

2019 Community Health Needs Assessment and Implementation Strategy



ST. FRANCOIS COUNTY
HEALTH CENTER



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

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EXECUTIVE SUMMARY

Parkland Health Center includes a full-service hospital located in Farmington, Missouri, and a primary care facility in Bonne Terre, Missouri. Parkland Health Center has delivered high quality health care services to patients in the St. Francois County region for more than 100 years. The hospital has also established effective partnerships towards the goal of improving the health of the community.

Like all nonprofit hospitals, Parkland Health 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. Parkland Health Center completed its first CHNA and implementation plan in 2013 and again in 2016.

Parkland Health Center conducted its 2019 assessment in collaboration with the St. Francois County Health Department. The first phase consisted of a focus group discussion with key leaders and stakeholders representing the community. This 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 hospital and health department to collaborate with in addressing needs.

During phase two, findings from the focus group meeting were reviewed and analyzed by a work group of clinical and nonclinical staff from the hospital and the health department. Using multiple sources, including Healthy Communities Institute and Truven Health 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. Francois County when compared against data for the state and country.

At the conclusion of the comprehensive assessment process, the hospital and health department identified two health needs where focus is most needed to improve the future health of the community it serves: Substance Abuse (Opioid) and Diabetes.

The analysis and conclusions were presented, reviewed and approved by the Patient and Family Advisory (PFAC), a volunteer advisory board that offers patient perspective on hospital and healthcare issues as well as the Community Benefit committee of the Parkland Health Center Board of Directors.

COMMUNITY DESCRIPTION

Parkland Health Center (PHC) 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.

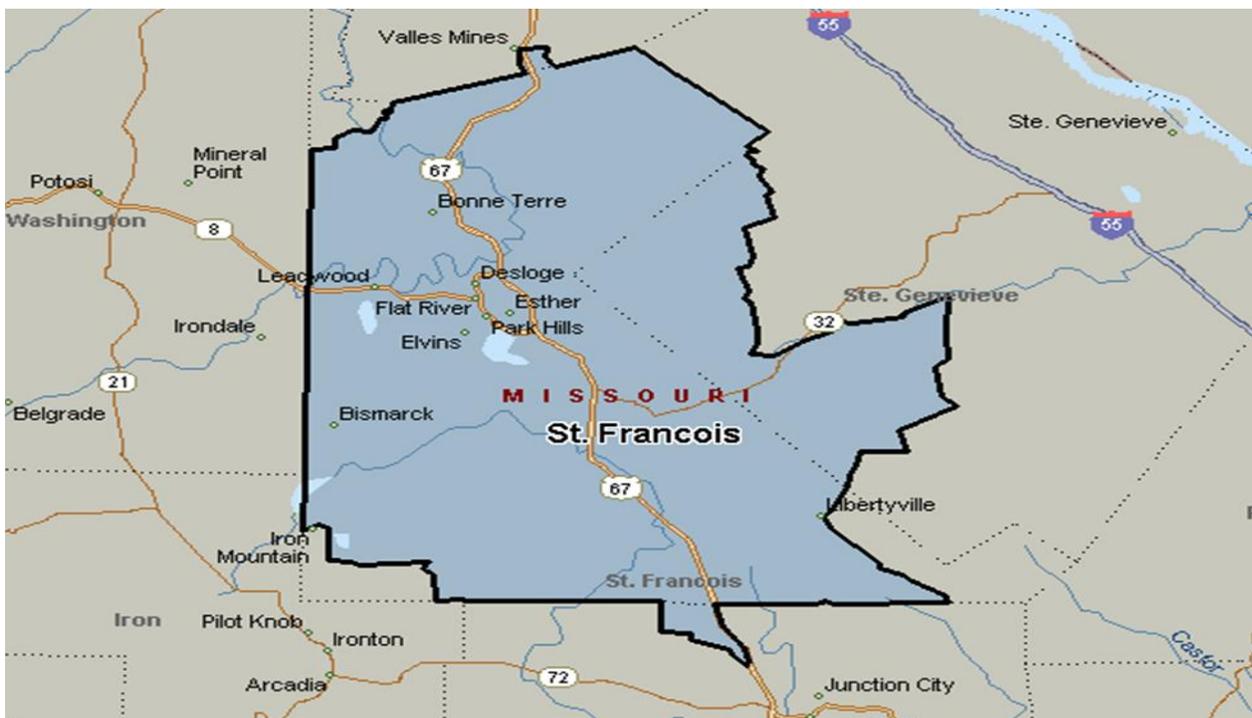
Parkland Health Center – Bonne Terre, located on Highway 67, is a primary-care facility and Parkland Health Center – Farmington, east of Highway 67 on Liberty Street, is a 130-bed, full-service facility.

St. Francois County Health Center (SFCHC) is a non-profit local public health agency governed by an elected five-member board of trustees located in Park Hills, Missouri, and serving the citizens of St. Francois County. The Health Center is supported financially by county tax dollars, state and federal contracts and grants.

SFCHC's mission is to promote and protect the health and welfare of the citizens of St. Francois County. SFCHC seeks to reduce or prevent the incidence of disease or injury in our community through the Women, Infants, and Children (WIC) program; emergency preparedness; immunization services; lead testing; communicable disease surveillance; environmental public health services; STD testing and treatment; vital records; HIV/AIDS Case Management; and other health education services.

For the CHNA, these organizations defined their community as St. Francois County.

St. Francois County, located in southeast Missouri, includes a land area of 451.89 square miles.



POPULATION

Population data are necessary to understand the health of the community and plan for future needs. Below, the county population is compared to the population of Missouri:

TABLE 1: ST FRANCOIS COUNTY VS. MISSOURI POPULATION BY GENDER AND RACE/ETHNICITY		
	ST. FRANCOIS COUNTY	MISSOURI
TOTAL POPULATION	66,705	6,113,532
PERCENT POPULATION BY GENDER		
GENDER	ST. FRANCOIS COUNTY	MISSOURI
Female	46.5	50.9
Male	53.5	49.1
PERCENT POPULATION BY RACE/ETHNICITY		
RACE/ETHNICITY	ST. FRANCOIS COUNTY	MISSOURI
White	91.8	79.5
African American	4.7	11.8
Hispanic or Latino	1.6	4.2
Two or More Races	1.3	2.3
American Indian & Alaska Native	0.4	0.4
Asian	0.4	0.2
Native Hawaiian & other Pacific Islander	0.1	0.1

Source: Conduent Healthy Communities Institute

Based on the 2017 census estimate, the county includes 1.1 percent of Missouri's total population. The population of the county and the state has grown since the 2010 census. From 2010-2017, the county population grew 2.05 percent and the state experienced a 2.08 percent increase in its population.

INCOME

St. Francois County's median household income totaled \$42,873 (2013-2017) compared to Missouri (\$51,542). Persons living below the poverty level in St. Francois County totaled 15.4 percent compared to 14.6 percent in the state.

AGE

The age structure of a community is an important determinant of its health and the health services it will need. St. Francois County reported 16 percent of persons 65 years and over compared to 16.5 percent in the state.

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. The Healthy People 2020 national health target is to increase the proportion of students who graduate high school within four years of their first enrollment in ninth grade to 82.4 percent.

In St. Francois County, 83.2 percent of the population age 25 and older had a high school diploma compared to 89.2 percent in the state. Additionally, 13.3 percent of the population age 25 and older had a bachelor's degree or higher compared to 28.2 percent in the state.

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)

2016 CHNA MEASUREMENT AND OUTCOMES RESULTS

At the completion of the 2016 CHNA, PHC identified Diabetes and Obesity where focus was most needed to improve the health of the community served by the hospital. The following table details results, goals and current status of these community health needs.

TABLE 2: PARKLAND HEALTH CENTER'S 2016 MEASURES OF SUCCESS BY PRIORITY		
DIABETES	OBESITY: " FUN "TASTIC"	OBESITY: SNEAKERS
PROGRAM GOAL	PROGRAM GOAL	PROGRAM GOAL
Reduce the disease burden of diabetes mellitus (DM) and improve the quality of life for all persons who have or those at risk for DM.	To improve knowledge and emphasize the overall importance of healthy eating and good nutritional habits.	To improve knowledge and emphasize the importance of the relationship between how the body systems work and relate to physical activity.
PROGRAM OBJECTIVES	PROGRAM OBJECTIVES	PROGRAM OBJECTIVES
<p>a. Baseline measure of number of total individuals living in St. Francois County who are diagnosed with diabetes who receive formal diabetes education through PH diabetes education classes by the end of 2017.</p> <p>b. Increase the proportion of individuals living in St. Francois County with diagnosed diabetes who receive formal diabetes education by 10 percent from the baseline from 2018 and thereafter.</p> <p>c. Increase the knowledge level of lifestyle change through diet and physical activity of individuals at high risk for diabetes with pre-diabetes living in St. Francois County by 10</p>	To improve overall knowledge of healthy eating and nutritional habits of students by 10 percent from pre- to post-test assessment.	Improve overall knowledge of cardiovascular health and fitness principles of students by 10 percent from pre- to post-test assessment.
CURRENT STATUS	CURRENT STATUS	CURRENT STATUS
<p>2017 - 76 participants; average pre-test score: 56 percent; Average post-test score 80 percent.</p> <p>2018 - 44 participants; average pre-test score 39 percent; average post-test score: 84 percent.</p> <p>YTD 2019- 19 participants; average pre-test score 60 percent; average post-test score 92 percent.</p>	"Fun"tastic Nutrition was not requested by the school districts because they had nutrition programs in place from a different organization.	<p>2017 - SNEAKERS delivered to three 4th grade classes in West County School District with 19 percent improvement in knowledge.</p> <p>2018 - SNEAKERS delivered to three 3rd grade classes in West County School District; pre/post-test not administered due to the age of the students.</p> <p>YTD 2019: The school did not request the program.</p>

CONDUCTING THE 2019 CHNA

Primary Data Collection: Focus Group

PHC and the St. Francois County Health Department conducted a focus group to solicit feedback from community stakeholders, including public health experts and those with a special interest in the health needs of residents located in St. Francois County. (See Appendix D)

Two individuals representing various St. Francois County organizations participated in the discussion. (See Appendix E) Because several other invited and confirmed agencies were unable to attend on the day of the focus group, the presentation was sent via email and individuals were asked to provide feedback using an online survey. The focus group was held Oct. 11, 2018, at the Farmington Public Library in Farmington, Missouri, with the following objectives identified:

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

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

2019 CHNA FOCUS GROUP SUMMARY

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

FEEDBACK ON THE HEALTH OF ST. FRANCOIS COUNTY

- The rates of chlamydia seemed low to the health department representative compared to clinic visits as cases of both syphilis and chlamydia had been skyrocketing.
- Lung cancer rates and the incidence of smoking were discussed and stakeholders were surprised that the incidence of smoking was not actually higher. Vaping was discussed and a question whether this data was reflected in the smoking rates. There was also mention of the importance of the mining industry in this community, and how it may have impacted lung cancer rates.

FEEDBACK ON THE NEEDS BEING ADDRESSED

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

OTHER NEEDS THAT SHOULD BE ADDRESSED

- Hepatitis

- Availability of healthy food options, which is impacted by the number of fast food restaurants in the area. A farmer’s market voucher program for seniors has begun.
- Lack of regular physical exercise for many school age youth as well as the amount of time they spend on their phones and playing video games, which is also impacted by the number of parents who are working and potentially leaving children home alone.
- Suggested PHC consider moving substance abuse to one of the needs to address in 2019
- Stakeholders who completed the online survey made several suggestions about additional needs for PHC to consider addressing, including substance abuse, mental health, access to services and transportation.

