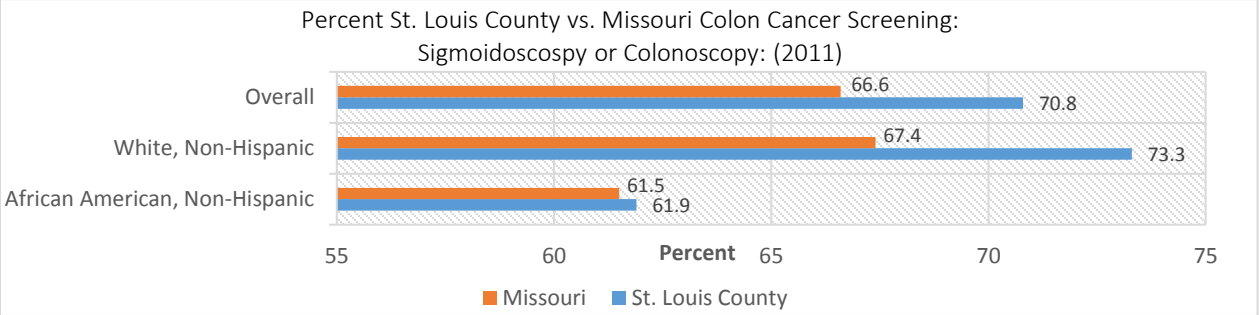

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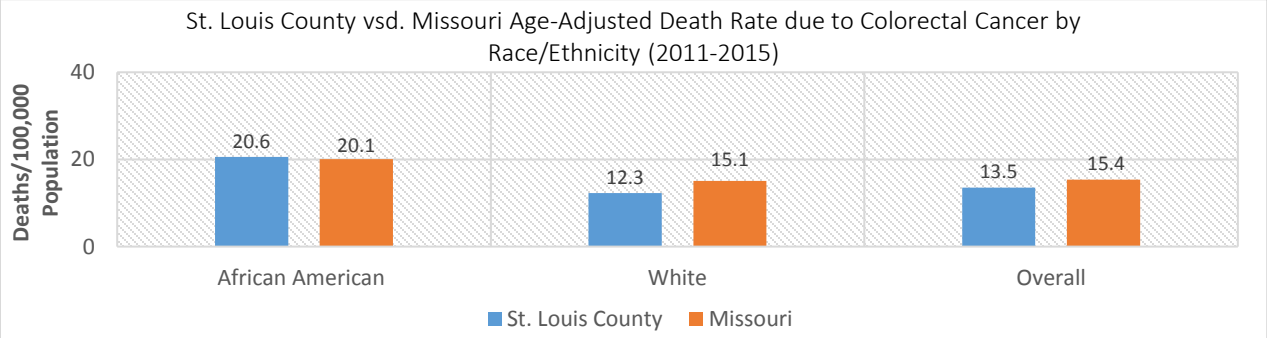

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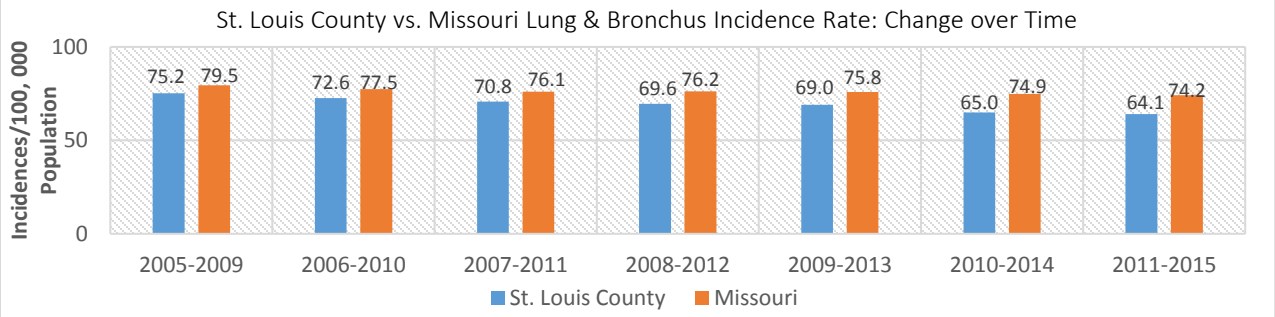

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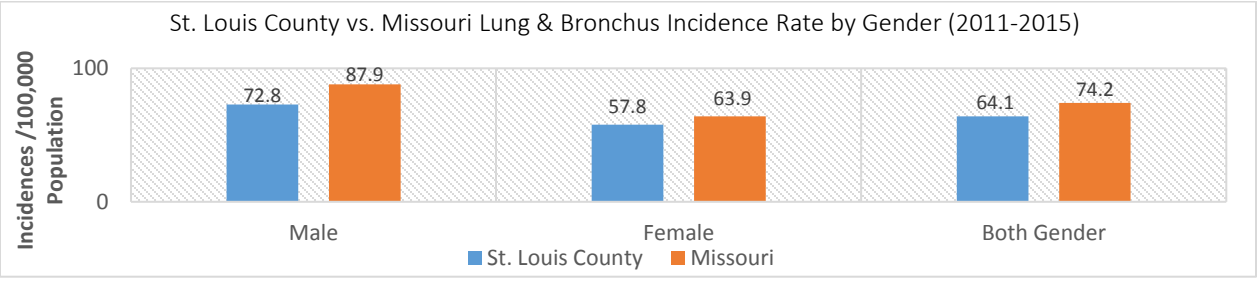

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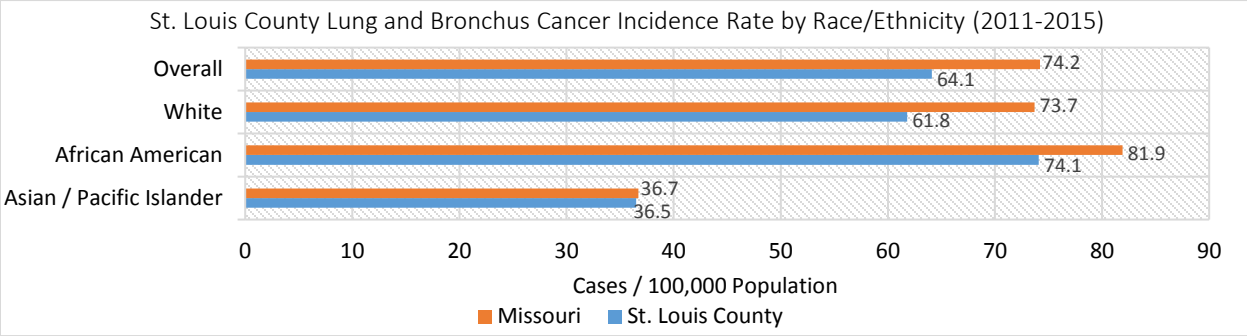

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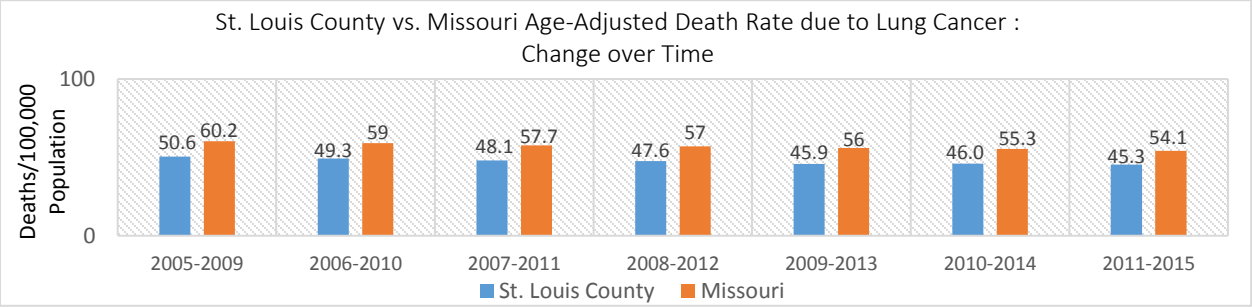

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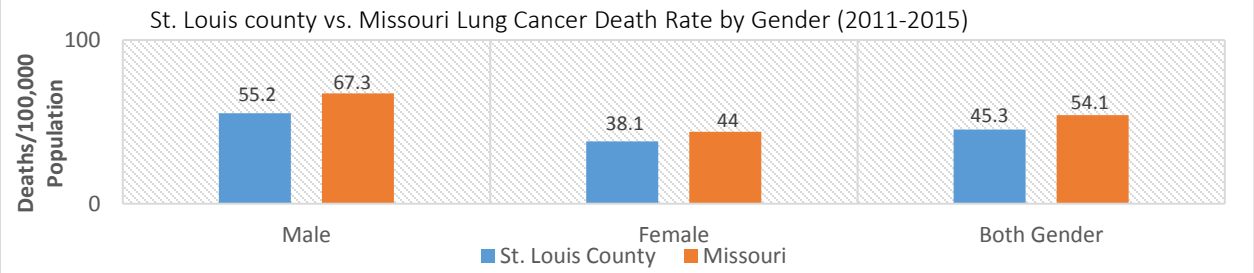

