



Community Health Needs Assessment



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I. EXECUTIVE SUMMARY

Parkland Health Center (PHC) consists of two facilities, both located in St. Francois County, Missouri. PHC's critical access facility is located in Bonne Terre, on the north end of the county. PHC acute care facility is located in Farmington.

Being part of BJC, a non-for-profit, 13 hospital system, PHC is required by the Patient Protection and Affordable Care Act (PPACA) to conduct community health needs assessments (CHNA), and an implementation plan every three years with a clear definition of its community. Therefore, PHC has defined St Francois County as the geographic area to be included in the CHNA. Each facility offers its unique set of services, but is one facility as it relates to the CHNA and implementation plan.

The early stages of CHNA began with the gathering of both primary and secondary data on the health issues facing St. Francois County.

The primary data were collected through the use of focus groups that included stakeholders within the community that have a unique perspective and specific insights into the health and well-being of St. Francois County. The most frequently mentioned health needs identified by the focus group are availability of healthcare services, healthcare cost, and chronic conditions including cancer, mental health, obesity, reproductive health, substance abuse, health education, homelessness and senior health.

The secondary data was gathered using Healthy Community Institute, Healthy People 2020, the State of Missouri and the United States census. The findings from the focus group were analyzed and presented to PHC internal community health needs assessment team that was formed after the focus group. The internal team is comprised of PHC clinical and non-clinical staff for reviewing and analyzing the focus group findings.

Analysis of the findings from those meetings is included within this report.

Findings from the focus groups and internal team were reviewed and discussed with PHC's Patient and Family Advisory (PFAC), a volunteer advisory board that offers patient perspective on hospital and healthcare issues. The community benefit committee of the PHC board of directors reviewed the findings, and through analysis of the data and discussion, identified the priorities listed in this report.

The team agreed to focus on the following priorities in the implementation for the coming year:

- Access to Health Services and Availability of Services
- Chronic Conditions
- Health Literacy or education

II. INTRODUCTION

ABOUT US:

Parkland Health Center was established with the 1992 merger between two formerly independent community hospitals: Farmington Community Hospital and Bonne Terre Hospital. Parkland Health Center is part of BJC HealthCare which also includes top area hospitals, such as Missouri Baptist Medical Center, as well as St. Louis Children's Hospital and Barnes-Jewish Hospital, the teaching hospitals for Washington University School of Medicine.

AWARDS:

Parkland Health Center is proud to provide high quality healthcare to the residents of St. Francois County. Professional Research Consultants, Inc. (PRC), an independent research firm, has awarded Parkland Health Center Five Star, Top 10% nationally for inpatient services, overall quality of care in 2011, as well as Five Star, Top 10% nationally for inpatient OB/GYN services overall quality of care. Thomson Reuters named Parkland Health Center a Top 100 Hospital in the country in 2007 and in 2008.

COMMUNITY BENEFIT:

Parkland Health Center is committed to improving the health and well-being of the patients and communities we serve. It is the mission that drives us forward, and the reason we exist. As the safety net hospital in our area, Parkland Health Center provides care for patients regardless of their employment status, their insurance status or their ability to pay.

Charity care is only a portion of the benefits that Parkland Health Center brings to the community that it serves. In addition to taking excellent care of patients regardless of their ability to pay, Parkland Health Center provides financial and physical support to other important organizations, activities and groups within the community.

Parkland Health Center assists with a number of community events, including health fairs, food drives and activities that promote better health, like the March for Babies March for Babies, Relay for Life and the Walk to Tackle Heart Disease. We also have an active presence in local chambers of commerce.

As a not-for-profit community hospital, our mission of providing excellent care to the people who come to us for help drives our community benefit efforts. Health and wellness education and support are an important part of our mission. Parkland's annual women's health conference, called Seeds of Wisdom, offers health and wellness education for women. Classes on chronic disease management and active living are held throughout the year by the experts at Parkland Health Center. In addition, peer-to-peer discussion groups are led by trained

volunteers in various locations in the community. Peer-to-peer discussion groups offer an open forum for discussing health-related topics of interest to attendees.

Parkland offers support groups to help community members live better, including a diabetic support group that meets each month, and regular grief support groups. Our Coffee with a Doc program offers monthly informal access to a physician to discuss specific health topics.

PATIENT-CENTERED CARE

Patients at Parkland Health Center experience individualized care which is centered on the patient and his/her needs. With the involvement of the patient and family, the nurse coordinates all of the patient's care, from admission to discharge.

As a requirement of the Affordable Care Act, and in an effort to increase transparency, Parkland Health Center has undertaken our first Community Health Needs Assessment (CHNA). The CHNA is designed to direct the community benefit efforts of the hospital, ensuring that they are targeted to the needs of the population.

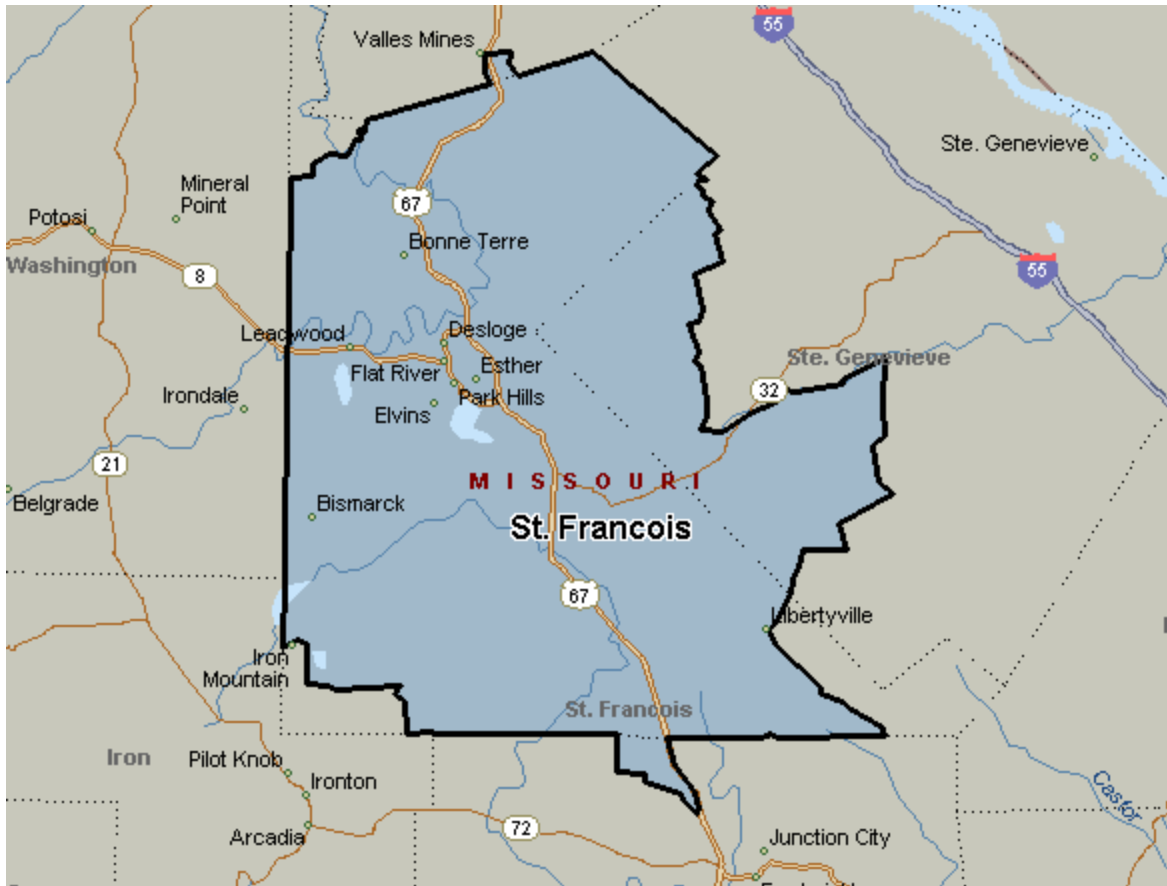
The CHNA includes input from individuals who have knowledge and interest in the community served by the hospital, especially those involved and with expertise in public health. The completed CHNA is available to the public through Parkland Health Center's website, www.parklandhealthcenter.org.

As part of the process of reporting to the Internal Revenue Service, a report will be included as part of Schedule H of the hospital's Form 990, detailing Parkland Health Center's action to address the needs identified through the CHNA.