SPECIAL POPULATIONS FOR CONSIDERATION

Working parents have a hard time taking time off to participate in any programs related to their children’s health, such as those that discuss the importance of nutrition and exercise. Healthy food is more expensive and families often can’t afford it.

GAPS BETWEEN DEFINED NEEDS AND OUR ABILITY TO ADDRESS THEM

Those who provided their feedback online identified the following gaps in addressing the needs of St. Francois County residents: an online resource referral database, including physical activity programs for families; health education; and outreach and access to mental health services.

CHANGES SINCE THE 2016 CHNA

- Increased incidence of Hepatitis C
- Availability of Naloxone
- Mental Health
- Substance Abuse

POTENTIAL PARTNER ORGANIZATIONS

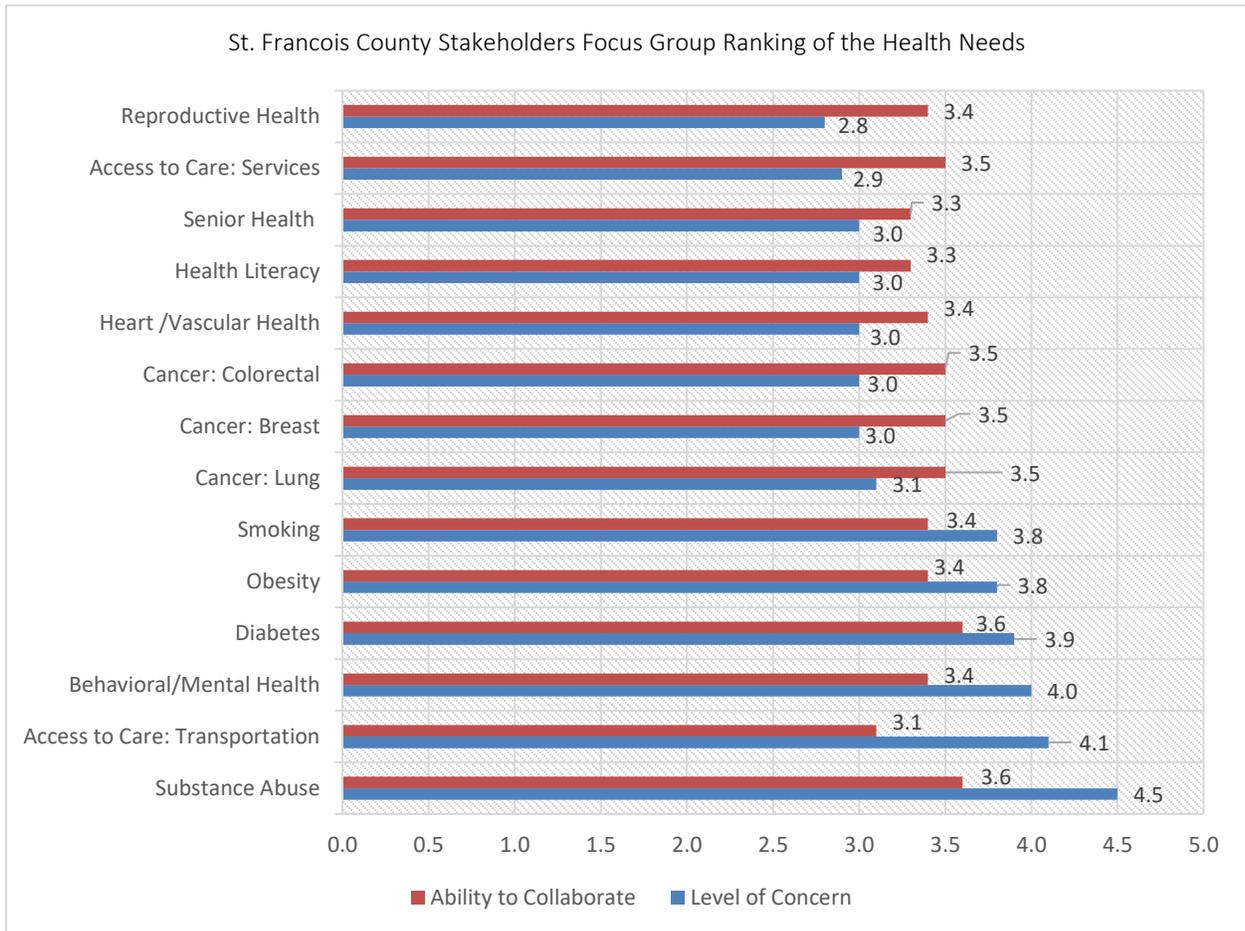
- BJC Behavioral Health
- First responders and emergency responders
- Great Mines Healthcare, the FQHC (federally qualified health center) with locations in both Potosi and Farmington
- New Vision in St. Genevieve
- PRCs in St. Genevieve and Perryville

HEALTH CONCERNS FOR THE FUTURE

- Substance Abuse issue, and related health issues such as continued overdose deaths, increasing infectious disease rates and sexually transmitted infections
- Mental Health
- Obesity
- Senior care
- Orthopedic
- Behavioral Health
- Smoking

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:



Substance Abuse rated highest in terms of level of concern and Substance Abuse and Diabetes rated highest in 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. Francois County, Missouri and the U.S. In order to provide a comprehensive analysis of disparity and to identify trends, the most up-to-date secondary data was included on the following needs:

- Access to Health Care
- Access to Transportation
- Cancer
- Obesity
- Heart Disease and Stroke
- Diabetes
- Maternal Health
- Mental Health/Behavioral Health
- Substance Use and Abuse

While PHC has identified two needs as its primary focus, the following needs will continue to be appropriately addressed by the hospital and other organizations in St. Francois County.

ACCESS TO HEALTH CARE

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.

In St. Francois County, the dentist rate was 36/100,000 (2017), which was significantly lower than the rate in the state of 59/1000. Conversely, in the county, the mental health provider rate was 244/100 compared to the state rate of 180/100,000(2018).

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 community. (Healthy Communities Institute).

While females in St. Francois County with health insurance had similar rates as females in Missouri in 2016, males had a significantly higher rate in St. Francois than in the state.

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.

St. Francois County continued to have a significantly higher cancer incident rate when compared to the rate in the state (2011-2015). For the five-year period ending in 2015, St. Francois County's rate was 515/100,000 compared to 450/100,000 in the state.

The overall age-adjusted death rate due to all cancers in St. Francois County was higher (219/100,000) compared to both the state (178/100,000) and U.S. (163/100,000). Females had a higher rate than males in the county, which was consistent to the rate in the state and U.S.

The incidence of breast cancer in St. Francois County (131.4/100,000) was slightly higher than the rate in the state (128.2/100,000). St. Francois County's rate experienced a steady decline beginning with the five-year period ending in 2013 through the five-year period ending in 2015.

The overall rate of both genders of colorectal cancer in the county was 53.3/100,000. The rate of males was 44.1 percent higher than the rate of females. (2011-2015)

The overall age-adjusted death rate due to colorectal cancer in St. Francois County from 2011-2015 was 16.0/100,000. The rate among males was 105 percent higher than the rate of females.

The age-adjusted death rate due to lung cancer was significantly higher in St. Francois County at 110.2/100,000 compared to the state at 54.1/100,000. While the rate in the state declined significantly, the rate in the county increased.

OBESITY

The percentage of obese adults is an indicator of the overall health and lifestyle of a community. 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 healthcare spending and lost earnings.

St. Francois County adults who are obese increased 27.8 percent or 10.3 points while the rate in the state only increased 2 points from 2007-2016.

HEART DISEASE AND STROKE

Heart disease is a term that encompasses a variety of different diseases affecting the heart. It is the leading cause of death in the United States, accounting for 25.4 percent of total deaths.

Heart disease is the No. 1 killer of women in the United States. (Healthy Communities Institute)

For the five-year period ending in 2017, the age-adjusted death rate due to heart disease in St. Francois County was 255/100,000 or 32 percent higher than the rate in the state (193/100,000).

High blood pressure is the No. 1 modifiable risk factor for stroke. In addition to stroke, high blood pressure also contributes to heart attacks, heart failure, kidney failure and atherosclerosis. The higher the blood pressure, the greater the risk of heart attack, heart failure, stroke and kidney disease. In the United States, one in three adults has high blood pressure, and nearly one-third of these people are not aware they have the disease. It is particularly prevalent in African Americans, older adults, obese people, heavy drinkers, and women who take birth control pills. (Healthy Communities Institute)

The hypertension rate among the Medicare population in St. Francois County was 62 percent in 2017 and 9 percent higher than the rate in the state (56.9 percent). St. Francois County's rate has been consistently higher than the state rate for the past 6 years (2012-2017).

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.

This disease can have harmful effects on most of the organ systems in the human body. 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 coronary heart disease, neuropathy and stroke.

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)

The age-adjusted death rate due to diabetes was 34.2/100,000, 70 percent higher than the rate in the state (20.1/100,000). This rate was driven by the rate of females in St. Francois County, 123.5 percent higher than the rate in the state. (2012-2017).

MATERNAL HEALTH

Babies born premature are likely to require specialized medical care, and oftentimes must stay in intensive care nurseries. While there have been many medical advances enabling premature infants to survive, there is still risk of infant death or long-term disability. The most important things an expectant mother can do to prevent prematurity and low birth weight are to take prenatal vitamins, stop smoking, stop drinking alcohol and using drugs, and get prenatal care.

The Healthy People 2020 national health target is to reduce the proportion of infants who are born preterm to 11.4 percent.

In 2016, the overall rate of pre-term births in St. Francois County was 14.7 percent, 44 percent higher than the state rate of 10.2 percent. The 35-39 age group had a significantly higher rate in St. Francois County at 29.6 percent compared to the state at 12.5 percent.

Smoking during pregnancy poses risks for both mother and fetus. A baby born to a mother who has smoked during her pregnancy is more likely to have less developed lungs and a lower birth weight, and is more likely to be born prematurely. According to the Centers for Disease Control and Prevention, it is estimated that smoking during pregnancy causes up to ten percent of all infant deaths. Even after a baby is born, secondhand smoking can contribute to SIDS (Sudden Infant Death Syndrome), asthma onset and stunted growth.

The Healthy People 2020 national health target is to decrease the percentage of women who gave birth and who smoked cigarettes during pregnancy to 1.4 percent.

While St. Francois County saw a general decline from 2011-2016 in the percent of mothers that smoked during pregnancy (27.1 percent in 2016), the rate was higher than the rate in the state (15.3 percent).

MENTAL/BEHAVIORAL HEALTH: MENTAL HEALTH

In 2014, there were an estimated 9.8 million adults age 18 or older in the U.S. with a serious mental illness. This number represented 4.2 percent of all U.S. adults. (National Institute of Mental Health)

Depression is a chronic disease that negatively affects a person's feelings, behaviors and thought processes. Depression has a variety of symptoms, the most common being a feeling of sadness, fatigue, and a marked loss of interest in activities that used to be pleasurable.

According to the National Comorbidity Survey of mental health disorders, people over the age of 60 have lower rates of depression than the general population — 10.7 percent in people over the age of 60 compared to 16.9 percent overall. The Center for Medicare Services estimates that depression in older adults occurs in 25 percent of those with other illnesses, including: arthritis, cancer, cardiovascular disease, chronic lung disease and stroke.

In 2017, the depression rate among the Medicare population in St. Francois County was 26.6 percent, an increase of 4.7 percent since 2012. This rate continued to be slightly higher than the rate in the state (20.9 percent).