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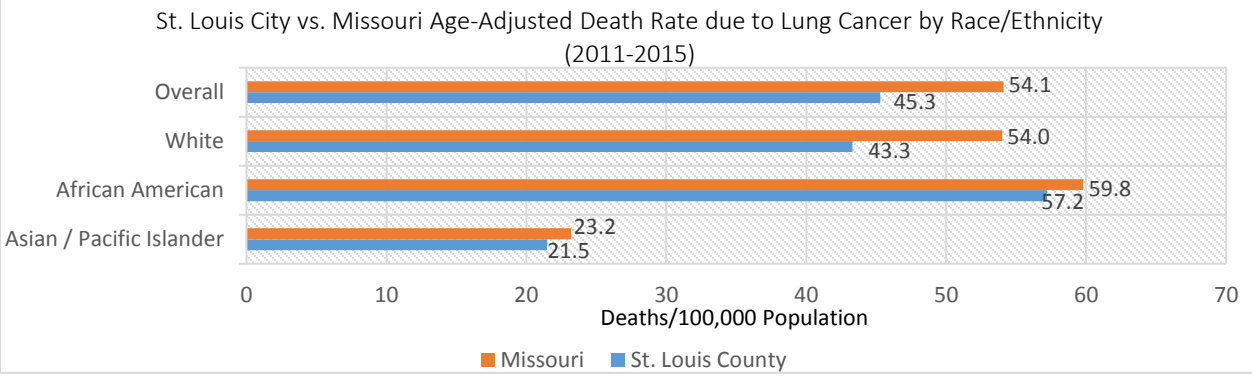
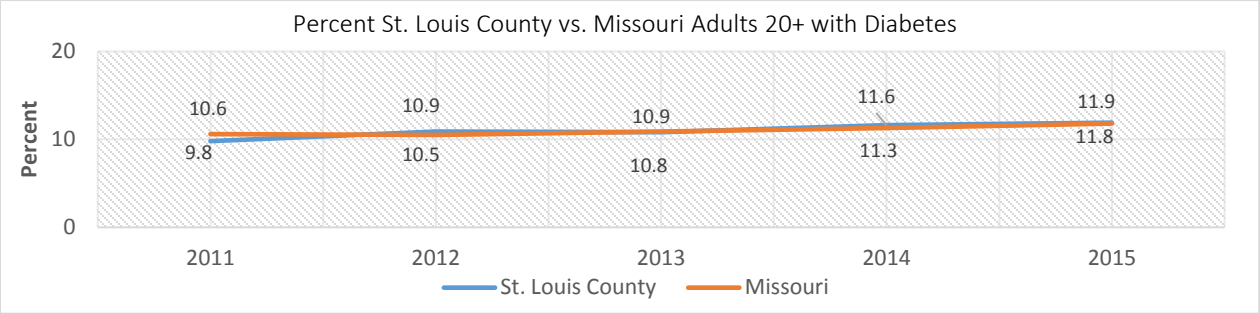


Source: Conduent Healthy Communities Institute

DIABETES



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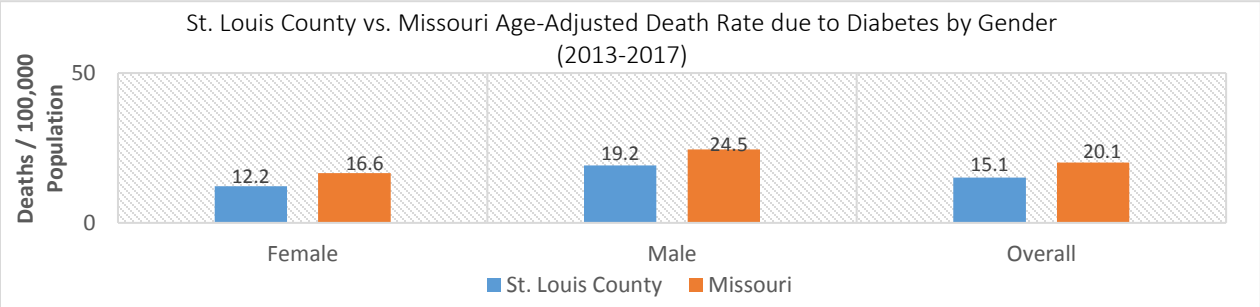

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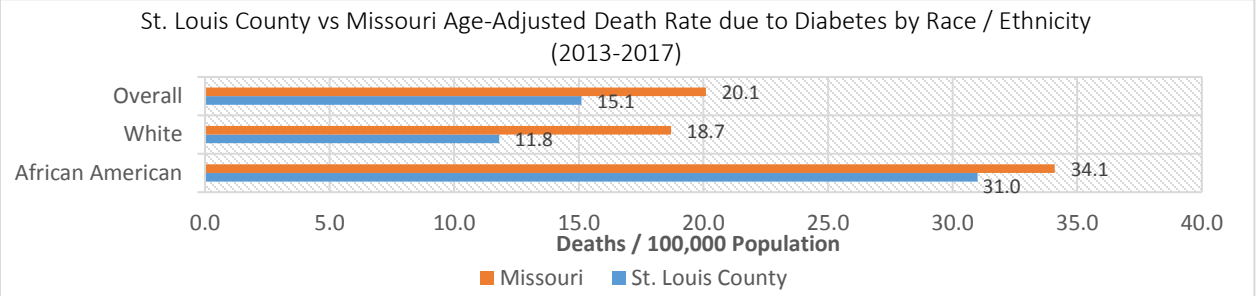

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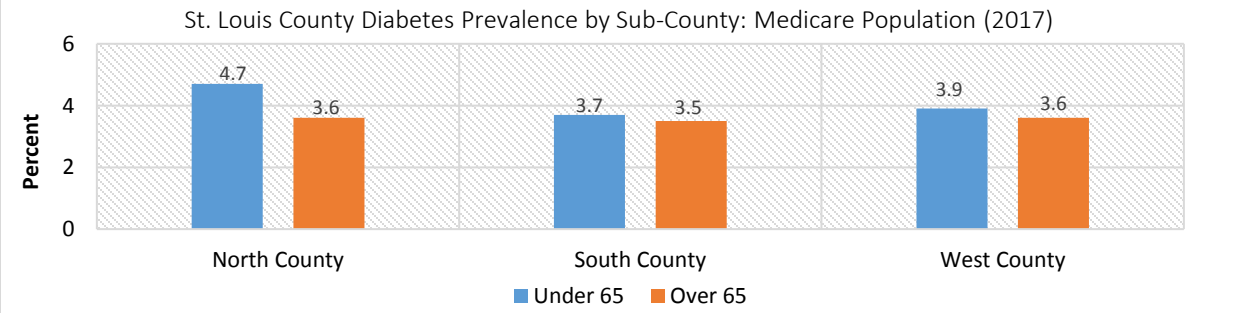
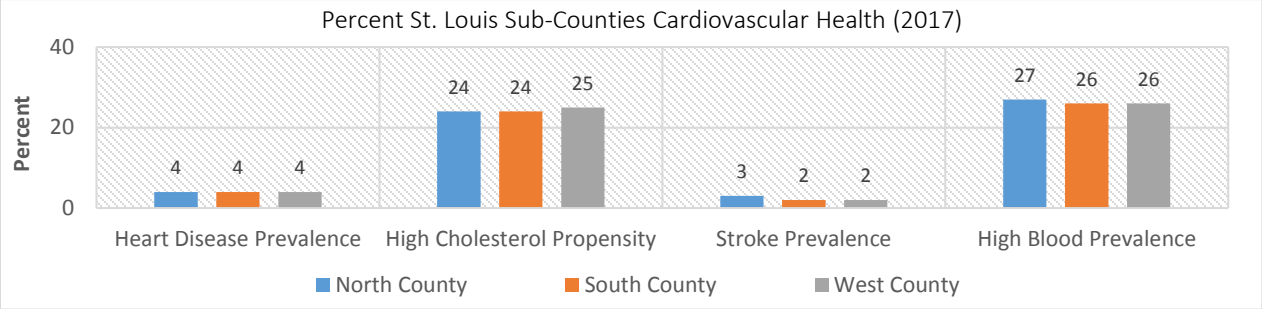


Source: Truven Health Analytics

HEART DISEASE & STROKE

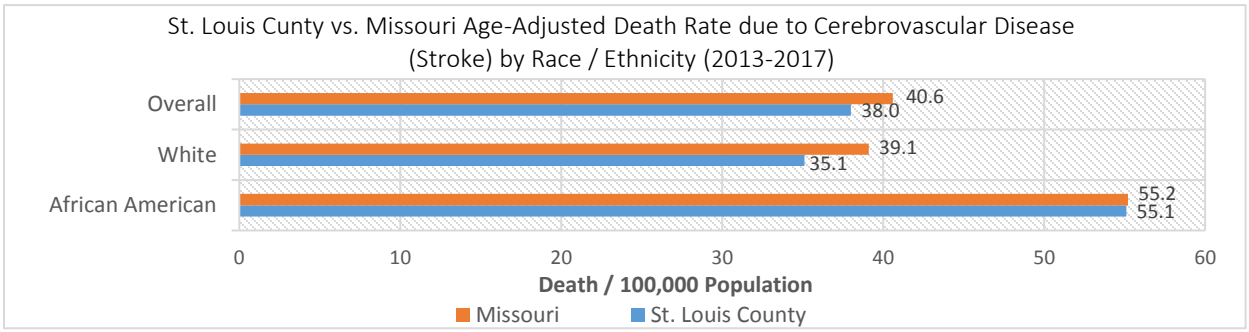


Source: Truven Health Analytics

ST. LOUIS COUNTY VS. MISSOURI HEART DISEASE & STROKE AGE-ADJUSTED RATE		
HEALTH TOPICS	ST. LOUIS COUNTY	MISSOURI
HEART DISEASE		
Deaths / 100,000 (2007-2017)	183.61	199.32
Hospitalizations / 10,000 Population (2011-2015)	106.11	109.46
Emergency Room Visits / 1,000 (2011-2015)	12.67	15.12
ISCHEMIC HEART DISEASE		
Deaths / 100,000 (2007-2017)	127.92	124.16
Hospitalizations / 10,000 Population (2011-2015)	26.54	32.53
Emergency Room Visits / 1,000 (2011-2015)	0.12	0.57
STROKE/OTHER CEREBROVASCULAR DISEASE		
Deaths / 100,000 Population (2007-2017)	40.59	43.02
Hospitalizations / 10,000 (2011-2015)	30.15	27.85
Emergency Room Visits / 1,000 (2011-2015)	0.33	0.77

