2019
Community Health Needs Assessment and Implementation Strategy

Missouri Baptist MEDICAL CENTER | BJC HealthCare

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

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EXECUTIVE SUMMARY

Missouri Baptist Medical Center is a 480-bed, acute-care hospital located in Town and Country, a western suburb of St. Louis County, Missouri. The hospital offers a full continuum of medical and surgical services, as well as 24-hour adult and pediatric emergency services. Additionally, Missouri Baptist Medical Center's outpatient facility in Sunset Hills, a southern suburb of St. Louis County, provides many key services in one convenient location. What began as a small hospital in 1884 has grown into a thriving medical center delivering high quality health care services to patients across the St. Louis region. The hospital has also established effective partnerships towards the goal of improving the health of the community. (See Appendix A for additional information).

Like all nonprofit hospitals, Missouri Baptist Medical Center 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. Missouri Baptist Medical Center 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.

Missouri Baptist Medical Center chose to collaborate with Barnes-Jewish West County Hospital, 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 2012, followed by a second in 2015.

The focus group reviewed the primary data and community health need findings from 2016 and discussed changes that had occurred since 2016. Additionally, the focus group reviewed gaps in meeting needs, as well as identified potential community organizations for the hospitals to collaborate with in addressing needs.

Missouri Baptist Medical Center then assembled an internal work group comprised of clinical and non-clinical hospital staff to review and analyze the findings from the focus group meeting. Using multiple sources, including Healthy Communities Institute and Truven Healthy Analytics, a secondary data analysis was conducted to further assess the identified needs. This data analysis identified some unique health disparities and trends evident in St. Louis County when compared against data for the state and country.

At the conclusion of the comprehensive assessment process, Missouri Baptist Medical Center identified two health needs where focus is most needed to improve the future health of the community it serves: 1) Heart Health / Stroke and 2) Diabetes.
The analysis and conclusions were presented, reviewed and approved by the Missouri Baptist Medical Center Board of Directors.

COMMUNITY DESCRIPTION

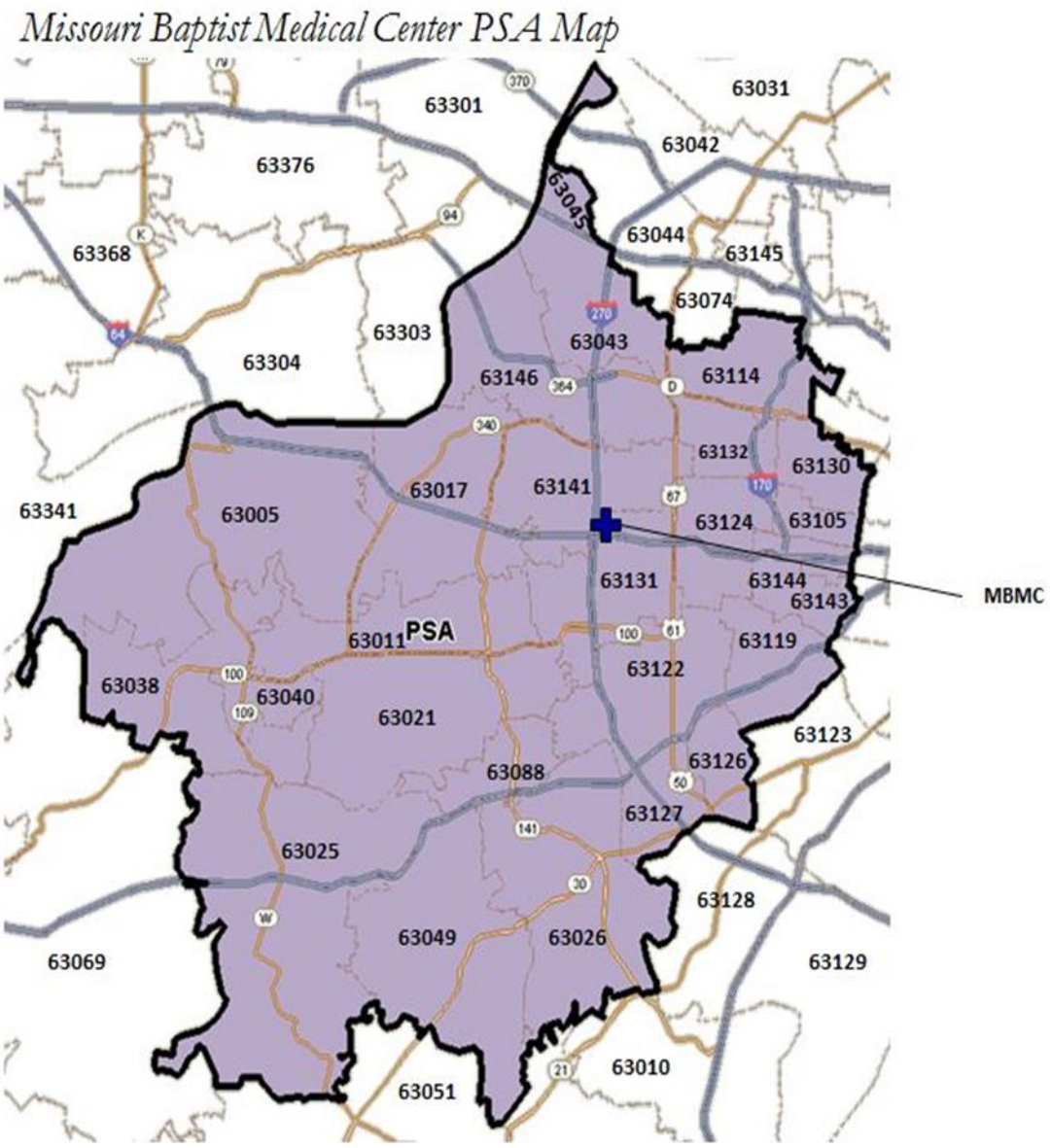
GEOGRAPHY

Missouri Baptist Medical Center (MBMC) is a member of BJC HealthCare, one of the largest, nonprofit 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. MBMC, Barnes-Jewish West County Hospital and Christian Hospital are the three BJC HealthCare hospitals located in St. Louis County. MBMC and Barnes-Jewish West County Hospital are located less than four miles from each other. The service areas of hospitals in the St. Louis metropolitan area overlap each other.

St. Louis County is geographically divided into North County, West County and South County. MBMC is located in west St. Louis County. For the CHNA, MBMC defined its community as St. Louis County and further identified West County and South County as specific focus areas.

ST. LOUIS COUNTY SUB-COUNTIES: 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.



MBMC's primary service area is represented by the zip codes in the shaded area of the map. The zip codes outside the shaded area indicate the hospital's secondary service area.

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 when compared to 36 percent in West County.

2016 CHNA MEASUREMENT AND OUTCOMES RESULTS

At the completion of the 2016 CHNA, MBMC identified Diabetes and Heart & Vascular 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: MISSOURI BAPTIST MEDICAL CENTER'S 2016 CHNA OUTCOMES

DIABETES	HEART & VASCULAR
PROGRAM GOALS	PROGRAM GOALS
To increase early detection of pre-diabetes and improve the quality of life for all persons who have diabetes or who are at risk for diabetes. Implement community-based use of HbA1C testing for clients who screen in the pre-diabetes range, are known pre-diabetics or have diabetes, by July 2017, to better assess overall health as it relates to blood glucose level.	Improve cardiovascular health and quality of life through prevention, detection and access to treatment of risk factors for heart attack and stroke. Increase early identification and treatment of heart attacks and strokes and prevention of repeat cardiovascular events.
PROGRAM OBNJECTIVE	PROGRAM OBJECTIVE
Screen 800 adults each year for glucose at Missouri Baptist Medical Center, Dierbergs Markets and/or other grocery stores and community centers in the South County and West County areas. Follow-up with 40 percent of clients who opt-in and are identified as in the pre-diabetes or diabetes range at screenings. Provide these clients with referral specialist access Document an increase in knowledge of healthy lifestyle changes with each follow-up encounter.	Increase the number of adults who screen for blood pressure, cholesterol and blood glucose in West County and South County in 2017 by 10 percent each subsequent year. Successful contact of 40 percent of at-risk participants who opt-in for follow-up each year starting in 2017. Within the year following the initial screening, Community Education staff will confirm that 5 percent of those contacted will have an appointment scheduled for a follow-up appointment with their physician.
CURRENT STATUS	CURRENT STATUS
Early identification of at-risk individuals through 891 health screenings in 2017; 848 YTD for 2018. Increased knowledge of impact of healthy lifestyle in preventing disease; reduction in disease risk. Connection to additional resources (dieticians and self-management classes) including partnerships with YMCA and Oasis St. Louis.	·891 health screenings in 2017; 848 YTD in 2018 ·In 2018, 57 percent of those high-risk individuals who opted into communications were reached. ·57 percent of those who have reached one year of follow-up report having made lifestyle changes.

CONDUCTING THE 2019 CHNA

Primary Data Collection: Focus Group

MBMC collaborated with Barnes-Jewish West County Hospital, 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

2016 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

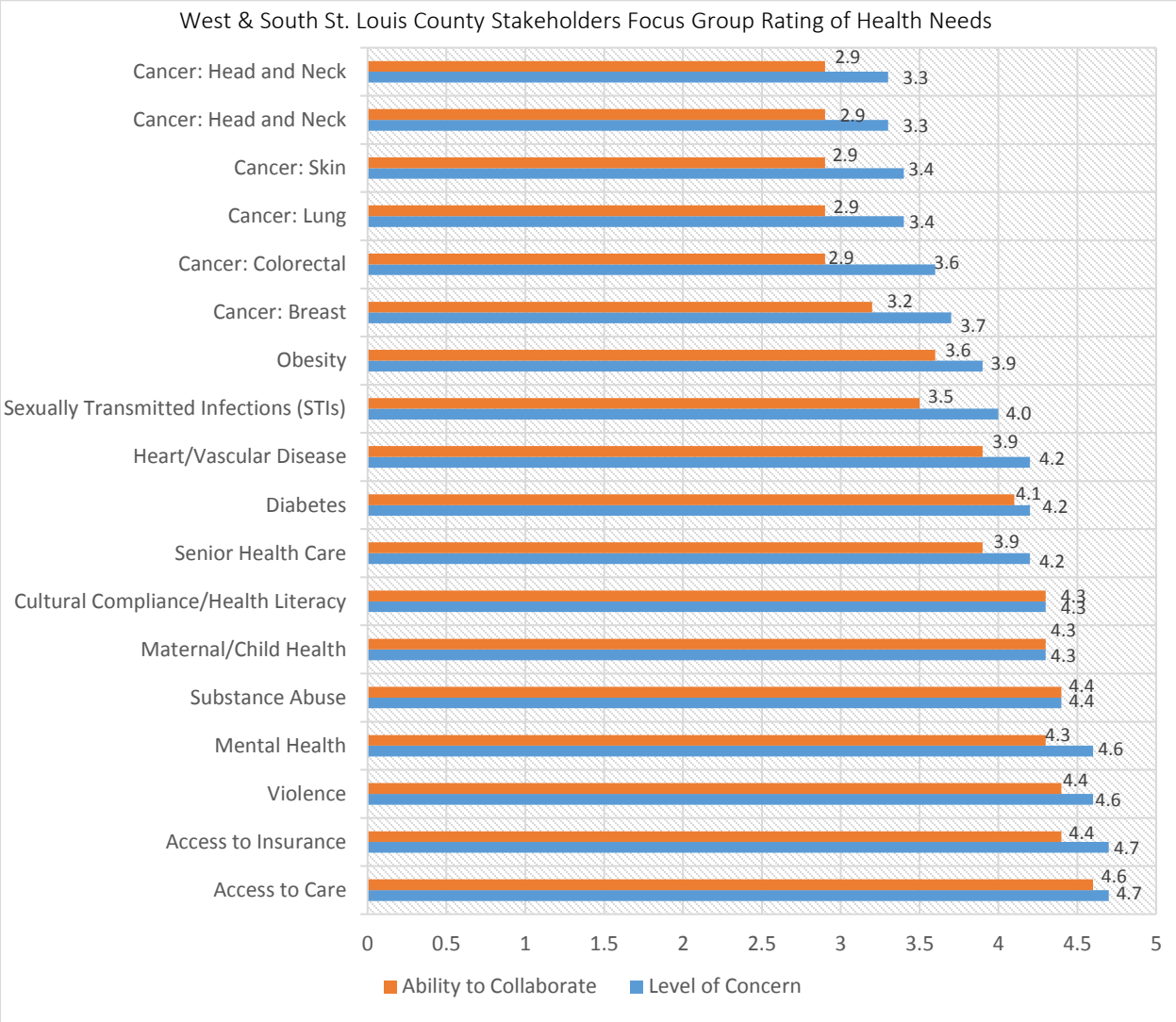
- The St. Louis County Department of Public Health and the St. Louis City Health Department collaborated to prepare the Community Health Improvement Plan (CHIP) as a part of the St. Louis Partnership for a Healthy Community. The CHIP now incorporates social determinants of health and racial disparities 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 MBMC identified two needs 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 2014, there were an estimated 9.8 million adults age 18 or older in the U.S. with serious mental illness. This number represented 4.2 percent of all U.S. adults. (National Institute of Mental Health). From 2012 to 2013, the total cases of individuals in St. Louis County Emergency Rooms with a mental disorder principal diagnosis has decreased from 7,070 to 5,774. However, there was an increase from 2011 (6,114) to 2012 (7,070). (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/BEHAHIORAL HEALTH: SUBSTANCE USE AND ABUSE

The availability of county-level data on substance use and abuse is limited. In 2012,

St. Louis County residents had a total of 323 alcohol-related and 437 drug-related hospitalizations. In addition, there were 1,767 alcohol-related and 1,294 drug-related ER visits that did not include a hospital stay. In 2014, 2,896 individuals in St. Louis County were admitted into substance abuse treatment programs. A total of 1,273 were primarily due to alcohol while 476 were primarily due to marijuana. (Missouri Department of Mental Health).

While the rate decreased from 2015-2017, heroin use (992) was the primary drug for admissions to substance use programs in St. Louis County compared to 886 admissions for alcohol use. Alcohol use rates increased from 2015-2017.

Internal Work Group Prioritization Meetings

MBMC chose 18 employees to participate on an internal CHNA work group representing various hospital departments including, Radiation Oncology; Cancer Center; Radiology; Breast Center; Clinical Nutrition; Cardiology Product Line; BJC Medical Group Cardiology; Women/Infant; Performance Improvement; Institute of Clinical Nursing Practice; Prenatal Education; Diabetic Education; Oncology Product Line; Public Relations; and Community Health & Wellness. (See Appendix D).

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 on Nov. 5, 2018 to review the purpose for the CHNA, role of the work group 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.

MEETING 2

The work group met again on Nov. 16, 2018, for the purpose of reviewing information collected through the secondary data analyses, discussing hospital specific needs and reviewing the ranking procedure and format. The team reviewed all the available community health needs and held a discussion about the importance of each need and its effect on the community.

Cancer Center:

- Prevalence of lung cancer, breast cancer and prostate cancer in region
- Recommended alignment with existing BJC initiatives and potentially with Missouri Cancer, Healthy People 2020 recommendations

Childbirth Center:

- Awareness needed about high blood pressure during pregnancy
- Mental Health support for pre and postpartum
- A statewide Safe Sleep initiative
- Flourish partners with a variety of organizations and offers collaborative grants to support African American families
- Support group for African American mothers
- Count the Kicks program

Diabetes Educators/ Nutrition:

- Malnutrition and nutrition education touches on all chronic conditions and care
- Include considerations around food access and ability to prepare healthy meals

Heart/Stroke:

- Continue focus on prevention (high blood pressure, etc.) and aim to provide some secondary support for those who may have experienced a stroke to avoid a second stroke, and improve rehabilitation
- Agreed smoking cessation and prevention should continue as 2019 priority as it affects cancer rates, early births, and risk of heart disease, diabetes and stroke. Explore more during implementation planning, including tobacco use, juul (e-cigarettes) and reduction in use of menthol cigarettes.

Geriatric ED:

- Senior-focused ED redesign was shared, including partnership with the Home Health program to assess fall risks, identify patterns contributing to falls and assess if a fall has occurred
- Other concerns: access to medication, limb weakness and access to transportation
- Most patients seen by the ED at MBMC have primary care physician

The group also discussed improved alignment with the hospital's "community" and its largest community needs as well as the need for resources in North County and rural areas.

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 3

The work group met again on Dec, 4, 2018. The following table provides the results of the initial ranking by the internal work group.

TABLE 3: MBMC INTERNAL WORK GROUP COMMUNITY HEALTH NEEDS RANKING

RANK	COMMUNITY HEALTH NEEDS RANKING: HIGHEST-LOWEST	TOTAL RANKING
1	Mental / Behavioral HealtH : Mental Health	655
2	Cancer: Lung	575
3	Heart & Vascular: Stroke	567
4	Maternal & Child Health	563
5	Heart & Vascular: Heart Health	557
6	Diabetes	555
7	Obesity	551
8	Nutrition	544
9	Substance Abuse	534
10	Cancer: Breast	515
11	Senior Health Care	492
12	Smoking / Tobacco Use & Education	491
13	Violence	464
14	Cultural Competency / Health Literacy	443
15	Access: Coverage	441
16	Cancer: Colorectal	434
17	Access: Services	427
18	Cancer: Head & Neck	350
19	Cancer: Skin	327
20	Sexual Transmitted Infections (STIs)	299

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.