MENTAL/BEHAVIORAL HEALTH: SUBSTANCE USE AND ABUSE

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

For the first quarter of 2018, St. Francois County had the highest rate of opioid dispensation at 1,175.5/100,000 population when compared to five neighboring counties of St. Louis, St. Louis City, St. Genevieve, Madison and Jefferson.

St. Francois County had the highest ER visits rate due to opioid use (3.63/100,000 population) outside of St. Louis City in 2018.

Internal Work Group Prioritization Meetings

PHC and the St. Francois County Health Department chose nine staff members to participate on a CHNA internal work group comprised of staff from the health department and various hospital departments representing executive administration, risk management, divisional administration, financial services, medical affairs and marketing and communications. (See Appendix F)

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

MEETING 1

Before the first meeting, both organizations met to discuss the strategy to ensure a successful collaboration and long-term partnership. Discussion focused on compliance to meet the IRS regulations and the health department’s requirements. The group also discussed the work group formation and composition. Data sources from both entities were confirmed with responsibilities assigned.

The work group met Feb. 14, 2019, and reviewed the purpose for the CHNA, role of the group and goals for the project. The work group examined the key findings from the 2016 report and the current findings from the 2019 focus group. The 2019 focus group perceptions were then reviewed and discussed. The work group decided to keep all the needs identified by the stakeholders. (Table 3)

TABLE 3: COMMUNITY STAKEHOLDERS FOCUS GROUP: PRIMARY HEALTH NEEDS DATA

Substance Abuse	Smoking	Senior Health
Access to Care: Transportation	Behavioral/Mental Health	Obesity
Diabetes	Cancer: Colorectal	Cancer: Lung
Heart / Vascular Health	Health Literacy	Access to Care: Services
Reproductive Health	Cancer: Breast	

The criteria for prioritization was discussed and each member was asked to prioritize needs based on the criteria. Those who were not able to attend were emailed the information with a request to prioritize. The health department group members were part of the focus group and had already provided a ranking of the needs; therefore, was exempted from the assignment.

The work group used a ranking process to assign weight to criteria by using the established criteria for priority setting. 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 “1” (low need) to “5” (high need) for each criteria. The total score for each need was calculated by multiplying weights by rating. This process was done individually. (Table 4)

TABLE 4 : 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			

Source: Catholic Health Association

MEETING 2

The work group gathered again March 14, 2019, to discuss the results of the ranking and review the secondary data.

Before the work group reviewed the ranking, the facilitator requested a discussion about Obesity and Diabetes. Obesity and Diabetes were mistakenly omitted from the list of needs sent to the work group for the ranking. (Table 5) Work group members discussed Obesity and Diabetes based on the effects both have on each need on the list. A yes and no vote was taken to move Obesity and Diabetes up on the priority list; Obesity before Heart Health and Diabetes and Diabetes after Heart Health. (Table 6)

TABLE 5: PARKLAND HEALTH CENTER & ST. FRANCOIS COUNTY HEALTH CENTER WORK GROUP RANKING EXCLUDING OBESITY AND DIABETES

RANK	COMMUNITY HEALTH NEEDS: HIGHEST TO LOWEST	TOTAL RANKING
1	Behavioral/Mental Health: Substance Abuse	542
2	Behavioral/Mental Health: Mental Health	504
3	Heart & Vascular: Heart Health	268
4	Access to Care: Services	256
5	Access to Care: Transportation	214
6	Cancer: Lung	192
7	Health Literacy	192
8	Cancer: Colorectal	179
9	Senior Health	178
10	Smoking	159
11	Cancer: Breast	137
12	Reproductive Health	107
	Diabetes	
	Obesity	

TABLE 6: PARKLAND HEALTH CENTER & ST. FRANCOIS COUNTY HEALTH CENTER WORK GROUP RANKING INCLUDING OBESITY AND DIABETES

RANK	COMMUNITY HEALTH NEEDS: HIGHEST TO LOWEST	TOTAL RANKING
1	Behavioral/Mental Health: Substance Abuse	542
2	Behavioral/Mental Health: Mental Health	504
3	Obesity	
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6	Access to Care: Services	256
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8	Cancer: Lung	192
9	Health Literacy	192
10	Cancer: Colorectal	179
11	Senior Health	178
12	Smoking	159
13	Cancer: Breast	137
14	Reproductive Health	107

The health department presented data on Blood Lead, Neonatal Abstinence Syndrome Occurrence, MMR Exemption (measles, mumps, rubella and varicella). Additionally, Opioid Dispersion data were presented for St. Francois County, St. Genevieve County, St. Louis City and County, Madison County and Jefferson County. It was noted that St. Francois County had the highest dispersion rate among the cited counties, followed by Madison and St. Genevieve.

The work group was not surprised by the priority rankings and agreed that all needs are important and education on all should continue. The group then compared its results to the community stakeholder’s ranking, noting the similarities.

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

The work group noted that its ranking and community stakeholders ranking were different from the secondary data. Members discussed that the secondary data was approximately 2 to 5 years

old while the community stakeholder and work group rankings represent current perceptions of needs.

Table 7 shows:

- Primary data from the community stakeholder ranking
- Needs identified by the work group ranking
- Results of the secondary data using Healthy Communities Institute scoring tools that compared data from similar communities in the nation

TABLE 7: COMMUNITY HEALTH NEEDS: PRIMARY AND SECONDARY DATA RANKING COMPARISON		
PARKLAND HEALTH CENTER & ST. FRANCOIS COUNTY HEALTH CENTER	ST. FRANCOIS COUNTY COMMUNITY STAKEHOLDERS	CONDUENT HEALTHY COMMUNITIES INSTITUTE
Behavioral / Mental Health: Substance Abuse	Behavioral / Mental Health: Substance Abuse	Depression: Medicare Population
Behavioral / Mental Health: Mental Health	Access: Transportation	Primary Care Provider Rate
Obesity	Behavioral/Mental Health: Mental Health	Colorectal Cancer Incidence Rate
Heart & Vascular: Heart Health	Diabetes	All Cancer Incidence Rate
Diabetes	Obesity	Breast Cancer Incidence Rate
Access to Care: Services	Smoking	Lung and Bronchus Cancer Incidence Rate
Access to Care: Transportation	Cancer: Lung	Adults 20+ who are Sedentary
Cancer: Lung	Cancer: Breast	Age-Adjusted Death Rate due to Suicide
Health Literacy	Cancer: Colorectal	Alcohol-Impaired Driving Deaths
Cancer: Colorectal	Heart / Vascular Health	Cancer: Medicare Population
Senior Health	Health Literacy	Chronic Kidney Disease: Medicare Population
Smoking/Tobacco Use	Senior Health	Poor Mental Health: Average Number of Days
Cancer: Breast	Access: Services	High Blood Pressure Prevalence
Reproductive Health	Reproductive Health	Mothers who Smoked During Pregnancy

- Heart Disease, Mental Health, Breast Cancer, Lung Cancer, Colorectal Cancer, Smoking and Senior Health were listed by all groups.
- Substance Abuse, Access to Transportation, Access to Services, Obesity, Diabetes, Health Literacy and Reproductive Health were ranked by the community stakeholders and work group.

The work group agreed to meet a third time to discuss priorities to address in collaboration with the St. Francois County Health Department.

MEETING 3

The work group met May 15, 2019, to select priorities. The group again reviewed the rankings and conducted a thorough discussion about the data available from the health department and the secondary data from HCI. Members also discussed both organizations' resources and current strategies as well as ways to collaborate to achieve a successful outcome. The group decided to partner to address Obesity, Substance Abuse (both entities already in partnership) and Diabetes. Agreement was reached that an additional meeting was necessary to review the best strategy to address these three priorities.

MEETING 4/SUMMARY

The team gathered June 4, 2019, to discuss an implementation plan. Following a lengthy discussion, members reviewed their organization's current strategy and resources in addressing these priorities. Due to a lack of staff resources, Obesity was removed from the list of priorities in order to focus all available resources on the Opioid crisis and Diabetes. Both organizations will collaborate to address these needs.

ST. FRANCOIS COUNTY HEALTH CENTER COMMUNITY HEALTH IMPROVEMENT PLAN (CHIP):

PRIORITY HEALTH ISSUES

The top priority areas to be addressed by health improvement strategies and activities in the current St. Francois County Health Center Community Health Improvement Plan (CHIP) 2017-2022 are:

- 1) Substance Use and Addiction
- 2) Maternal Child Health
- 3) Chronic Disease

Interventions planned in the CHIP will keep in mind the goals from St. Francois County Health Center's 2015-2020 Strategic Plan. These goals are:

- 1) Reduce or prevent the incidence of disease in our community
- 2) Reduce or prevent the incidence of injury during emergencies in our community

PRIORITY HEALTH ISSUE: SUBSTANCE USE AND ADDICTION

INTERVENTION(S) PLANNED:

- Identify local resources for substance use prevention and treatment
- Provide education on substance use risk factors
- Promote harm reduction methods

Outcome(s) Expected (keep in mind agency goal-Reduce or prevent the incidence of disease in our community):

Health Center staff will evaluate current resources and develop a list of local resources for substance use treatment. The agency's director and assistant director will provide evidence-

based training in the community including overdose education and naloxone distribution. The agency will continue its partnership with the MORE Project to provide naloxone to first responders. The agency will continue to monitor data from the St. Louis County Department of Public Health Prescription Drug Monitoring Program (PDMP) to analyze dispensation rates.

PRIORITY HEALTH ISSUE: RISK FACTORS FOR CHRONIC DISEASE

INTERVENTION(S) PLANNED:

- Identify populations at-risk for developing chronic diseases
- Provide education on prevention of chronic diseases
- Promote programs to encourage healthy behaviors

Outcome(s) Expected: (keep in mind agency goal-Reduce or prevent the incidence of disease in our community):

The Health Center will develop an annual schedule of health education classes that will be shared with all agency staff. Staff will promote the benefits of health screenings and work to increase participation in men's and women's health days. Free nutrition counseling will be provided at the agency and in the community.

PRIORITY HEALTH ISSUE: MATERNAL/CHILD HEALTH

INTERVENTION(S) PLANNED:

- Identify missed populations for WIC services
- Provide screenings that identify at risk populations
- Promote programs to encourage healthy behaviors

OUTCOME EXPECTED (keep in mind agency goal-Reduce or prevent the incidence of disease in our community):

The Health Center will analyze the decrease in WIC numbers to identify barriers for receiving services and additional needs beyond current capacity. Staff will utilize screening measures to identify at risk populations and promote early interventions. The Health Center will continue to provide free programs that encourage healthy behaviors in the Maternal and Child Health Population.

The St. Francois County Health Center Board of Trustees named Substance Abuse as a priority health issue for the county. Substance misuse in 15-19 year-olds will be the focus of the Maternal Child Health Contract from 2019-2022.

APPENDICES

Appendix A: About Parkland Health Center

As part of BJC HealthCare, Parkland Health Center offers a unique combination of world-class medicine along with the deep local roots and rich history of its three predecessors – Bonne Terre Hospital (opened in 1911), Mineral Area Regional Medical Center (1952), and Farmington Community Hospital (1969). Parkland Health Center has two locations in St. Francois County, Missouri – a full-service acute care hospital in Farmington as well as a three-bed critical access hospital in Bonne Terre. Parkland Health Center provides quality primary and secondary level inpatient and outpatient services to the people of St. Francois County and surrounding areas in southeastern Missouri.

Parkland Health Center offers a full continuum of inpatient medical-surgical and intensive care, obstetrics, geriatric psychiatry and 24/7 emergency services, along with a wide variety of outpatient services including a wound care center, cancer center, cardiac and pulmonary rehabilitation, inpatient and outpatient surgery, diagnostic radiology, therapy services, infusion center and a sleep disorder center.