Source: Missouri Department of Health & Senior Services

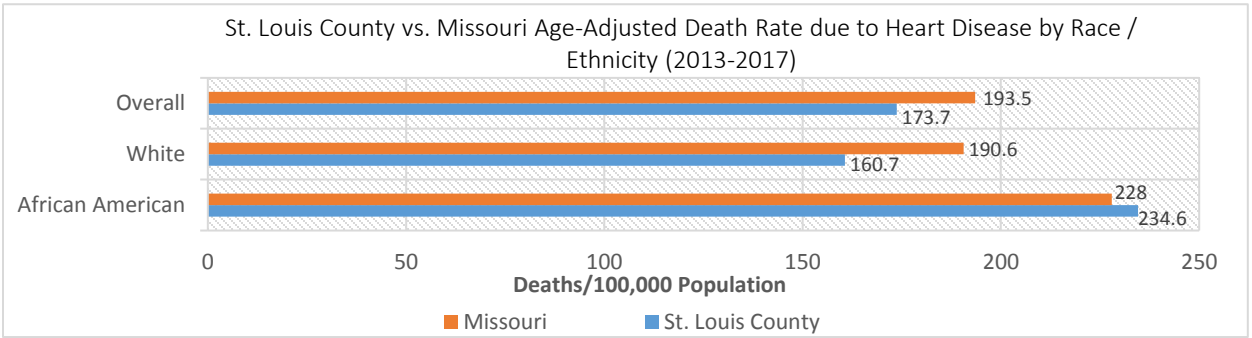
HEART DISEASE & STROKE



Source: Conduent Healthy Communities Institute

ST. LOUIS COUNTY VS. MISSOURI HEART DISEASE & STROKE AGE-ADJUSTED RATE BY RACE / ETHNICITY				
	WHITE		AFRICAN AMERICAN	
HEALTH INDICATORS	ST. LOUIS COUNTY	MISSOURI	ST. LOUIS COUNTY	MISSOURI
HEART DISEASE				
Deaths / 100,000 Population (2007-2017)	171.53	196.24	244.1	235.6
Hospitalizations / 10,000 (2011-2015)	88.71	102.13	173.23	164.99
Emergency Room Visits / 1,000 (2011-2015)	8.47	13.48	25.67	25.7
ISCHEMIC HEART DISEASE				
Deaths / 100,000 (2007-2017)	120.73	123.1	169.07	141.23
Hospitalizations / 10,000 Population (2011-2015)	24.19	32.06	35.42	33.04
Emergency Room Visits / 1,000 (2011-2015)	0.09	0.59	0.21	0.35
STROKE / OTHER CEREBROVASCULAR DISEASE				
Deaths / 100,000 (2007-2017)	36.8	41.62	58.29	56.71
Hospitalizations / 10,000 Population (2011-2015)	24.75	25.66	51.53	44.57
Emergency Room Visits / 1,000 (2011-2015)	0.24	0.77	0.65	0.69

Source: Missouri Department of Health & Senior Services

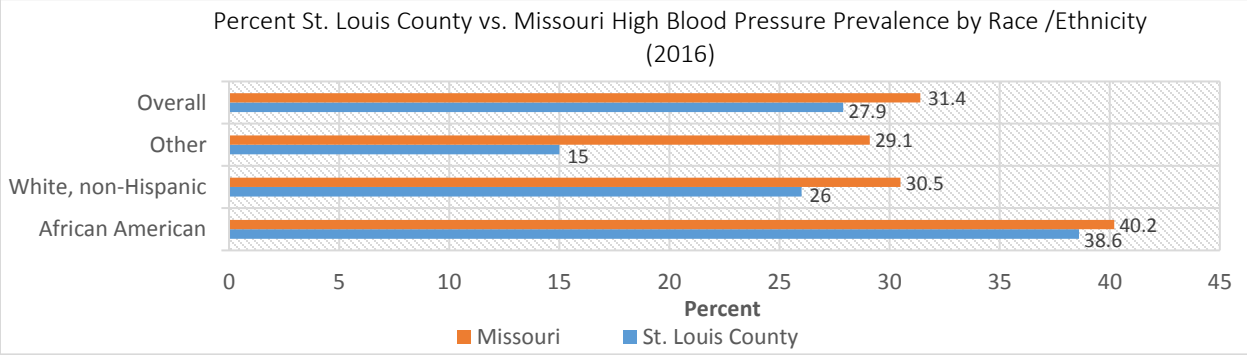


Source: Conduent Healthy Communities Institute

HEART DISEASE & STROKE

ST. LOUIS COUNTY VS. MISSOURI HEART DISEASE & STROKE THREE-YEAR MOVING AVERAGE RATES						
	ST. LOUIS COUNTY	MISSOURI	ST. LOUIS COUNTY	MISSOURI	ST. LOUIS COUNTY	MISSOURI
DEATHS / 100,000 Population	2013-2015		2014-2016		2015-2017	
Heart Disease	172.55	194.78	172.64	194.15	176.26	193.5
Ischemic Heart Disease	113.02	114.21	111.22	111.17	111.46	108.36
Stroke / Other Cerebrovascular Disease	38.06	41.73	35.99	40.92	37.17	40.56
HOSPITALIZATIONS / 10,000 Population	2011-2013		2012-2014		2013-2015	
Heart Disease	113.24	115.58	104.86	108.12	98.17	102.68
Ischemic Heart Disease	28.21	34.89	25.94	31.91	24.53	30.04
Stroke / Other Cerebrovascular Disease	30.84	28.44	29.9	27.47	29.36	27.16
EMERGENCY ROOM VISITS / 1,000 Population	2011-2013		2012-2014		2013-2015	
Heart Disease	12.89	15.25	12.75	15.1	12.52	14.97
Ischemic Heart Disease	0.12	0.6	0.11	0.57	0.11	0.54
Stroke / Other Cerebrovascular Disease	0.33	0.78	0.33	0.76	0.32	0.75

Source: Missouri Department of Health & Senior Services



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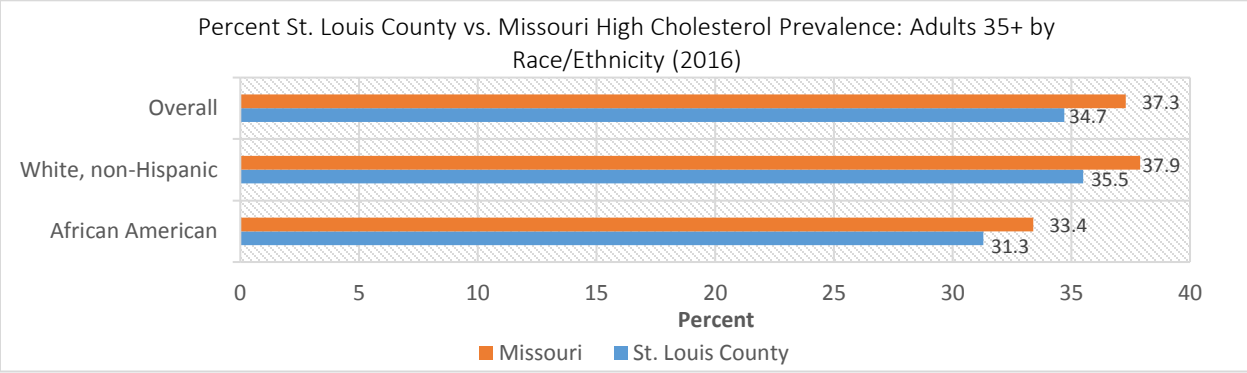

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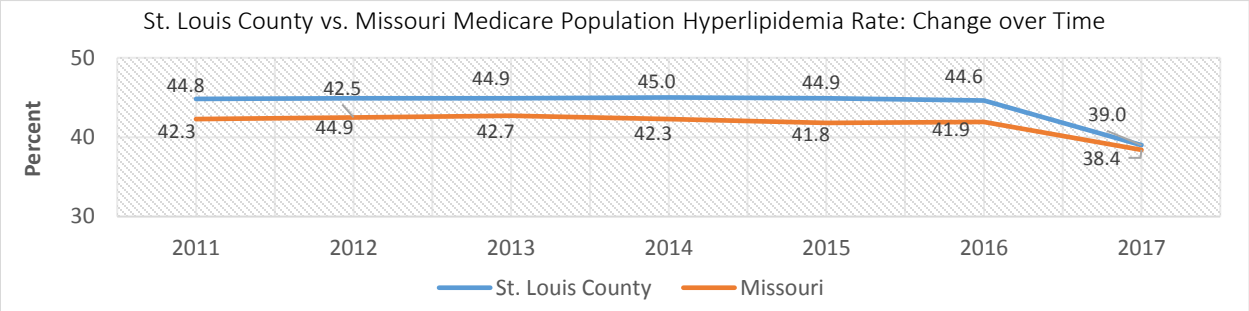
HEART DISEASE & STROKE