TABLE 4: MBMC INTERNAL WORK GROUP VS. ST. LOUIS COUNTY COMMUNITY STAKEHOLDERS RANKING		
RANK	MBMC INTERNAL WORK GROUP RANKING	ST. LOUIS COUNTY COMMUNITY STAKEHOLDERS RANKING
1	Mental Health	Access: Services
2	Cancer: Lung	Access: Coverage
3	Heart & Vascular: Stroke	Violence
4	Maternal & Child Health	Mental /Behavioral Health: Mental Health
5	Heart & Vascular: Heart Health	Mental / Behavioral Health: Substance Abuse
6	Diabetes	Maternal / Child Health
7	Obesity	Cultural Compliance / Health Literacy
8	Nutrition	Senior Health Care
9	Substance Abuse	Diabetes
10	Cancer: Breast	Heart / Vascular Disease: Heart Health
11	Senior Health Care	Sexual Transmitted Infectious (STIs)
12	Smoking / Tobacco Use & Education	Obesity
13	Violence	Cancer: Breast
14	Cultural Competency / Health Literacy	Cancer: Colorectal
15	Access: Coverage	Cancer: Lung
16	Cancer: Colorectal	Cancer: Skin
17	Access: Services	Cancer: Head & Neck
18	Cancer: Head & Neck	
19	Cancer: Skin	
20	Sexual Transmitted Infections (STIs)	

Next, the work group reviewed results of the secondary data using the Conduent 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: MBMC VS. ST. LOUIS COUNTY COMMUNITY STAKEHOLDERS & HEALTHY COMMUNITY INSTITUTE RANKINGS

RANK	MBMC RANKING	ST. LOUIS COUNTY STAKEHOLDERS RANKING	HEALTHY COMMUNITIES INSTITUTE
1	Mental / Behavioral Health: Mental Health	Access to Care	Depression: Medicare Population
2	Cancer: Lung	Access to Insurance	Rheumatoid Arthritis or Osteoarthritis: Medicare Population
3	Heart & Vascular: Stroke	Violence	Alzheimer's Disease or Dementia: Medicare Population
4	Maternal & Child Health	Mental / Behavioral Health: Mental Health	Atrial Fibrillation: Medicare Population
5	Heart & Vascular: Heart Health	Mental / Behavioral Health: Substance Abuse	Food Insecure Children Likely Ineligible for Assistance
6	Diabetes	Maternal/Child Health	Stroke: Medicare Population
7	Obesity	Cultural Compliance/Health Literacy	Babies with Low Birth Weight
8	Nutrition	Senior Health Care	Breast Cancer Incidence Rate
9	Mental / Behavioral Health: Substance Abuse	Diabetes	Cancer: Medicare Population
10	Cancer: Breast	Heart/Vascular Disease	Osteoporosis: Medicare Population
11	Senior Health Care	Sexually Transmitted Infections (STIs)	Prostate Cancer Incidence Rate
12	Smoking / Tobacco Use & Education	Obesity	Death Rate due to Drug Poisoning
13	Violence	Cancer: Breast	Hyperlipidemia: Medicare Population
14	Cultural Competency / Health Literacy	Cancer: Colorectal	Heart Failure: Medicare Population
15	Access: Coverage	Cancer: Lung	Adults 20+ with Diabetes
16	Cancer: Colorectal	Cancer: Skin	Chlamydia Incidence Rate: Females 15-19
17	Access: Services	Cancer: Head & Neck	Preterm Births
18	Cancer: Head & Neck		All Cancer Incidence Rate
19	Cancer: Skin		Adults who Drink Excessively
20	Sexual Transmitted Infections (STIs)		Children with Low Access to a Grocery Store

- Mental Health; Cancer; Heart Health; Maternal/Child Health; Diabetes; Substance Abuse: Breast Cancer; Senior Health Care; and Sexually Transmitted Infections (and related categories) were listed by all three groups.
- Lung Cancer; Obesity; Violence; Cultural Competency/ Health Literacy; Access to Care: Coverage; Colorectal Cancer; Access to Services (Care); Head and Neck Cancer; Skin Cancer; were listed by the focus group and the internal work group.
- Stroke was ranked by the internal team and Conduent Healthy Communities Institute
- Nutrition and Smoking were ranked by the internal team.

Participants reviewed and discussed the differences among all rankings and were provided the opportunity to change their rankings after the resources were reviewed. Individual rankings were totaled to yield a composite ranking.

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 MBMC will focus on: 1) Heart Health / Stroke and 2) Diabetes.

APPENDICES

Appendix A: About Missouri Baptist Medical Center

Missouri Baptist Medical Center, (MBMC) an acute care hospital in St. Louis County, offers a full continuum of medical and surgical services, including heart care, cancer care, and women's and infants' services. The hospital has a 24-hour adult emergency department and cares for pediatric patients at a separate emergency department in collaboration with St. Louis Children's Hospital.

In 2016, MBMC was named a Magnet® hospital by the American Nurses Credentialing Center (ANCC). The prestigious designation is the highest credential a healthcare organization can receive for nursing excellence and quality patient care. MBMC is the first hospital in St. Louis County to achieve this recognition, which has been accomplished by less than 7 percent of hospitals nationwide. Additionally, U.S. News & World Report ranked the hospital #2 in the St. Louis metro area.

MBMC continues to redesign and expand its services to better meet the community's needs, including recent renovations to its Childbirth Center, Breast HealthCare Center, Center for Outpatient Therapy and Wellness and Surgical Evaluation Center, which is part of a new Surgical Home program to improve the continuum of care for surgical patients. The hospital has implemented new services, including a lung cancer screening program and the opening of its Wound Healing Center. Missouri Baptist also offers outpatient services at Sunset Hills and Rock Hill facilities, providing women's health, cancer, imaging and other services closer to home.

The hospital's Rural Outreach Program has been providing communities throughout Missouri and southern Illinois with access to MBMC specialty physicians since 1993.

The campus includes state-of-the-art patient towers, a nature trail and an extension of the Goldfarb School of Nursing at Barnes-Jewish College to train students to handle healthcare situations from complex births to post-surgery and critical care.

In 2018, MBMC provided $26,887,003.00 in financial assistance and programs providing 50,307 individual services. This total includes:

- $18,589,306 in financial assistance and means-tested programs serving 25,102 individuals
- 13,357 individuals on Medicaid at a total net benefit of $5,464,093.00

MBMC also provided a total of $8,298,697 providing 25,205 individual services 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

MISSOURI BAPTIST MEDICAL CENTER: 2018 TOTAL NET COMMUNITY BENEFIT EXPENSES		
CATEGORY	PERSONS SERVED	TOTAL NET BENEFIT
FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS		
Financial Assistance at Cost	11,745	$13,125,213.00
Medicaid	13,357	$5,464,093.00
TOTAL FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS	25,102	$18,589,306.00
OTHER COMMUNITY BENEFITS		
Community Health Improvement Services	9,966	$1,184,935.00
Health Professional	4	$248,832.00
Subsidized Health Services	15,235	$6,752,600.00
In-Kind Donation		$111,330.00
TOTAL OTHER COMMUNITY BENEFITS	25,205	$8,297,697.00
GRAND TOTAL	50,307	$26,887,003.00

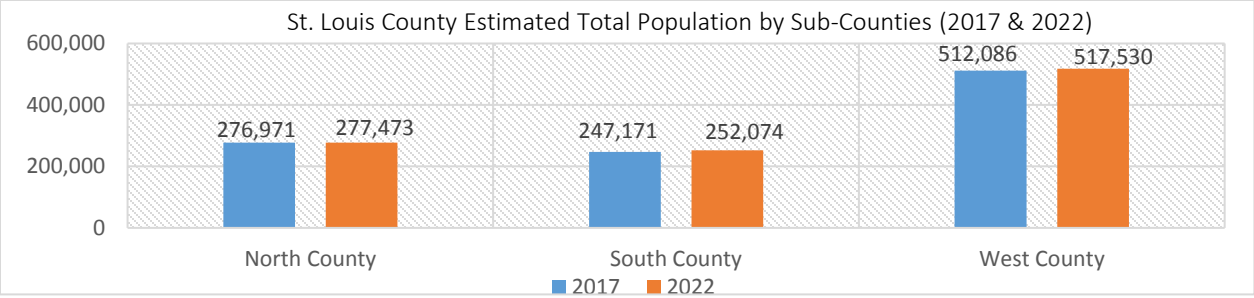
Appendix C: St. Louis County Demographic

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

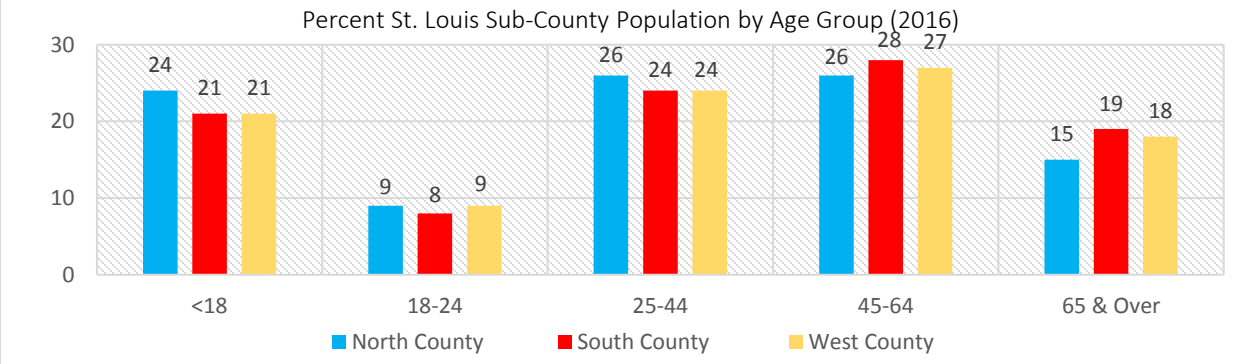
Source: Conduent Healthy Communities Institute

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



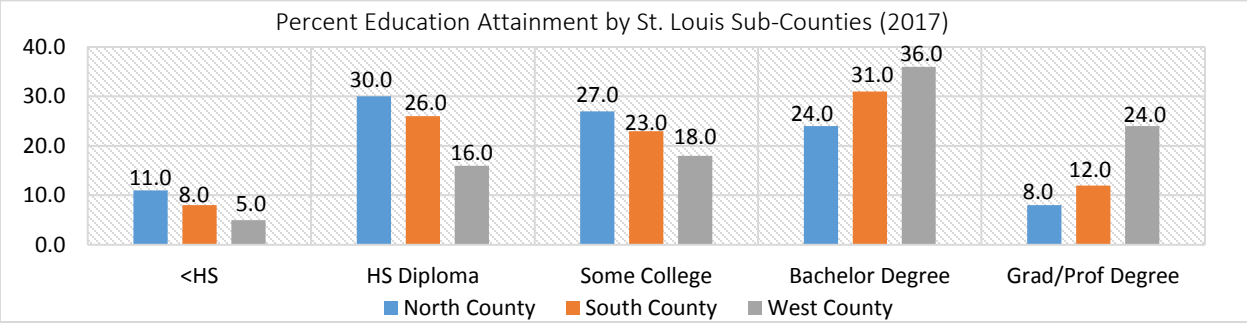
Source: Truven Health Analytics



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

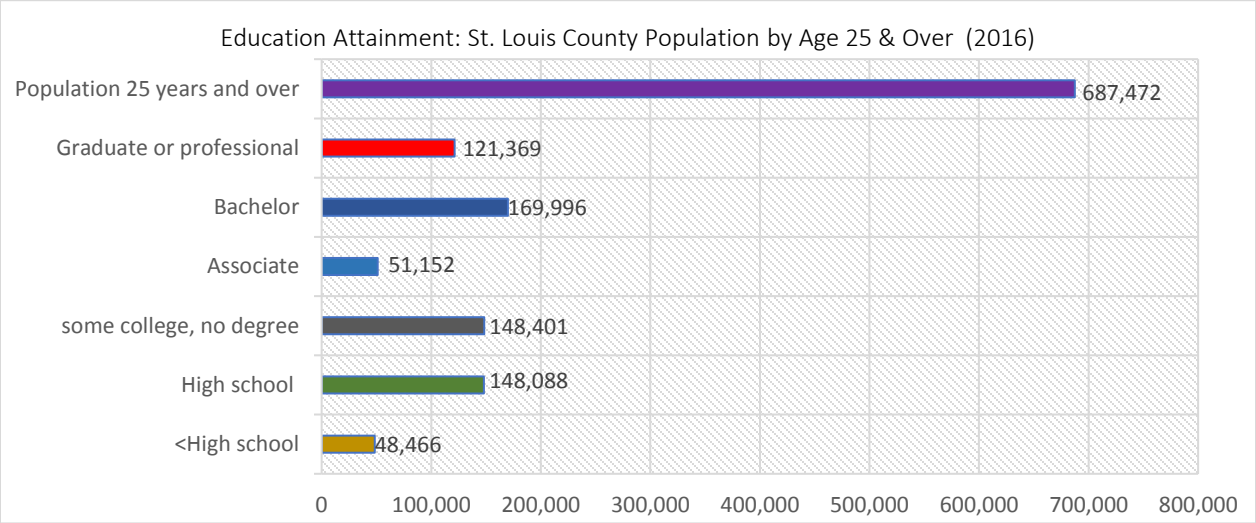
Source: Truven Health Analytics



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

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.

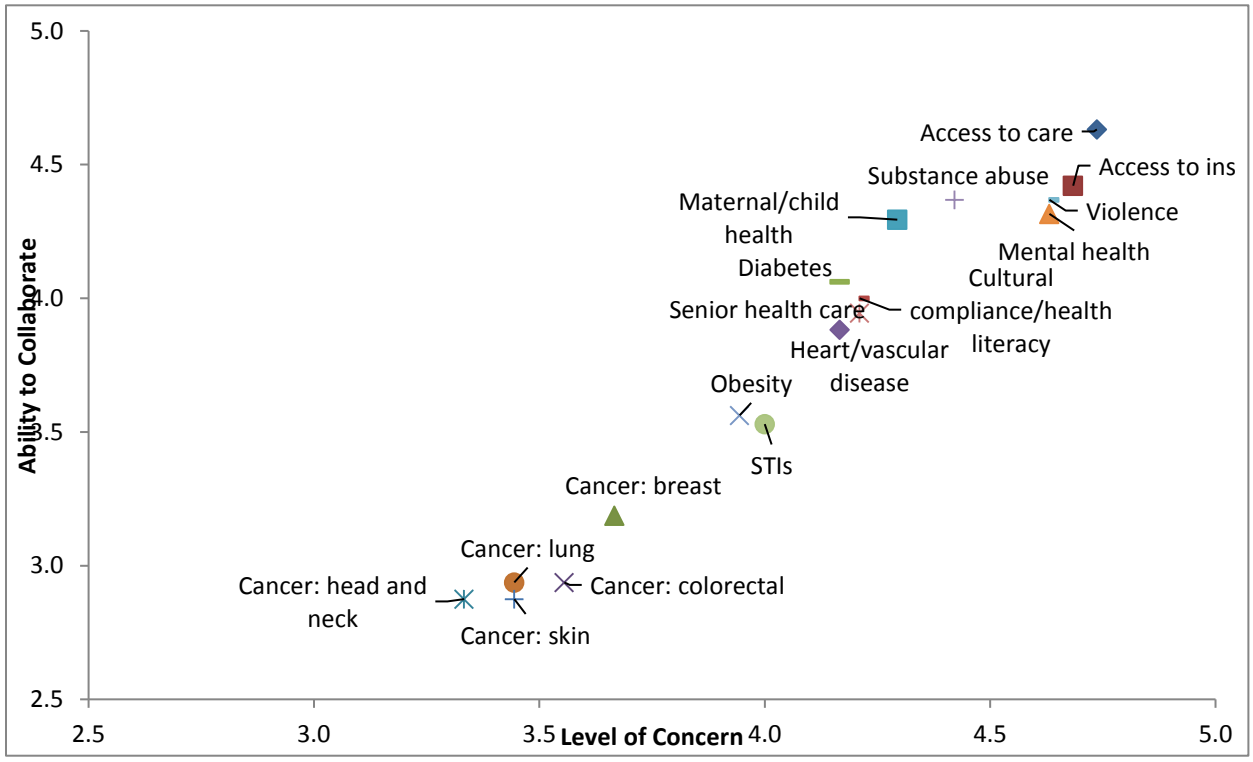
HEALTH CONCERNS FOR THE FUTURE:

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

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: Internal Work Group

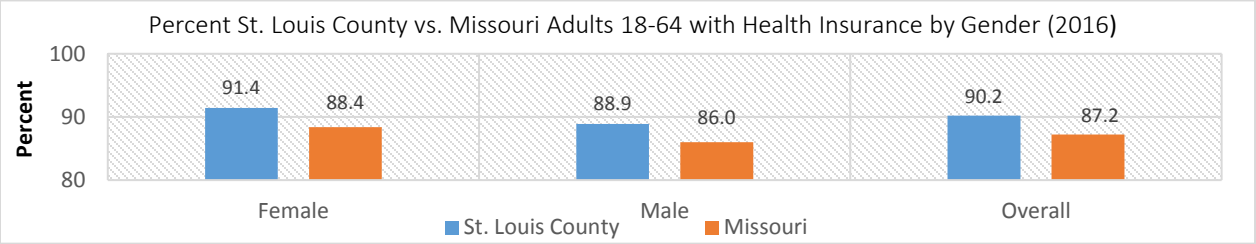
MISSOURI BAPTISTMEDICAL CENTER COMMUNITY HEALTH NEED ASSESSMENT INTERNAL WORK GROUP			
LAST NAME	FIRST NAME	TITLE	DEPARTMENT
Allen	Garrett	Director, Oncology Service Line	Oncology Service Line
Arenas	Elizabeth	Navigator, Intervent Pulmonology	Radiation Oncology
Barnes	Karen	Manager, Program - CSL (RN)	Women and Infants Service Line
Brouder	Pam	Director, Women and Infants	Women and Infants Service Line
Eilers	Amy	Supervisor, Oncology - Programs/Social Work	Oncology Service Line
English	Tanya	Manager, Program - Clinical Service Line	Breast Health Care Center
Gettinger	Torie	Social Worker, Clinical	Radiation Oncology
King	Karley	Community Benefit Manager	Community Health and Wellness
Kraby	Rachel	Manager II - Communications and Marketing	Public Relations
Marienau	Janice	Educator, Diabetes (E) (RN)	Diabetic Education
Miller	Deanna	Manager, Clinical Dietitian	Clinical Nutrition
Petersen	Emily	Manager, Patient Care - IV	Prenatal Education
Robertson	Pat	Director, Emergency/ Rehab Services	Performance Improvement
Rollins Weaver	Kimberly	Educator, Diabetes (E) (RN)	Diabetic Education
Roth	Deb	Manager Clinical Dietian. MoBap Diabetes Educator and DPP Program Lead	Clinical Nutrition
Sargent	Rachel	Manager, Patient Care - II	Institute of Clinical Nursing Practice
Speidel	Christopher	Community Education Physician Liason. PHYSICIAN	BJC Medical Group, Caridology Service Line; Physician Liason
Vogler	Jana	Director, Cardiac/Vascular Service Line	Cardiology Service Line

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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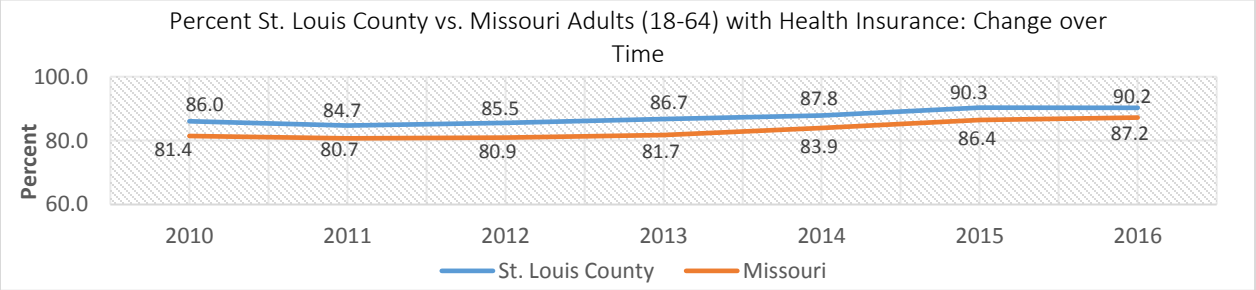