In 2018, Parkland Health Center provided \$14,176,451 in financial assistance and programs providing 59,553 individual service. This total includes:

- \$9,389,867 in financial assistance and means-tested programs serving 15,720 individuals
- 28,027 individuals on Medicaid at a total net benefit of \$2,328,119.

Parkland Health Center also provided a total of \$2,458,197 to 15,806 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)

ABOUT ST. FRANCOIS COUNTY HEALTH CENTER

St. Francois County Health Center began in 1975 as a nursing service. It was located in a room in the county courthouse, with a staff of two nurses. The St. Francois County Court endorsed the establishment of a full-time county health center supported by a tax levy in April 1976 and governed by a five-member board of trustees. A county sanitarian was added to the staff. The health center moved from the courthouse to a rented building located on the grounds of the southeast mental health center. In 1982, the board purchased a building in Park Hills, Missouri, to house the health center where it continues to operate today.

Services at the health center have changed overtime. Home health services were offered with the opening of the center and then phased out in 1994. A lead blood level study was conducted in 1997. A two-year pilot project, issuing computer-generated birth and death certificates, was conducted for the Missouri Department of Health and Senior Services in 1997. By September 2002, family planning services, a prenatal clinic, emergency planning and the addition of a bio-terrorism planner were added to the services provided by the health center. In 2007, a dental

clinic for underprivileged children's preventative services was added, but has since moved to its own location.

With a twenty-six member staff, the health center continues to monitor and address community needs through the Women, Infants, and Children (WIC) program; emergency preparedness; immunization services; lead testing; communicable disease surveillance; environmental public health services; STD testing and treatment; vital records; HIV/AIDS Case Management; and other health education services.

Appendix B: Community Benefit Total Net Expenses

PARKLAND HEALTH CENTER: 2018 TOTAL NET COMMUNITY BENEFIT EXPENSES		
CATEGORY	PERSONS SERVED	TOTAL NET BENEFIT
FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS		
Financial Assistance at Cost	15,720	\$9,389,867
Medicaid	28,027	\$2,328,119
TOTAL FINANCIAL ASSISTANCE AND MEANS-TESTED PROGRAMS	43,747	\$11,717,986
OTHER COMMUNITY BENEFITS		
Community Health Improvement Services	11,463	\$283,075
Health Professional	216	\$1,309
Subsidized Health Services	4,127	\$2,154,652
In-Kind Donation		\$19,429
TOTAL OTHER COMMUNITY BENEFITS	15,806	\$2,458,465
GRAND TOTAL	59,553	\$14,176,451

Appendix C: St. Francois County Demographic

DEMOGRAPHIC OF ST. FRANCOIS COUNTY VS. MISSOURI		
	ST. FRANCOIS COUNTY	MISSOURI
GEOGRAPHY		
Land area in square miles, 2010	451.89	68,741.52
Persons per square mile, 2010	144.6	87.1
POPULATION		
Population, July 1, 2017, Percent estimate	66,705	6,113,532
Population, Percent, 2010	65,359	5,988,923
Population, Percent change - April 1, 2010 to July 1, 2017	2.05	2.08
RACE / ETHNICITY		
White alone, Percent, 2017	93.1	83.1
White alone, not Hispanic or Latino, Percent, 2017	91.8	79.5
African American alone, Percent, 2017	4.7	11.8
Hispanic or Latino, Percent, 2017	1.6	4.2
Two or More Races, Percent, 2017	1.3	2.3
American Indian and Alaska Native alone, Percent, 2017	0.4	0.6
Asian alone, Percent, 2017	0.4	0.2
Native Hawaiian and Other Pacific Islander alone, Percent, 2017	0.1	0.1
LANGUAGE		
Foreign Born Persons, Percent, 2011-2015	0.8	3.9
AGE		
Persons Under 5 Years, Percent, 2017	5.5	6.1
Persons Under 18 Years, Percent, 2017	21.3	22.6
Persons 65 Years and over, Percent, 2017	16	16.5
GENDER		
Male Person, Percent, 2017	53.5	49.1
Female Persons, Percent, 2017	46.5	50.9

Source: Conduent Healthy Communities Institute

DEMOGRAPHIC OF ST. FRANCOIS COUNTY INCLUDING EDUCATION / INCOME / HOUSING		
	ST. FRANCOIS COUNTY	MISSOURI
EDUCATION		
High School Graduate or Higher, Percent of Persons Age 25+, 2013-2017	83.2	89.2
Bachelor's Degree or Higher, Percent of Persons Age 25+, 2010-2014	13.3	28.2
INCOME		
Per Capita Income, Income, Dolars, 2013-2017	\$20,944	\$28,282
Median Household Income, Dollars, 2013-2017	\$42,873	\$51,542
People Living Below Poverty Level, Percent, 2013-2017	15.4	14.6
HOUSING		
Housing Units, 2017	29,992	2,792,506
Homeownership Rate, 2013-2017	57	57.8
Median Housing Units, Dollars, 2013-2017	110,200	145,400
Households, 2013-2017	24,661	2,386,203
Average Household Size, 2013-2017	2.4	2.5

Source: Conduent Healthy Communities Institute

Appendix D: Focus Group Report

PERCEPTIONS OF THE HEALTH NEEDS
OF ST. FRANCOIS COUNTY RESIDENTS
FROM THE PERSPECTIVES OF COMMUNITY LEADERS

PREPARED BY:

Angela Ferris Chambers
Director, Market Research & CRM
BJC HealthCare

DECEMBER 27, 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.

Parkland Health Center performed its first CHNA in 2013, followed by a second in 2016.

RESEARCH OBJECTIVES

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

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 there 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 hospital conducted a single focus group with public health experts and those with a special interest in the health needs of St. Francois County residents. It was held on October 11, 2018, at the Farmington Public Library in Farmington, MO. The group was facilitated by Angela Ferris Chambers of BJC HealthCare. The discussion lasted about ninety minutes.

Two individuals representing various St. Francois County organizations participated in the discussion. (See Appendix) Because several other invited and confirmed agencies were unable to attend on the day of the focus group, they were sent the presentation via email and asked to provide their feedback using an online survey.

Chris Westrich, Assistant Administrator-Operations for Parkland Health Center, 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. Francois County. Information on the needs prioritized by the hospital in its most recent assessment, and the highlights of its implementation plan, were also reviewed during the discussion.

The following health needs were identified in the 2016 hospital CHNAs and implementation plans.

Needs Being Addressed
Diabetes
Obesity

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
Access to Care: Services
Access to Care: Transportation
Behavioral/Mental Health
Cancer: Breast
Cancer: Colorectal
Cancer: Lung
Health Literacy
Heart Disease/Vascular Health
Reproductive Health
Senior Health
Smoking

The moderator also shared several pieces of information to help further identify the health needs of St. Francois 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 including 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 of the community to collaborate to address them.

KEY FINDINGS FEEDBACK ON THE HEALTH OF ST. FRANCOIS COUNTY:

During the meeting, the moderator shared several slides that identified the best and worst performing health indicators as well as social determinants of health. There were several observations about the data that were shared:

There was a question as to how a mental health provider is defined and did it include licensed clinical social workers.

The rates of chlamydia seemed low to the representative of the public health department, compared to what they have been seeing in their clinics. She mentioned that cases of both syphilis and chlamydia have been “skyrocketing.” She wondered about the time period that the data reflected.

There was also a discussion about lung cancer rates and the incidence of smoking, and surprise that the incidence of smoking was not actually higher. There were comments about vaping, and whether that data is reflected in the smoking rates. There was also mention of the importance of the mining industry in this community, and how that may have also impacted lung cancer rates.

FEEDBACK ON THE NEEDS BEING ADDRESSED:

The moderator shared several slides that summarized the needs that Parkland Health Center identified in the community, and which ones the hospital chose to address. For those individuals who were unable to attend, these slides were included in the presentation that was sent to them for review

The representative from the Department of Mental Health commented that they have been instructed to track metabolic screening levels for their diabetic clients. Even though the mental health of their clients is their primary focus, they are also charged with making sure the physical health of their diabetic clients is also monitored. They are responsible for making sure they have regular appointments with their medical doctors and monitoring the patient’s diet to ensure their metabolic levels are improving.

Most stakeholders felt that these were still important areas of health need in the community. Those who provided feedback via the online survey had the following comments:

I think those are health needs that have a large impact on our community and PHC is a natural fit to address those needs.

Obvious(ly), PHC should be focusing on these two issues.

I believe that diabetes and obesity which are important issues but don't play a major factor in helping our community as a whole. Expand it to prevention and educate our community. We need additional services to help with other issues.

I believe Parkland is attempting to address the needs of the community with regard to diet and educate individuals on obesity and diabetes.

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 Department of Mental Health representative mentioned that the Missouri DHSS is having them screen their patients for **infectious diseases**, including Hepatitis C and HIV. He also mentioned that Hepatitis A is a big issue in Butler County. Hepatitis could potentially become a major concern in St. Francois County if it makes its way into the general population through foodborne contamination. It is something that can be addressed through prevention, although food handlers are not currently required to have a Hepatitis A vaccination.

The availability of healthy food options was identified as another area of need, which is impacted by the number of fast food restaurants in the area. Healthy food is often more expensive and difficult to access depending on the availability of transportation.

- The health department representative mentioned that they are starting a farmer's market voucher program for seniors.

The difficulty in accessing healthy food is compounded by the lack of regular physical exercise for many school age youth as well as the amount of time they spend on their phones and playing video games. This is also impacted by the number of parents who are working, and potentially leaving children home alone.

- There was a suggestion to include parents in some of the programs to encourage more physical activity so it becomes something the family can do together.

The Department of Mental Health also suggested that PHC consider moving substance abuse to one of the needs they choose to address in 2019.

Stakeholders who completed the online survey made several suggestions about some additional needs for PHC to consider addressing. They included substance abuse, mental health, access to services and transportation.

The substance abuse and opioid addiction rates in our community affect every aspect from poverty levels, to foster care needs, to deteriorating mental and physical health. This has to be a priority in our community.

Drug abuse awareness.

Mental Health services are not available to all who need them; however, I am not sure that is necessarily the responsibility of PHC, but rather the community as a whole.

Access to additional services here within St. Francois County, not St. Louis.

I believe transportation and motivation to be an issue for many living in the area. You may be able to provide transportation, but may need incentives to get others motivated to participate. (i.e. provide a healthy meal during a class.)

SPECIAL POPULATIONS FOR CONSIDERATION:

Working parents have a hard time taking time off to participate in any programs related to their children's health, such as those that discuss the importance of nutrition and exercise. Healthy food is more expensive and families often can't afford it.

GAPS BETWEEN DEFINED NEEDS AND OUR ABILITY TO ADDRESS THEM:

Those who provided their feedback online identified the following gaps in addressing the needs of St. Francois County residents. They included an online resource referral data base, including physical activity for entire family, health education and outreach and access to mental health services.

Referral information hub online. Providers can list services, hours, or other important information that can be accessed by providers only. We then know who to contact with specific needs.

I believe, it is paramount that we engage the parents through the schools to emphasize regular physical activity as opposed to sedentary lifestyles.

Health department grant programs, PHC outreach education and prevention we should all collaborate together.... to make our county better.

As previously stated, mental health services are needed in this area. There are not enough providers. It would be helpful to have training for those who wish to provide private practice to have some courses offered to educate them on small business ownership, training on insurance and billing. I would also like to see additional psychologists/psychiatrists brought to the area.