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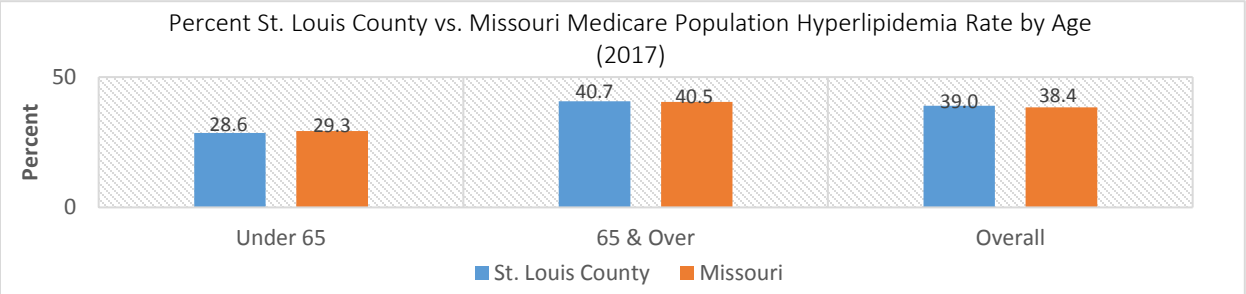
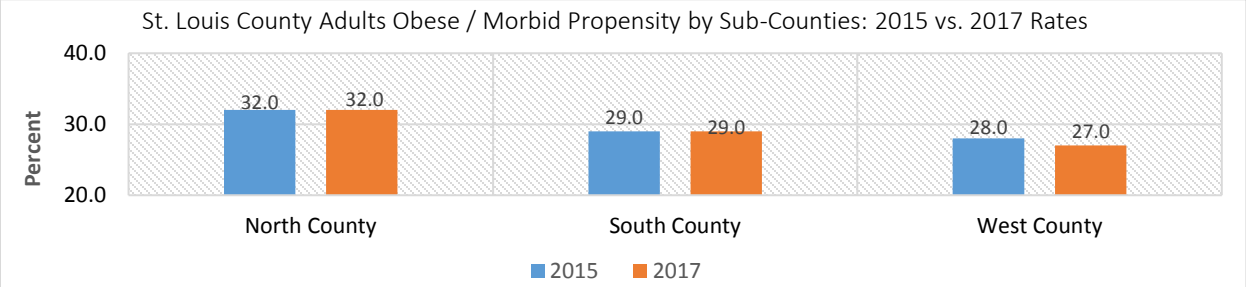
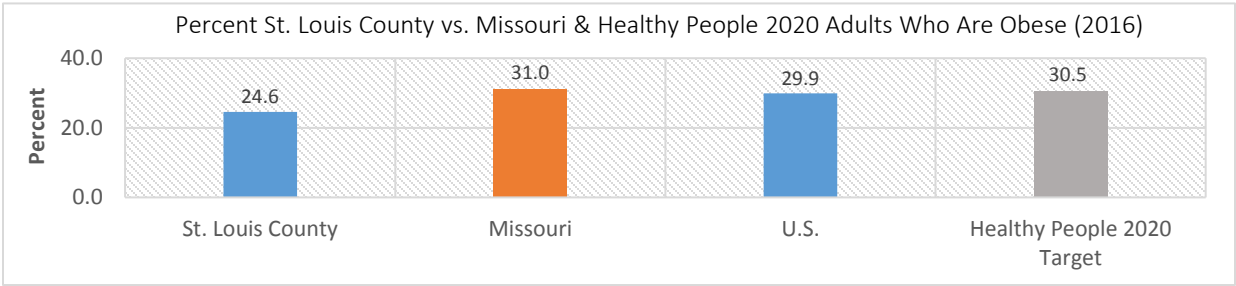


Source: Conduent Healthy Communities Institute

OBESITY

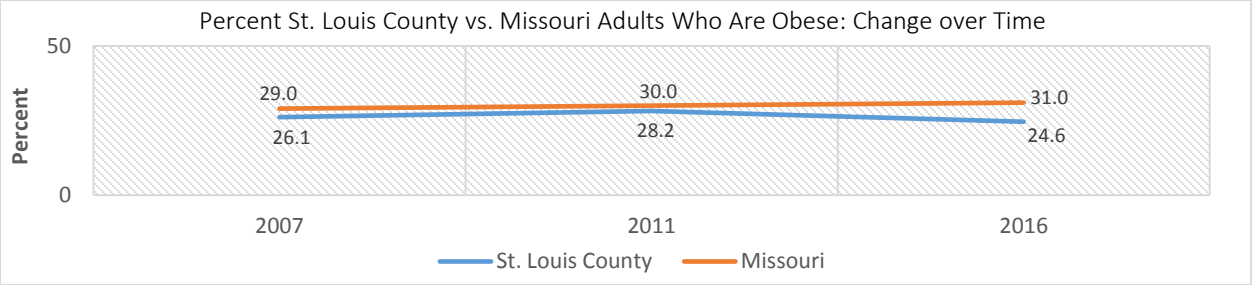


Source: Truven Health Analytics



Source: Conduent Healthy Communities Institute

OBESITY



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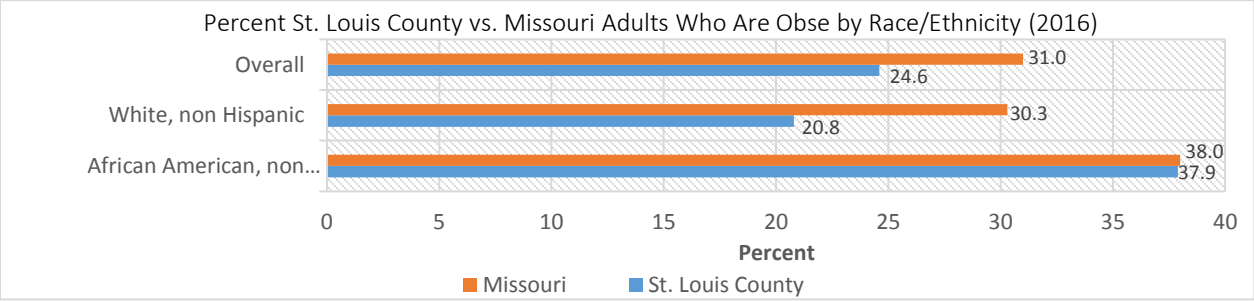
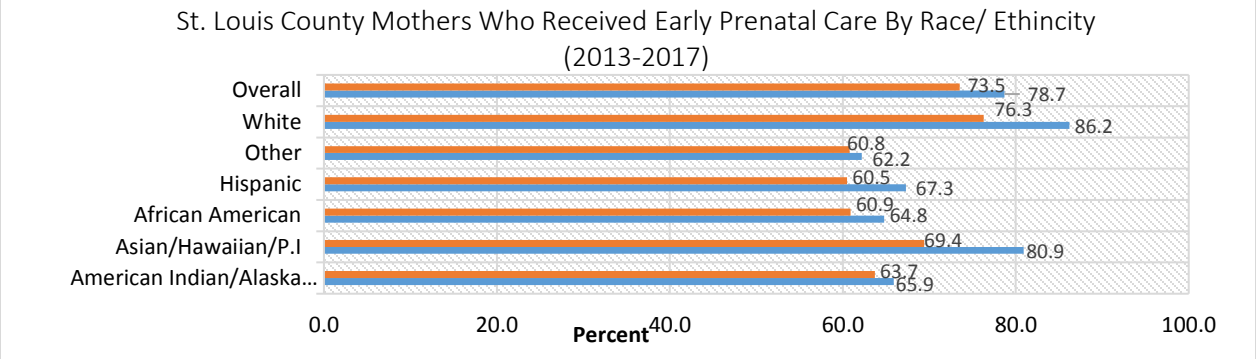
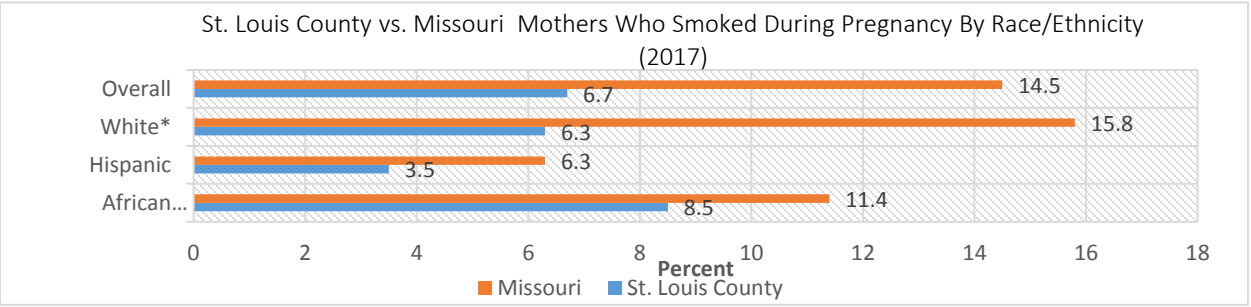


Source: Conduent Healthy Communities Institute

MATERNAL/INFANT HEALTH



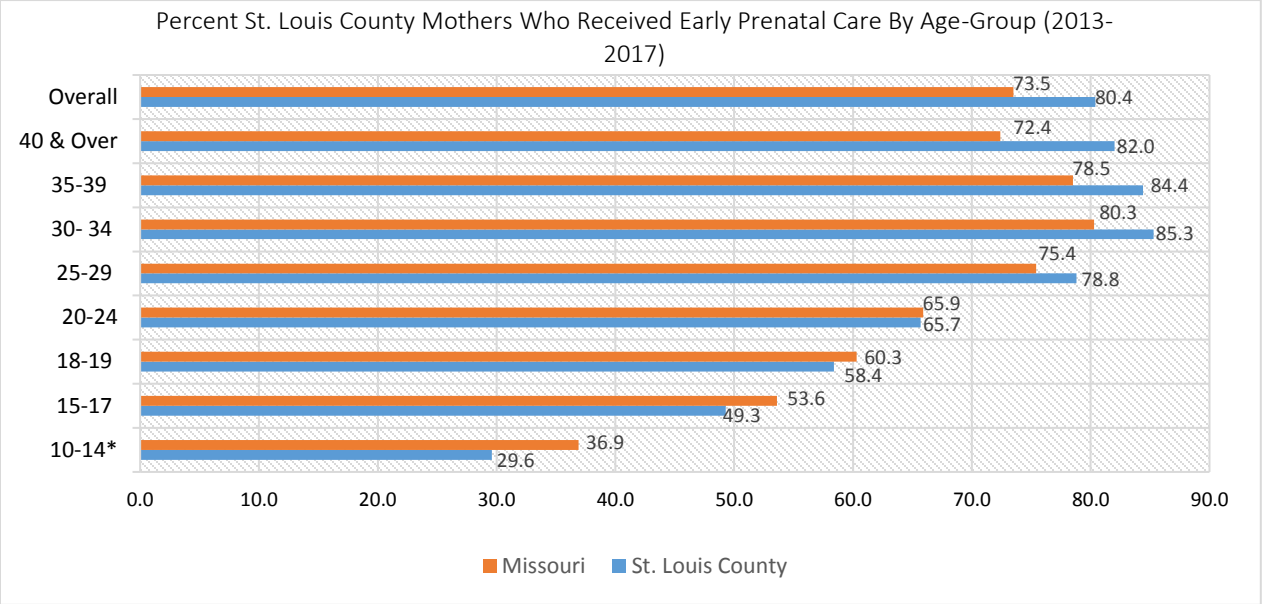
Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