III. COMMUNITY DESCRIPTION

A. OVERVIEW AND MAP

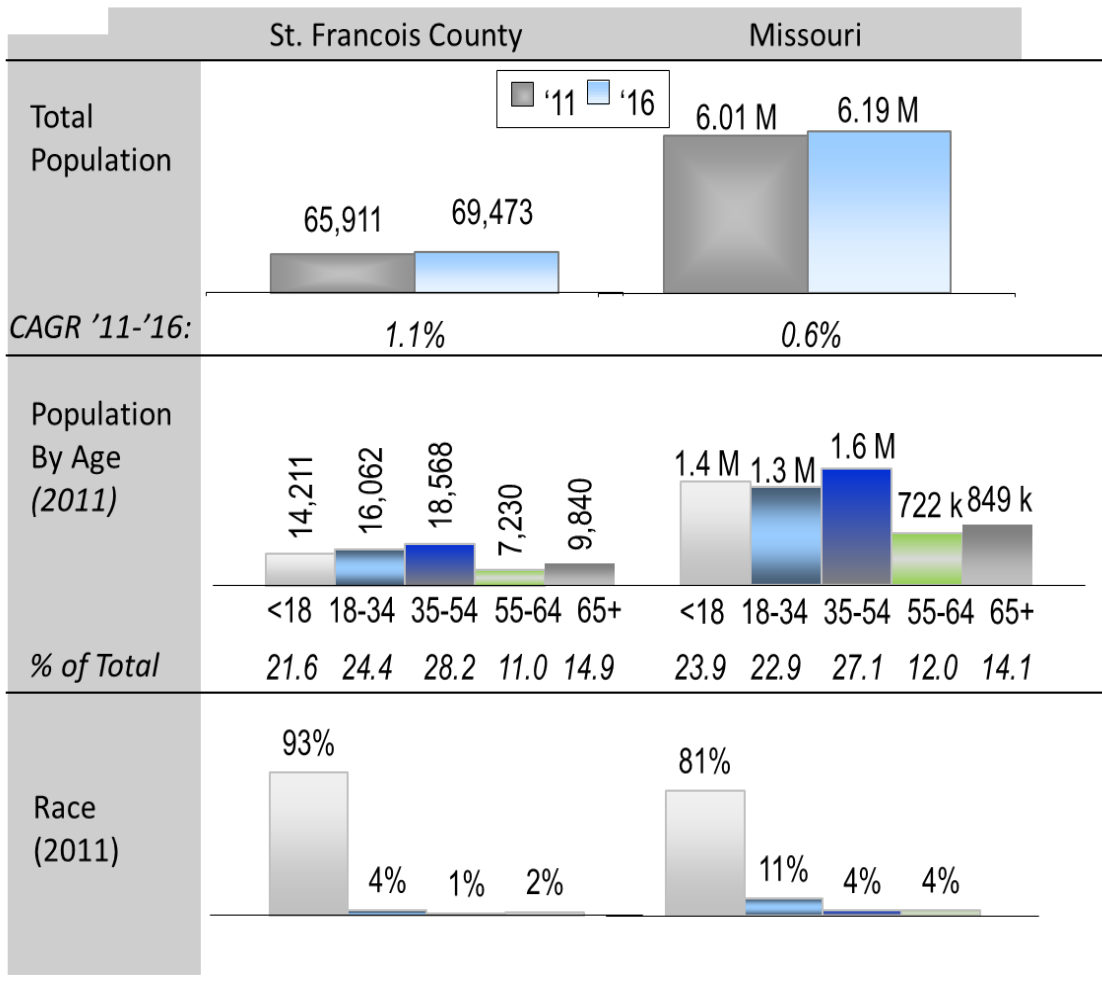
St. Francois County (SFC), located in Southeast Missouri, has a land area of 451.89 square miles and a population of 65,911. The population is comprised of 93% white (significantly higher than the state's 81% white population), 4% black (as compared to Missouri's 11%), 1% Hispanic and 2% "other." Percentages of population by age include 21.6% under 18 years; 24.4% aged 18-34; 28.2% aged 35-54; 11% aged 55-64 and 14.9% aged 65 and over.



B. DEMOGRAPHICS

POPULATION: 2011 AND PROJECTED 2016

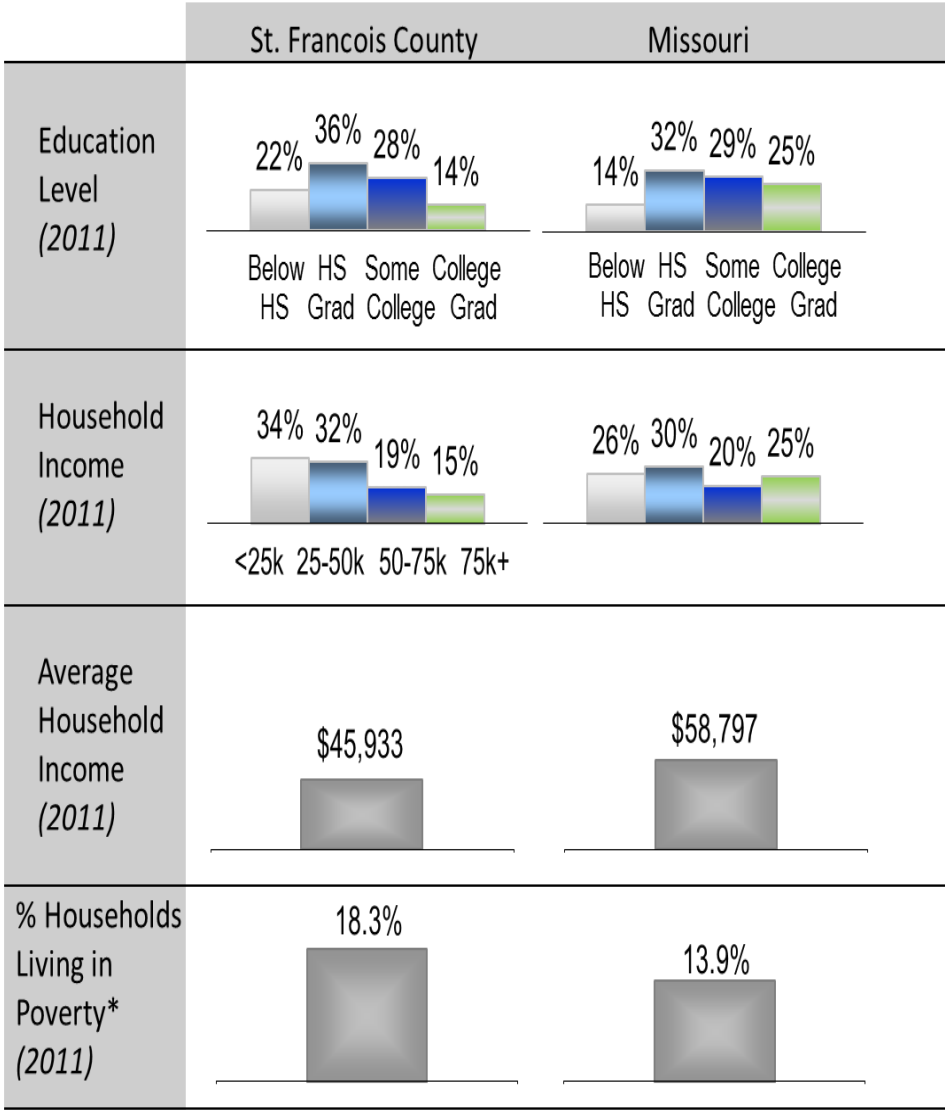
DEMOGRAPHICS



Source: Thomson

- St Francois County’s growth over the coming five years is projected to be slightly higher than that of the State of Missouri.

Socioeconomic Indicators



Household Income <\$15K

Source: Thomson

SOCIO-ECONOMIC INDICATORS (Cont'd)

Economic Indicators	St. Francois County	Status	MO	U.S.
Social & Economic Factors Ranking (Of 115 Mo Counties) ('12)	74	●	-	-
Students Eligible for Free Lunch Program ('09)	42.5%	●	-	39.9%*
Children Living Below Poverty Level ('10)	20.8%	●	-	20.4%*
Renters Spending >30% of Income on Rent ('10)	45.2%	●	-	46.0%*
Unemployed Workers in Civilian Labor Force ('12)	8.4%	●	7.2%	7.8%*
Households With Public Assistance ('10)	2.5%	●	2.0%*	-
Homeownership ('10)	63.8%	●	61.5%	-
Foreclosure Rate ('08)	4.7%	●	-	4.8%*
Foreclosure Ranking (Of 115 Mo Counties) ('10)	39	●	-	-
Overall Homeless (per 10,000 pop) ('11)	-	-	12	21

● Below 25th Percentile ● 25th-50th Percentile ● Above 50th Percentile

Source: HCI

IV. CONDUCTING THE ASSESSMENT

Both Parkland Health Center in Farmington and Parkland Health Center in Bonne Terre are located in St. Francois County. For the purposes of the community health needs assessment, data was collected specifically for the county whenever possible. Data was then compared to data from the State of Missouri, as well as Healthy People 2020. In some cases data was unavailable specifically for St. Francois County. In those cases, data from the Southeast Missouri region was used. When regional data is used in place of data specifically associated with St. Francois County, it is noted within this report.

A. WORK GROUP STRUCTURE

➤ Internal CHNA Work Group

Parkland Hospital Center formed an Internal Work Group composed of clinical and non-clinical staff. The purpose of the internal work group is to help analyze the primary and the secondary data and provide input to the health needs assessment and implementation strategy. The team was vital to identifying the priority health needs of our county. Each team member is selected based on his or her background and experience with the patients, the community, hospital census and admissions, public health, etc. The team included the following Parkland Health Center staff members:

- President
- Assistant Administrator, Ancillary Services
- Administrator, Bonne Terre
- Finance Director
- Performance Improvement Engineer
- Marketing & Foundation Coordinator
- Chief Nurse Executive
- Human Resource Director
- Medical Staff Director.

B. PRIMARY DATA COLLECTION

➤ EXTERNAL FOCUS GROUP

BACKGROUND

In the Patient Protection and Affordable Care Act (PPACA) passed in March 2010, non-profit hospitals were mandated to conduct a community-based needs assessment 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.

The focus groups consisted of participants from the following organizations:

- St. Francois County Ambulance District
- Farmington Senior Nutrition Center
- Farmington Chamber of commerce
- St. Francois County Community Partnership
- St. Francois County Health Department
- Farmington School District
- Park-Hills Leadington Chamber of Commerce
- Desloge Chamber of Commerce
- St. Francois County Ministerial Alliance
- United Way of St. Francois County.

A full list of focus group participants and observers are included in Appendix A.

RESEARCH OBJECTIVES

The main objective for this research is to solicit input from health experts and those who have a special interest in the populations served by Parkland Health Center (PHC) in St. Francois County.

METHODOLOGY

Collection of the primary data for PHC CHNA began with the input from focus groups. The individuals in the focus groups were carefully selected based on their knowledge and expertise in public health and their unique perspective and familiarity with the needs of the population of St. Francois County.

Each individual participant was sent a worksheet to complete prior to the focus group meetings. They were asked to identify their perceptions of the greatest healthcare needs in St. Francois County, their knowledge of available resources to address these needs and the greatest gap that exists between need and available resources (**see Appendices B, C & D**).

The focus group met on August 2, 2012 at the Farmington Community Civic Center and discussed their experience and observations on the health needs within the county. The meeting was facilitated by the Manager of Market Research for BJC HealthCare. The input and discussion was transcribed and analyzed by the research team at BJC HealthCare, and then compared to secondary data including data purchased from Healthy Communities Institute, as

well as data available through Healthy People 2020, St. Francois County, the State of Missouri and the United States census. The focus group was then reassembled on September 18, 2012 to review the findings from the first meeting, and the comparison of the findings to secondary data.

KEY FINDINGS: FOCUS GROUP #1(August 2, 2012)

The transcript of the focus group was analyzed in conjunction with the completed worksheets that were returned by community stakeholders. The following needs were identified and are listed from those most frequently mentioned to least mentioned. Comments made during the focus group have also been included.

Cost of Healthcare: (6 mentions)

- The high cost of medications prevents some people from taking them and leads to non-compliance.
- Lack of insurance or reduced insurance benefits makes it more expensive to get care.
- Even those with insurance may be unable to afford co-pays and deductibles and so they avoid going to the doctor.
- High unemployment often results in individuals not getting regular preventive care.
- The cost of health insurance creates challenges, especially for small business owners.