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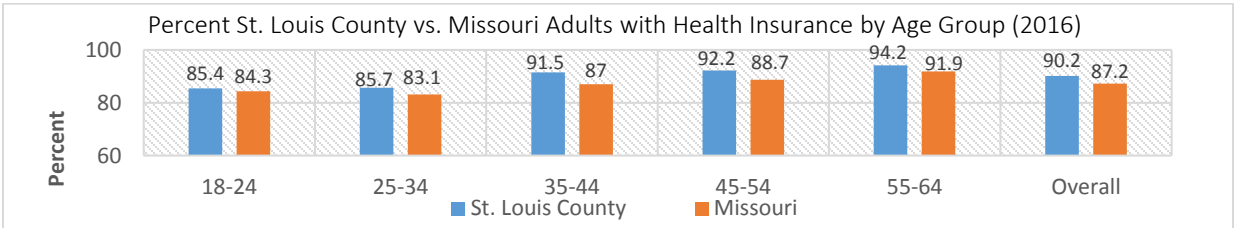
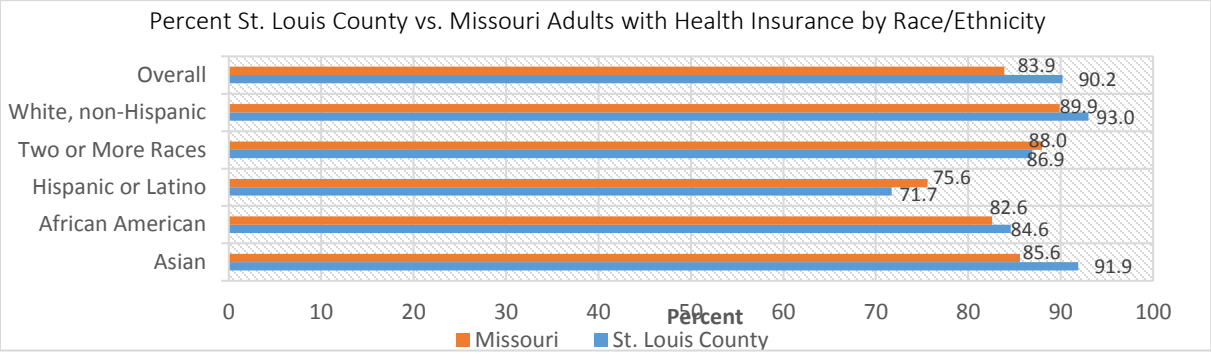


Source: Conduent Healthy Communities Institute

ACCESS TO HEALTH CARE



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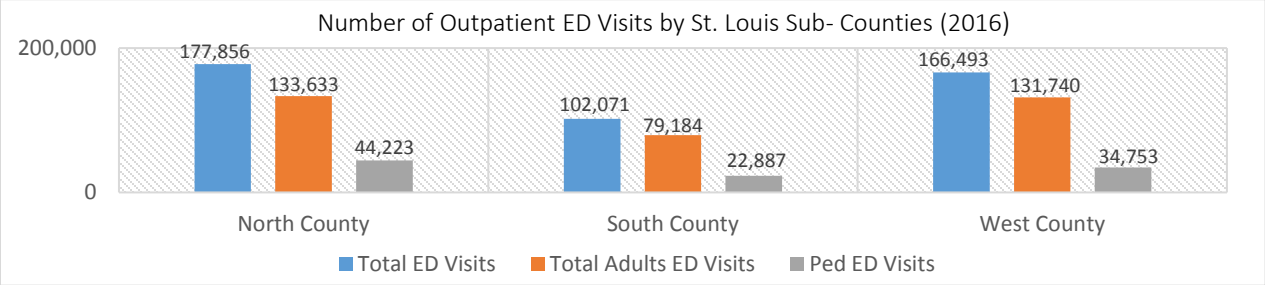
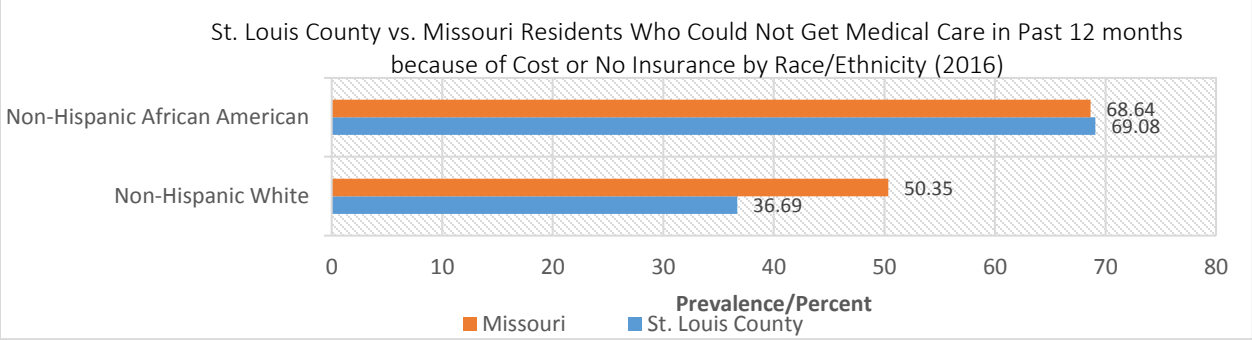


Source: Truven Health Analytics



Source: Missouri Department of Health & Senior Services

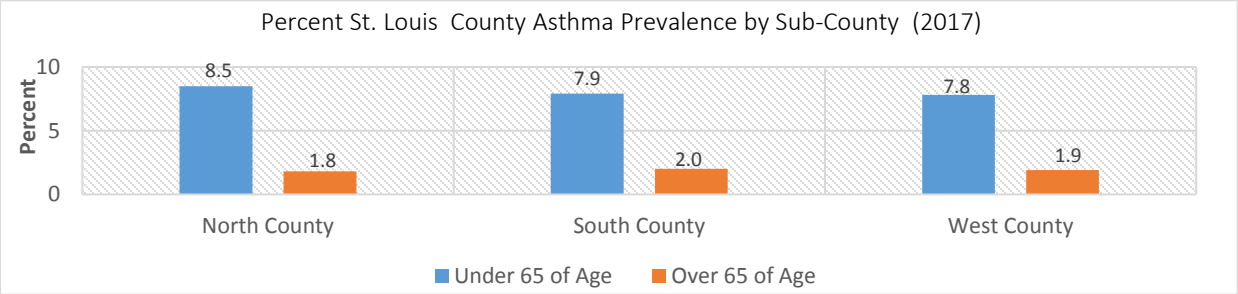
ACCESS: TRANSPORTATION		
HEALTH INDICATORS	ST. LOUIS COUNTY	MISSOURI
Percent Households without a Vehicle (2013-2017)	7.2	7
Percent Workers Commuting by Public Transportation (2013-2017)	2.7	1.5
Mean Travel Time to Work; Age 16+ (2013-2017)	24.2 Minutes	23.5 Minutes

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

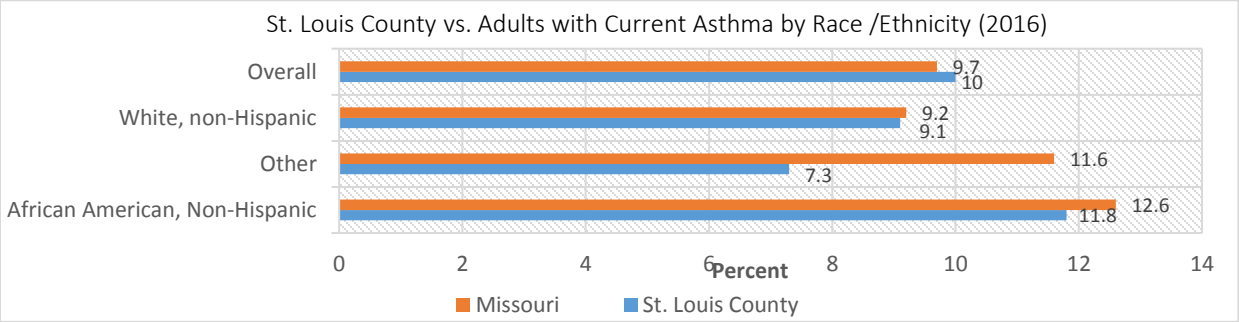
St. Louis County vs. Missouri Asthma RATE BY RACE / ETHNICITY				
HEALTH INDICATORS	WHITE		AFRICAN AMERICAN	
	ST. LOUIS COUNTY	MISSOURI	ST. LOUIS COUNTY	MISSOURI
Death / 100,000 (2007-2017)	0.67	0.83	2.78	3.08
Hospitalizations / 10,000 (2011-2015)	6.76	7.13	37.17	35.59
Emergency Room Visits / 1,000 (2011-2015)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

Source: Missouri Department of Health & Senior Services

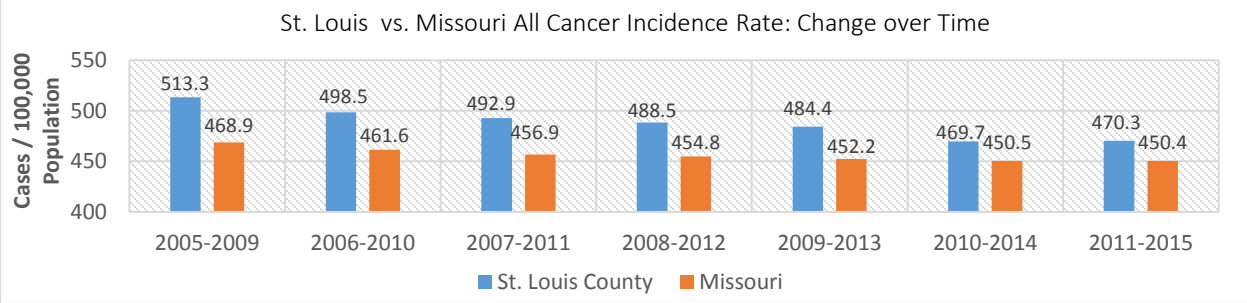
ST. LOUIS COUNTY VS. MISSOURI & U.S. RESPIRATORY DISEASES RATE			
HEALTH INDICATORS	ST. LOUIS COUNTY	MISSOURI	U.S.
Adults with Current Asthma in Percent (2016)	10	9.7	9.3
Age-Adjusted Death Rate due to Chronic Lower Respiratory Disease /100,000 Population (2013-2017)	31.6	51.9	41.1
Asthma: Medicare Population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

Source: Conduent Healthy Communities Institute

ASTHMA



Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

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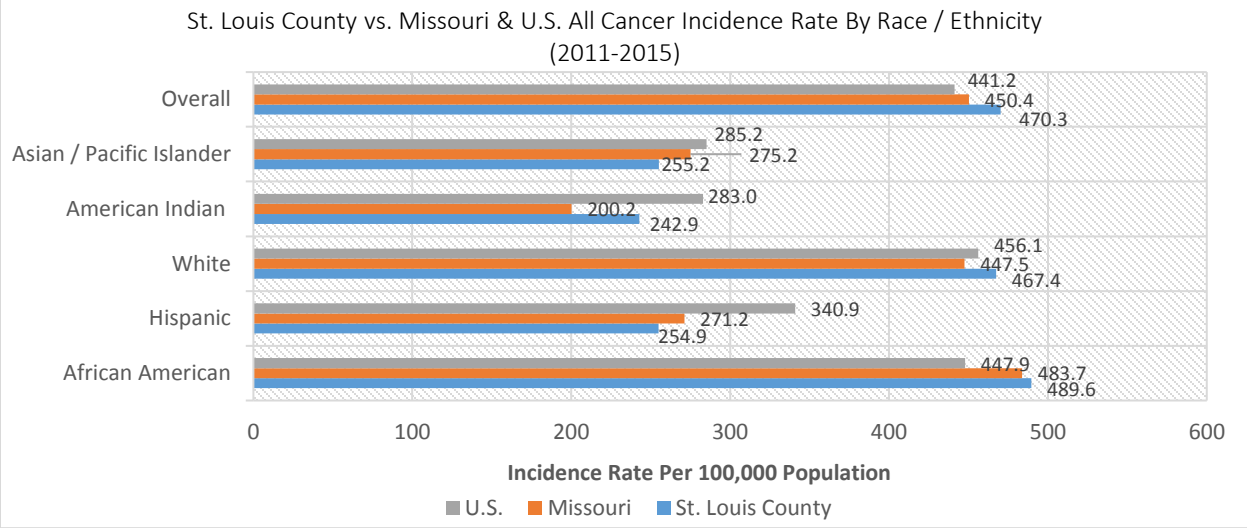
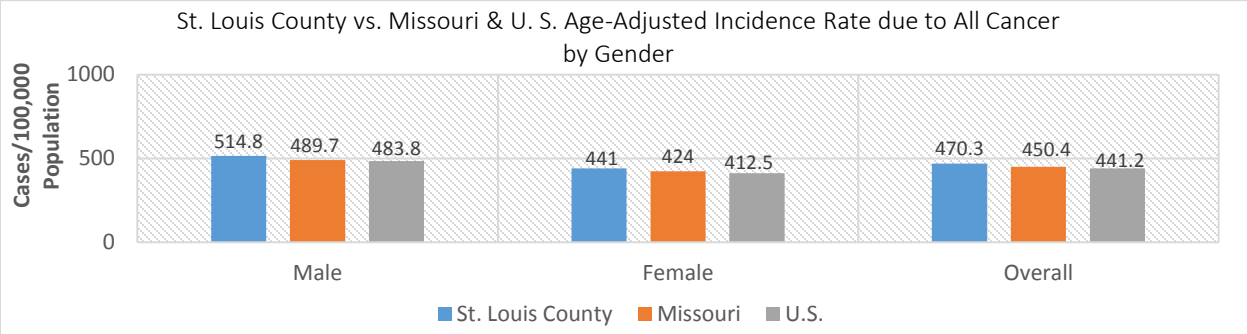
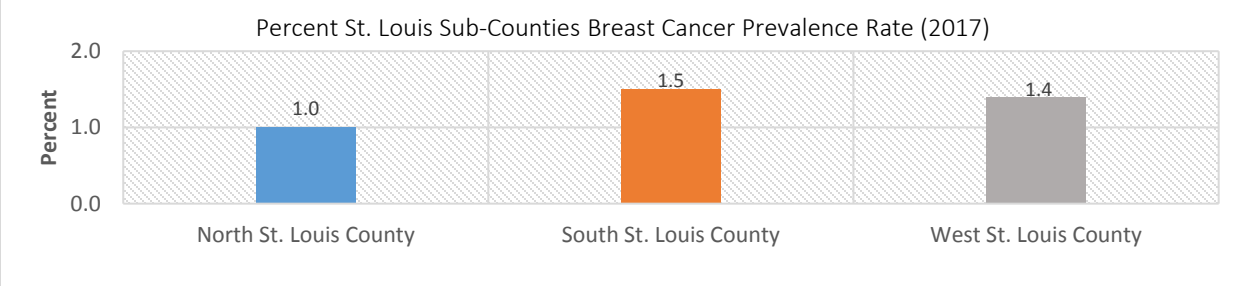


Source: Conduent Healthy Communities Institute and CDC Cancer Profile

CANCER



Source: Conduent Healthy Communities Institute and CDC Cancer Profile



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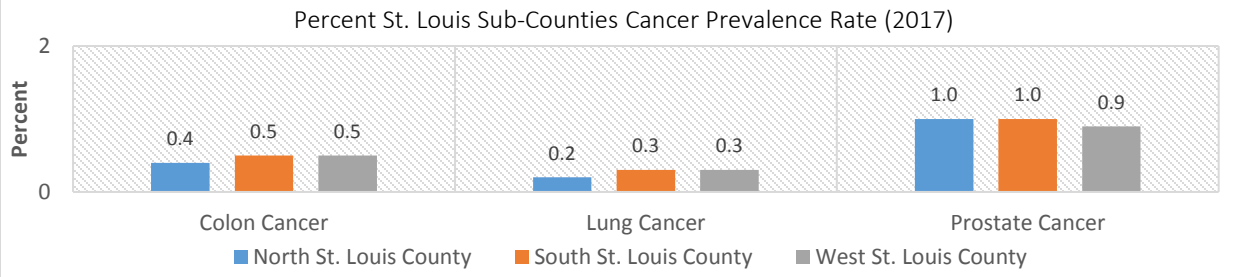

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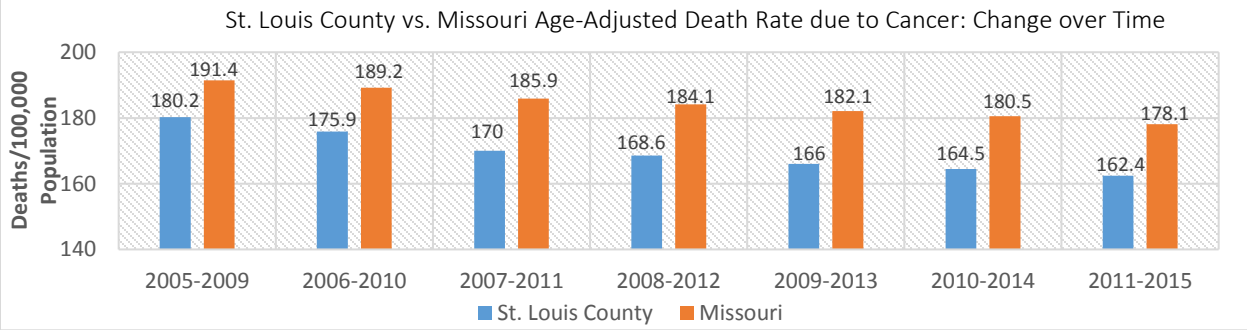