(*) Value may be statistically unstable and should be interpreted with caution

MATERNAL/INFANT HEALTH



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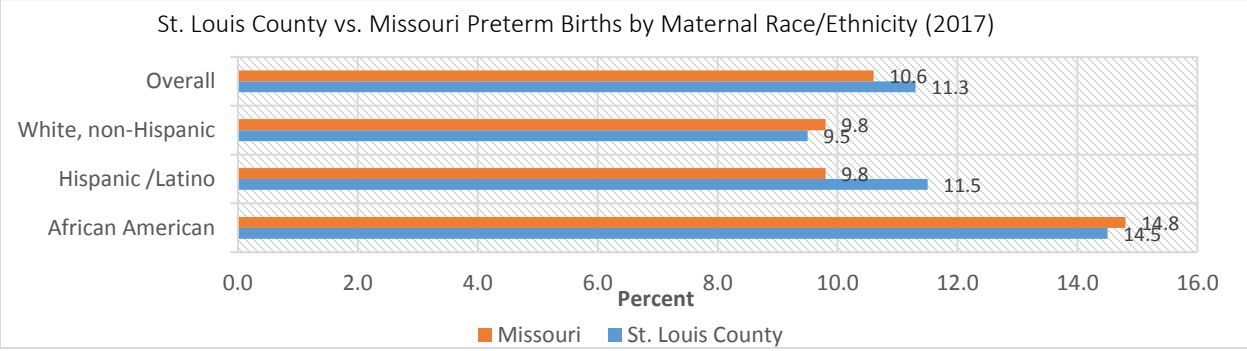

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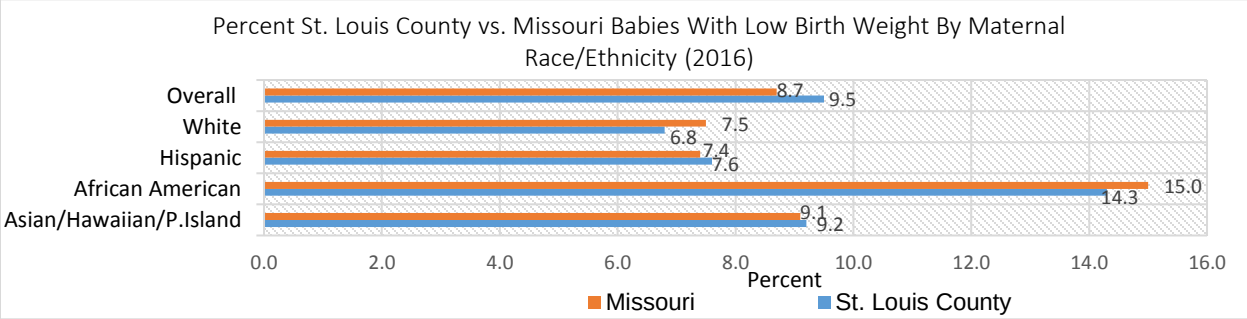

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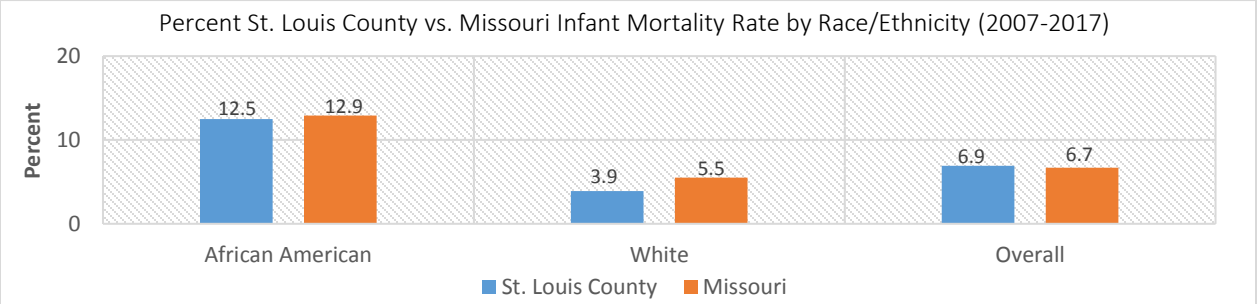
MATERNAL/INFANT HEALTH



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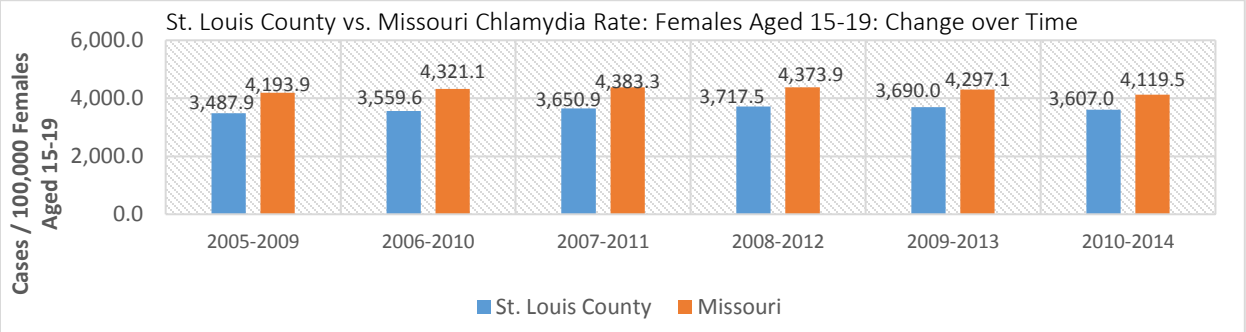
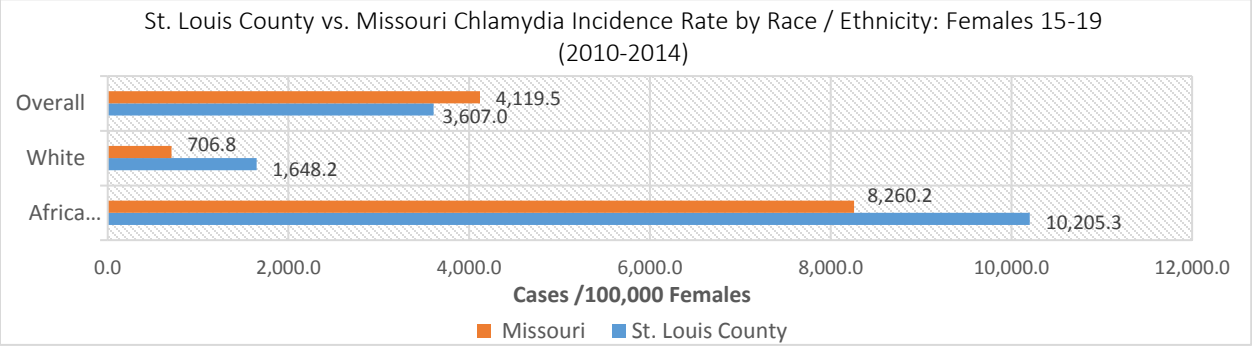
SEXUALLY TRANSMITTED INFECTIONS

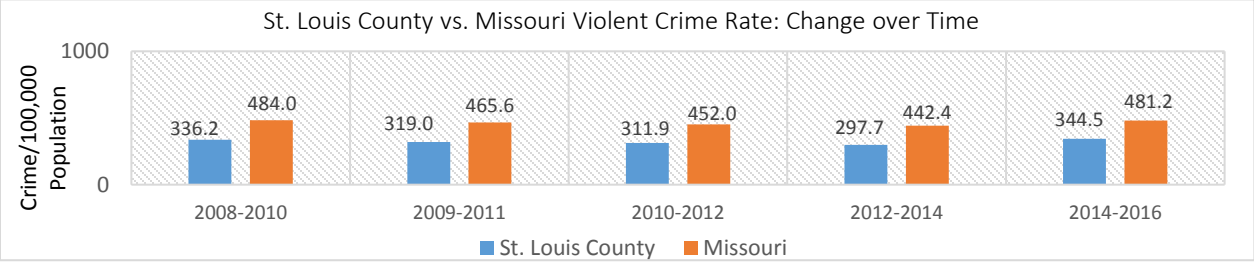


Source: Conduent Healthy Communities Institute



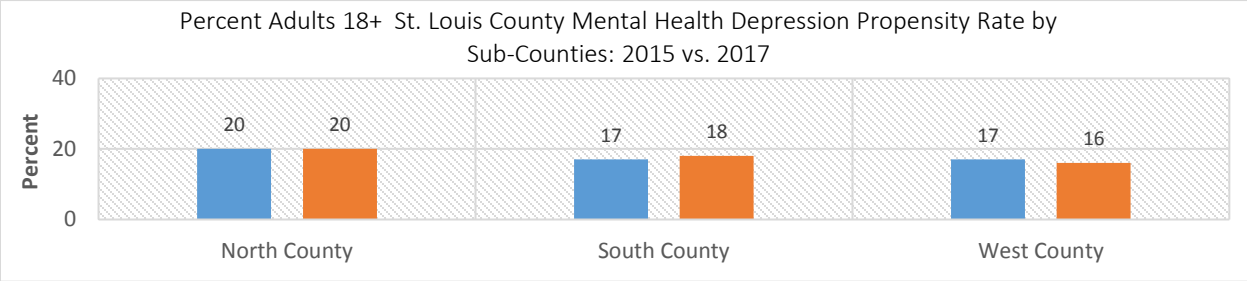
Source: Conduent Healthy Communities Institute