OTHER ORGANIZATIONS WITH WHOM TO COLLABORATE:

The Department of Mental Health mentioned that they have a good relationship with BJC Behavioral Health. They also suggested that PHC consider additional collaborations with first responders and emergency responders.

They also mentioned Great Mines Healthcare, the FQHC (federally qualified health center) with locations in both Potosi and Farmington. They are charged with treating those with limited or no health insurance, but probably have more patients than their resources are limited.

Online respondents suggested additional collaborations for PHC to consider:

New Vision in St. Genevieve. The PRCs in St. Genevieve and Perryville.

I believe the St. Francois County Mental Health Board does a great job of helping to coordinate services between agencies. More services are needed. Also, it would be helpful to provide training to help those who want to work in private practice get started; whether it be training in how to handle insurance claims, billing, etc.

CURRENT COLLABORATIONS THAT WERE HIGHLIGHTED:

The Department of Mental Health mentioned their Telehealth program in which patients in every one of their rural locations have access to psychiatrists. Through these physicians, they can

access a doctor for Suboxone (used to treat narcotic (opiate) addiction) or mental health consultations so the patient does not need to travel. They have a lot of grant funding to specifically address heroin and Fentanyl issues, even if the patient does not have insurance. They are also trying to address the physical health of these patients as they often have additional medical conditions that go untreated. They end up using the ED as their primary care provider after issues have gone untreated, which drives up the state's health care costs.

They are also participating in the PDMP (Prescription Drug Monitoring Program) with St. Louis County to monitor opioid prescribing behavior among area physicians.

The St. Francois County Mental Health Board has also been conducting an assessment of mental health needs in the area.

The Department of Health offers some lab tests at a discounted cost, if the patient has a doctor's order. They include some of the basic lab tests, like a CBC. They also offer free or low cost A1C and lipid screens at certain times of the year. No order is required. They also provide smoking cessation classes.

In the area of substance abuse, the Department of Health offers free Naloxone to first responders. They are also more focused on education and prevention rather than treatment.

Online respondents mentioned the following collaborations:

Parkland Pregnancy Resource Center: As often as we can, we refer clients to affordable treatment opportunities for drug rehab, mental health concerns, and faster insurance application processing. Our programs also teach clients how to set healthy boundaries in relationships so that they are not at risk for STIs/STDs and unexpected pregnancy.

St. Francois County Community Partnership: The Partnership sponsors an annual Health Expo with a variety of health screenings. We also provide brochures for those at risk of diabetes and obesity. Healthy eating and exercise, etc.

St. Francois County Ambulance District: Prevention and community paramedic from abuse to the service of returning to the hospital or calling 911 abuse.

Farmington School District: I provide individual and group counseling to youth by teaching the minimum skills required by MO DESE as well as collaborate with organizations in the area to refer out to private agencies when necessary.

United Way of St. Francois County: helps to fund some programs.

CHANGES SINCE THE 2016 CHNA:

Stakeholders at the table identified the increased incidence of Hepatitis C as a big change since the last needs assessment.

The availability of Naloxone is also new. The Department of Mental Health representative indicated that they are also distributing it to patients to take home in case they relapse. The goal is to reduce the overdose rate. That has been a big change in the last three years. Although they want their clients to quit and get into recovery, their focus is now on saving lives and reducing overdoses. The model is Medication First with Suboxone so they can feel better immediately

until they can get into treatment. Eventually, they hope to incorporate peer specialists or recovery coaches into the program, as has been done in St. Louis.

Online survey respondents commented about the following changes, most of which involved mental health and substance abuse:

Behavioral and Mental Health also needs to be a priority

I don't believe things have changed that much during the recent past.

Substance abuse, alcohol abuse, behavioral services, trauma, stroke and cardiac services.

More mental health needs in the community need to be addressed. Mental health is falling short in many areas. It is the catalyst for other ailments.

Drug awareness

HEALTH CONCERNS FOR THE FUTURE:

Although the stakeholders in the room wanted to be optimistic about the substance abuse issue, they did not feel it was going to resolve itself anytime soon. In fact, they felt that its persistence will contribute to other health issues like continued overdose deaths and increasing infectious disease rates.

They also reflected that the stigma around drug abuse impacts that community's ability to address it, as does the stigma around mental health issues.

Those completing the online assessment had similar concerns:

More health problems from drug addiction. More STIs due to multiple partners and the health effects of those.

I am afraid obesity is increasing and until the public buys into the need to make changes in lifestyles and diet, I think it will continue to get worse.

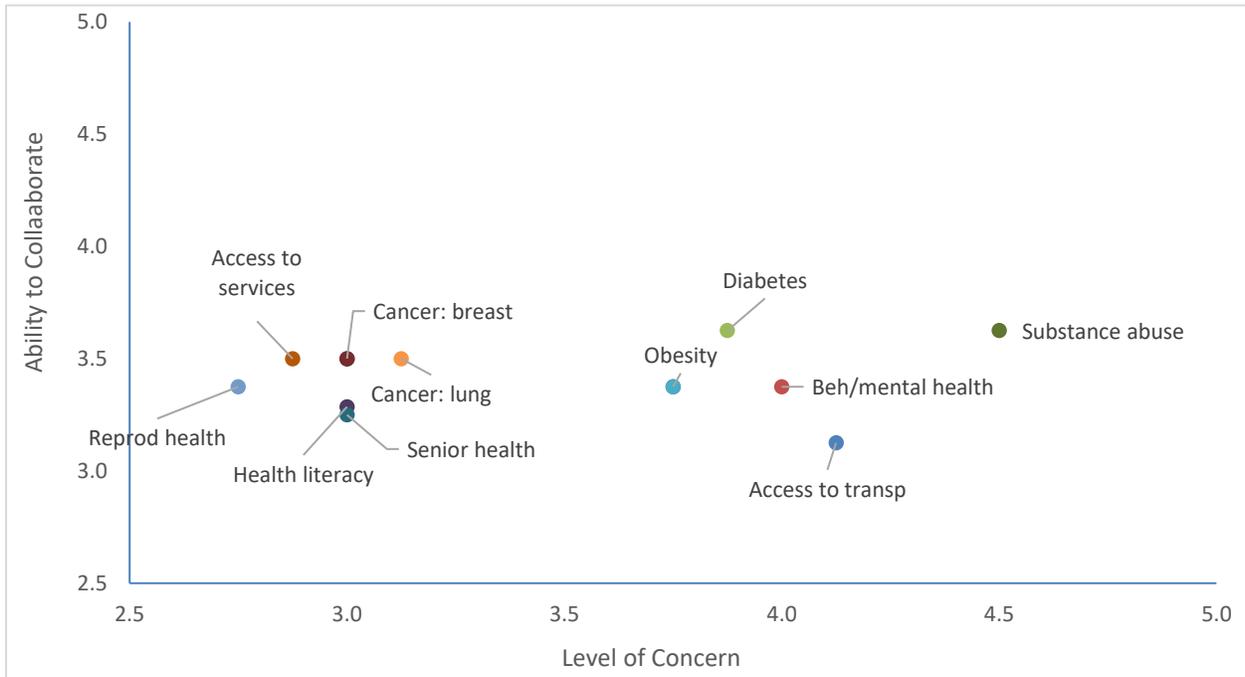
Senior care, orthopedic, behavioral health, smoking.

More young people with mental health issues...whether it be genetic, environmental or poor parenting. I believe that more opportunities need to be provided to open up a facility to encourage families to do fun activities together to create stability in households.

Drug awareness

RATING OF NEEDS

Participants rated 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 substance abuse was rated the highest in terms of level of concern. Substance abuse and diabetes were rated highest in terms of ability to collaborate. The table below shows the actual ratings for each need that was evaluated.

AVERAGE SCORES

Health Needs	Level of Concern	Ability to Collaborate
Substance Abuse	4.5	3.6
Access to Care: Transportation	4.1	3.1
Behavioral / Mental Health	4.0	3.4
Diabetes	3.9	3.6
Obesity	3.8	3.4
Smoking	3.8	3.4
Cancer: Lung	3.1	3.5
Cancer: Breast	3.0	3.5
Cancer: Colorectal	3.0	3.5
Heart / Vascular Health	3.0	3.4
Health Literacy	3.0	3.3
Senior Health	3.0	3.3
Access to Care: Services	2.9	3.5
Reproductive Health	2.8	3.4

NEXT STEPS

Using the input received from community stakeholders, Parkland Health Center will consult with their internal workgroup to evaluate this feedback. They will consider other secondary data, and determine whether/how their priorities should change.

The final needs assessment and implementation plan must be finalized by December 31, 2019.

Appendix E: Focus Group Participants and Hospital Observers

FOCUS GROUP PARTICIPANTS AND HOSPITAL OBSERVERS				
FOCUS GROUP PARTICIPANTS				
LAST NAME	FIRST NAME	ORGANIZATION	ONLINE	IN PERSON
Bunch	William	St. Francois County Community Partnership	X	
Johnson	Cliff	Southeast Missouri Behavioral Health		X
Laubinger	Becky	Parkland Pregnancy Resource Center	X	
McKnight	Jessica	St. Francois County Health Department		X
Moore	Tess	Farmington School District	X	
Tetrault	David	St. Francois County Ambulance District	X	
Whitener	Clay	United Way of St. Francois County	X	
Yates	Mona	Farmington Senior Center	X	

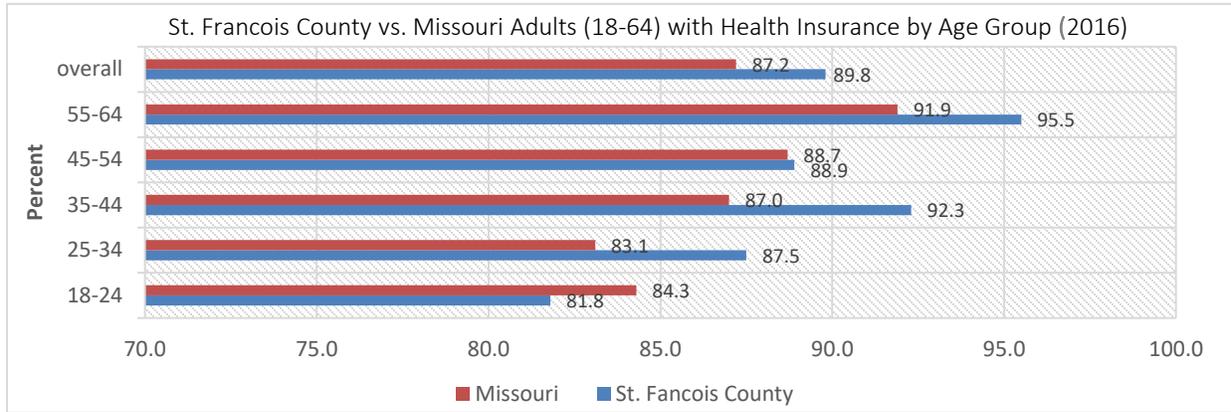
FOCUS GROUP HOSPITAL OBSERVERS			
LAST NAME	FIRST NAME	ORGANIZATION	ATTENDED
Chambers	Angela	BJC HealthCare / Facilitator	X
Karley	King	BJC HealthCare	X
Westrich	Christie	Parkland Health Center	X