Source: Conduent Healthy Communities Institute

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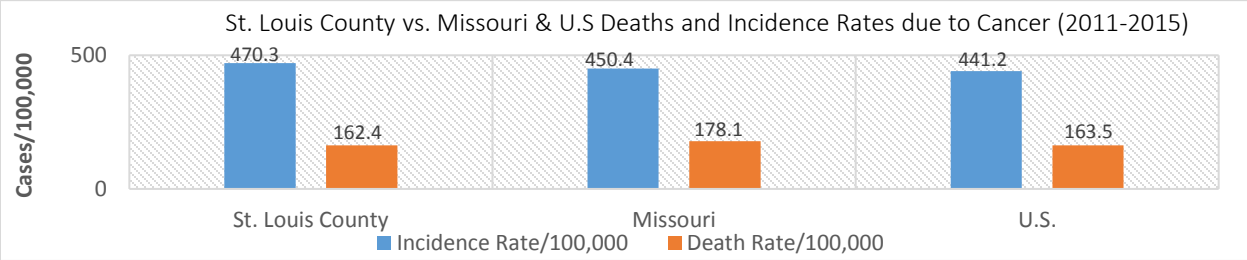
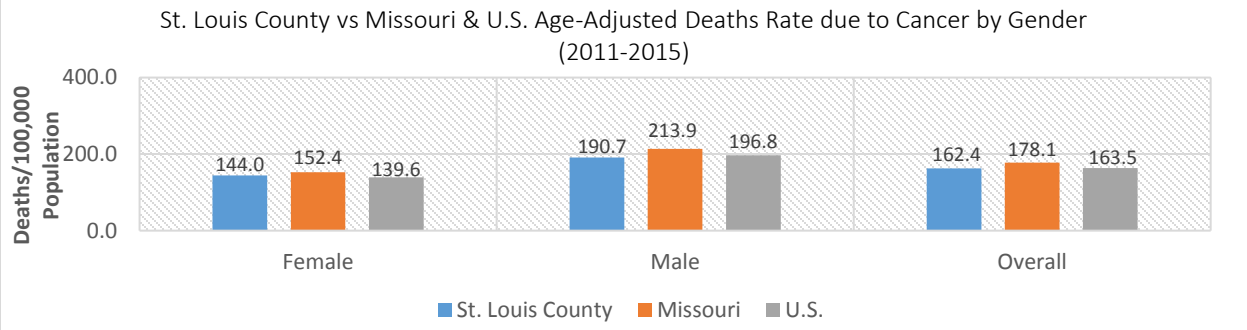
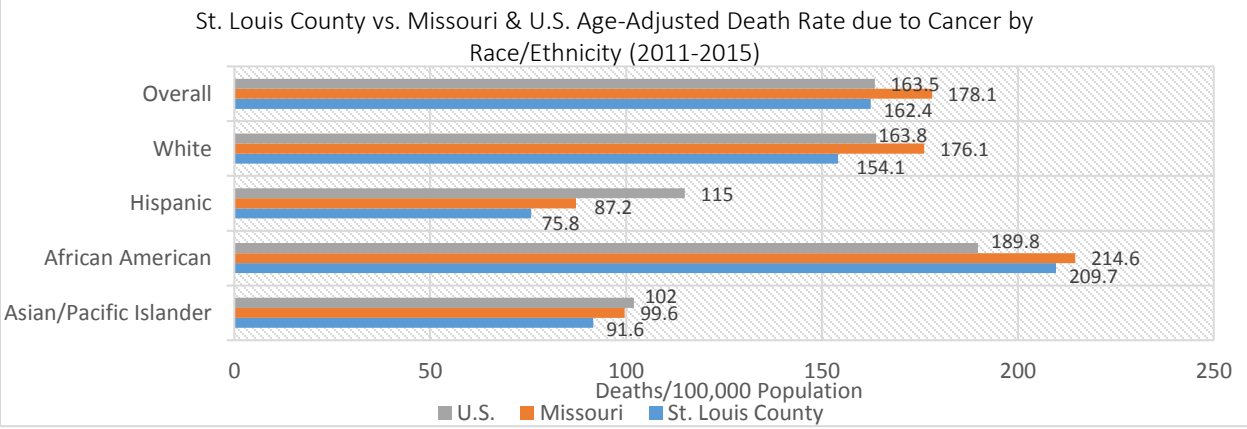


Source: Conduent Healthy Communities Institute & CDC State Cancer Profile



Source: CDC State Cancer Profile



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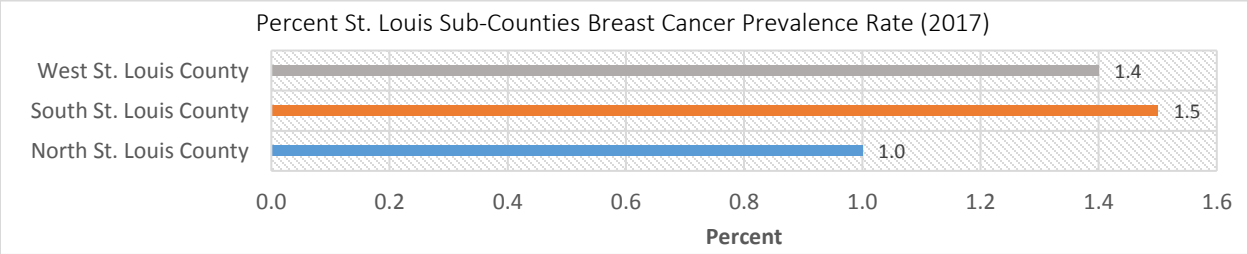

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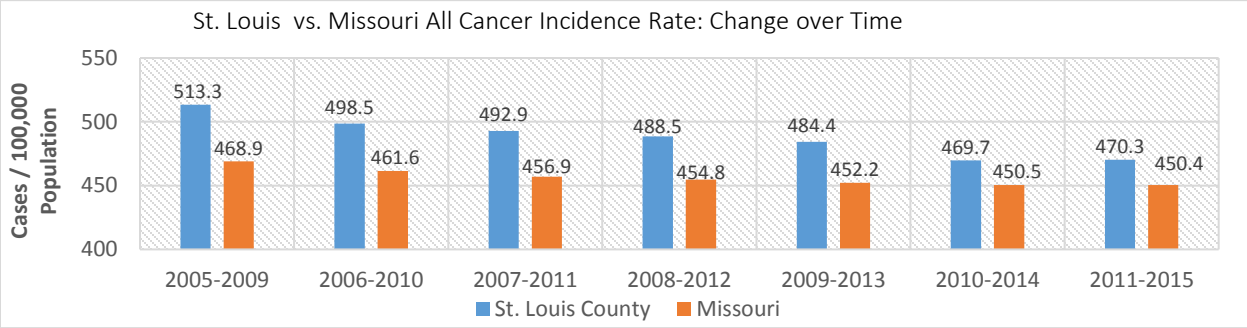

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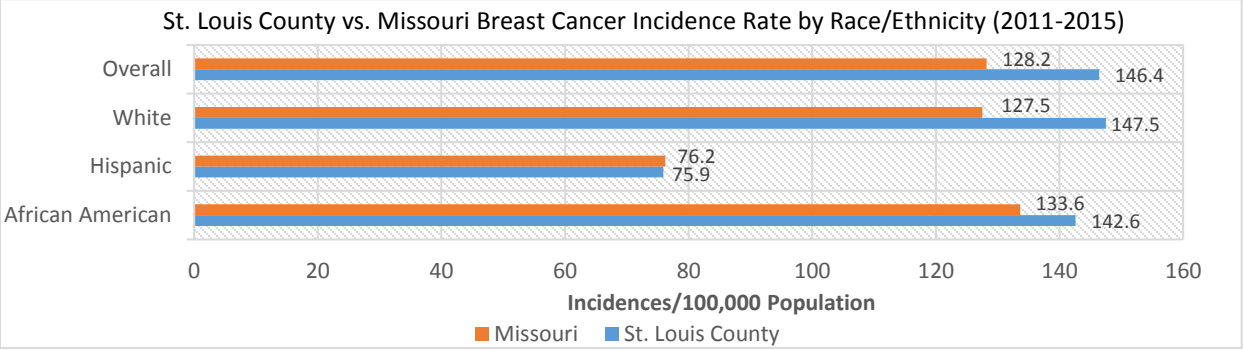

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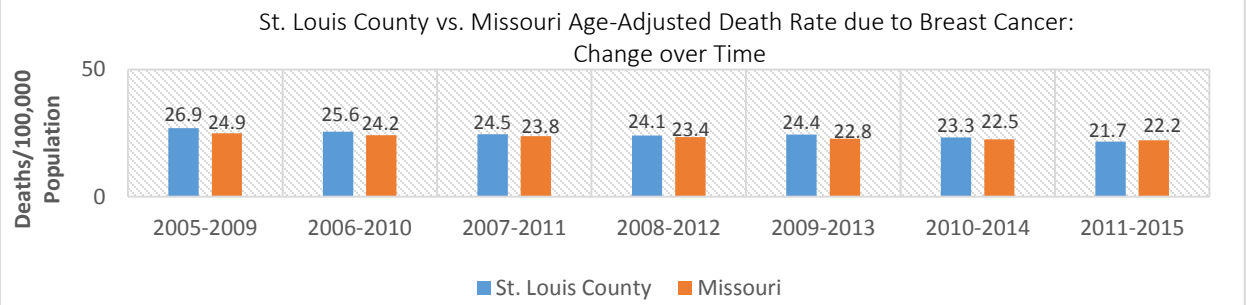

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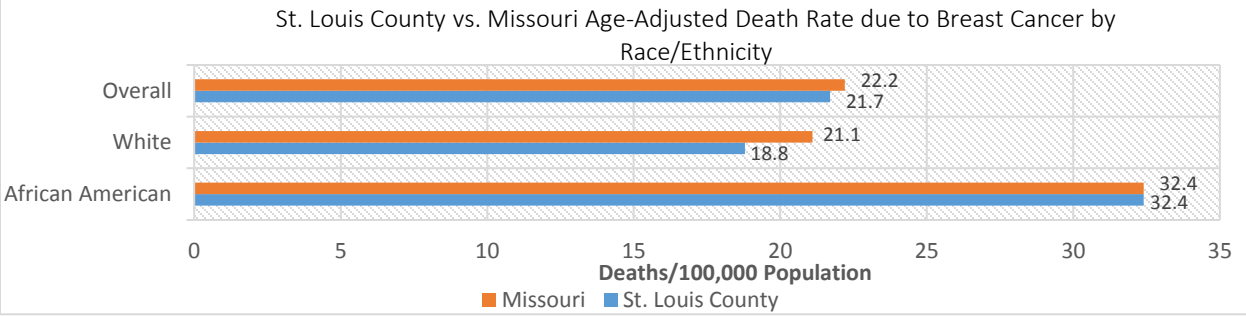

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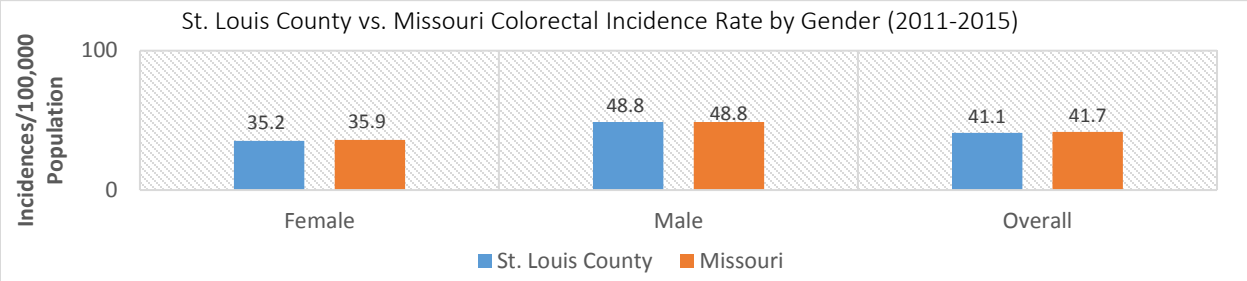

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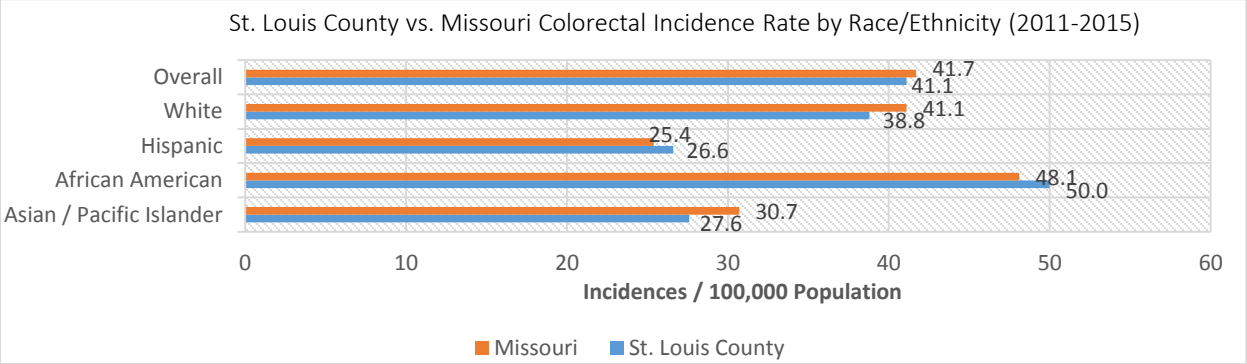

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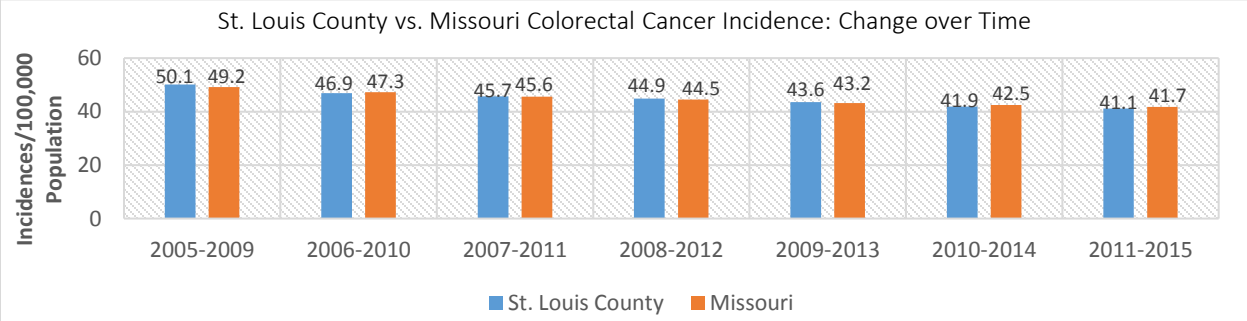

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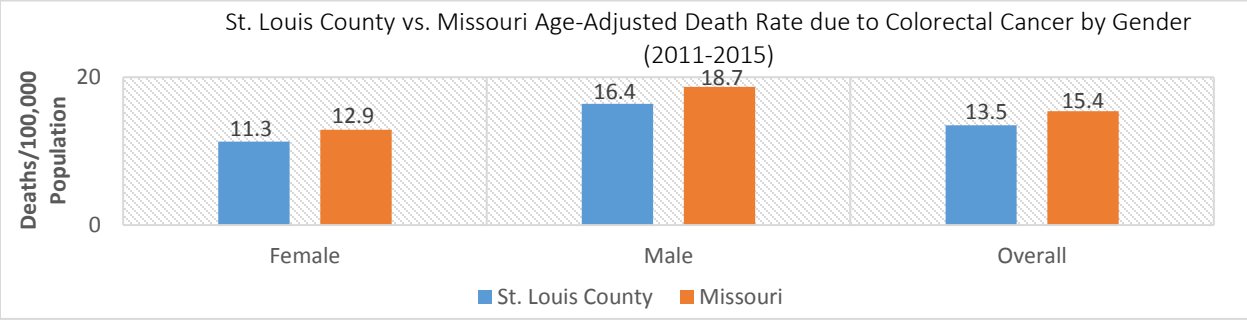

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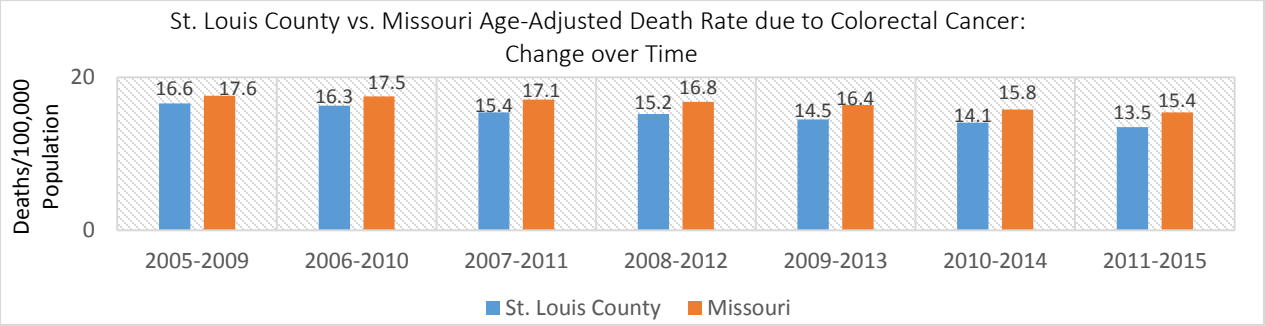

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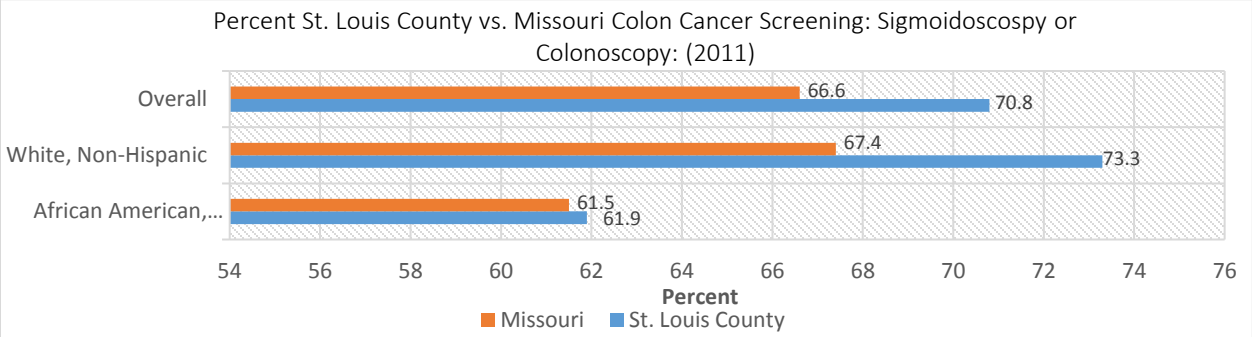

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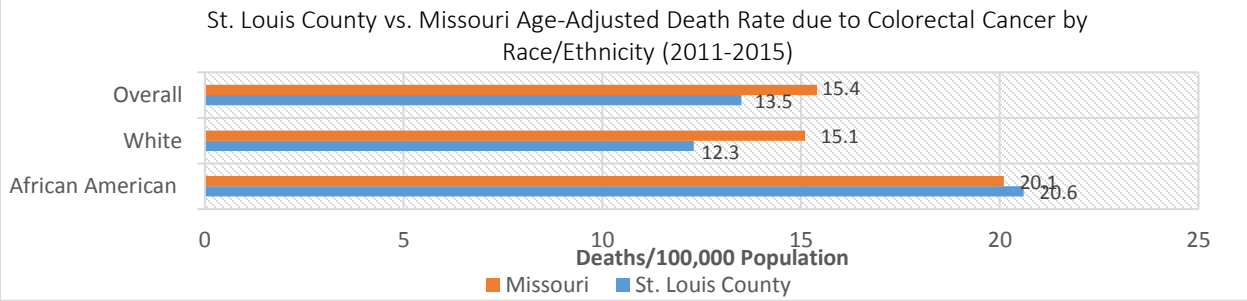