VIOLENCE

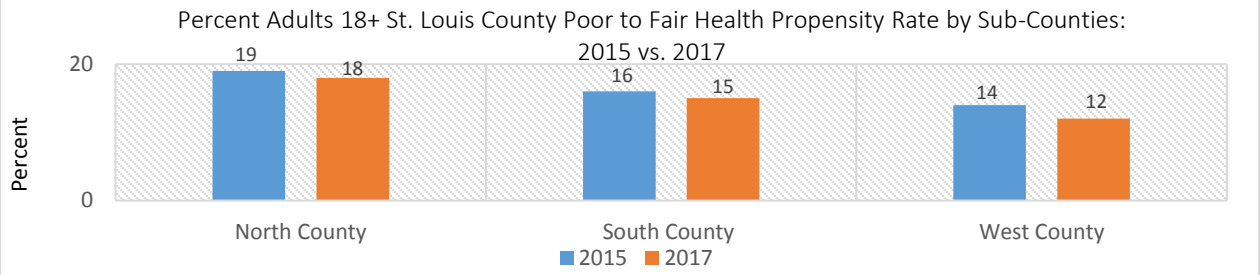


Source: Conduent Healthy Communities Institute

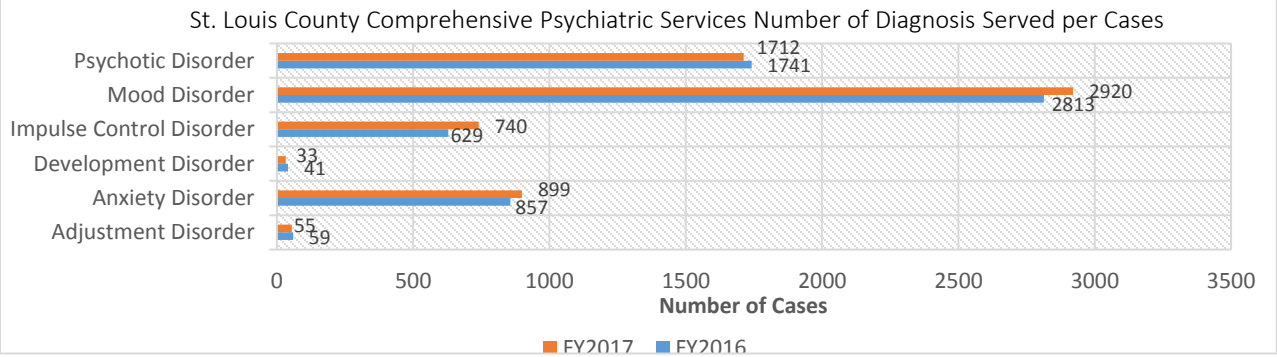
MENTAL / BEHAVIORAL HEALTH: MENTAL HEALTH