Appendix F: Work Group

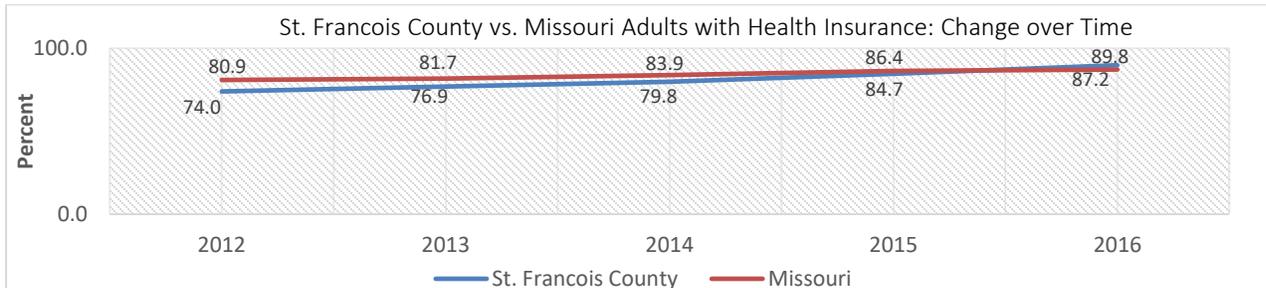
PARKLAND HEALTH CENTER AND ST. FRANCOIS COUNTY HEALTH CENTER INTERNAL WORK GROUP			
LAST NAME	FIRST NAME	TITLE	ORGANIZATION
Elliott	Amber	Assistant Director	St. Francois County Health Department
McKnight	Jessica	Director	St. Francois County Health Department
Taliaferro	Heather	Vice President / Chief Nurse	Executive Administration
Rasnick	Lynn	Administrator	Risk Management
Westrich	Christie	Vice President	Executive Administration
Robinson	Kimberly	Administrator	Divisional Administration
Goldsmith	Cheri	Director	Financial Services
Marler	Jack	Manager	Medical Affairs
King	Karley	Program Manager	Corporate Communication & Marketing

Appendix G: Secondary Data

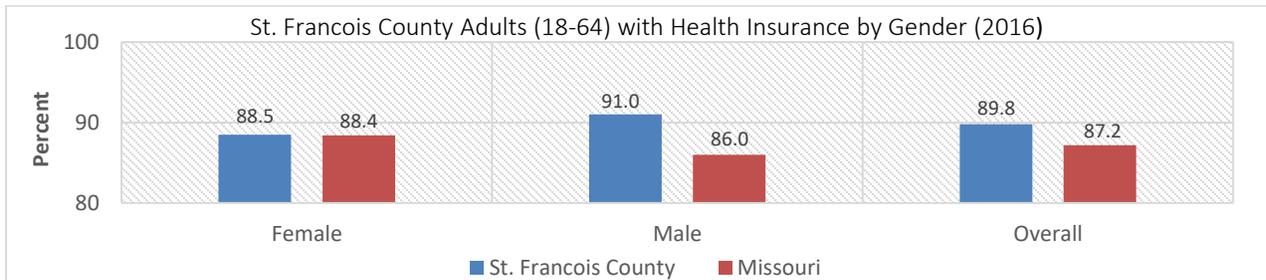
ACCESS TO HEALTH CARE



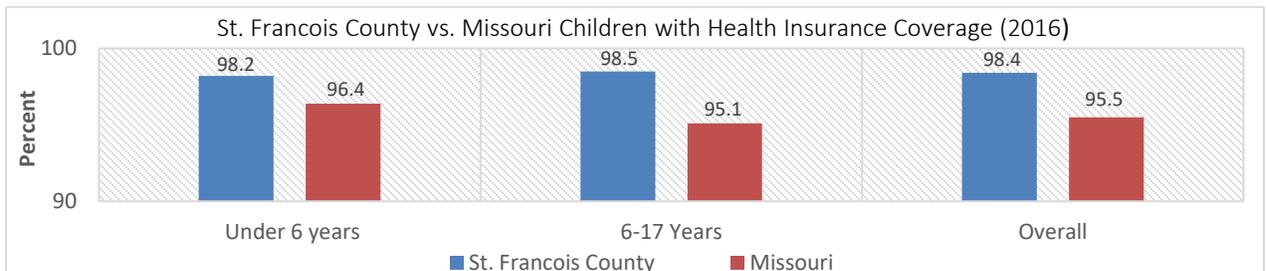
Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

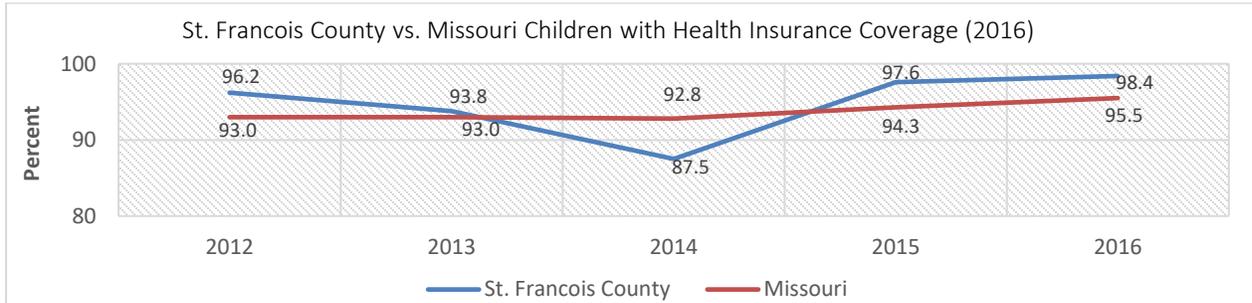


Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

ACCESS TO HEALTH CARE



Source: Conduent Healthy Communities Institute

ST. FRANCOIS COUNTY VS. MISSOURI ACCESS TO HEALTH CARE

HEALTH INDICATORS	ST. FRANCOIS COUNTY	MISSOURI	HEALTHY PEOPLE 2020 TARGET
Percent Adults with Health Insurance Age 18-64 (2016)	89.8	87.2	100
Percent Children's with Health Insurance (2016)	98.4	95.5	100
Primary Care Providers Rate/100,000 (2016)	77	71	83.9
Dentist Rate /100,000 (2017)	36	57	
Mental Health Providers Rate/100,000 (2018)	244	180	
Non-Physicians Primary Care Providers Rate/100,000 (2018)	87	87	
Preventable Hospital Stays Medicare Population /1,000 (2015)	69.4	56.6	

Source: Conduent Healthy Communities Institute / Missouri County Health Ranking

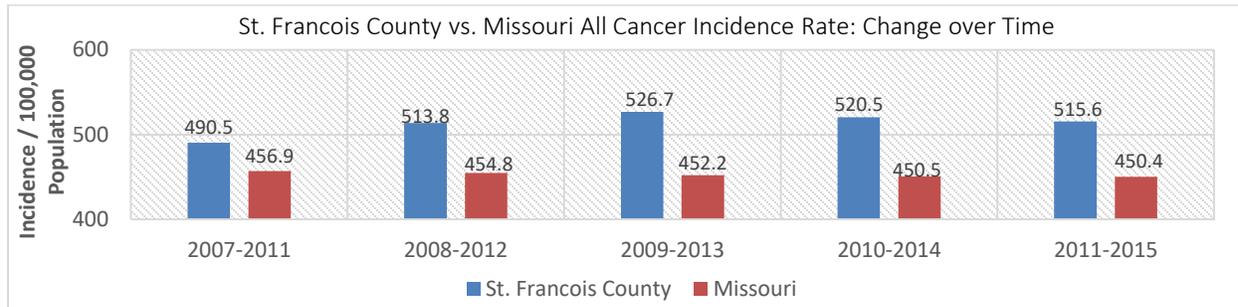
ACCESS TO HEALTH CARE: TRANSPORTATION

ST. FRANCOIS COUNTY VS. MISSOURI: ACCESS: TRANSPORTATION

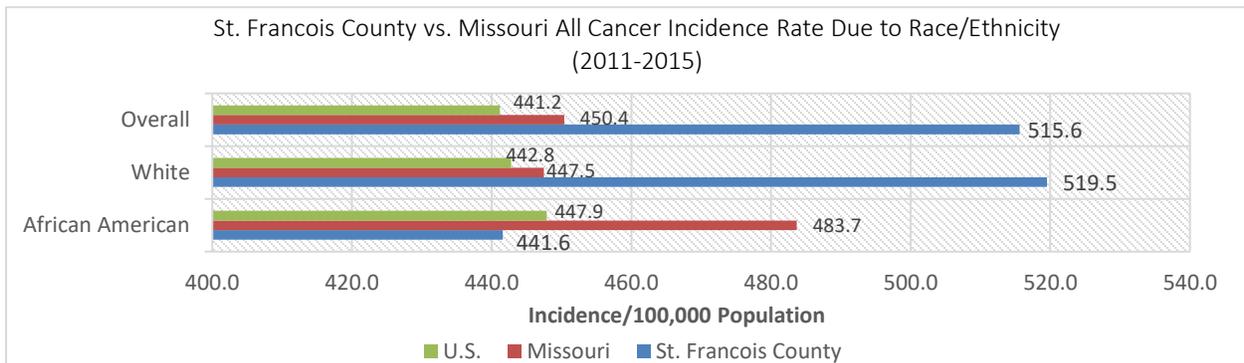
HEALTH INDICATORS	ST. FRANCOIS COUNTY	MISSOURI
Percent Households Without a Vehicle (2013-2017)	6.9	7
Percent Workers Commuting by Public Transportation (2013-2017)	0.1	1.5
Mean Travel Time to Work; Age 16+ (2013-2017)	24.7 Minutes	23.5 Minutes

Source: Conduent Healthy Communities Institute

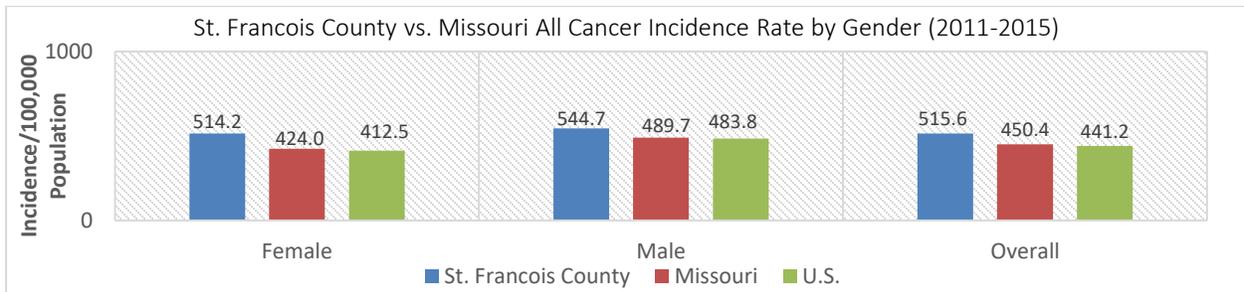
CANCER



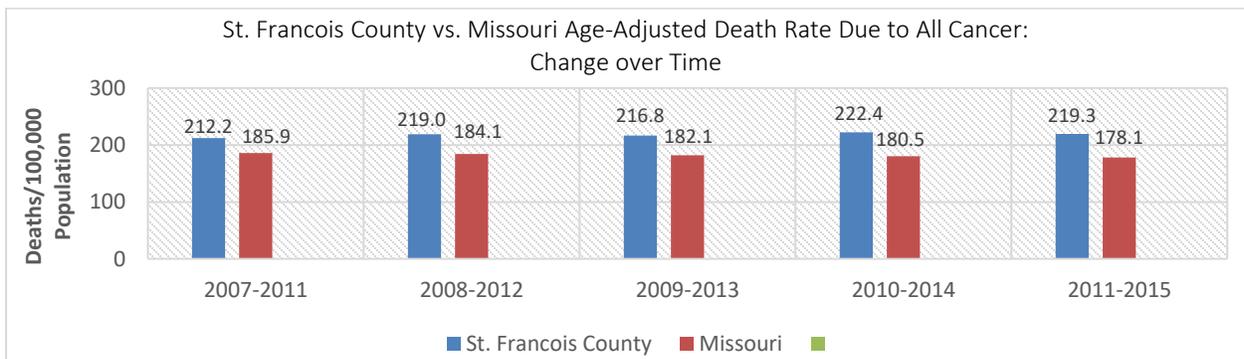
Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute / CDC State Cancer Profile