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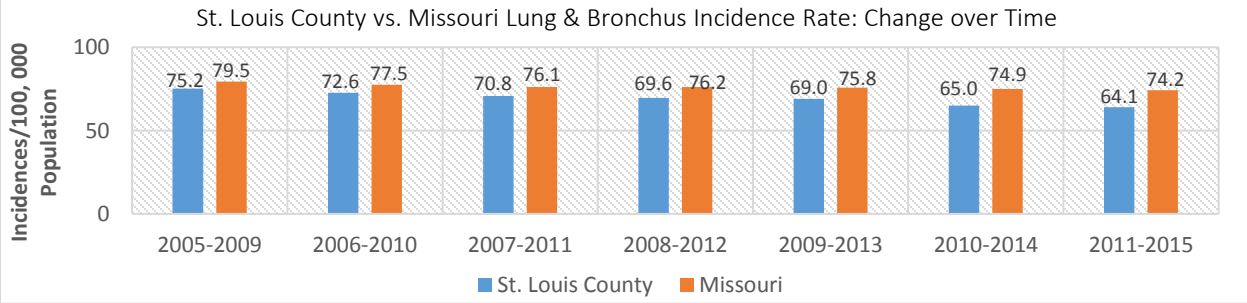

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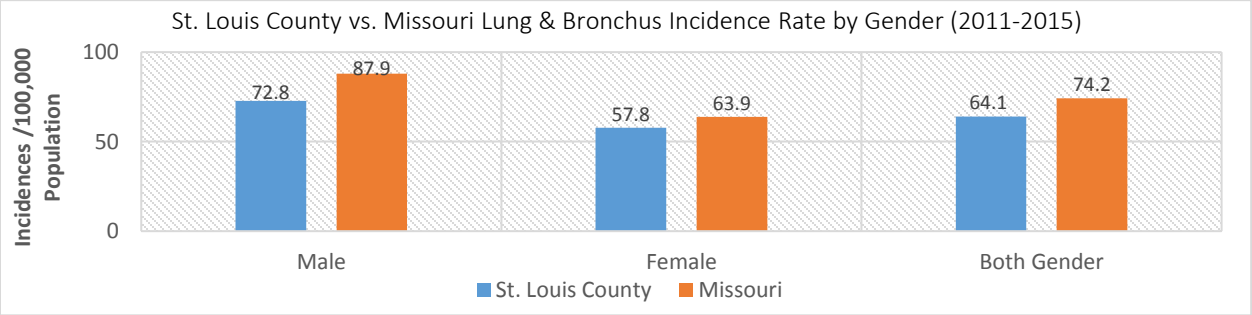

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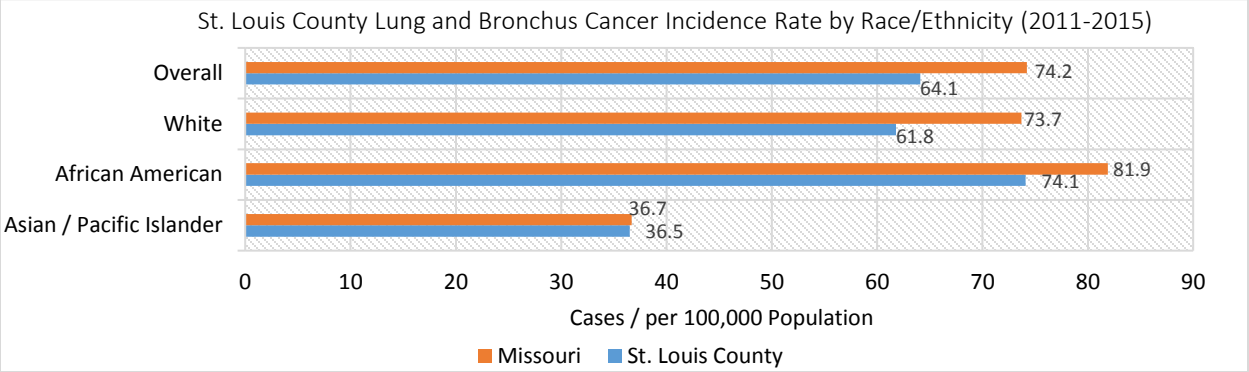

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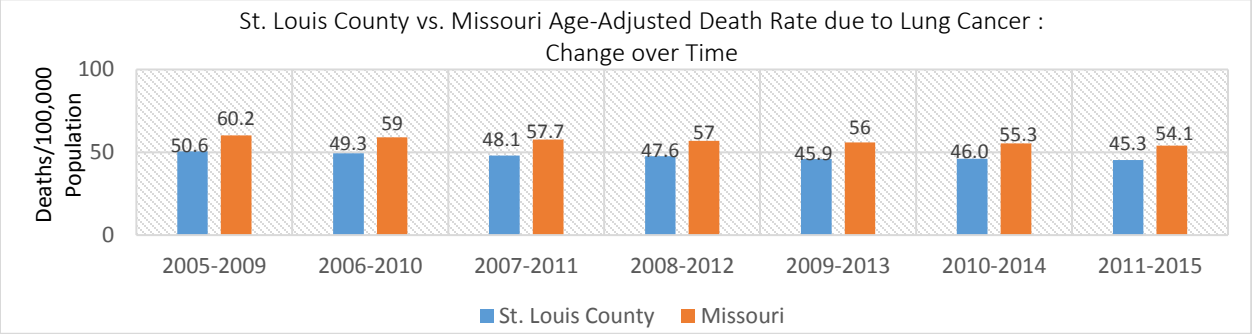

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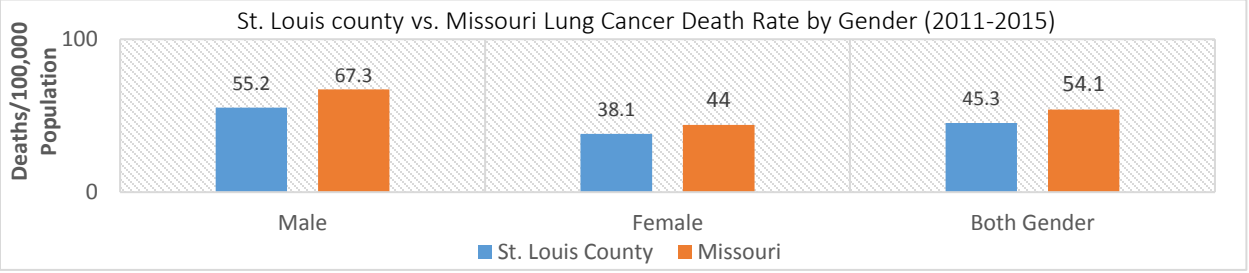

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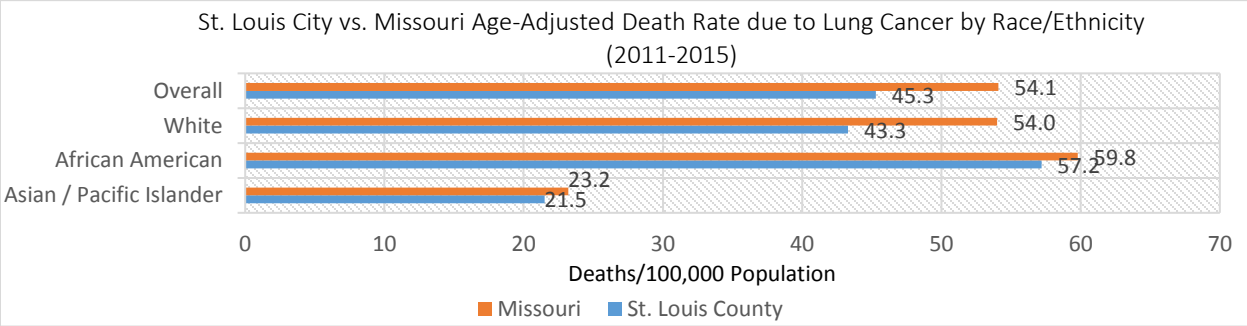
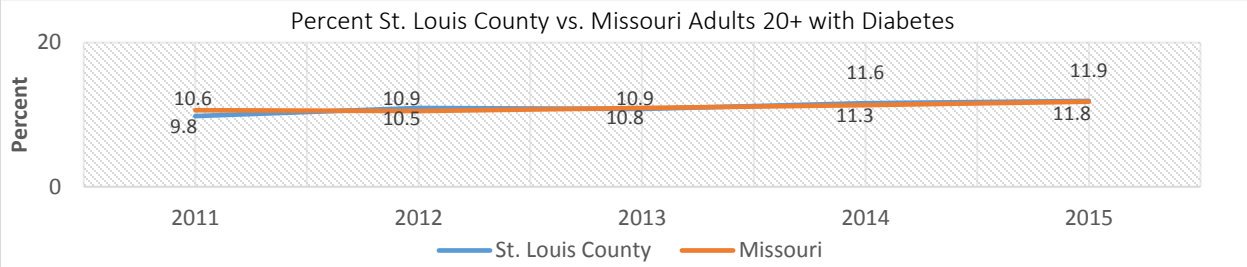


Source: Conduent Healthy Communities Institute

DIABETES



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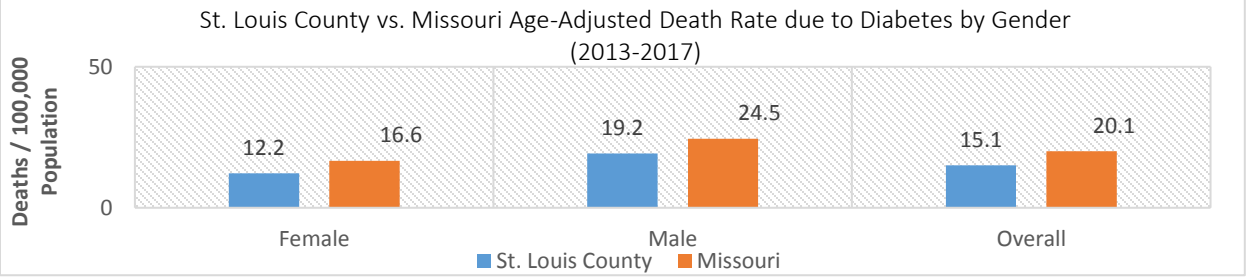

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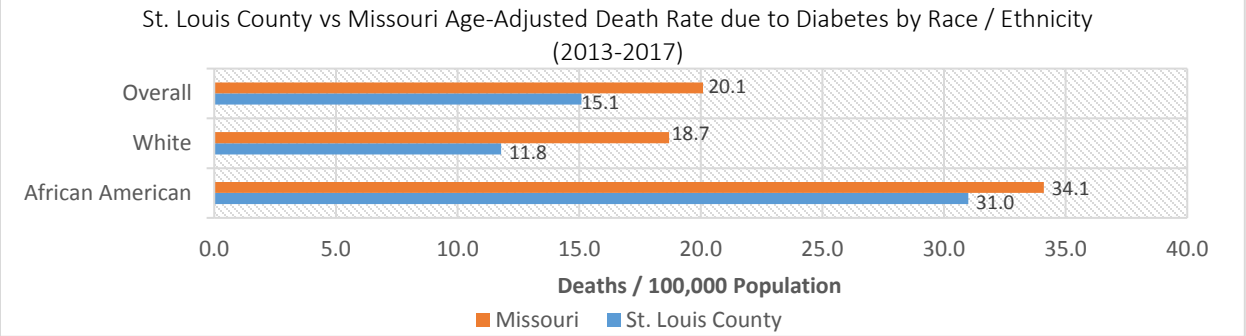

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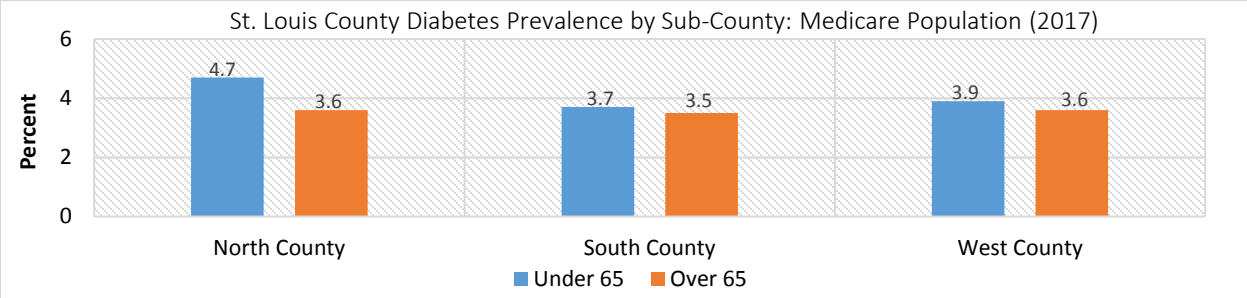
DIABETES



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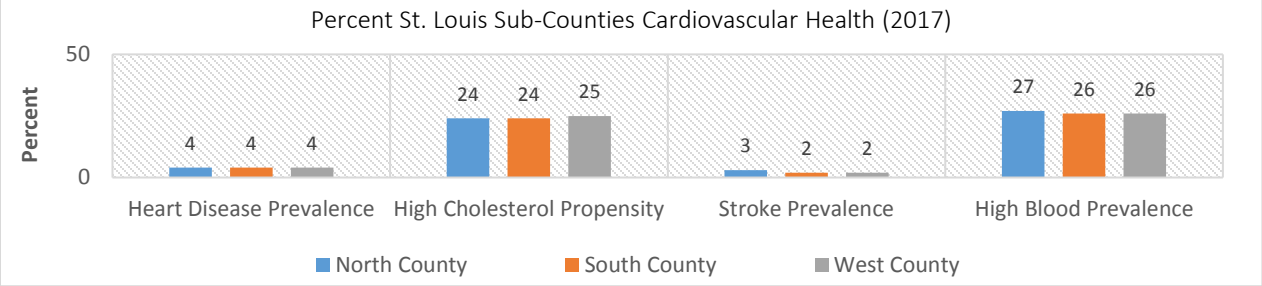

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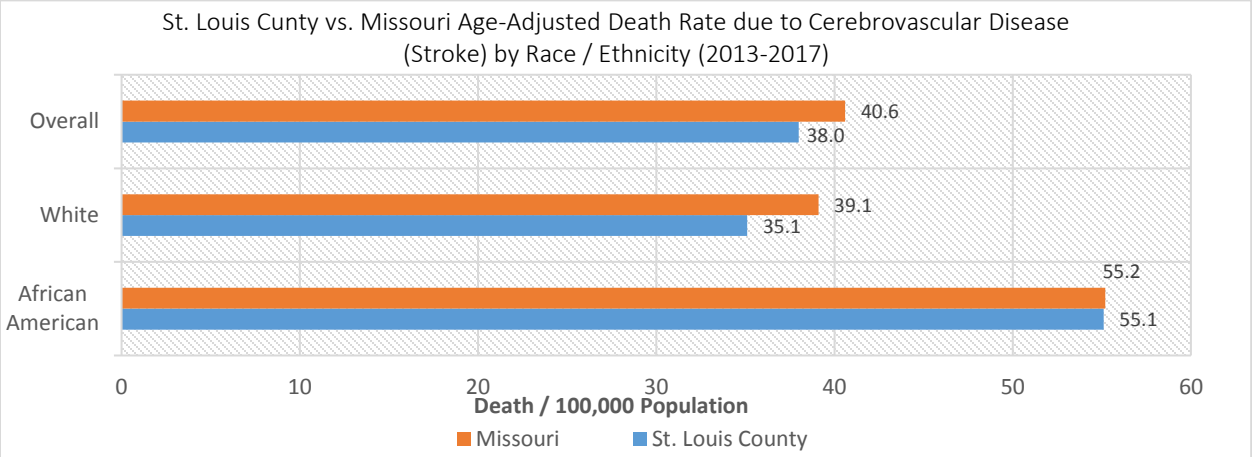
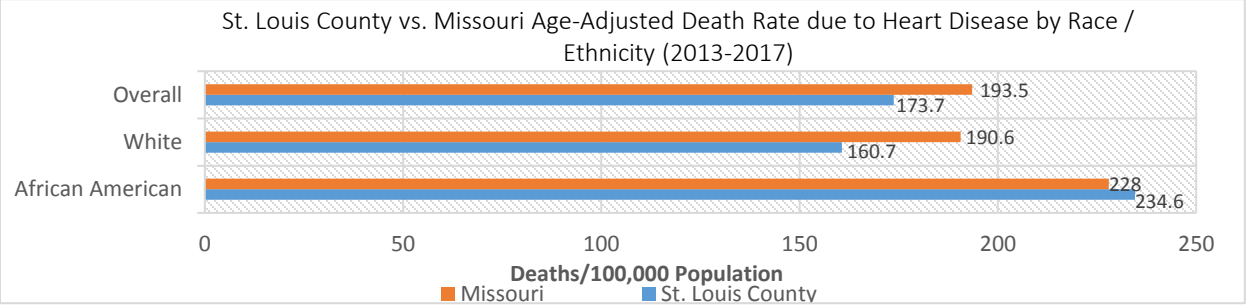