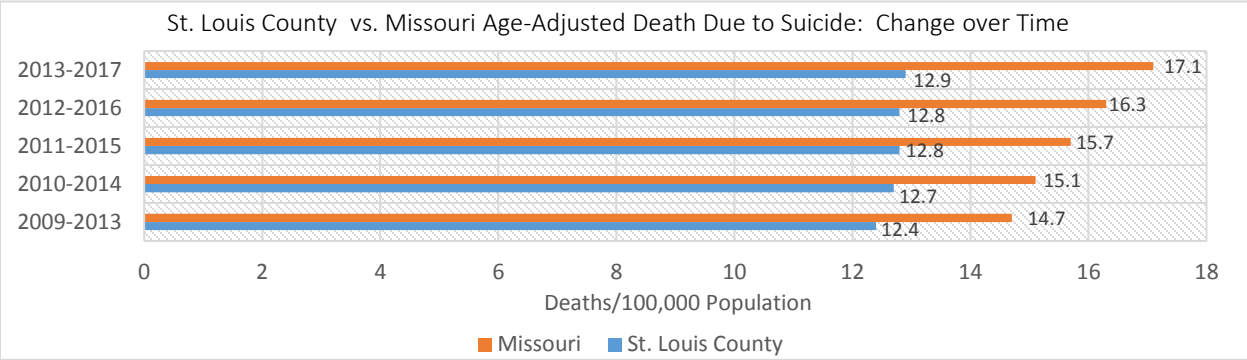
Source: Truven Health Analytics



Source: Truven Health Analytics

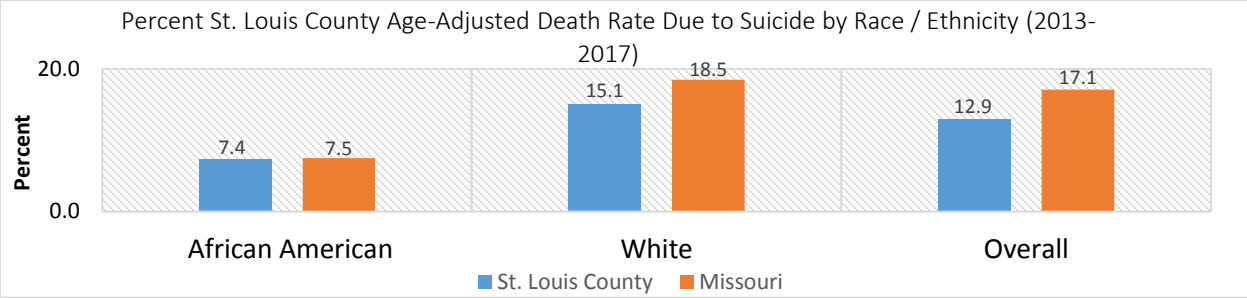


Source: Missouri Department of Mental Health

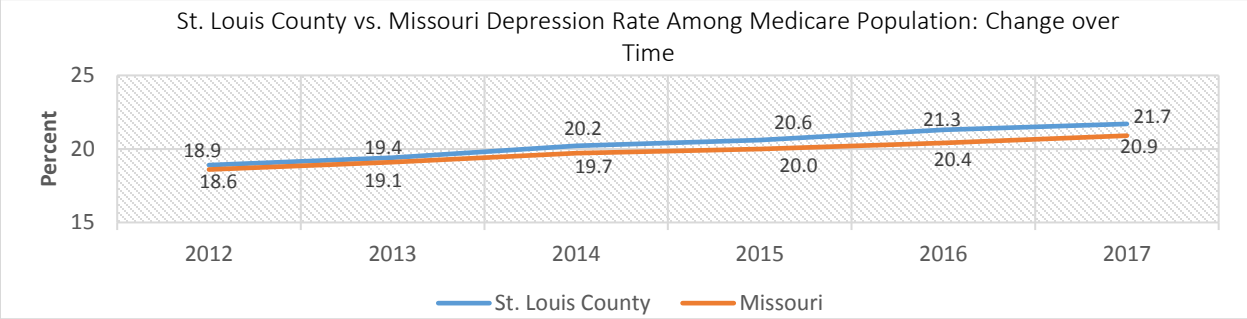


Source: Conduent Healthy Community Institute

MENTAL / BEHAVIORAL HEALTH: MENTAL HEALTH

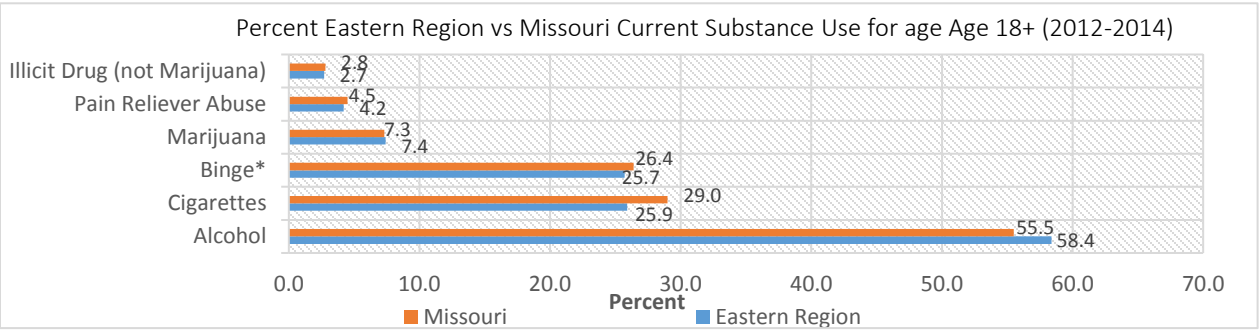


Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Community Institute

MENTAL / BEHAVIORAL HEALTH: SUBSTANCE ABUSE



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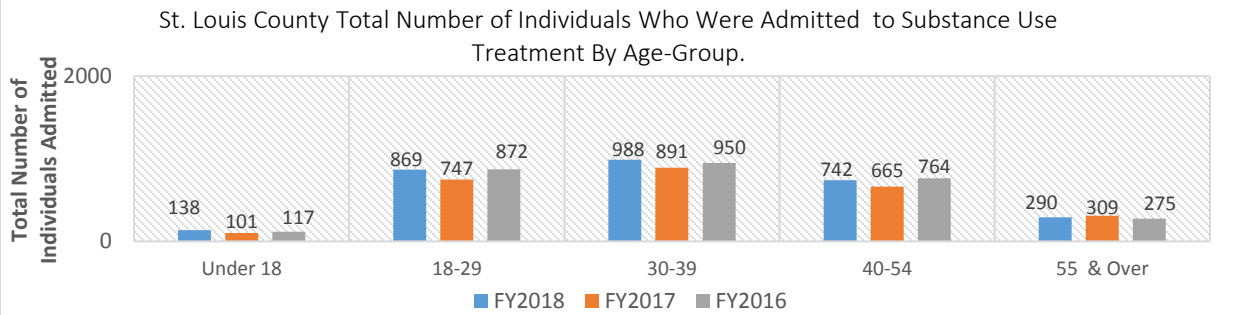
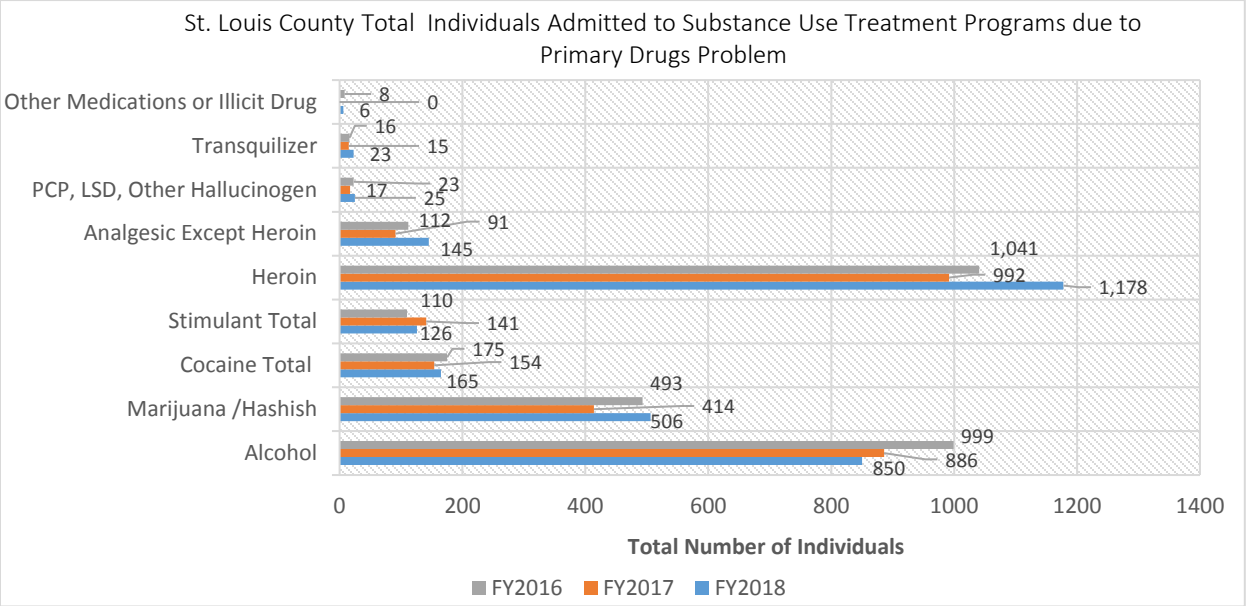
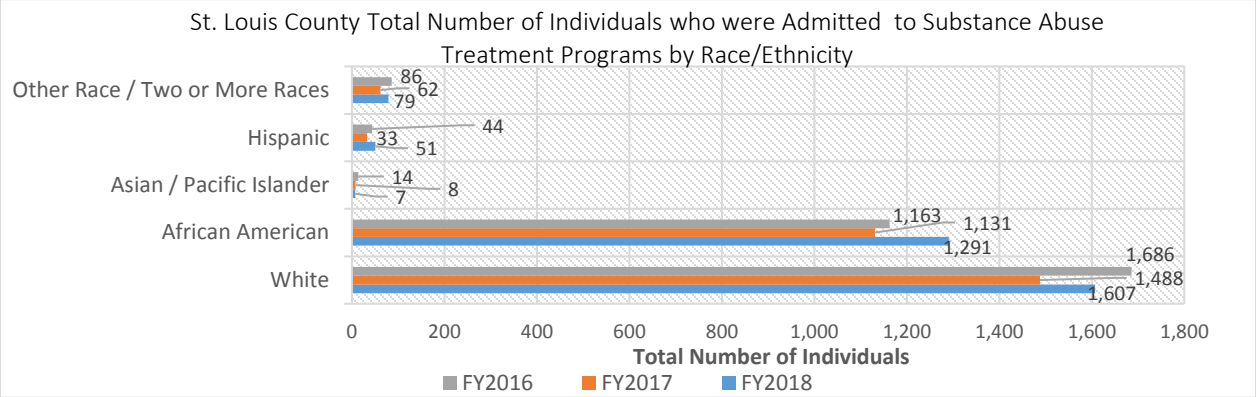


Source: Missouri Department of Mental Health

MENTAL / BEHAVIORAL HEALTH: SUBSTANCE ABUSE



Source: Missouri Department of Mental Health



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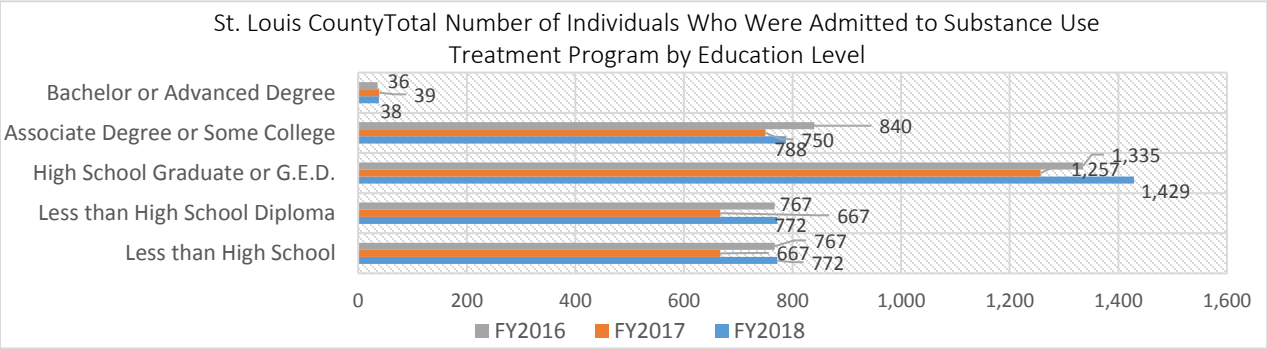

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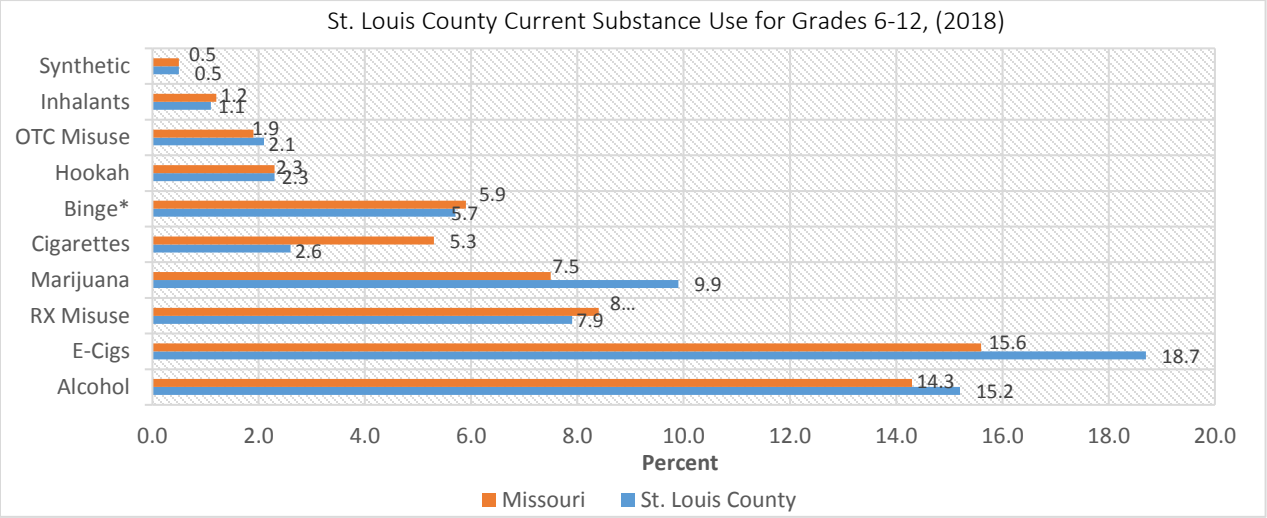
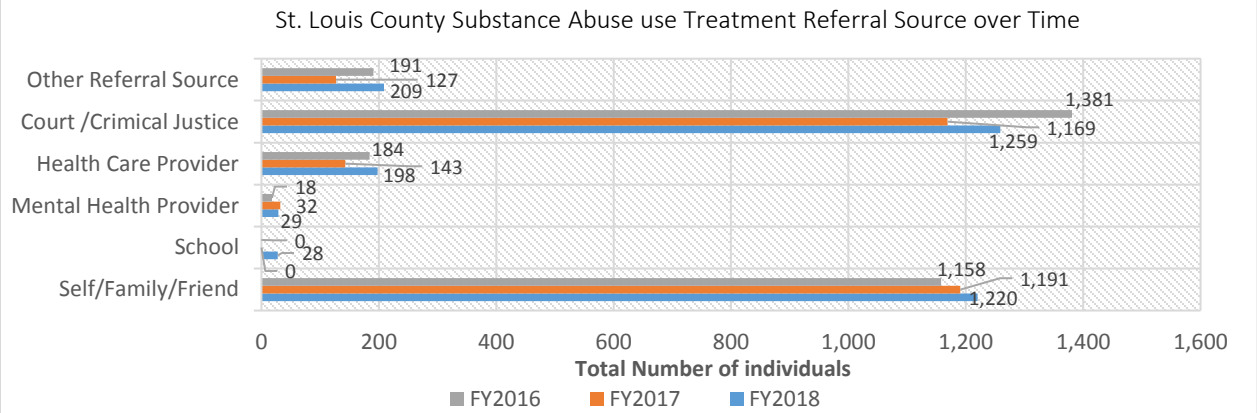


Source: Missouri Department of Mental Health



Source: Missouri Department of Mental Health

DATA SECONDARY SOURCES USED FOR THE DATA ANALYSIS INCLUDED:

CENTERS FOR DISEASE CONTROL AND PREVENTION (CDC)/STATE CANCER PROFILES is a web site that provide data, maps, and graphs to help guide and prioritize cancer control activities at the state and local levels. It is a collaboration of the National Cancer Institute and the Centers for Disease Control and Prevention. https://statecancerprofiles.cancer.gov

CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI), an online community dashboard of health indicators for St. Louis County as well as the ability to evaluate and track the information against state and national data and Healthy People 2020 goals. This online dashboard of health indicators for St. Louis County evaluates and tracks information against state and national data and Healthy People 2020 goals. Sources of data include the National Cancer Institute, Environmental Protection Agency, US Census Bureau, US Department of Education, and other national, state, and regional sources.