Chronic Conditions including Cancer: (4 mentions)

- Asthma is an area of concern, especially among children.
 - Patient/parent education (on Asthma Action Plans, use of peak flow meters, and how to use medications properly) is needed for appropriate daily control.
- There is the perception that cancer rates are abnormally high in this area, especially for lung cancer. St. Francois has one of the highest rates of smoking in the state of Missouri.
 - Access to quality treatment is a challenge due to lack of transportation and service availability within the local community.
- There is a concern about heart disease and COPD.
- There appears to be an increase in diseases such as autism and fibromyalgia.

Mental Health: (4 mentions)

- Stress is a major source of poor mental health and is often a result of high unemployment and family situations that lead to anxiety and depression.
- Suicide rates and attempted suicide rates are high in this community.
- A local inpatient psych unit was recently closed. As a result, there is also a lack of acute inpatient psych beds and patients have to be transported long distances. This limits the availability of local EMS services to provide services when they are needed.
- There is also limited availability of inpatient beds for pediatric psych.
- There is a need for services along the entire continuum of care.
- The cost of medication to treat mental illness may be prohibitive for patients, leading to non-compliance and subsequent readmissions.

Obesity: (3 mentions)

- There is a concern about obesity among the youth as well as in adult populations.
- There is also a need for access to nutritional information and support.
- Obesity is a result of lifestyle changes, including decreasing activity levels.
- There is limited access to healthy food options, which are also expensive.

Reproductive Health: (3 mentions)

- Teen pregnancy may lead to poor outcomes both for the mothers and children. Mothers may never complete their education and be relegated to a life of poverty.
- Unplanned pregnancies are also an issue and can be a source of stress. Family planning services can be a great resource to young women and families.
- STDs are also an area of concern due to a perception that rates of infection have been increasing.

Healthcare Needs of Children: (2 mentions)

- There is concern about child neglect and abuse.
- There is also a desire to connect students with services that they may need for delays in development and speech. There is also a lack of awareness of what services are available to address these needs.
- Although there are family practice doctors in the community, there are not a lot of pediatricians.

Substance Abuse: (2 mentions)

- The use/abuse of both prescription and illegal drugs as well as alcohol and its related co-morbidities are a major area of concern.
 - Alcohol use seems to start at a younger age in this area. There has also been an increase in young adults abusing prescription medications found in their parents' medicine cabinets.
- The abuse of these substances contributes to a high rate of car accidents and related deaths.
- There are not a lot of treatment options available.

Health Education: (2 mentions)

- Appropriate health education can prevent drug abuse
- It can also encourage preventive health behaviors that delay the onset of disease or the worsening of health conditions.
- Health education is required to make sure that patients take their medications correctly.

Homelessness: (2 mentions)

- There are no long-term shelters in the community to address this issue, which makes it difficult for families to receive healthcare services.
- There are also a high number of families living with other families in close quarters. In a recent Farmington school survey, 30% of families were living with another family.

Lack of Local Capabilities: (2 mentions)

- There is a lack of local capabilities to treat STEMI, stroke and trauma which results in patients needing to be transported to other hospitals; this diverts the ambulance service out of the area and leaves local residents without an immediate source of emergency care.
- Local admission for orthopedic services, including pediatrics, would allow families to support patients closer to home. It seems that patients are encouraged to go out of the area for this type of care.
- There is a general perception, and not just for orthopedics, that care is better outside of the area.

The following topics were mentioned once on the worksheets, but were also discussed during the course of the focus group:

Seniors: Support is especially needed for those with cognitive issues.

- Families who care for seniors also need support. It can lead to high absenteeism among workers who care for an elderly parent.
- There is limited transportation available to doctor's appointments. It is also expensive.
- More home-based services are needed to assist with activities of daily living. Case management and patient navigation services could be helpful to the elderly.
- Seniors who live at home alone are vulnerable because they lack a support system. Support groups for the elderly would help address their feelings of isolation.

Smoking: A lot of people smoke in this county, and it seems to run in families.

- Smoking in a household can affect those with asthma and may have an impact on asthma rates.

Urgent Care: There is a need for non-ER services in the off hours, like urgent care.

Services for Men: Men who are unemployed are generally not eligible for Medicaid and have no insurance coverage. Affordable services for them are relatively non-existent and as a result, they are less like to take advantage of preventive services.

Awareness of Service Availability: There is a need for a clearinghouse to identify healthcare services that are available locally. The list should be made available to the public and other social service organizations.

- 60% of families in St. Francois County do not have access to the internet, unless they have satellite service

Utility Bill Assistance: Cutoffs in electricity can often lead to health problems or exacerbations of existing problems.

Transportation: Those without transportation have a difficult time getting to doctors' appointments or chemotherapy treatments.

- This is especially a challenge for the elderly.

Access to HealthCare was mentioned during the focus group but not specifically on the work sheet. Several points were mentioned during the discussion, including:

- PCPs are busy and difficult to schedule an appointment with, but statistically, there are enough doctors to serve the population.
- Complex conditions require continuing relationships with physicians and care staff. These are difficult to maintain due to high physician turnover.
- An extended hours clinic or urgent care center would be advantageous to the community.
- Transportation issues limit access.

WHAT ROLE SHOULD THE HOSPITAL PLAY?

There is a general need for information about resources that exist in the community. The hospital should serve as a clearinghouse and maintain a list of resources and organizations that are able to address the healthcare needs of St. Francois county residents. This would be very helpful to faith groups and those that provide support to those in need.

Hospitals can also serve as an educational resource to members of the community. There is a particular need for asthma education to inform parents about the signs and symptoms of the disease in their children, what triggers it, how to reduce exacerbations and use medications appropriately. Setting these educational programs up through the schools would be a great way to partner with them and make it easy to reach parents and kids in a familiar location.

- Parkland should also consider partnering with St. Louis Children's Hospital to bring asthma programs into the community.

Community-based educational programs on topics of preventive health and chronic conditions are also thought to be worthwhile. Some of the participants were aware of programs offered in the community by Parkland, such as Coffee with the Doctor. They felt that they were an effective way to establish a relationship with the doctor who was being featured in the program.

Health education programs may be more effective if they are integrated with those of other community organizations that are identified as partners. If an individual is coming out for the partner's activity, they may be more likely to participate in a health-related program if it was integrated with that of the partner.

- The example was given of the schools. If the Health Center offers educational programs in conjunction with the school's camps and other activities, they may be more effective than if they were done on their own. If it's integrated into an activity where there

already is a captive audience, like at school, the message may be more likely to get across.

- Another suggestion was to become more involved with local churches and to offer educational programs in conjunction with other activities the church may be offering.

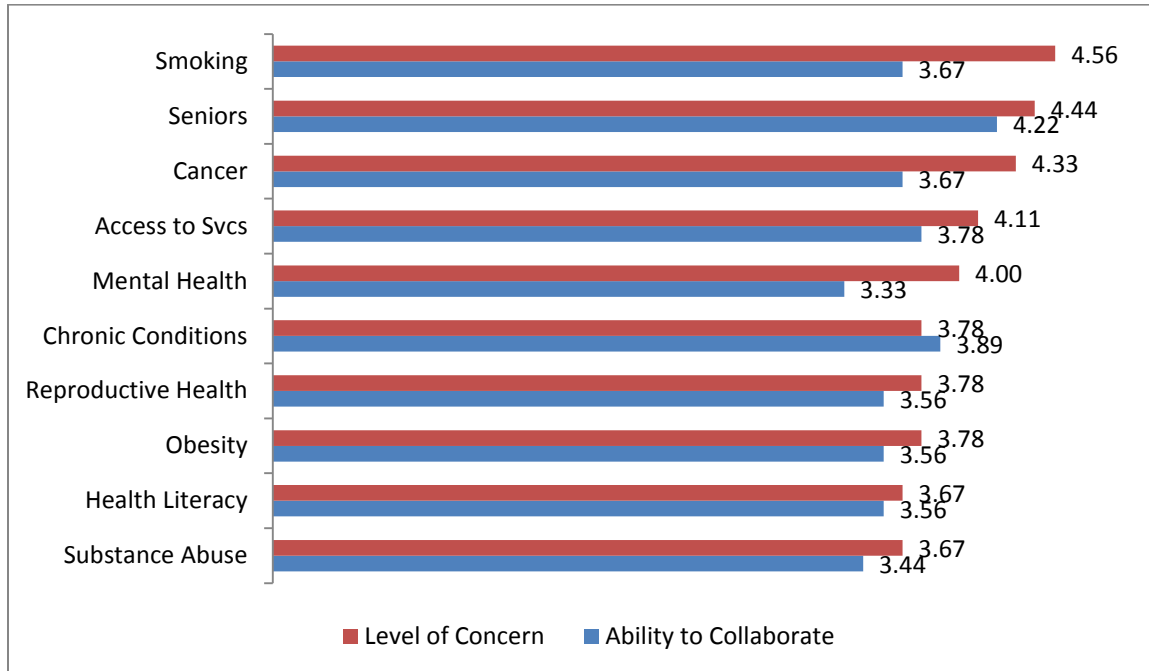
Hospitals need to view themselves more as “health centers” rather than “hospitals.” The hospital needs to create a vision of what it wants to be within the community, and not just limit that vision to caring for disease episodes.

There was also a discussion around the issue of lifestyle and how so many issues are a result of the way that people interact today. Students in school are sitting at a keyboard, and repetitive motion wrist injuries are a major issue in workmen’s compensation cases.

- How do we make individuals aware of the impact lifestyle choices are having on their health?

Another way, besides education, that hospitals can be involved is through disease prevention. Hospital should encourage individuals to do those things that will help them maintain their health and avoid disease.

KEY FINDINGS: FOCUS GROUP #2 (September 18, 2012)



After viewing the secondary data on the previously identified community health needs, key stakeholders were asked to evaluate each of them based on two attributes: level of community concern and potential to collaborate around the health issue. Each was rated on a scale of 1 (low) to 5 (high).

An average score was calculated for each healthcare need. No issue had an average score less than 3.0.