Source: Conduent Healthy Communities Institute

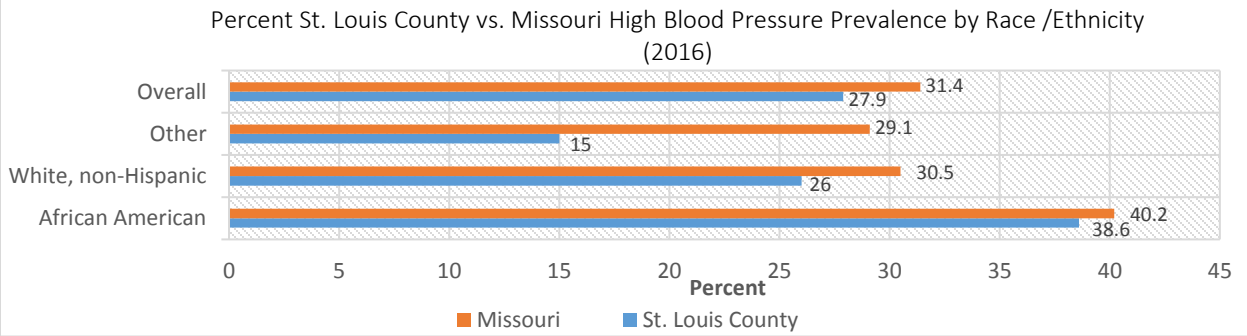
HEART DISEASE & STROKE

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



Source: Conduent Healthy Communities Institute

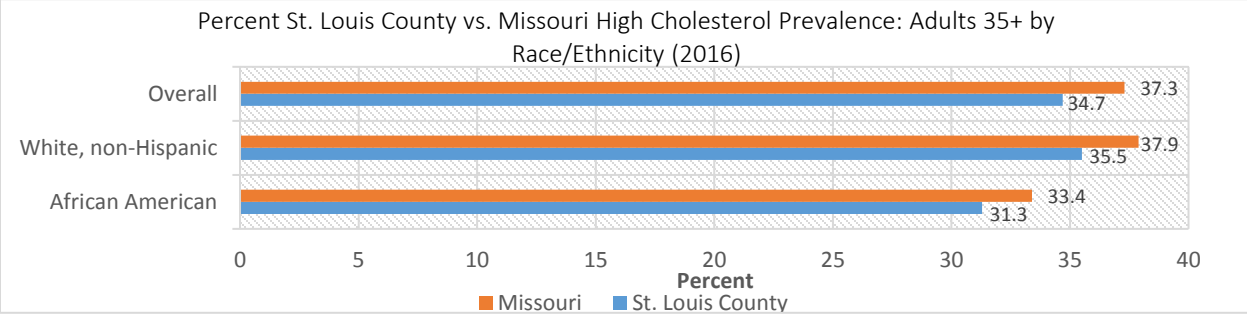


Source: Conduent Healthy Communities Institute

HEART DISEASE & STROKE

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



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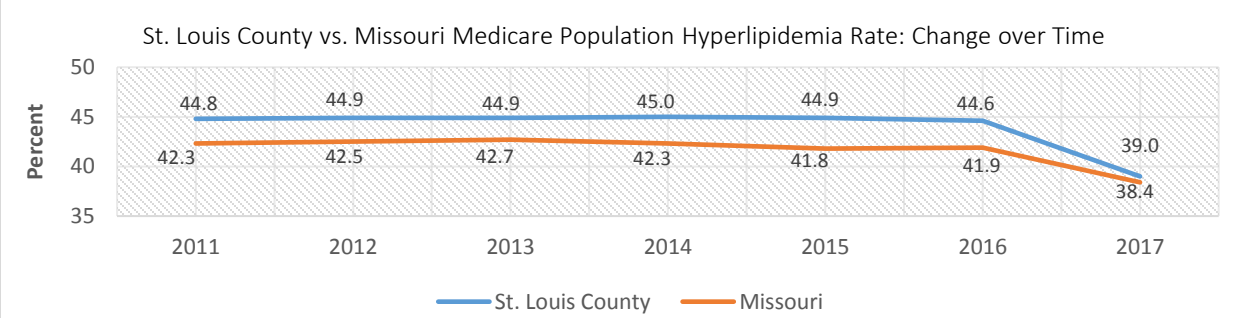
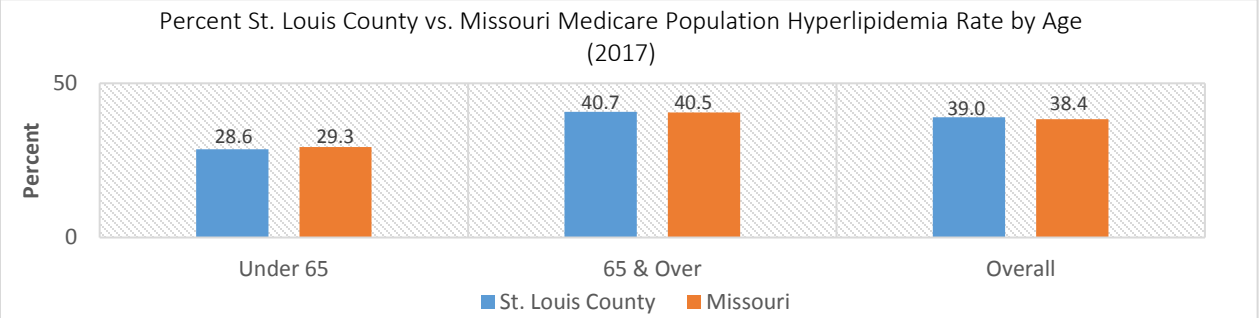


Source: Conduent Healthy Communities Institute

HEART DISEASE & STROKE

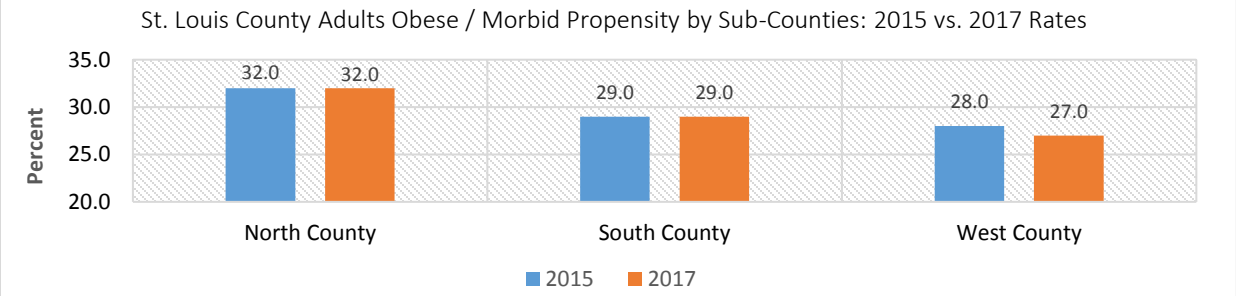
ST. LOUIS COUNTY VS. MISSOURI HEART DISEASE & STROKE THREE-YEAR MOVING AVERAGE RATES						
	ST. LOUIS COUNTY	MISSOURI	ST. LOUIS COUNTY	MISSOURI	ST. LOUIS COUNTY	MISSOURI
DEATHS / 100,000 Population	2013-2015		2014-2016		2015-2017	
Heart Disease	172.55	194.78	172.64	194.15	176.26	193.5
Ischemic Heart 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



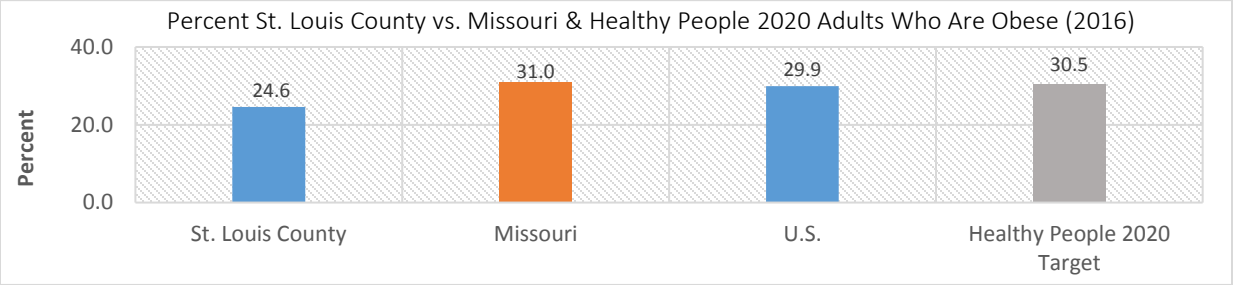
Source: Conduent Healthy Communities Institute

OBESITY



Source: Truven Health Analytics

OBESITY



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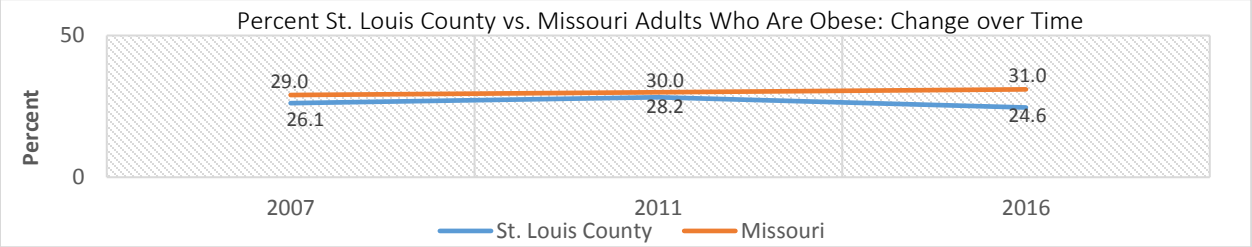

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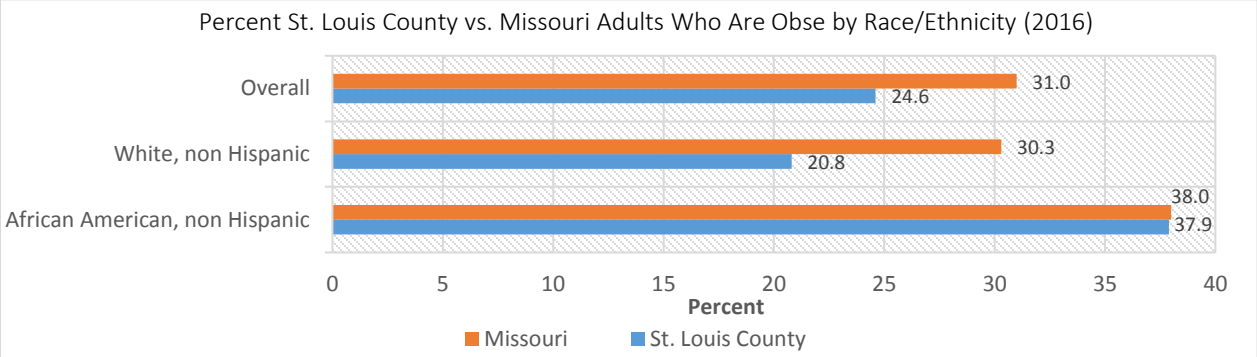
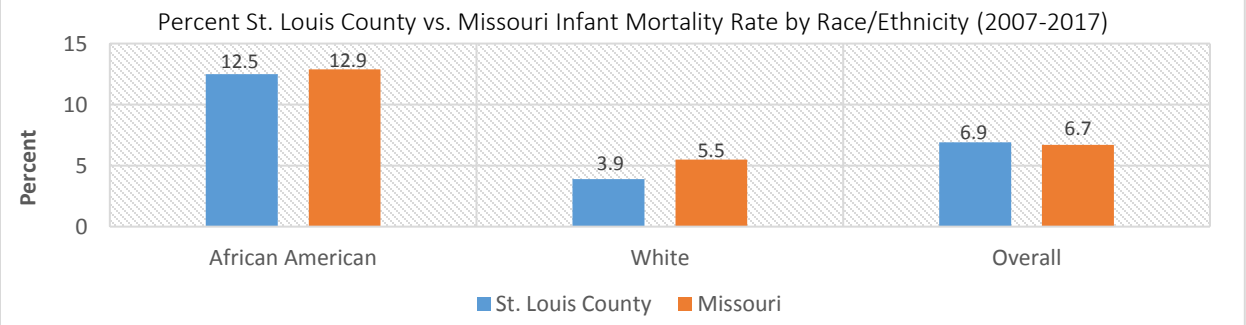


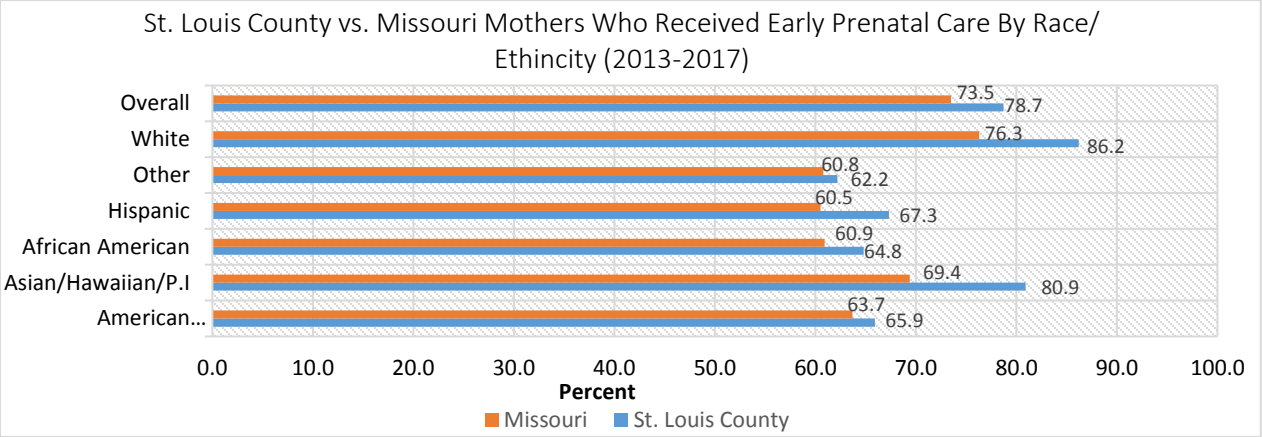
Source: Conduent Healthy Communities Institute

MATERNAL/INFANT HEALTH



Source: Conduent Healthy Communities Institute

MATERNAL/INFANT HEALTH



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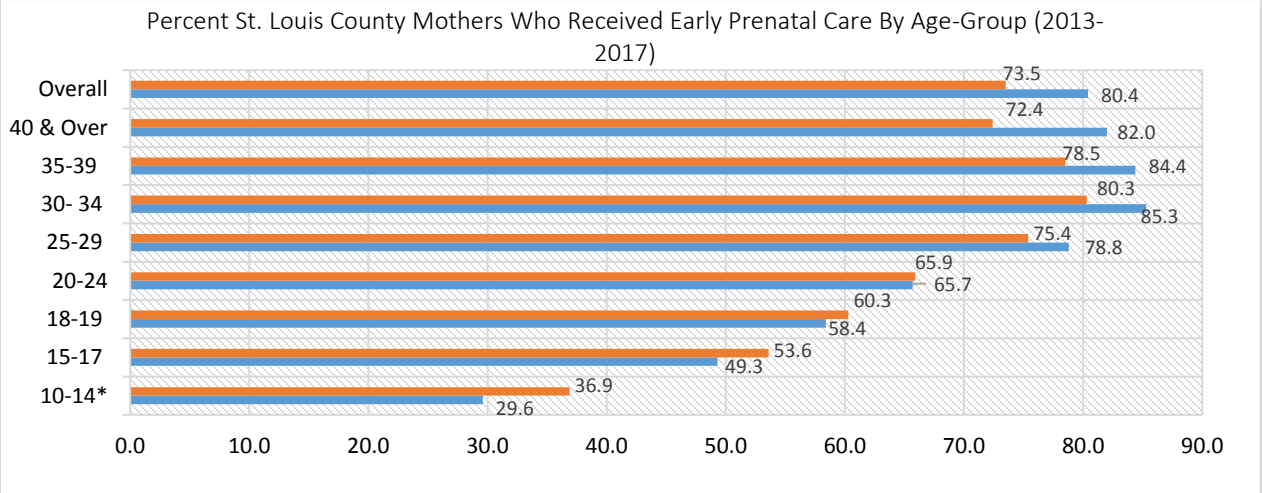

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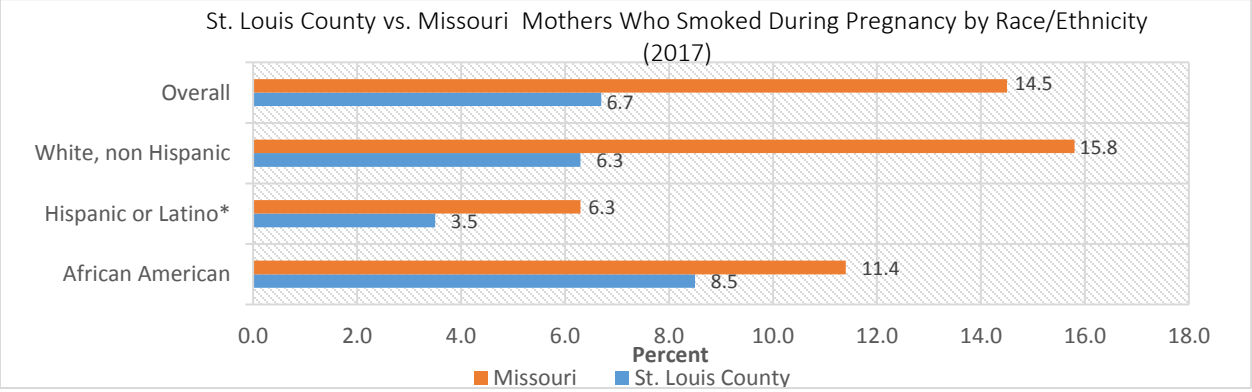
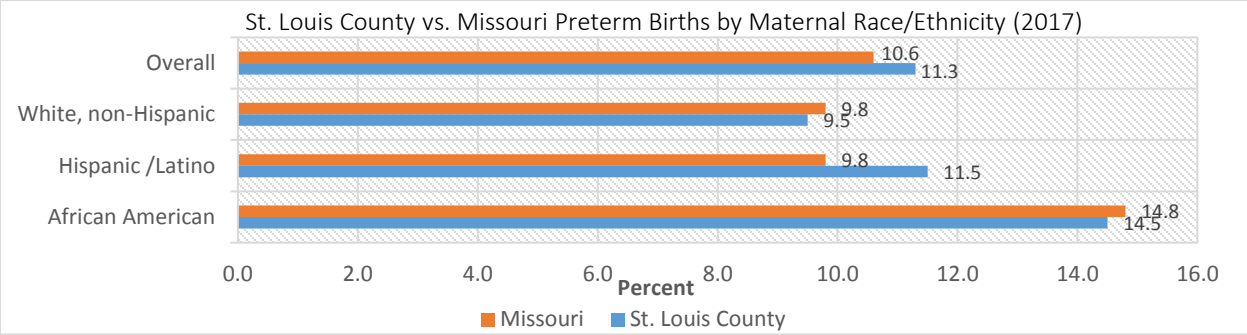