MISSOURI DEPARTMENT OF MENTAL HEALTH provides numerous comprehensive reports and statistics on mental health diseases, alcohol and drug abuse.
http://dmh.mo.gov/ada/countylinks/saint_louis_county_link.html

MISSOURI INFORMATION FOR COMMUNITY ASSESSMENT (MICA) is an online system that helps to prioritize diseases using publicly available data. The system also provides for the subjective input of experts to rank their perceived seriousness of each issue.

TRUVEN HEALTH ANALYTICS offers health care data management, analytics and services and consulting to customers across the health care industry including hospitals and health systems, employers, health plans, life sciences companies, and state and federal government agencies.
http://truvenhealth.com/

IMPLEMENTATION STRATEGY








Community Health Needs to be Addressed

DIABETES

Community Health Needs Rationale

According to the American Diabetes Association, approximately 689,000 people in Missouri, or 13.4 percent of the adult population, have diabetes. In addition, 1,625,000 people in Missouri, 35.9 percent of the adult population, have prediabetes with blood glucose levels higher than normal but not yet high enough to be diagnosed as diabetes. Sources include:

Diabetes Prevalence: 2015 state diagnosed diabetes prevalence, cdc.gov/diabetes/data; 2012 state undiagnosed diabetes prevalence, Dall et al., "The Economic Burden of Elevated Blood Glucose Levels in 2012," Diabetes Care, December 2014, vol. 37.

- Diabetes Incidence: 2015 state diabetes incidence rates, cdc.gov/diabetes/data
- Prevalence of disease in community
- Highly ranked by BJWCH internal steering committee as the greatest health care need
- Collective impact as diabetes aligns with BJC, the Diabetic Coalition and hospitals in St. Louis County
- Existing BJWCH diabetes educator infrastructure offers outpatient medical nutrition counseling and support to patients
- Alignment with Healthy People 2020 diabetes objectives (D-14 and D-15)

Strategy Goal

Reduce the disease burden of diabetes mellitus (DM) and improve the quality of life of persons with prediabetes or living with diabetes

Strategy Objectives

a) Increase the proportion of persons with diabetes who receive formal diabetes education
b) Increase the proportion of persons with diabetes whose condition has been screened

Strategy Action Plan

- Partner with hospitals, health departments and community programs in St. Louis region to gather baseline data as diabetes was chosen as a priority area for multiple organizations
- Develop curriculum based on national standards for diabetes self-management education and support

Strategy Outcomes

By our education and intervention, the following are behaviors or results we are expecting to achieve changes in the following:

a) Ability to identify foods that impact blood sugar or weight
b) Increase time being physical active
c) Application of healthy coping mechanism
d) Limiting risk to lower diabetes complications

e) Checking blood sugars and monitoring overall health
f) Taking medicine as prescribed
g) Problem solving skills and planning

Strategy Outcomes Measurement

The outcomes will be measured by clinical interview at the beginning as pre and at the end of the "program" as post measurement. Data will be collected and analyzed to monitor changes by using a simple spreadsheet.

a) Healthy eating: Increase *knowledge* by 10 percent over baseline
b) Being active: Increase minutes of *activity* by 5 percent over baseline
c) Healthy coping: Increase *support* by 25 percent over baseline
d) Reducing risk: Increase *preventative care* by 10 percent over baseline
e) Monitoring: Increase *self-monitoring* by 10 percent over baseline
f) Taking medication: Increase *taking prescription medication* by 5 percent over baseline
g) Problem solving: Increase *individualized resources* by 25 percent over baseline

Community Health Needs that Will Not be Addressed

BJWCH is committed to providing exceptional service and care to all our patients and visitors. While each identified needs is extremely important to the community we serve, they are all not included in the implementation plan. After following the CHNA process in 2018, the steering committee identified that the current hospital resource structure cannot adequately address, measure and track more than one health care need. There are programs and medical services that support these needs and they will continue, but not be the priority focus.

ACCESS: HEALTH INSURANCE COVERAGE

All patients who have an interaction with BJC HealthCare are offered financial counseling and assistance in applying for state Medicaid, Medicare or any insurance the person qualified for, including our own financial assistance programs.

ACCESS: SERVICES (PCPS, PREVENTABLE HOSPITAL STAYS ETC.)

Barnes West Medical Consultants, a member of BJC HealthCare, is on the BJWCH campus and have primary care physicians who are accepting new patients.

BEHAVIORAL/MENTAL HEALTH AND DISORDERS

BJC Behavioral Health, a member of BJC HealthCare, is a provider of various mental health services for community members living in St. Louis County and beyond. Services for both pediatrics and adults include, but are not limited to early intervention, therapy, case management, psychosocial rehabilitation, respite, mentoring, crisis intervention, and assistance with housing and employment. Hospital providers can partner with BJC Behavioral Health to provide and coordinate care that meets the needs of patients.

CANCER: BREAST

BJWCH provides all-digital breast imaging services on campus and is accepting new patients. All breast images are read by Washington University physicians from the Mallinckrodt Institute of Radiology. Other organizations supporting this need include, but are not limited to include the Siteman Cancer Center and American Cancer Society.

CANCER: COLON AND RECTAL

BJWCH provides colonoscopy services on campus and is accepting new patients. Other organizations supporting this need include, but are not limited to include the Siteman Cancer Center and American Cancer Society.

CANCER: HEAD AND NECK

External stakeholders ranked head and neck cancer the lowest need in terms of level of concern and ability to collaborate and the steering committee ranked the need 10 out of 14. BJWCH has provided head and neck screenings from 2016 to 2019 and will offer to train and consult with Washington University physicians or the Siteman Cancer Center if the program would like to be continued. Otolaryngologists are accepting new patients; however, this is not a program that the hospital will continue to individually address, measure or track.

CANCER: LUNG
The Siteman Cancer Center has a location on the campus of BJWCH and provides lung cancer screenings to eligible patients.

CANCER: SKIN
Some BJC hospitals offer free skin cancer screenings to community members. BJWCH provides dermatology services on campus and is accepting new patients.

CULTURAL LITERACY (COMPETENCE)
For the need BJWCH will address, health literacy will be taken into consideration.

DIABETES
BJWCH will address this health care need in the implementation plan. There will be the opportunity to explore a partnership with Missouri Baptist Medical Center, BJC Home Care Services and St. Louis OASIS Institute, all members of BJC HealthCare.

HEALTH LITERACY (SPECIAL POPULATIONS)
For the need BJWCH will address, health literacy will be taken into consideration.

HEART AND VASCULAR DISEASE
Missouri Baptist Medical Center, a member of BJC HealthCare, is addressing this health care need in its implementation plan. Other organizations supporting this need include, but are not limited to, include the American Heart Association and American Stroke Association.

MATERNAL/CHILD HEALTH
BJWCH does not offer services to patients less than 18 years of age; therefore, the hospital does not possess the resources to address this need.

OBESITY
Obesity is one of the root causes of diabetes and will be taken into consideration when writing the implementation plan to address. BJWCH does offer personalized nutrition counseling to support weight loss and is part of the treatment plan for bariatric patients.

SENIOR HEALTH CARE
BJWCH provides transportation assistance to qualified patients via cab vouchers. BJC HealthCare is a partner with St. Louis OASIS Institute, which offers a wide range of health programs for adults age 50 and over. This organization supports healthy aging to residents in the west and south St. Louis counties through lifelong learning, healthy living and community service.

SEXUAL TRANSMITTED INFECTIONS (STI)
All patients who present to the BJWCH emergency department who feel they are at risk for an STI are offered testing and treatment of most common STI's. In addition, discharge instructions are included that provide education on safe sex practices and resources for follow up.

SMOKING/TOBACCO USE & EDUCATION
The BJWCH Patient Guide provides resources to help a smoker connect with a local organization, which includes the American Lung Association, Siteman Cancer Center, National Cancer Institute and National Network of Tobacco Cessation Quitline. Each of these organizations provides a step-by-step program designed to help smokers quit and improve their health.

VIOLENCE

BJWCH does not have the resources to address domestic and gun violence, but does provide staff education when dealing with patients that present with indicators and armed security officers are on the campus. In addition, employees and physicians participate in emergency drills to prepare for a crisis that includes violence. For employees who are traumatized by an unanticipated patient event, stressful situation or patient-related injury the We Care Team at BJWCH offers confidential support so the team member can cope and return to their professional practice.