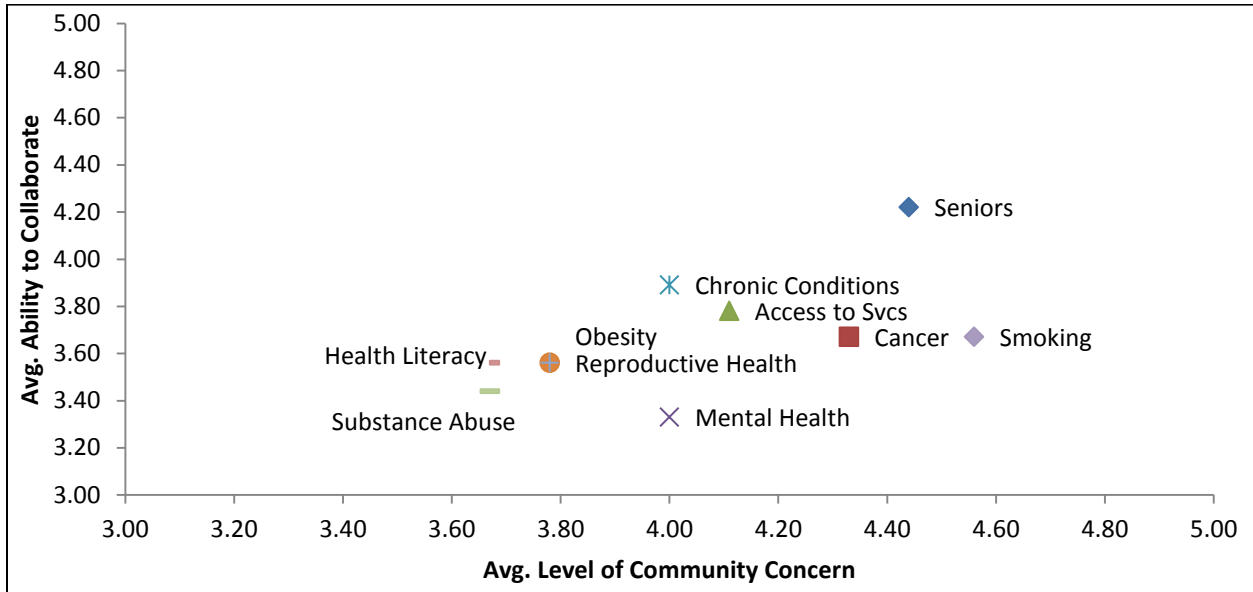
The healthcare needs of Senior Citizens were rated the highest in terms of level of community concern and ability to collaborate, with an average score greater than 4.0 in both attributes.

Smoking, Cancer, Access to Services and Mental Health also scored high relative to community concern (average score ≥ 4.0) but their ability to collaborate was rated lower.

Chronic conditions, reproductive health, obesity, health literacy and substance abuse were rated lower on both attributes of community concern and ability to collaborate (average score ≤ 4).

Refer to appendix E for a complete note of focus group #2.

Plot of Average Ability to Collaborate by Level of Community Concern



		Health Topic Ranking	
		High	Senior Citizens
Potential to Collaborate	High	Chronic Conditions Obesity Reproductive Health Health Literacy Substance Abuse	Smoking Cancer Access to Services Mental Health
	Low	Low	High
		Level of Community Concern	

C. SECONDARY DATA ANALYSES

DATA SOURCES

During the second focus group, the stakeholders were presented with the secondary data in order to allow them to have a second and final ranking about each community health need they initially identified in the first focus group. Secondary Data was collected from a variety of sources, including demographic information from the United States Government at www.census.gov, as well as local and state sources, such as MICA. Additional data was gathered from Healthy Communities Institute (HCI) and Healthy People 2020 through the HCI website.

Healthy Communities Institute (HCI): Provides an online dashboard of health indicators for St. Francois 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. Francois 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 Information for Community Assessment (MICA) reports demographics and data about diseases and conditions, hospitalizations, births, deaths and other health statistics at state and county levels.

Healthy People 2020 is an initiative of the U.S. Department of Health and Human Services that provides evidence-based, 10-year national objectives for improving the health of all Americans. These goals encourage collaborations across communities and sectors, empower individuals to make informed health decisions, and measure the impact of prevention activities.

The primary and secondary data collected indicate that a number of serious community health needs exist in St. Francois County. The needs range widely and some can affect others.

ACCESS / CONTINUITY OF CARE

A number of factors impact the need for access to services. The data collected indicate that there are issues with transportation, lack of insurance, and a lack of a relationship with a primary care physician. While many primary care physicians in the area typically have capacity and are accepting new patients, often area patients use the emergency departments in lieu of a primary care physician.

Access to services was the number one concern of the community focus groups.

- When assessing St. Francois County using demand and current physician locations, data indicate there is a surplus of PCPs, but a need for subspecialists.
- Psychiatry and orthopedics show the largest need.

The available data for adults with health insurance (18-64 with any coverage) is from 2012. St. Francois County has seen a number of changes during the last two years, including the loss of jobs, as well as benefit changes with less employers providing health insurance, and employers changing health plans to include high deductibles. These changes make the picture for St. Francois County appear worse than the 2010 figures indicate.

Access/Continuity of Care	St. Francois County	Status	U.S.	HP 2020
Clinical Care Ranking (of 115 Mo Counties) ('12)	72	●	-	-
Adults With Health Insurance (18-64 with any coverage) ('10)	80.2%	●	80.4%	100%
Children With Health Insurance ('10)	95.2%	●	93.8%*	100%
Persons with a Disability ('10)	19.7%	-	11.9%	-

● Below 25th Percentile ● 25th-50th Percentile ● Above 50th Percentile

- Based on the available sources, data are unavailable to determine what type of health insurance adults have.
- Disability is defined as the percentage of the population that is limited in any way because of physical, mental or emotional problems.

Source: HCI, Show Me Institute

TRANSPORTATION

It is believed that transportation may play some part in the need for access. 5.8% of households in St. Francois County do not own a vehicle. As a rural community, households without a vehicle do not have a variety of public transportation options. While the data indicate the number of households without a vehicle is just short of the national average, due to the rural nature of our community, the distance is often too far to walk, and the price of taxi service is too high for many residents, leaving them with a lack of access to the care they need.

While Southeast Missouri Transportation Service Inc. (SMTS) provides low-cost, structured transportation for shopping, medical appointments, nutrition, recreation and personal business, the cost to the rider and the schedule of the route can be a challenge for some segments of the population. SMTS further provides transportation to major medical facilities in St. Louis, Cape Girardeau and Springfield in Missouri, and to Memphis, Tennessee and Paragould, Arkansas.

Transportation is a particular challenge for late visits to the emergency department from patients that reside in nursing homes and rehabilitation centers.

Transportation	St. Francois County	Status	MO	U.S.	HP 2020
Households Without a Vehicle ('10)	5.8%	●	-	5.7%*	-
Workers Commuting by Public Transportation (% Age 16+) ('10)	0.3%	●	-	0.3%*	-
Mean Travel Time to Work (Age 16+, minutes) ('10)	26.1	●	-	22.4*	-
Households Without a Car and > 1 Mile from Grocery Store ('06)	3.0%	●	-	3.4%*	-
Death Rate Motor Vehicle Collisions ('09)	26.6	●	14.8	-	12.4

*Indicates the lower limit of the 50th percentile.

● Below 25th Percentile	● 25th-50th Percentile	● Above 50th Percentile
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Source: HCI

CHRONIC CONDITIONS (CHF, COPD AND DIABETES)

The second priority identified in the assessment is Chronic Conditions. The most prevalent chronic condition is heart disease. St. Francois County ranks in the bottom 25% in the nation in conditions related to heart disease, including high blood pressure, stroke, smoking, and uncontrolled blood sugar. All of these factors contribute to our population's tragically high statistics for death due to heart attack and stroke, particularly in seniors.

The data shows that while St. Francois County's rate of adults with diabetes is actually lower than the national average, the death rate due to diabetes is considerably higher than expected, when compared to the rate for the State of Missouri.

The death rate for cardiovascular disease is 51.8 compared to Missouri's rate of 43.8, and the death rate for heart disease and heart failure in St. Francois County rates far higher than the Missouri average.

CHRONIC CONDITIONS

Chronic Condition	Metric	St. Francois County	Status	MO	U.S.
Diabetes	Adults with Diabetes ('09)	9.9%	●	-	10.3%
	Diabetic Screening (Medicare patients) ('09)	80.9%	●	-	83.7%*
	Death Rate (per 100,000 pop) ('09)	42.1	●	19.6	-
	Diabetes Pediatric ER Utilization (Age<15, per 100,000 pop) ('09)	0.1	●	0.3	-
Asthma	Adults with Current Asthma	9.4%	●	7.9%*	-
	Death Rate - Chronic Lower Resp Disease (per 100,000 pop) ('09)	70.6	●	51.2	-
	Asthma Pediatric ER Utilization (Age <15, per 100,000 pop) ('09)	9.3	●	9.9	-
Heart Disease	High Cholesterol Prevalence (Age 35+) ('07)	22.2%	●	21.0%*	-
	High Blood Pressure Prevalence (>140/90, % of pop) ('07)	19.1%	●	19.1%*	-
	Death Rate - Cerebrovascular Disease (Stroke)(per 100,000 pop) ('09)	51.8	●	43.8	-
	Death Rate - Heart Failure (per 100,000 pop) ('09)	35.9	●	20.0	-
	Death Rate - Heart Disease (per 100,000 pop) ('09)	267.6	●	201.0	-

*Indicates the lower limit of the 50th percentile.

● Below 25th Percentile ● 25th-50th Percentile ● Above 50th Percentile

- The most recent year available for death rate data for the state of Missouri is 2009.