Source: Conduent Healthy Communities Institute

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

MATERNAL/INFANT HEALTH



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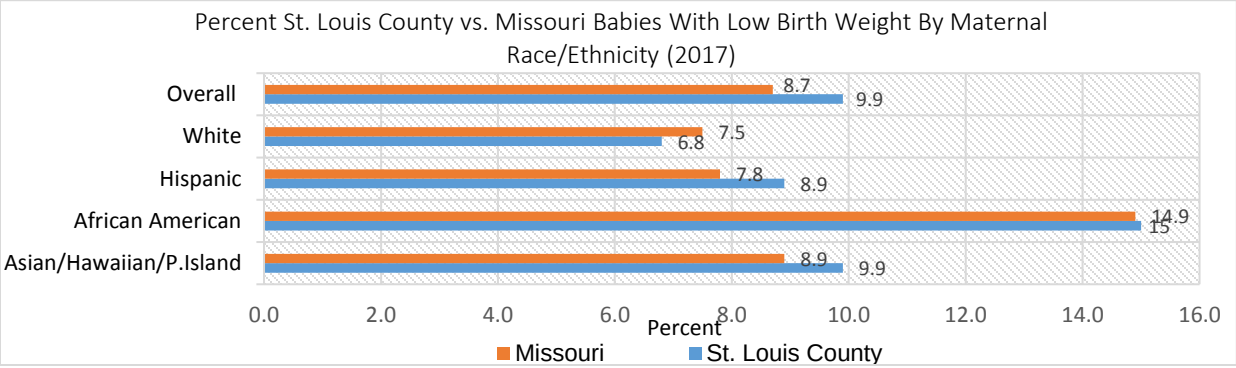

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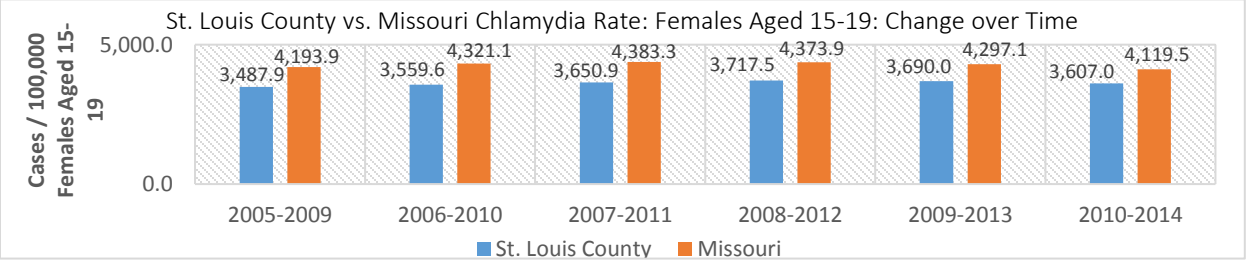
SEXUALLY TRANSMITTED INFECTIONS (STIs)



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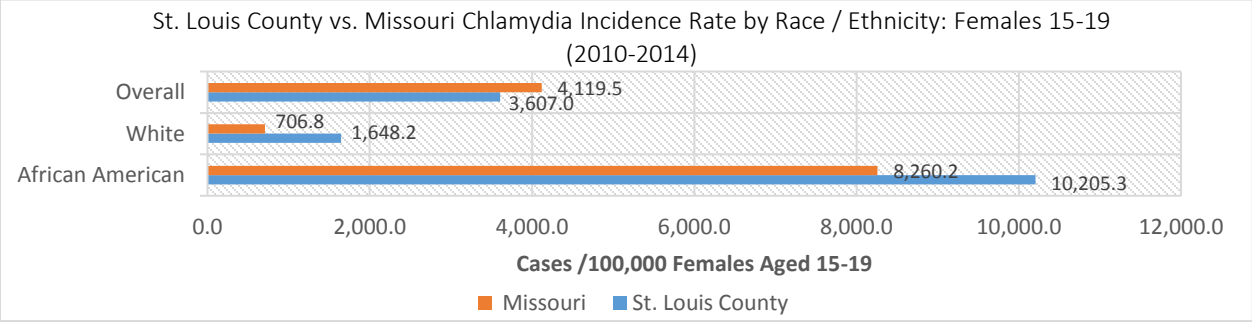
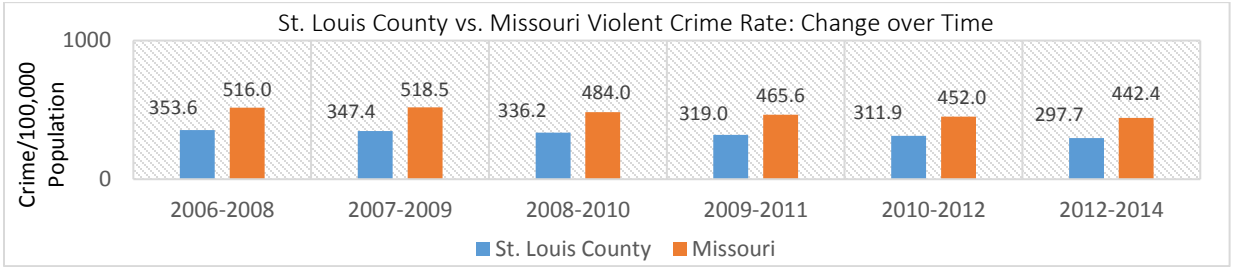


Source: Conduent Healthy Communities Institute

VIOLENCE & MENTAL / BEHAVIORAL HEALTH: MENTAL HEALTH



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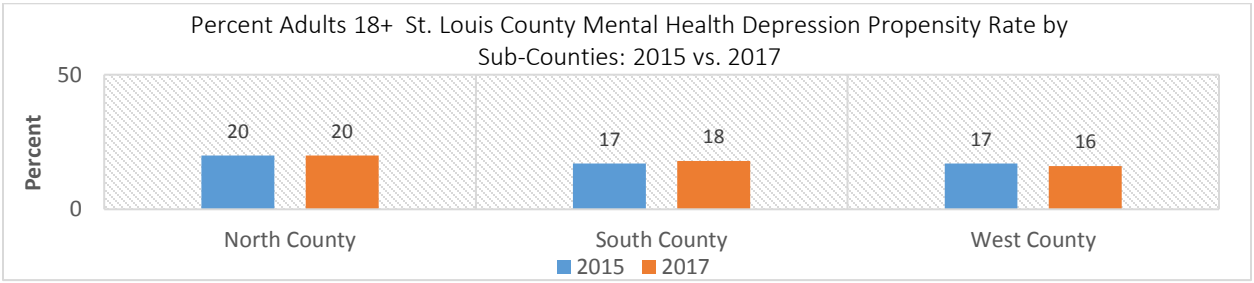
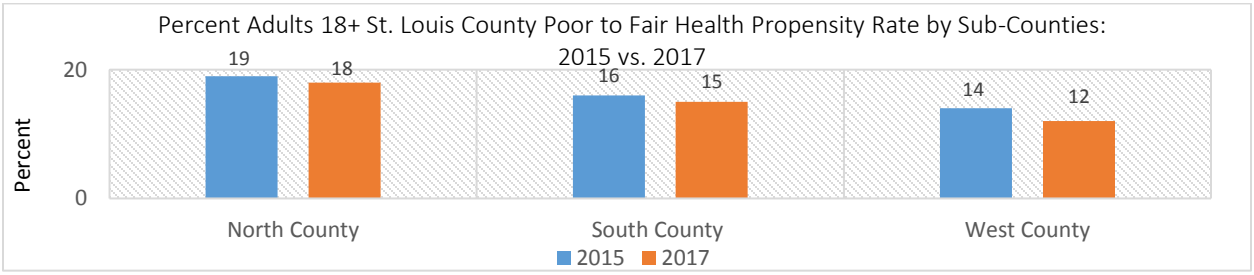
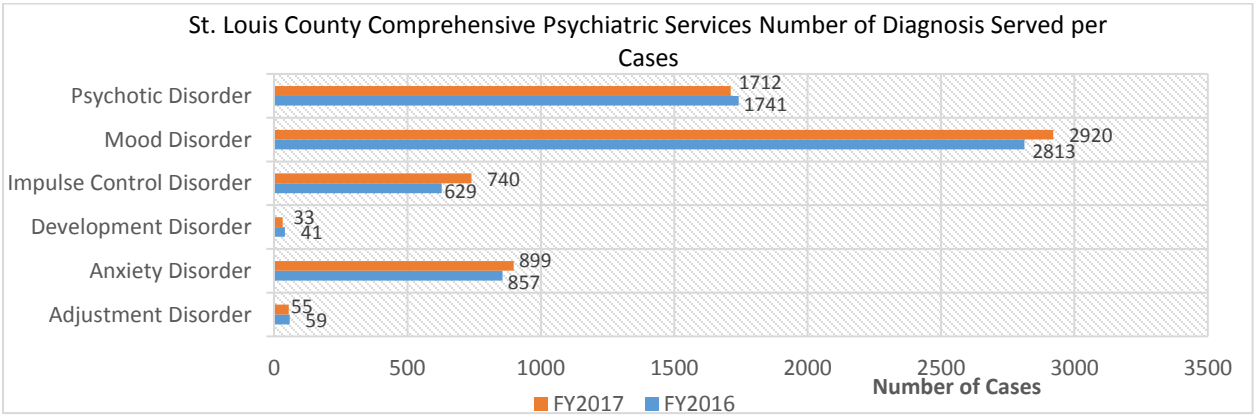


Source: Truven Health Analytics

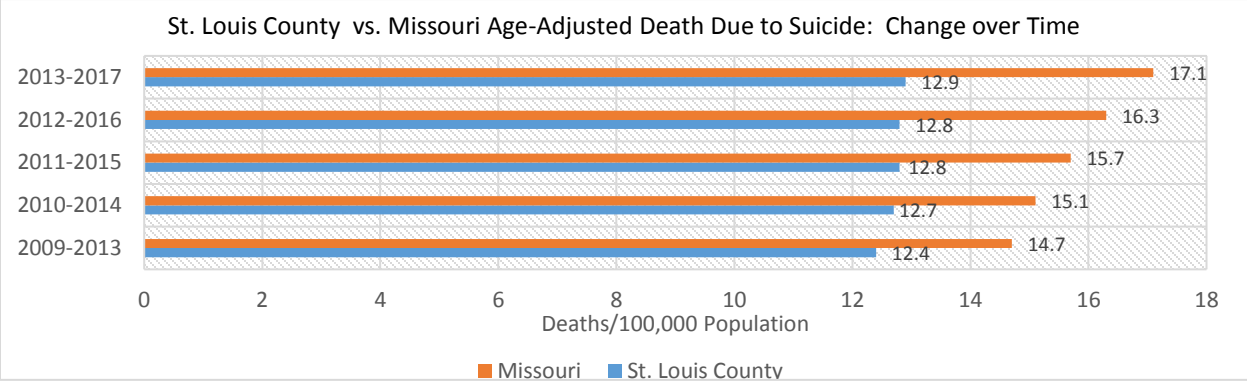


Source: Truven Health Analytics

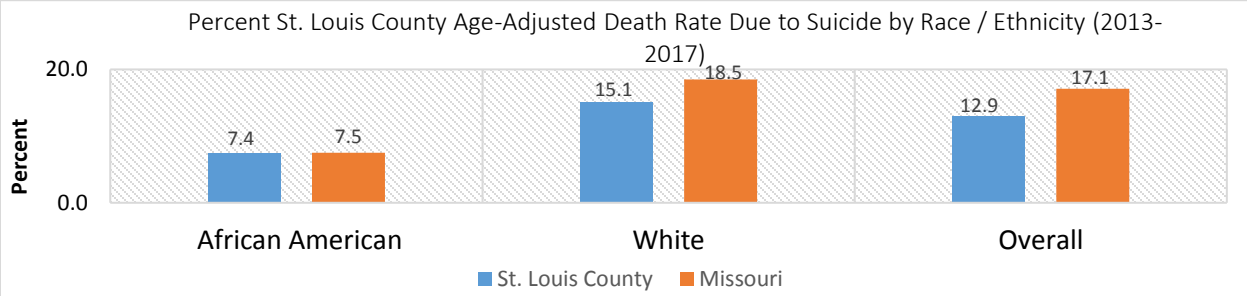


Source: Missouri Department of Mental Health

VIOLENCE & MENTAL / BEHAVIORAL HEALTH: MENTAL HEALTH



Source: Conduent Healthy Community Institute



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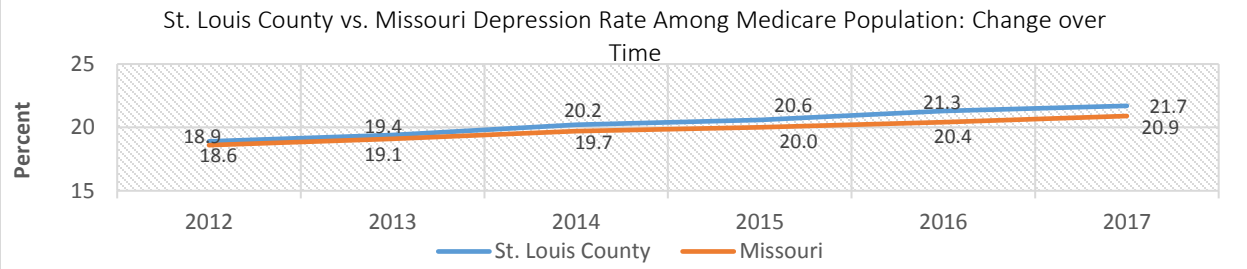

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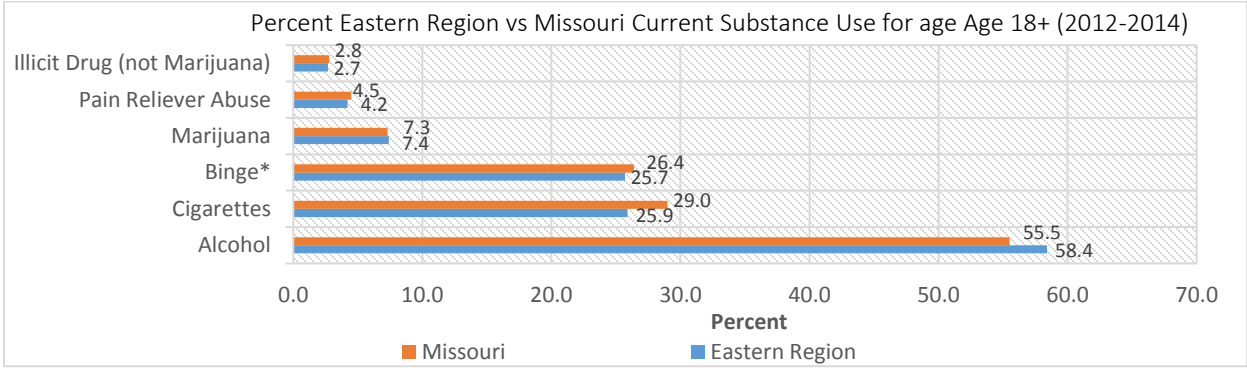
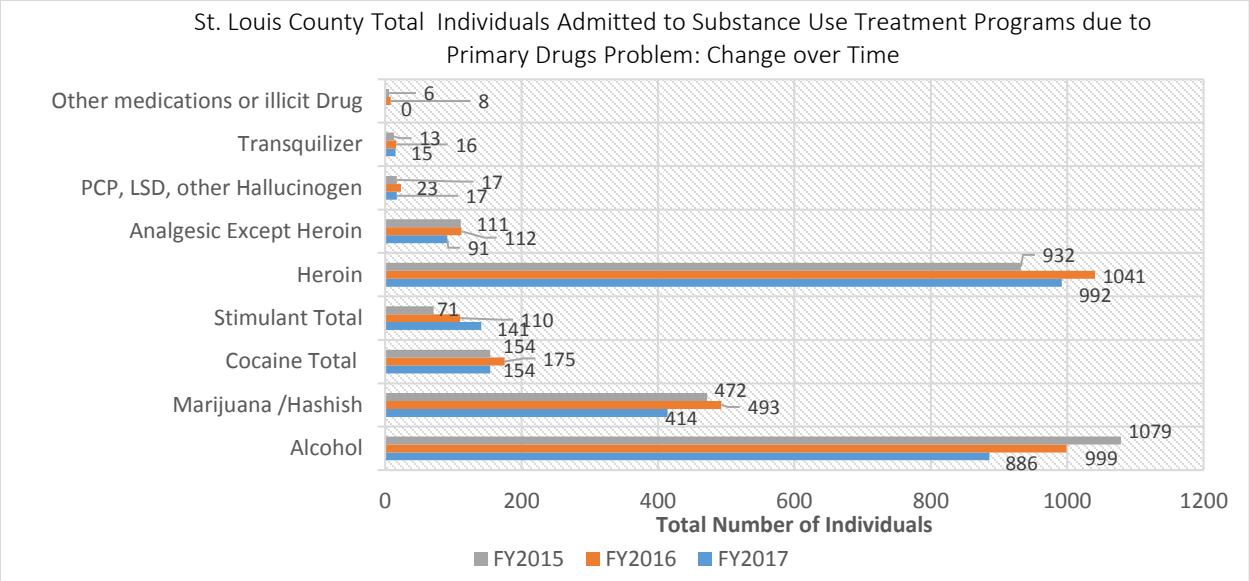
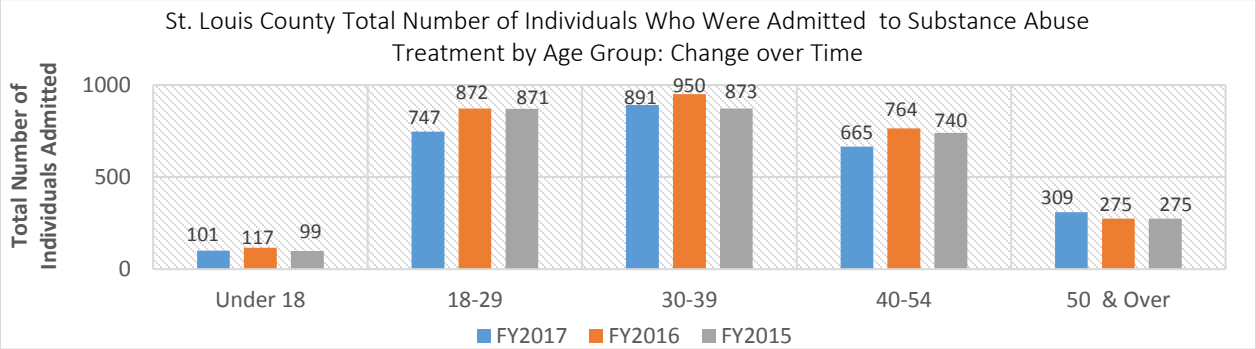