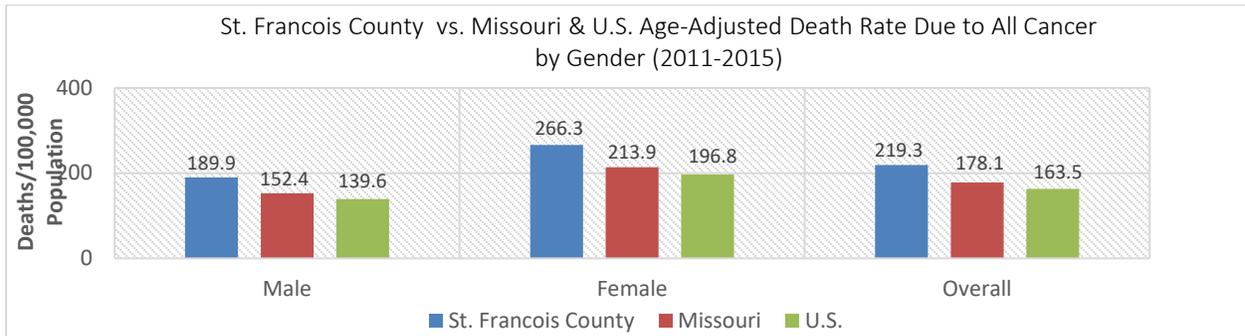


Source: Conduent Healthy Communities Institute / CDC State Cancer Profile

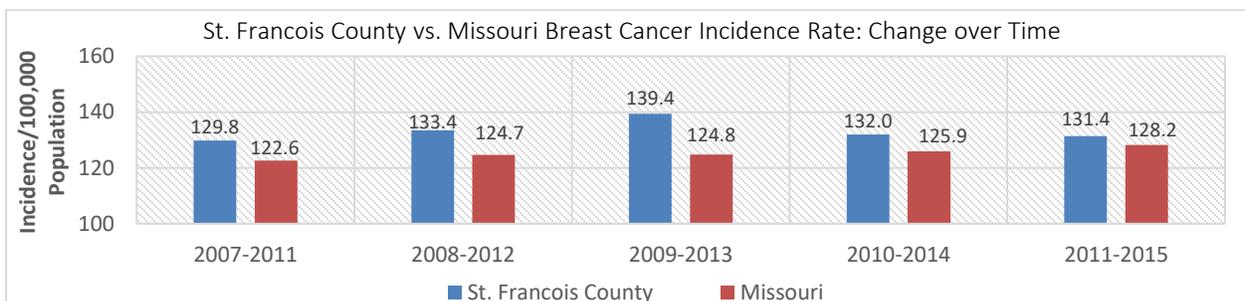


Source: Conduent Healthy Communities Institute

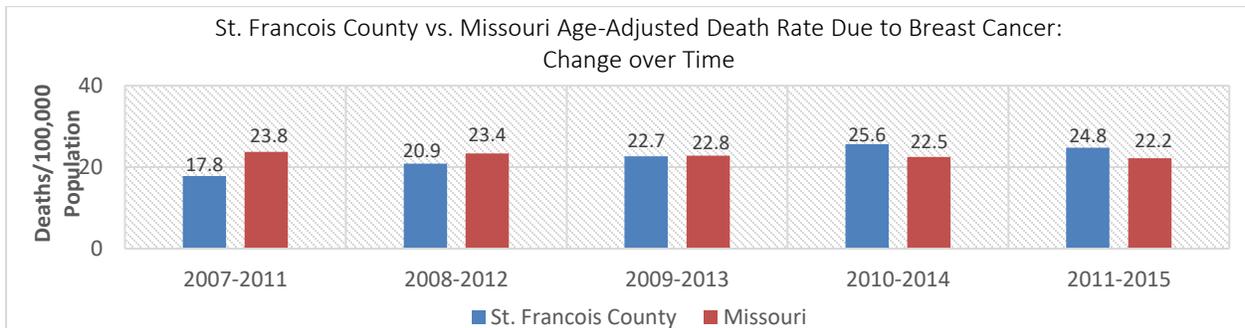
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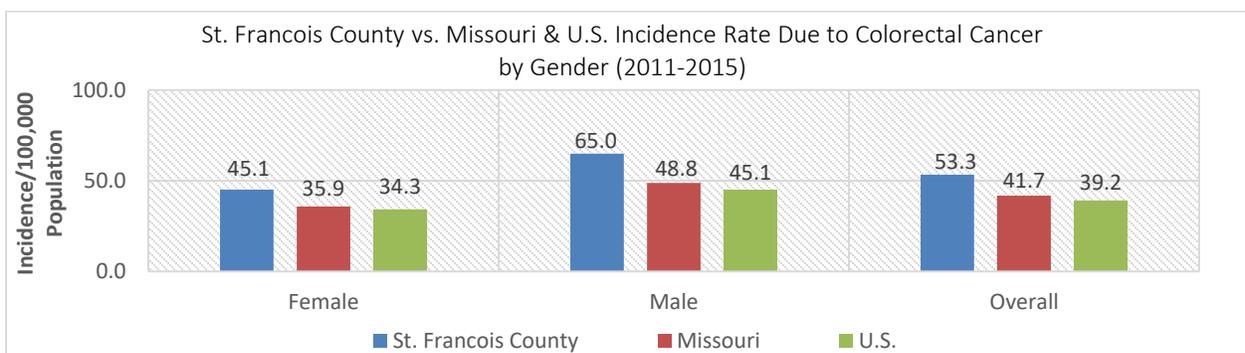
Source: Conduent Healthy Communities Institute / CDC State Cancer Profile



Source: Conduent Healthy Communities Institute

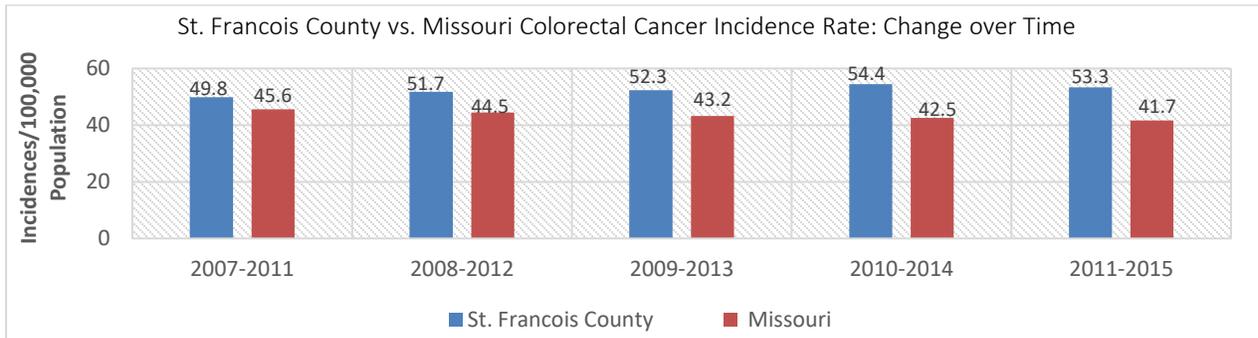


Source: Conduent Healthy Communities Institute

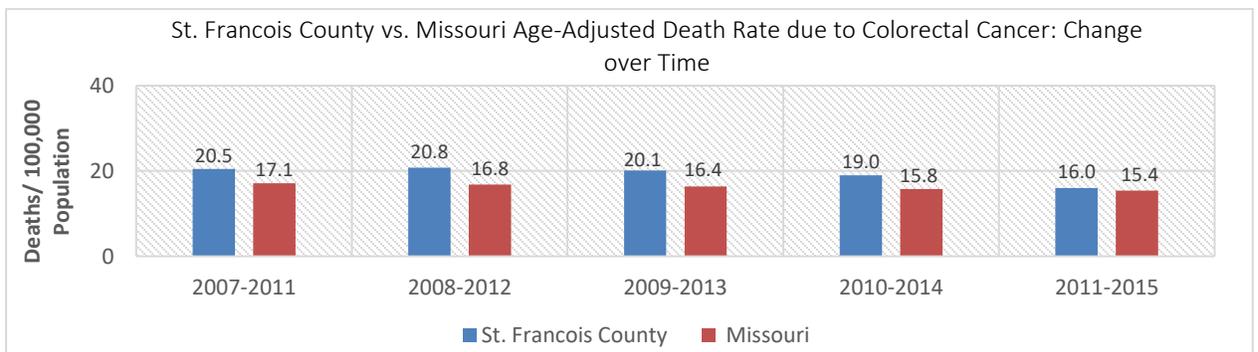


Source: Conduent Healthy Communities Institute/CDC State Cancer Profile

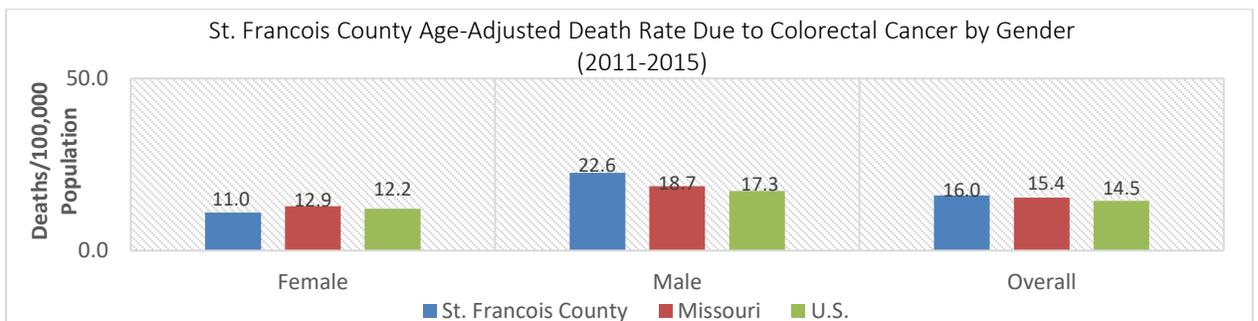
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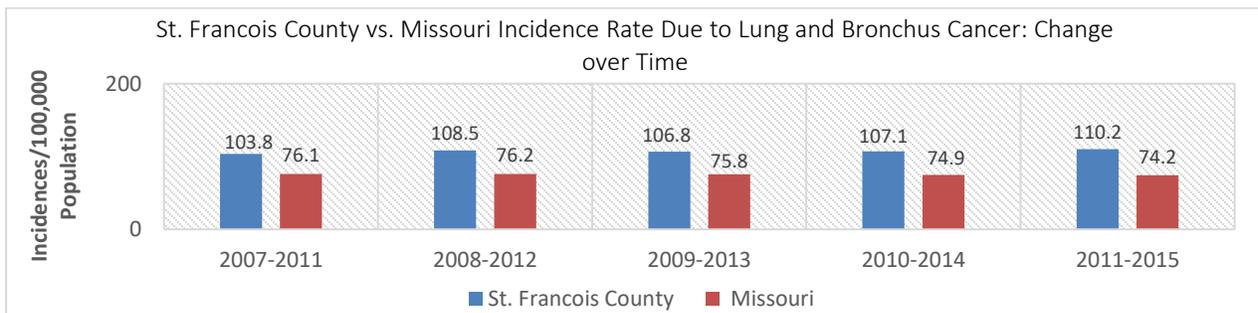
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Source: Conduent Healthy Communities Institute