Source: HCI

CANCER

- Cancer rates are high, especially for lung cancer.
- Access to quality treatment is a challenge due to transportation and availability of services

Cancer Type	Metric (per 100,000 pop)	St. Francois County	Status	MO	U.S.	HP 2020
All Cancer	Incidence Rate ('09)	479.7	●	468.9	465.0	-
	Death Rate ('09)	211.7	●	191.4	178.7	160.6
Breast	Incidence Rate ('09)	119.3	●	121.9	122.0	-
	Death Rate ('09)	19.9	●	24.9	23.0	20.6
Prostate	Incidence Rate ('09)	98.7	●	132.9	151.4	-
	Death Rate ('09)	17.5	●	22.7	23.6	22.1
Colorectal	Incidence Rate ('09)	51.4	●	49.2	46.2	-
	Death Rate ('09)	18.8	●	17.6	16.7	14.5
Lung & Bronchus	Incidence Rate ('09)	100.0	●	79.5	67.2	-
	Death Rate ('09)	80.8	●	60.2	50.6	45.5

● Worse than Mo/US	● Similar to Mo/US	● Better than Mo/US
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Source: HCI

MENTAL HEALTH

- There is a need for increased awareness and education around mental health conditions, as well as advocacy and support.
- A lack of acute services causes patients to be transported long distances for care.
- Due to a lack of mental health facilities, patients may not receive care and may be at home with uncontrolled symptoms.
- Suicide rates are high in the community.
- Mental health calls accounted for 4.8% of St. Francois County EMS volume (August 2011-July 2012).
 - 537 (4.4%) were calls for attempted suicide/psychiatric.
 - 30 (3.4%) were suicide
 - Patient transfers accounted for 30% of EMS volume. A number of these transfers are long-distance transfers to acute psychiatric facilities.
- Missouri’s mental health system provides services to only 25% of adults who live with serious mental health conditions.

Mental Health	St. Francois County	Status	MO	U.S.	HP 2020
Poor Mental Health Days (in last 30) ('10)	4.2	●	-	3.4*	-
Inadequate Social Support (adults) ('10)	16.4%	●	-	19.1%*	-
Serious Psychological Distress In Past Year ('04)	12.0% (SE Mo)	●	11.0%	-	-
Death Rate Suicide (per 100,000 pop) ('09)	13.6	●	14.5*	-	10.2
ER Visits for Anxiety & Personality Disorders (per 1,000 pop) ('09)	5.8	●	2.8	-	-
ER Visits for All Mental Disorders (per 1,000 pop) ('09)	16.3	●	11.0	-	-
ER Visits for All Mental Disorders (per 1,000 pop, 65+) ('09)	9.4	●	5.6	-	-

*Indicates the lower limit of the 50th percentile.

● Below 25th Percentile	● 25th-50th Percentile	● Above 50th Percentile
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Source: HCI, NAMI, & St Francois County EMS

HEALTHY BEHAVIORS

- Many health issues are lifestyle-based, due to obesity and inactivity.
- Smoking rates in the community are very high.

OVERALL POPULATION HEALTH:

Overall Health Status	St. Francois County	Status	MO	U.S.	HP 2020
General Health Assessment: Fair or Poor ('10)	23.5%	●	-	16.0%*	-
Poor Physical Health Days (in past 30 days) ('10)	5.1	●	-	3.7*	-
Health Behaviors Ranking (Of 115 Mo Counties) ('12)	92	●	-	-	-
Physical Environment Ranking (Of 115 Mo Counties) ('12)	57	●	-	-	-
Premature Death (# Years lost) (per 100,000 pop) ('08)	9,795	●	-	8,065*	-
Death Rate Unintentional Injuries (per 100,000 pop) ('09)	74.4	●	54.8*	-	36.0

*Indicates the lower limit of the 50th percentile.

● Below 25th Percentile	● 25th-50th Percentile	● Above 50th Percentile
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In St. Francois County, the death rate for unintentional injuries is 94.7 for men and 52.1 for women.

Source: HCI

SMOKING AND OBESITY

Smoking and Obesity	St. Francois County	Status	MO	U.S.	HP 2020
Adults who Smoke ('10)	30.1%	●	25.0%	18.4%	12.0%
Adults who are Overweight ('07)	37.7%	●	36.0%*	-	-
Adults who are Obese ('07)	27.5%	●	29.5%*	-	30.6%
Low Income Preschool Obesity ('10)	13.5%	●	-	14.0%*	-
Grocery Store Density (per 1,000 pop) ('09)	0.16	●	-	0.21*	-
Fast Food Restaurant Density (per 1,000 pop) ('09)	0.64	●	-	0.57*	-
Adult Fruit & Vegetable Consumption ('07)	21.7%	●	21.2%*	-	-
Recreation and Fitness Facilities (per 1,000 pop) ('09)	0.05	●	-	0.07*	-
Sedentary Adults ('09)	27.7%	●	30.6%*	-	32.6%

*Indicates the lower limit of the 50th percentile.

● Below 25th Percentile	● 25th-50th Percentile	● Above 50th Percentile
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- The most recent data available on obesity through the state of Missouri is from 2007.

Source: HCI, CDC.

FOOD DESERTS

- A food desert is defined as a low-income census tract where a substantial number or share of residents has low access to a supermarket or large grocery store.
- St. Francois County doesn't have significant areas of concern in terms of fresh food availability.



Source: USDA Food Desert Locator

REPRODUCTIVE HEALTH

- Rates of teen birth and births to families in poverty are high.
- Expectant mothers may not get the prenatal care they need due to lack of access and/or lack of education and resources.
- STD rates are high in the community.
- Of mothers who smoked during pregnancy, the age group 18-24 had the highest rate at 32%.
- The reported rate of Chlamydia in St. Francois County is three times higher in women than in men.

Reproductive Health	St. Francois County	Status	MO	U.S.	HP 2020
Teen Pregnancy - Age 10-14 (per 1,000 pop) ('09)	0	●	0.6	-	-
Teen Pregnancy - Age 15-17 (per 1,000 pop) ('09)	30.8	●	23.9	-	-
Teen Pregnancy - Age 18-19 (per 1,000 pop) ('09)	146.4	●	91.1	-	-
Mothers Who Received Early Prenatal Care ('09)	82.3%	●	85.7%*	-	77.9%
Mothers Who Smoked During Pregnancy ('09)	27.4%	●	23.0%*	-	1.4%
Preterm Births (<37 weeks) ('09)	14.4%	●	11.7%*	-	11.4%
Babies with Low Birth Weight (less than 5.5 lbs) ('09)	9.4%	●	8.1%	-	7.8%
Infant Mortality Rate (per 1,000 live births) ('09)	7.2	●	7.1*	-	6.0
Single-Parent Households ('10)	24.6%	●	-	29.5%*	-
Child Abuse Rate (per 1,000 children) ('10)	5.8	●	4.4*	-	-
Chlamydia Incidence Rate (women 15-19, cases/100,000 pop) ('09)	1,215	●	940*	-	-

*Indicates the lower limit of the 50th percentile.






● Below 25th Percentile	● 25th-50th Percentile	● Above 50th Percentile
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- There is no data available on post-term delivery complications.

Source: HCI

SUBSTANCE ABUSE

- Substance use and abuse are a major concern within the community. According to data collected:
- In 2010, St. Francois County made up 1.1% of the total Missouri population, but accounted for 4.5% of methamphetamine lab incidents (88 of 1,960).
- In St. Francois County, 18% of current youth believe that it would be easy to get drugs such as cocaine, methamphetamine & ecstasy.
- In 2009, residents had 155 alcohol-related and 191 drug related hospitalizations. Additionally, there were 310 alcohols related and 450 drug related ER visits that did not require a hospital stay.
- In Missouri, the average cost for an alcohol-or drug-related visit to the ER was \$4,810.

Substance Abuse	St. Francois County	Status	MO	U.S.	HP 2020
ER Visits for Alcohol & Substance-Related Mental Disorders (per 1,000 pop) ('09)	5.0		3.2	-	-
Liquor Store Density (per 100,000 pop) ('10)	4.6		-	10.4*	-
Adults Who Drink Excessively (in past 30 days) ('10)	16.3%		-	14.5%*	25.3%
Any Illicit Drug Use in Past Month (Age 12+) ('04)	7.0% (SE Mo)		8.4%	-	-
Marijuana, Cocaine, Non Med Use of Pain Relievers in Past Year ('04)	9.2% (SE Mo)		11.5%	-	-

*Indicates the lower limit of the 50th percentile.

 Below 25th Percentile	 25th-50th Percentile	 Above 50th Percentile
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- Liquor stores are defined as businesses that primarily sell packaged alcoholic beverages.

Source: HCI, SAMHC, St Francois County Behavioral Health Profile




HEALTH LITERACY

- The ability to understand health information, ask appropriate questions, access health services when needed, and take medication correctly are all required to be an educated health consumer and are part of what is referred to as “health literacy.”
- Being “health literate,” or having someone act as an advocate on your behalf, is necessary in today’s complex health system for a person to receive timely and effective healthcare services.

While there is very little actual data available on health literacy in St. Francois County, Parkland is committed to health education in the community. Participation in local health fairs and offering speakers for events on health-related topics are an investment Parkland makes in the community as a matter of daily business.

SENIORS

Health issues as they relate to seniors are many and varied. Many of the issues identified in seniors can be addressed under the priorities identified by the hospital in this Community Health Needs Assessment. Chronic conditions including heart disease and co-morbidities along with access to services are significant issues for seniors, according to community experts.

Seniors	St. Francois County	Status	MO	U.S.	HP 2020
People 65+ Living Below Poverty Level ('10)	9.2%		-	10.0%*	-
People 65+ Living Alone ('10)	29.6%		-	28.0%*	-
Preventable Hospital Stays (discharges/1,000 Medicare pts) ('10)	96		-	75*	-

*Indicates the lower limit of the 50th percentile.

 Below 25th Percentile	 25th-50th Percentile	 Above 50th Percentile
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Source: HCI

- Many adults are primary caretakers for senior parents and miss work due to this responsibility.
- Elderly individuals don't have or don't use resources to assist them with activities of daily living.
- Falls are a major health concern for seniors. In 2010, falls accounted for 575 deaths in Missouri for people 65 and older.
- In Missouri, the expected cost of falls is expected to be \$47 Billion by 2020.

CHRONIC CONDITIONS IN SENIORS

When reviewing the data as they relate to senior citizens in St. Francois County, the picture of heart health in our area becomes considerably starker. The senior population in St. Francois County consistently ranks below the 25th percentile in the nation for nearly all factors relating to heart disease, and the death rates for stroke and heart disease related deaths are extremely high.

The chart below indicates significant disparities between St. Francois County and the state of Missouri in all areas related to this chronic condition.