Source: Missouri Department of Mental Health

MENTAL/BEHAVIORAL HEALTH: SUBSTANCE ABUSE



Source: Missouri Department of Mental Health



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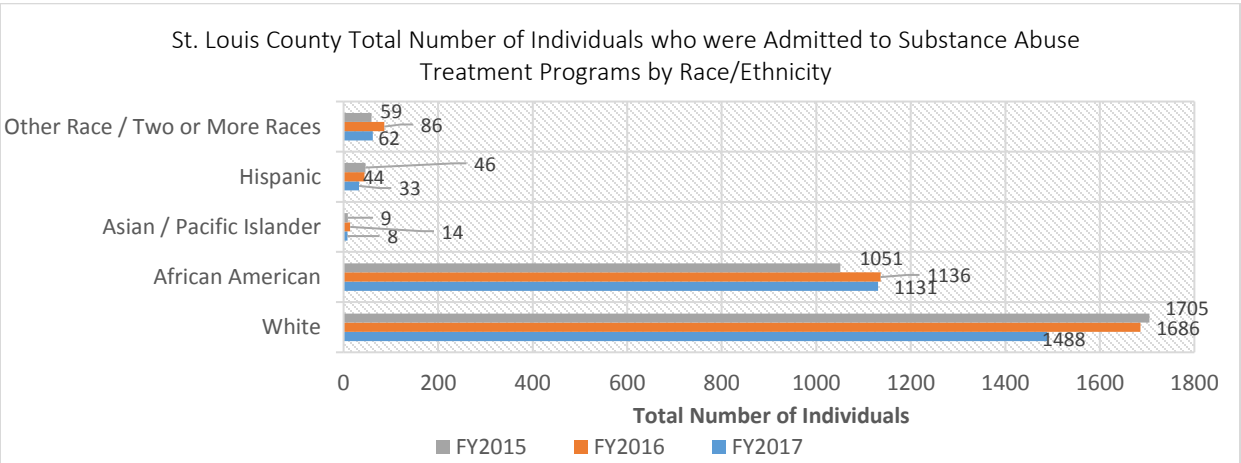
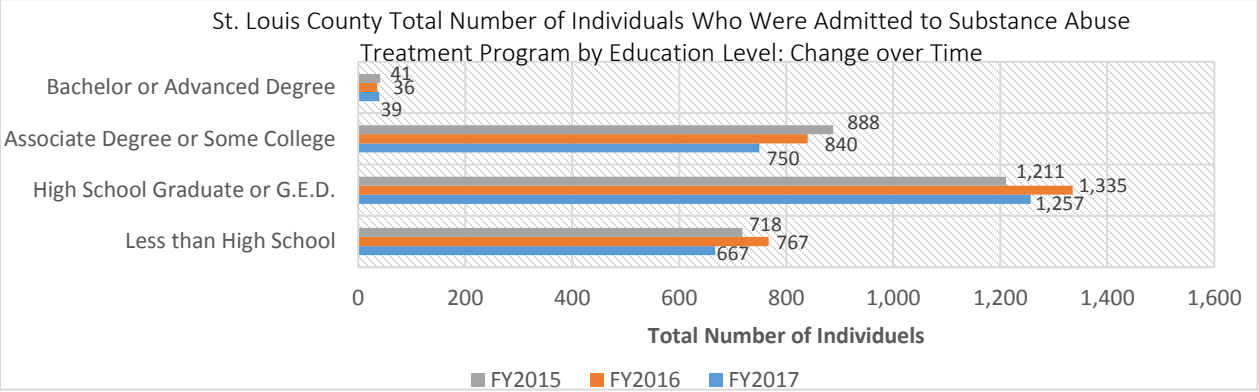


Source: Missouri Department of Mental Health

MENTAL/BEHAVIORAL HEALTH: SUBSTANCE ABUSE



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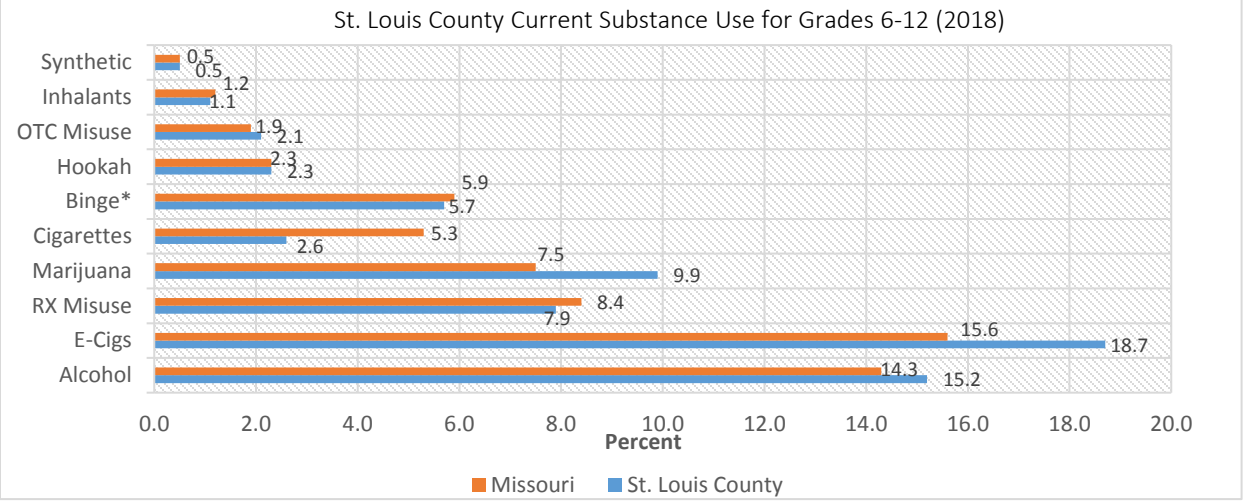
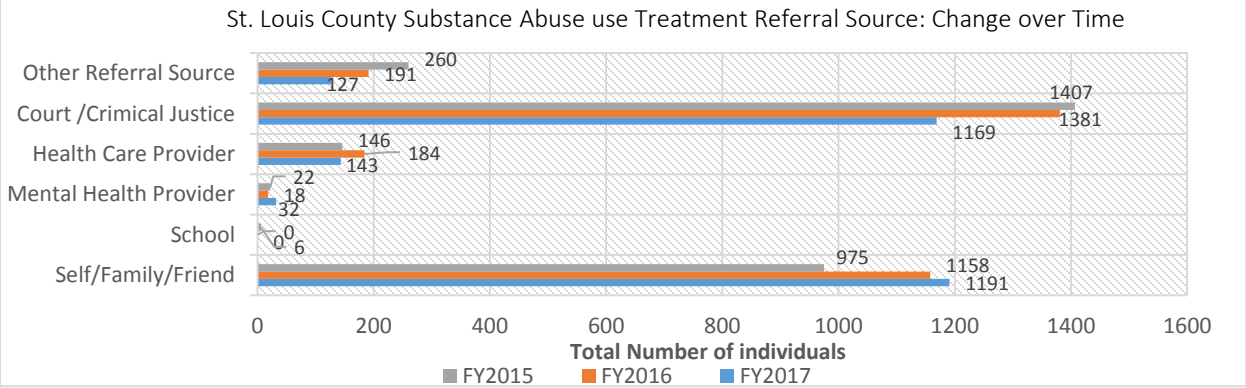


Source: Missouri Department of Mental Health



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

I. DIABETES

Community Health Need Rationale

Diabetes is a leading cause of death in the United States. According to Healthy People 2020, an estimated 28 percent of Americans are living with undiagnosed diabetes, and 86 million Americans are at risk of developing diabetes. This disease can have a harmful effect on most of the organ systems in the human body including eyes, kidney, nerves and heart. It is a frequent cause of end-stage renal disease, non-traumatic lower-extremity amputation, and a leading cause of blindness among working-age adults. Persons with diabetes are also at increased risk for ischemic heart disease, neuropathy and stroke. While diabetes affects people from all population groups, type 2 diabetes is more common in African Americans, Latinos, Native Americans, and Asian Americans/Pacific Islanders, as well as the aged population (American Diabetes Association).

Strategy Goals

Reduce the disease burden of DM and improve the quality of life for all persons who have, or are at risk for DM.

Strategy Objectives

a) To increase early detection of pre-diabetes and improve the quality of life for all persons who have, or are at risk for diabetes
b) Increase the proportion of persons with diagnosed diabetes who receive formal diabetes education
c) Increase the proportion of persons with diabetes whose condition has been diagnosed

Strategy Action Plan

- Partner with hospitals, health departments and community programs to gather baseline data around diabetes screenings and formal diabetes education in our region
- MBMC Community Education registered nurses, dietitians and trained community staff will screen 1,000 adults each year for elevated glucose at MBMC, Dierbergs Markets and/or other grocery stores and community centers in the South and West County area
- MBMC will provide opportunities for a twice annual community based HbA1C test (Healthy People 2020)
- Community Education staff will connect at-risk individuals with formal education programs offered through Outpatient Nutrition Services, Oasis and the YMCA to further align with objective D-14 of Healthy People 2020. At-risk individuals include those in the pre-diabetes range (fasting glucose - 100-125 mg/dl, non-fasting- 140-199 mg/dl) and the

diabetes range (fasting glucose: greater or equal to 126 mg/dl, non-fasting- greater than 200) as well as those defined as at risk by evidence-based practice programs such as those offered by the YMCA and Oasis.

Additional Actions Being Considered

- Health coaching follow-up for those who opt into program via:
    - Email throughout the year including nutrition advice, exercise suggestions, and information around prevention such as smoking cessation programs and early warning signs
    - Phone call program with individuals at 6 weeks, 4 months, 8 months and one year
- Explore stronger partnership with the American Diabetes Association
- Utilizing digital platforms to educate a wider audience
- Determine best practice for tracking referrals to primary care physicians

Expected Outcomes: People who attend screenings will

- Be aware of their blood glucose level
- Understand if their blood glucose level is out of normal range based on above defined criteria
- Understand other factors that may impact their risk level including: age, diet, activity level, blood pressure and BMI
- Be connected to resources for formal education programs if they are defined as high risk of diabetes or pre-diabetic
- Participants who are at elevated risk will show knowledge of modifiable risk factors. These participants are able to make changes through the follow up process to improve risk factors such as diet, exercise, and stress management

OUTCOMES MEASUREMENT

- Document number of total individuals screened for diabetes
- Document number of individuals screened with a result in elevated blood glucose range
- Document number of individuals who have other modifiable risk factors that place them in an elevate risk level (age, activity level, diet, family history, high blood pressure etc.)
- Document self-assessments and click through rates for digital education
- Use current computerized Heart Risk Assessment (HRA) to track client's progress including:
    - Any changes in lifestyle
    - Physician follow-up
    - Explore HRA opportunities that could be shared to reach a wider audience
    - Work with the YMCA and Oasis to track referrals to formal education programs.

II. HEART AND VASCULAR: HEART HEALTH AND STROKE

Community Health Need Rationale

Currently more than 1 in 3 adults (85.6 million) live with one or more types of cardiovascular disease. In addition to being the first and fifth leading causes of death, heart disease and stroke result in serious illness and disability, decreased quality of life, and hundreds of billions of dollars in economic loss every year. Together, heart disease and stroke, along with other cardiovascular disease, are among the most widespread and costly health problems facing the nation today, accounting approximately $320 billion in health care expenditures and related expenses annually. (Healthy People 2020) Fortunately, they are also among the most preventable. The leading controllable risk factors for heart disease and stroke are blood pressure, cholesterol, tobacco use, blood sugar, unhealthy diet and physical inactivity, overweight and obesity. Over time, these risk factors cause changes in the heart and blood vessels that can lead to heart attacks, heart failure and strokes. It is critical to address risk factors early in life to prevent these devastating events and other potential complications of chronic cardiovascular disease.

Strategy Goals

- Improve cardiovascular health and quality of life through prevention, detection, and access to treatment of risk factors for heart attack and stroke
- Increase early identification and treatment of heart attacks and strokes and prevention of repeat cardiovascular events

Strategy Objectives

a) Screen 1,000 adults each year for modifiable risk factors listed above including blood pressure and cholesterol at MBMC, Dierbergs Markets and/or other grocery stores and community centers in the South and West County area
b) Provide 12 months of additional follow-up with 40 percent of clients who opt-in and are identified as in the high-risk range for heart disease

Strategy Action Plan

- Community Education nurses, dietitians and other health professionals will provide cardiovascular screenings in the South and West county area that includes blood pressure, cholesterol (total and high density lipoprotein, HDL) and blood glucose
- Screenings will include:
    - Individualized counseling regarding presence or absence of personal risk factors including interpretation of results, educational materials regarding healthy lifestyle changes including diet that may reduce risk factors as well as the importance of calling 911 and the signs and symptoms of stroke
    - A stroke risk assessment developed in collaboration with the hospital's Stroke Center and the American Stroke Association and performed by registered nurses, dietitians and other health professionals

    - Referrals to smoking cessation programs and blood pressure self-management programs
    - Staff will educate individuals on the long-term risk associated with uncontrolled high blood pressure and provide education around how to properly measure blood pressure and best practices for ongoing tracking
- Based on their results, participants who opt-in to follow-up will also receive a combination of the following:
    - Provide these clients with ongoing education. Document an increase in knowledge of healthy lifestyle changes with each follow-up encounter
    - Additional relevant health coaching via email throughout the year including nutrition advice, exercise suggestions, and information around prevention such as smoking cessation programs and early warning signs
    - Follow-up with individuals at 6 weeks, 4 months, 8 months, and one year with an objective to contact
- Staff will
    - Offer re-screening between six months and one year to determine any changes in risk factors behaviors
    - Partner with OASIS to promote and provide space for their Stanford's Chronic Disease self-management program. Ensure goal alignment and receive follow-up information from OASIS team

Additional Actions Being Considered

- Create and implement a process for tracking referrals to physicians, dietitians, neuro team members and external programs for individuals with high risk of heart disease or stroke
- Work with our Stroke Education team and BJC School Outreach to communication steps of prevention to younger individuals to prevent chronic conditions early on
- Explore stronger partnership with the American Heart Association
- Work with the hospital's EMS Outreach Team to disseminate education materials on prevention and risk-factor reduction

Strategy Expected Outcomes

- Healthy lifestyle changes among those at risk for the diseases
- Early detection and prevention of heart diseases and stroke
- Individuals are aware of how elevated blood pressure and/or cholesterol as well as those whose family history may impact their risk level and what modifiable lifestyle changes can reduce their risk
- Clients set a SMART goal to change a modifiable risk factor for better heart health

Strategy Outcomes Measurement

- Document if knowledge level has improved, ability to maintain lifestyle changes, and any further support/education given
- Document self-assessments and click through rates for digital education
- Use current computerized Heart Risk Assessment (HRA) to track client's progress. Explore HRA opportunities that could be shared to reach a wider audience reducing barriers to access for some

Community Health Needs that Will Not be Addressed

ACCESS TO COVERAGE

MBMC works with an OASIS Insurance Marketplace Navigator to assist with questions regarding insurance coverage. Information is posted on the BJC website, http://www.bjc.org/For-Patients-Visitors/Health-Marketplace. The hospital partners with OASIS who offers a class about enrolling in Medicare for seniors who will soon be eligible. The Physician Referral line, 314.996-5433, is a resource for patients regarding what insurance is accepted at physician offices. In addition, hospital screenings provide information to connect individuals with free clinics and federally qualified health centers.

ACCESS: SERVICES

MBMC provides access to care in the community through no-cost screening events and address accesses to further care by offering contact with a referral specialist. The hospital website, missouribaptist.org, also provides information regarding services available and referral information. MBMC will continue to evaluate how social determinants impact access to services in tandem with BJC Healthcare as a system.

BEHAVIORAL/MENTAL HEALTH: ALCOHOL/SUBSTANCE ABUSE

MBMC does not have the resources to address this particular need. However, the hospital provides space to community organizations including Narcotics Anonymous, Alcoholics Anonymous and more.

BEHAVIORAL/MENTAL HEALTH: MENTAL HEALTH

MBMC does not have an inpatient mental health unit and is not directly involved with community education focusing on mental health and depression. Although the hospital does not have the resources to provide this service, referrals can be made to BJC Behavioral Health, Mercy, St. Mary‘s Health Center and St. Clair Health Center that offers these services.
In addition, MBMC provides space to the following groups: St. Louis OCD Group, and a series known as “Caring for the Caregiver” to reduce stress in care providers. General stress reduction and self-care are also incorporated into stroke prevention.

CANCER: BREAST

Breast health will continue to be addressed through the hospital’s Breast HealthCare Center mammography screening van. Through a grant from the Susan G. Komen Foundation, mammograms and breast health education will continue to be provided for uninsured or underinsured women at locations in St. Louis County and rural communities.

CANCER: LUNG

A lung cancer screening program is in place that uses a low-radiation-dose spiral CT to detect lung cancer in an early stage. The program’s nurse navigator works with people to determine if they are at higher risk due to smoking history and qualify for this screening. Information is available on the website, missouribaptist.org/lung cancer and available at screenings for community members who may qualify.

CANCER: SKIN

With limited resources and availability of screening physicians, we are unable to provide skin cancer screening to a significant number of people. Free skin cancer screenings are provided yearly by other area entities.

CANCER: COLON

MBMC provides colonoscopy services on campus and is accepting new patients. The hospital provides education on annual screenings through printed materials.

CULTURAL LITERACY

Cultural literacy, which includes providing respect and dignity through professional skills and attitudes when dealing with a person from a culture that is diverse from your own, is implicit in interactions with clients at all events. The hospital requires competency training for all staff regarding cultural diversity and is engaged in ongoing efforts around diversity and inclusion. In 2018, MBMC expanded this training for leaders and launched a diversity and inclusion group, Bridges, focused on addressing implicit bias. Addressing cultural diversity for staff, patients and community is a key piece of the group's role.

HEALTH LITERACY

Health literacy is addressed at MBMC screenings and events. At screenings personalized health education occurs with one-on-one interpretation of screening results along with assistance to referral access as needed. In addition, clients receive ongoing support and coaching through follow-up. Larger community events bring diet, exercise, and health data together through cooking demonstrations, exercise classes and topical presentations.

MATERNAL AND INFANT HEALTH

The hospital's Childbirth Center will continue to addresses the issue of maternal and infant health, and the racial disparities experienced by black mothers in our region by working with new moms who deliver at the hospital and through childbirth and parenting classes including classes on safe sleep as well as ongoing staff training.

TOBACCO USE

While tobacco use is not listed as one of the hospital's focus areas, MBMC addresses smoking and tobacco use (including e-cigarettes) with each person (when applicable) participating in health screening events. Tobacco use can be tied to prevalence of diabetes, stroke risk and heart disease and therefore is underlying in all communication around prevention. Education regarding the effects of smoking and the benefits of quitting are reviewed along with the Missouri Quit Now number: 1-866-784-8669. MBMC also has a Lung Cancer Screening program for those who qualify.

VIOLENCE

MBMC will not address this issue directly, but provides community space to groups addressing violence including Stop the Bleed Education.

SENIOR SERVICES/SUPPORT SERVICES

MBMC partners with OASIS to provide community education programs focusing on seniors. As a member of BJC HealthCare, the hospital partners with BJC Home Care, which provides in-home services for seniors. In addition, the Community Education team partners with the Emergency Department for events such as the Oasis Fall Prevention Awareness event focused on preventative care for seniors. The Emergency Department was also renovated to be more geriatric friendly. For each need addressed in the implementation plan, the senior population and the available social support will be considered.