Chronic Condition	Metric (per 100,000 pop)	St. Francois County	Status	MO
Lung Disease	Asthma Inpatient Hospitalization	24.0	●	16.0
	COPD Inpatient Hospitalization	131.0	●	114.0
	COPD ER Utilization	18.0	●	8.0
	Death Rate COPD	392.9	●	344.4
Cancer	Cancer Inpatient Hospitalization	167.0	●	147.0
	Cancer ER Utilization	2.4	●	0.8
	Cancer Death Rate	1,145.9	●	1,028.4
Diabetes	Diabetes Inpatient Hospitalization	44.0	●	36.0
	Diabetes ER Utilization	5.0	●	2.9
	Diabetes Death Rate	174.6	●	109.0

●	Worse than Mo	●	Similar to Mo	●	Better than Mo
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- MICA data is captured by patient origin based on permanent address.

Source: MICA

CHRONIC CONDITIONS IN SENIORS (cont'd)

Chronic Condition	Metric (per 100,000 pop)	St. Francois County	Status	MO
Heart Disease	Heart Disease Inpatient Hospitalization	952.7	●	648.6
	Heart Disease ER Utilization	38.6	●	23.5
	Death Rate Heart Disease	1,680.7	●	1,330.0
	Hypertension Inpatient Utilization	54.6	●	35.3
	Hypertension ER Utilization	12.7	●	5.5
	Death Rate Essential Hypertension	65.5	●	46.1
	Stroke/Cerebrovascular Inpatient Hospitalization	183.3	●	156.6
	Stroke/Cerebrovascular ER Utilization	7.7	●	3.5
	Death Rate Stroke/Cerebrovascular Disease	382.0	●	315.4
	Other Cardiovascular/Circulatory Conditions IP Hospitalization	97.1	●	75.6
	Other Cardiovascular/Circulatory Conditions ER Utilization	7.5	●	3.3
Other Cardiovascular/Circulatory Conditions Death Rate	87.3	●	52.6	

● Worse than Mo	● Similar to Mo	● Better than Mo
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Source: MICA

V. PRIORITIZATION OF HEALTH NEEDS

PHC Community Benefit Committee

The Community Benefit Committee and Parkland Health Center’s internal work group communicated via email and met three times to analyze primary and secondary data and to complete the priority ranking for Parkland Health Center’s CHNA.

Meeting 1

On January 24, 2013, the Committees met as a group. Parkland Health Center’s marketing and Foundation Coordinator attended the meeting and reviewed the purpose for the CHNA, what the committee’s role is in the process, and our goals for the project. BJC’s Market Research Manager attended the first meeting to guide the committee through a careful review of the key findings from the focus groups. The focus group perceptions were then compared to the secondary data gathered through HCI and Healthy People 2020.

Meeting 2

On April 9, 2013, the Community Benefit Committee and the internal work group met again for the purpose of discussing and prioritizing the needs identified through the focus groups and the secondary data. The meeting was facilitated by PHC’s Marketing and Foundation Coordinator. The group reviewed the list of needs in order by the number of mentions at the Focus Group meetings, and the perceived ability to collaborate with other agencies to meet the needs.

		Health Topic Ranking	
		Lower	High
Potential to Unify	High		Seniors
	Lower	Chronic Conditions Obesity Reproductive Health Health Literacy Substance Abuse	Smoking Cancer Access to Services Mental Health
		Lower	High
Level of Community Concern			

The committees discussed each need identified and whether the hospital had the resources required to address the need in a significant way. Based on those discussions and the data gathered, the committee ranked the needs through a roundtable discussion. The end result is

Parkland Health Center’s final health priority ranking for St. Francois County (listed in order from highest to lowest priority):

Priorities by Rank

1	Access to Services
2	Chronic Conditions
3	Mental Health
4	Cancer
5	Smoking
6	Seniors
7	Obesity
8	Substance Abuse
9	Health Literacy
10	Reproductive Health

Meeting 3

The committees met again on July 9 to review the first draft of the Community Health Needs Assessment and to confirm the priorities to be focused on in Parkland Health Center’s implementation plan.

VI. IMPLEMENTATION PLAN

A. ISSUES TO BE ADDRESSED BY PARKLAND HEALTH CENTER

After thorough consideration of staffing, time and the hospital community's resources, PHC community benefit committee and the internal work group decided to address the health needs below in order to improve the health of St. François County.

I. **Community Health Need:** Chronic conditions with focus on heart disease

Rational: Heart disease is the leading cause of death in the United States. More than 600,000 Americans die of heart disease each year. Interventions that reduce obesity, blood pressure, and cholesterol and increase physical activity and healthy behavior such as smoking cessation have been proven effective in reducing risks for heart disease, diabetes and stroke. Change in lifestyle behavior is critical to successfully managing many health issues.

With a death rate from heart disease significantly higher in St. Francois County (267.6 per 100,000) than the average in the state of Missouri (201 per 100,000), along with a death rate from diabetes in St. Francois County (42.1 per 100,000) more than double that of the state of Missouri (19.6 per 100,000), this condition is clearly a significant factor in the overall health of our area. Combine this data with a rate of 30.1% of adults who smoke, compared to the state of Missouri average at 25% and the United States average at 18.4%, and there is clearly room for programs significant improvement. Therefore, PHC will focus on bringing awareness and education in St. Francois County about health risks of smoking, obesity and diabetes.

Program: Health risks of smoking education program

PHC "health risks of smoking education" programs will provide health risks information, support groups and smoking cessation programs for the smokers of St Francois County. The smoking cessation program will be offered over twelve week's session, several times during the year. Participants will be encouraged through the process of quitting smoking one step at a time. The program will offer a supportive environment and a proven method for quitting.

Program Goal: *To bring awareness and education of health risks of smoking in St. Francois County.*

Program objectives:

1. *To improve participants knowledge level of health risks of smoking by 10% from pre-knowledge test score to post-knowledge test score.*
2. *Fifteen percent of St. Francois County program participants will quit smoking and remain nonsmokers beyond 120 days after their participation.*

Action Plan

The Cardio-Pulmonary Department will be responsible for the smoking cessation program. The hospital will provide experts, including physicians and nurses to facilitate community presentations on the harmful effects of smoking and second-hand smoke, along with the benefits of quitting smoking to 50 adults in St. Francois County per year.

A minimum of five presentations will be provided annually to the public, at no charge. The opportunity to register for smoking cessation classes will be offered at each public presentation.

Awareness of the dangers of second-hand smoke and the benefits of quitting smoking will be included in hospital communications, including Emergency Department informational computer presentations, the hospital's social media pages and the hospital's radio advertising "Health Minutes."

In cooperation with the American Heart Association, the Breathe Easy Coalition and the St. Francois County Health Department, educational materials regarding the dangers of smoking and the harmful effects of second-hand smoke will be made available to area school districts, as well as civic and social organizations within St. Francois County.

Outcomes

Decrease heart disease in St Francois County by increasing the number of non-smokers.

Outcome Measurements

Before each educational session, participants will participate in a pre-knowledge test and a post test at the end of the session to determine if participant's knowledge of health risk of smoking has improved and by how much. Spread sheets will be created to document all the test scores as well as the staff analysis of the scores.

The number of educational programs will be tracked along with the number of attendees enrolling in a smoking cessation program as a result of the presentation. Participants will be surveyed by phone 30 days and 120 days after the program to determine the reduction in smoking over time.

The number of "Health Minutes" aired on local radio stations as a part of the educational program will be tracked, along with the advertising information to promote smoking cessation in all local media.

Program II: Obesity: “Head to Toe”

Rationale

Obesity now affects 17% of all children and adolescents in the United States - triple the rate from just one generation ago, according to the Centers for Disease Control. Childhood obesity can have a harmful effect on the body and lead to a variety of adult-onset diseases in childhood, such as high blood pressure, high cholesterol, diabetes, breathing problems, socio-emotional difficulties and musculoskeletal problems.

PHC currently provides the “Head to Toe” program through intensive group sessions on topics regarding physical activity, nutrition and emotional health.

Program Goal:

- *To improve knowledge of and skill in leading a healthy lifestyle among children and their families.*

Objective:

- *To increase knowledge level of healthy lifestyle of 30 families in St. Francois County by 5% from pre-test knowledge level to post-test knowledge level.*

Action Plan

Provide intensive group educational sessions that focus on nutrition, physical activity and emotional health to 30 children per year. The Well Life Center is responsible for this program. An exercise specialist and a registered dietician will facilitate 12 intensive group sessions on topics regarding physical activity, nutrition and emotional health with children and their families.

Outcomes

- *To decrease obesity among children in St. Francois County.*

Outcome Measurements

This program is evaluated by measuring improvements in physical activity, nutrition, self-image, family relationships and healthy behaviors. The tools used to measure these outcomes capture changes in behavior, knowledge, skill and readiness to change assessment tools. Progress will be evaluated by measuring the number of sessions and the number of participants who complete pre- and post- assessment tools. The pre knowledge test score will be compared to the post-knowledge test score to determine if there is improvement in their knowledge level.

Program III. Diabetes program

Rationale:

Type 2 diabetes is a chronic condition caused by high levels of glucose (sugar) in the blood. Although some people can overcome the symptoms by losing weight and following a healthy diet and exercise plan, most people with type 2 diabetes will have it for life. Type 2 diabetes is the most common form of diabetes. Millions of Americans have been diagnosed with the disease, and many are unaware they are at high risk. The cause is unknown but obesity and inactivity may play important roles in its onset.

Therefore, PHC will provide free blood sugar testing to its community several times each year to bring awareness of the disease and help identify those who may be at risk for it. The program offers St. Francois County community members screenings outreach, and promoting healthy eating and increased physical activity. Individuals with abnormal screening are followed up to make sure they received extra care from their primary care physician.

Program Goal:

- *To provide screening, education, and support groups for patients who are at risk for developing type 2 diabetes or who are already diagnosed with the disease.*

Objectives:

1. *In 2014, PHC will establish a baseline for the number of free blood sugar tests provided to its community.*
2. *In 2015 and thereafter, PHC will increase the number of free blood sugar testing in the previous year by 2% in the current year.*

Action Plan:

The Parkland Health Center Diabetic Care Center is responsible for this program. A certified diabetes educator and a registered dietician will facilitate monthly support groups to share best practices and encouragement in self-management of the disease. The support group will be promoted through Parkland Health Center's social media pages, as well as local media.

PHC will provide free blood sugar testing at a minimum of three health-related events annually, including the St. Francois County Community Partnership Health Expo and Parkland Health Center's Seeds of Wisdom. Counseling and information will be available on-site at the events for attendees whose test indicates the potential for a blood sugar related issue.

PHC's Health Minute radio spots, hospital social media pages and other hospital communications will be utilized as a vehicle to raise awareness of the signs and symptoms of

diabetes, as well as the dangers of the disease when uncontrolled and untreated. The hospital will offer presentations on the disease to civic and social organizations at meetings and events.

Outcomes:

- *To decrease heart disease in St. Francois County*

Outcome Measurements:

The number of attendees at the monthly support groups will be tracked, as will the number of attendees at presentations made by hospital experts at civic and social clubs. A pre- and post-test will be administered to measure the level of knowledge prior to the presentation, and after the presentation.

A baseline number of free blood sugar checks will be established in year one of the program. The quantity of free blood sugar checks will be increased by a minimum of 2% each subsequent year of the program. Follow up contacts will be made with individuals whose blood sugar appears to be above normal ranges. The percentage of contacts made will be tracked along with the patient's plan for further evaluation.

II. Community Health Need: Access to Services

Rationale:

Access to healthcare is an ongoing and national concern. Access to comprehensive, quality health care services is important for the achievement of health equity and for increasing the quality of a healthy life for everyone. It allows individuals to gain entry into the health care system, access a health care location where needed services are provided and find a health care provider with whom the patient can communicate and trust.

There are several components of access to health services, such as coverage, services, timeliness, and workforce. BJC HealthCare, as a system of hospitals, understands the importance of health insurance coverage, which helps patients get into the health care system. Lack of adequate coverage makes it difficult for people to get the health care they need and, when they do get care, burdens them with large medical bills. Therefore, all BJC hospitals have a policy that focuses on the provision of insurance coverage as the principal means of ensuring access to health care among the underinsured and uninsured population.

Also PHC, being part of a rural community, is often presented with transportation issues. Due to a lack of transportation, patients from extended home care are often left in the emergency room during late and early hospital visits. Therefore, PHC has a wheelchair-accessible van program that addresses this need.

Program Goal:

- *To improve access to comprehensive, quality health care services.*

Objectives:

1. *Every year, PHC will offer Medicaid and financial assistance enrollment to 100% of eligible patients presented for medical care.*
2. *Every year, PHC will provide transportations services to 100% of St. Francois County Extended Home Care wheelchair patients who need transportation to gain access to after-hours emergency department care.*

Action Plan:

- PHC provides a Patient Account Representative who works with a Case Manager and a Social Worker to identify patients in need of assistance and meets with uninsured patients to determine their eligibility for any insurance and financial assistance. Eligible patients receive assistance with enrollment.

- PHC has policies and programs in place to provide financial assistance to low-income, underinsured or uninsured patients. All patients are provided with financial assistance information upon admission.
- PHC will continue to provide a wheelchair-accessible van specifically for the transportation of wheelchair-bound extended care home patients. Due to a lack of transportation, patients are left to remain in the emergency department overnight. PHC will provide a wheelchair van during those late-night and early-morning hours to assist with the transportation of wheelchair-bound extended care nursing home residents from the emergency room back to their home of residence.

Outcome:

- *Increase access to health care.*

Outcome measurement:

The number of individuals who receive assistance for insurance eligibility and the number of those who are enrolled in programs are tracked by the hospital. Financial assistance is tracked and reported.

The number of patients served by our transportation services program is tracked by Customer Relations.

III. Community Health Needs: Health Literacy

Rational: Choosing a healthy lifestyle, knowing how to seek medical care, and taking advantage of preventive measures require that people understand and use health information. The ability to obtain, process, and understand health information needed to make informed health decisions is known as health literacy.

According to research studies, persons with limited health literacy skills are more likely to skip important preventive measures such as mammograms, Pap smears, and flu shots. When compared to those with adequate health literacy skills, studies have shown that patients with limited health literacy skills enter the healthcare system when they are sicker.

Therefore, PHC will address this need in St. Francois County through health diseases education by medical providers through media, face-to-face conversations and health fair programs.

Program I. “Coffee With A Doc”

“Coffee With A Doc” is a face-to-face monthly educational program provided free of charge to St. Francois County community by a medical doctor.

Goal:

- *To increase understanding and education of disease in the community.*

Objective

- *To provide at least ten monthly programs related to health topics in St. Francois County each year.*

Action Plan:

The Medical Staff and Marketing Department share responsibility for the “Coffee With A Doc” program. Beginning in 2012, Parkland Health Center has offered opportunities for area residents to visit with physicians in an informal setting through a series of health-related presentations entitled “Coffee With A Doc.” These events are held ten times per year at a local coffee shop.

Physicians are available to discuss health concerns with attendees at no charge. Educational topics include managing diabetes, knowing your risk for heart disease, disease prevention and more.

Outcomes

Participants will gain knowledge on a variety of diseases and conditions.

Outcome Measurements

The number of individuals participating in the program will be tracked monthly. The level of knowledge on the presentation topic will be assessed before and after the event through a pre- and post-presentation questionnaire.'

Program II. "Parkland Health Center Radio Program"

The radio program is a monthly program that discusses healthcare and health related topics. The topics vary from prevention, treatment, research...etc. Each month the Health Radio Show covers different issues in order for the public to become better informed on a specific topic.

Goal:

- *To increase understanding and education of disease in the community.*

Objective

- *To provide health and wellness information to the public through a series of monthly radio programs on local radio stations KREI and KFMO.*

Action Plan

The Medical Staff office and the Marketing Department share responsibility for the radio program. Parkland Health Center hosts two monthly radio programs on local radio stations KREI and KFMO. On each monthly program, a physician, clinician or hospital administrator is featured, discussing healthcare and healthcare related topics.

Outcomes

Listeners will gain a better understanding of specific health topics.

Outcome Measurements

Program subject matter and healthcare provider time will be tracked each month.

Program III. "Seeds of Wisdom"

"Seeds of Wisdom" is a health fair designed to educate women of St. Francois County on several health topics.

Objective:

- *To provide health and wellness information to a minimum of 250 women from St. François County each year.*

Action Plan

Parkland Health Center will continue the annual “Seeds of Wisdom” program, a health fair designed to provide health education to the women in the community at no charge. This full-day event provides a variety of speakers including physicians and clinicians, presenting information on a range of topics. A healthy breakfast and lunch are provided for attendees at no charge. Health-related displays and health checks are also available throughout the day. The event is completely free to the public. It is promoted through local media including newspapers and radio stations, as well as local chambers of commerce.

Outcomes: *Improve health among St. Francois County women.*

Outcome Measurements

The number of attendees will be tracked each year. Attendees will be given a pre-test and post-test questionnaire to measure the level of knowledge gained during the event.

B. COMMUNITY HEALTH NEEDS IDENTIFIED THAT WILL NOT BE ADDRESSED BY THIS CHNA.

While there are many and varied health needs within St. Francois County, Parkland Health Center has carefully chosen priorities that reflect needs that can be affected through the hospital's efforts.

Many of the needs identified through the Community Health Needs Assessment fall outside the hospital's area of expertise, and/or outside the hospital's resources.

The following section discusses the health needs that were identified through this CHNA that PHC will not address within the scope of this assessment.

MENTAL HEALTH

Parkland Health Center does not have the resources to significantly impact the mental health needs within the community alone at this time. The hospital does have a geriatric psychiatry department, but does not provide inpatient or outpatient services for other patients in need of psychiatric care. BJC Behavioral Health, also a part of BJC HealthCare, works closely with Parkland Health Center to bring education and awareness to the community at large while providing care for those in need. Parkland will continue to provide services to these patients, but a properly funded statewide and community-wide solution is necessary to more effectively address this complex issue.

REPRODUCTIVE HEALTH

Teen pregnancy, pre-term birth and low birth weights are significant issues within St. Francois County. Parkland Health Center will continue its support and collaboration with the March of Dimes and the Parkland Pregnancy Resource Center. Both of these organizations are working diligently within the county on these issues.

SUBSTANCE ABUSE

Services at Parkland Health Center do not at this time include drug and alcohol treatment, rehabilitation and education. Parkland supports local programs that are administered by other agencies and are aimed at educating the public on the dangers of substance abuse. Another hospital in the area, Mineral Area Regional Medical Center, currently provides treatment for substance abuse.

SENIORS

Health issues as they relate to seniors are many and varied. Many of the issues identified in seniors can be addressed under the priorities identified by the hospital in this Community

Health Needs Assessment. While a variety of programs are available for seniors through Parkland Health Center, only a small selection of them will be formally addressed in this implementation plan.

CANCER

The data indicates that St. Francois County has a higher rate of instances of certain types of cancer, but not all types of cancer. The highest rate is that of lung cancer, which is being formally, addressed through smoking cessation and abstinence programs under Chronic Conditions Including Heart Disease.

The hospital will continue its ongoing support of other organizations that are addressing cancer locally, regionally and nationally, including the American Cancer Society's Relay for Life.

HOMELESSNESS

The hospital does not at this time have the resources or expertise to significantly impact the issue of homelessness in St. Francois County. We will continue our support of Shared Blessings Homeless Shelter and the United Way of St. Francois County.

LACK OF LOCAL CAPABILITIES

The hospital will continue its efforts to recruit the highest quality physicians, including specialists, to the area. The resources available through the BJC HealthCare network provide excellent physicians, many of whom visit our two facilities on a regular basis.

URGENT CARE

Parkland Health Center continues to address the issue of urgent care through the continuous improvement of the emergency departments at both the Farmington and the Bonne Terre facilities.

SERVICES FOR MEN

Many of the programs listed in our implementation plan will apply to men. However, the hospital does not at this time have the resources to expand its healthcare programs to aim specifically at men.

UTILITY BILL ASSISTANCE

This need within the community is being addressed by a variety of agencies including the East Missouri Action Agency, the United Way of St. Francois County, The Ministerial Alliance and

others. The hospital will continue its ongoing support of those agencies, including significant fundraising activities aimed at helping meet these types of needs within the community.

VII. SPECIFIC INPUT FROM THE ST. FRANCOIS COUNTY HEALTH DEPARTMENT

Health Department Representative: Debbie Hoen

Title/Department Name: Assistant Director, St. Francois County Health Center

Source of Need Information: Written feedback received September 19, 2012

Public Health Department Identified Need #1: Chronic Health Conditions, Including Cancer

Parkland Health Center will specifically address the chronic conditions of heart disease and diabetes by offering programs to reduce the incidence of overweight and obese individuals in St. Francois County as well as providing education and outreach to assist with the control and prevention of diabetes.

The intended impact of these programs is to encourage active lifestyles and healthy eating for families and individuals.

These programs will be evaluated by tracking the number of participants as well as their increased knowledge of healthy eating as well as individual levels of activity.

Public Health Department Identified Need #2: Teen Pregnancy

Parkland Health Center will not specifically address the issues of teen pregnancy and reproductive health, except by its continued support and collaboration with the March of Dimes and Parkland Pregnancy Resource Center, which are diligently working on these issues.

Public Health Department Identified Need #3: Smoking

Parkland Health Center will address the issue of smoking by offering smoking cessation programs and offering educational programs on the dangers of smoking and second-hand smoke.

The anticipated impact of these efforts is to reduce the number of individuals who are smokers, and ultimately, the incidence of diseases that are attributable to smoking.

These programs will be evaluated by tracking the number of programs that are offered as well as the number of participants.

VIII. APPENDICES

APPENDIX A

A. *PARTICIPANT ROSTER*

1.	Tamara Coleman	Park Hills/Leadington Chamber of Commerce
2.	Larry Joseph	Park Hills/Leadington Chamber of Commerce
3.	Randy Davis	St. Francois County Ambulance District
4.	Laura Denkler	Farmington School District
5.	Donna Hickman	United Way of St. Francois County
6.	Debbie Hoehn	St. Francois County Health Center
7.	Karen Moore	Ministerial Alliance
8.	Lisa Sumpter	Farmington Chamber of Commerce
9.	Steven Kurtz	Mineral Area College
10.	Donna Masson	DesLoges Chamber of Commerce
11.	Dr. Natalie Thomas	Farmington School District
12.	Bill Towler	Farmington Senior Center
13.	Sharon Wallace	St. Francois County Health Department
14.	David Tetrault	St. Francois County Ambulance District

B. **OBSERVERS:**

Angela Chambers (focus group facilitator)	BJC Market Research
Debra Denham	BJC HealthCare
Jesse Favre (intern)	SLCH
Tom Karl	Parkland Health Center
Karley M. King	BJC HealthCare
Ursula Kthiri	Parkland Health Center
Greta Todd-Moorhead	SLCH

APPENDIX B

ST. FRANCOIS COUNTY NEEDS ASSESSMENT WORKSHEET

1. In your opinion, what are the three greatest health needs or challenges that exist within the St. Francois county population?

1.)

2.)

3.)

2. To your knowledge, what resources are currently available in St. Francois county for addressing each one of them? Who/what organization is trying to address them?

1.)

2.)

3.)

3. In your opinion where is the largest gap between an existing need and available services in St. Francois County?

APPENDIX C

RESOURCES AVAILABLE

Need	Resources
Cost of healthcare:	Various benevolent associations (but funds are limited and they only provide short-term help_)
- the high cost of medications prevents some from taking them (2)	Eastern Missouri Action Agency
- lack of insurance, or reduced insurance benefits - often created by high unemployment, resulting in individuals not getting regular, preventive healthcare - cost of health insurance, especially for small business owners	Some children qualify for state insurance and others for Medicaid. Many children and adults fall between the cracks and have no help. Salvation Army, Ministerial Alliance, drug stores Caring Communities program in schools
Chronic conditions including cancer	Classes sponsored by SEMO AAA
- there is the perception that cancer rates are abnormally high in this area	
- Asthma is an area of concern, especially among children	
- patient/parent education is needed on appropriate daily control and how to use medications properly	School nurses
- Asthma Action Plans, screening tools (peak flow meters)	Some insurance companies
- there appears to be an increase in diseases such as autism and fibromyalgia	
Mental health: services and referrals	Hospitals
- stress	There is no obvious solution to this crisis.
- acute psychiatric inpatient care	MARMC has acute psych beds but PHC does not. Requiring inpatient admissions elsewhere means that ambulance service availability may be affected locally.
Obesity: both in students and community members	St. Francois County Health Department
- access to nutritional information and support	Public Schools Eastern Missouri Action Agency
Reproductive Health	East MO Action Agency (EMAA) - Family Planning Clinics
- Teen births/unplanned pregnancies	Parkland Pregnancy Resource Center
- STDs	Health departments

Health Care Needs of Children	
- Connecting students with needed services for speech delay or developmental delay: awareness of what's available at ECSE (Early Childhood Special Ed) in public schools at age 3	Parents as Teachers First Steps Head Start
- Child neglect and abuse	Law enforcement and community services
Substance Abuse	Law enforcement
- including both illegal and prescription drugs	Public schools
	Southeast MO Community Treatment Center Southeast MO Behavioral Health Center
Health education:	
- can prevent drug abuse and encourage health prevention, resulting in the prevention of disease and worsening health conditions	Schools do not do a very good job. Parents also need education.
- classes to the community on various health topics, such as asthma	PHC can tap into the resources of other BJC hospitals to bring educational programs to the community
	Collaboration between the hospitals and other community organizations.
	Integrate health education into other events and activities where there is a captive audience.
Lack of local capabilities to treat STEMI, stroke and trauma: results in diversion away from local hospitals	Although there are three hospitals with EDs, there are no local STEMI treatment capabilities, no level 3 trauma center or inpatient stroke care.
	Jefferson Regional is the closest facility for critical care services.
Homelessness: there are no long-term shelters to address this issue, which makes it difficult for families to receive healthcare services	Shared Blessings Homeless Shelter (Bonne Terre) Caring Communities Another in Potosi; transportation is an issue
Smoking	Smoking cessation classes from St. Francois Hospital (Cape Girardeau) have been held at MAC
	Health Center has just begun meeting about establishing a Breathe Easy Coalition
Support for Seniors	Meals on Wheels
- especially with cognitive issues	Senior Center-provides nutrition and social interaction as well as some assistance with everyday needs.
- family support	
Availability of health services in the off-hours	
- need for non-ER services like urgent care	Midwest Health Group Convenient Care (Farmington)

<p>Local admission for orthopedic care, which would allow families to support patients closer to home.</p>	<p>Many orthopedic cases that should be able to be treated locally are transferred. Cooperation with BJH or SLCH would allow inpatient treatment locally and patients to be treated closer to home.</p>
<p>Services for Men: non-existent; they are ineligible for financial support for healthcare</p>	
<p>Awareness of service availability: there is a need for a "clearinghouse" to identify services that are available locally and make that information available to the public and other social service organizations</p>	<p>St. Francois County Resource Guide published by St. Francois County Community Partnership</p>
<p>- 60% of families in St. Francois county have no access to the internet, unless they have satellite service.</p>	
<p>Utility Bill Assistance: cutoffs can lead to health problems or exacerbations of existing problems</p>	<p>Eastern Missouri Action Agency</p>
<p>Transportation: can't get to doctor's office visits or chemotherapy treatments</p>	<p>Gas vouchers from Ministerial Alliance</p>

APPENDIX D

FEEDBACK ON GREATEST GAPS

BETWEEN NEEDS AND AVAILABLE RESOURCES

Funding for appropriate medical care

Lack of insurance/cost of healthcare

Awareness/Education

Mental health services, especially with the closure of the state hospital.

Easier access to doctors other than the emergency room, which has long wait times and where care is expensive.

Acute STEMI treatment with PCI capable cath lab

Hospitals need to rethink the way they interact with the community beyond the "hotel stay model."

Housing

Specialized cancer treatments

APPENDIX E

St. Francois County Needs Assessment **Focus Group #2 Notes Sept. 18, 2012**

Based on the feedback from the first focus group, a presentation of secondary data was shared with community leaders to demonstrate the relative importance of the health care needs of St. Francois county residents. This presentation included data on:

- Demographics and Socioeconomic Indicators for St. Francois county, including homelessness
- Access/Continuity of Care, include cost of care and transportation
- Chronic Conditions
- Cancer
- Mental Health
- Healthy Behaviors, including overall population health, smoking and obesity, food deserts
- Reproductive Health
- Substance Abuse
- Health Literacy
- Seniors, including chronic conditions in Seniors

These are some of the comments made during the presentation:

The Farmington Ministerial Alliance is a group of churches in the Farmington area that provides financial assistance for rent and utility bills. They also have a food pantry and try to support the medical needs of the community.

Page 9: Demographics: Concern about the growth of the “baby boomer” cohort.

- Is it possible to break the 35 – 64 category data down into two smaller categories, such as 35 – 49 and 50 – 64?

Page 11: Sociodemographic Indicators:

- Foreclosure Rate: The data are from 2008 and may not reflect what may be higher trends more recently. Is it possible to get something more recent?
- What is the definition of Public Assistance? Does it include food stamps? The numbers seem low.
- The number of children eligible for free lunch also seems low.

Page 13: Access

- What is the definition of a disability? Where does this data come from?
- Adults with health insurance 18 - 64: Can we determine how many of these are Medicaid versus private insurance?
- There is also a crisis in dental care which we have no data to demonstrate.

- Page 14, Death from MVA: These numbers should decrease after 2010 due to catch wires installed and close of cross-overs on Highway 67.
- Between 2010 and 2012, there has been a decline in ambulance related calls for MVAs.

Page 16: Chronic Conditions

- Do we have any data on pediatric diabetes?
- There should be an improvement in the death rate due to stroke as a result of changes made at PHC and the ambulance district. Is there more current data than 2009?
- High death rates due to heart disease: may be due to lack of patient compliance and education about time-critical diagnoses. There may be need for more patient education on these issues.
- Often times, patients may not be able to afford the treatments once they are diagnosed and this may affect the death rates.

Page 18: Cancer

- The lower death rates due to breast cancer may be due to all of the public information that has been communicated about this disease and the importance of screening.
- Mammograms are also available at no cost.

Page 20: Mental Health:

- Is there any data available regarding geriatric psych?

Page 23: Smoking and Obesity

- Does smoking include all types of tobacco product usage, or just cigarette smoking?
- Is there any more recent data available on adults who are overweight and obese than 2007?

Page 26, Reproductive Health

- More updated statistics may show that teen pregnancy ages 10 – 14 may have changed in recent years.
- Is there any data on post-term delivery complications?

Page 28: Substance Abuse

- How is a liquor store defined? Does it only sell liquor? There are other businesses, like grocery stores, where liquor can be purchased.

Page 29: Health Literacy

- Health care providers must be specific in what they say and how they say it so the general population will understand what is being communicated.

Page 34: Seniors

- Does the hospital inpatient and ED utilization reflect where the hospital is located, or where the patients came from? We believe the data is based on patient origin.