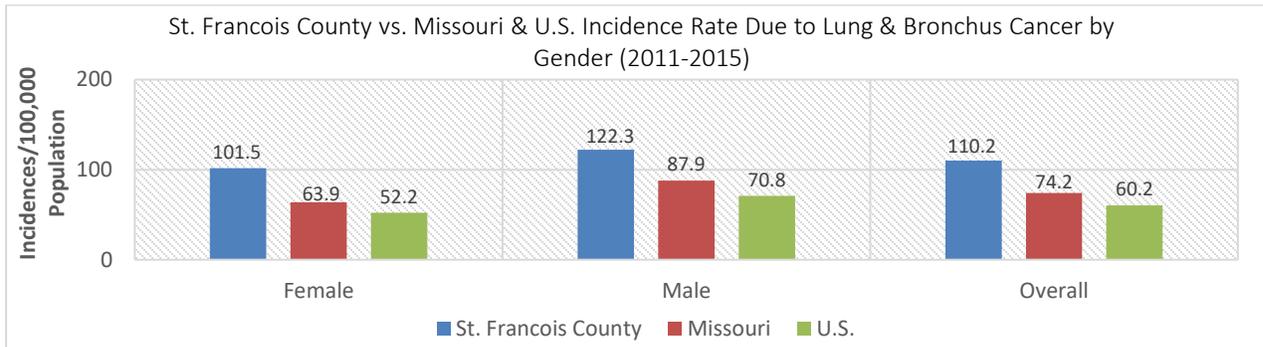


Source: Conduent Healthy Communities Institute / CDC Cancer Profile

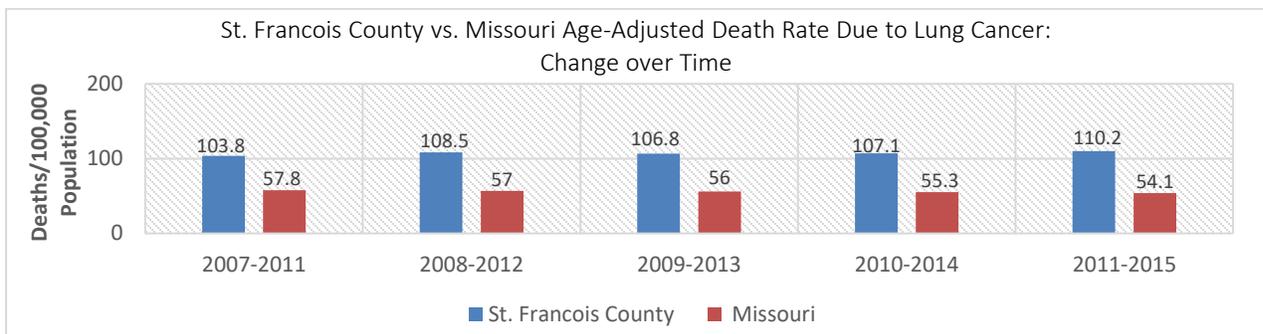


Source: Conduent Healthy Communities Institute

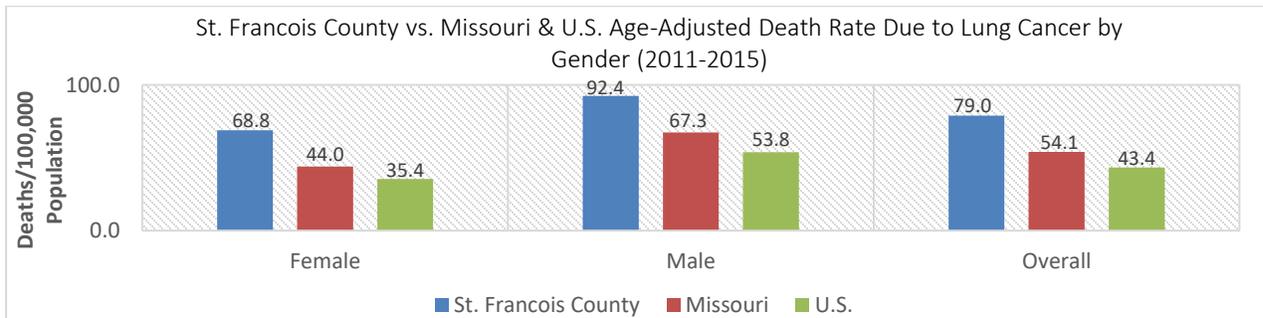
CANCER



Source: Conduent Healthy Communities Institute/ CDC Cancer Profile

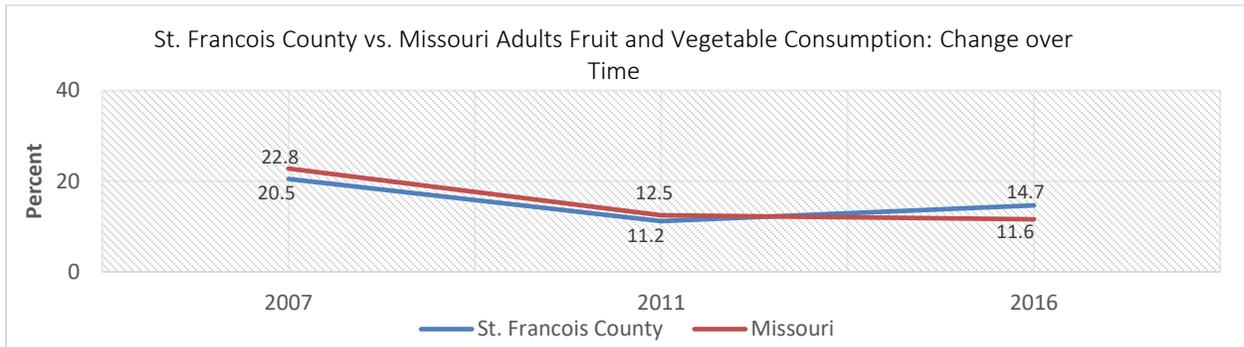


Source: Conduent Healthy Communities Institute

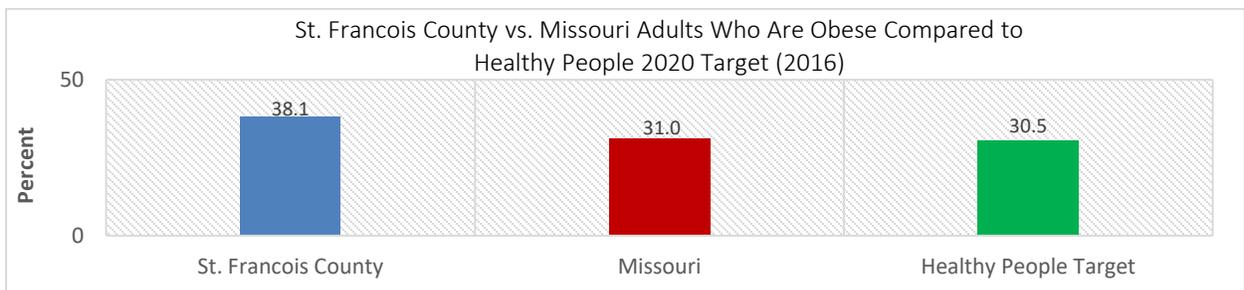


Source: Conduent Healthy Communities Institute/ CDC Cancer Profile

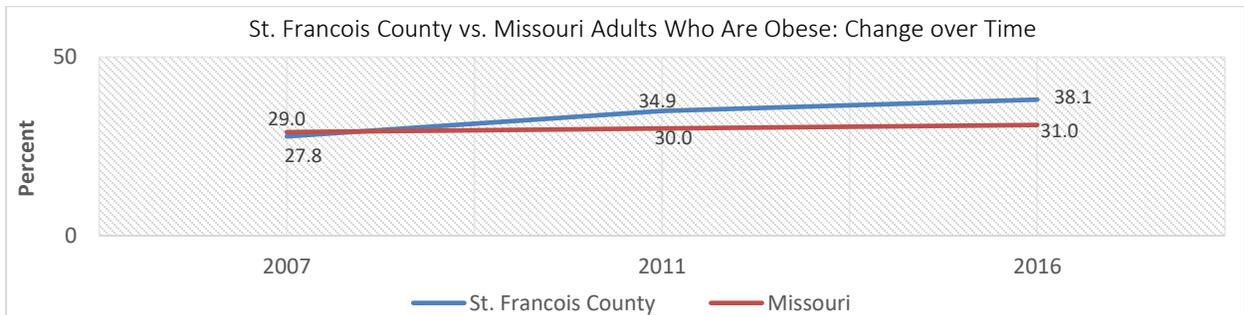
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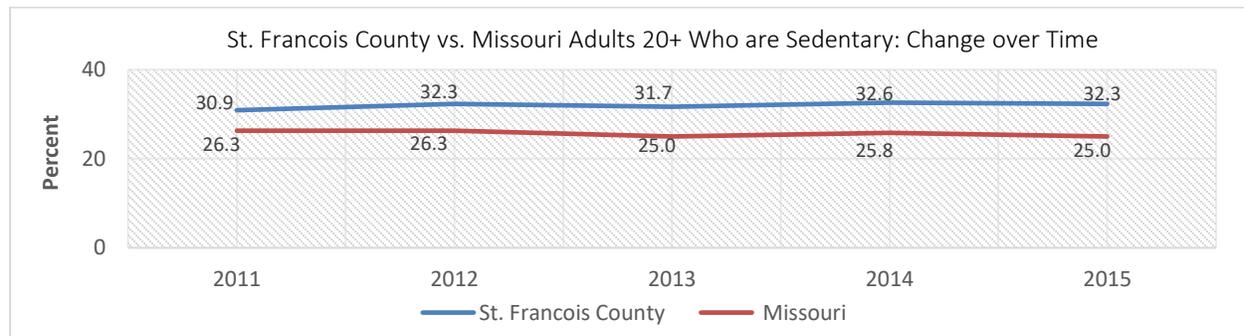
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Source: Conduent Healthy Communities Institute

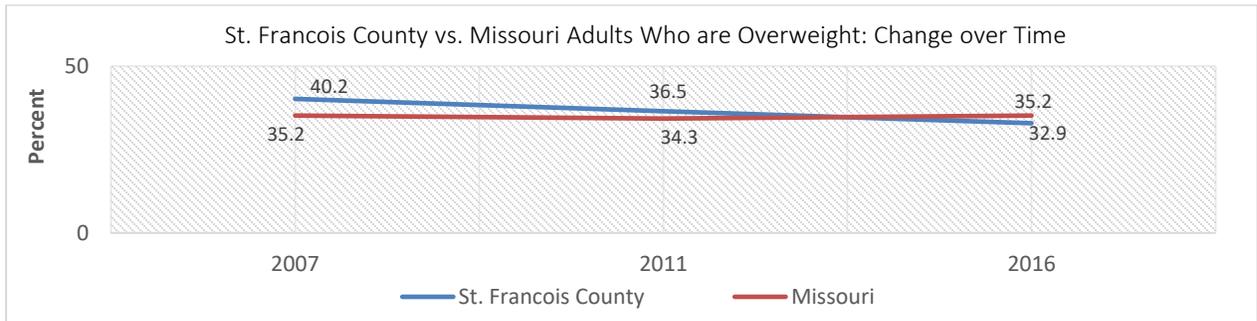


Source: Conduent Healthy Communities Institute

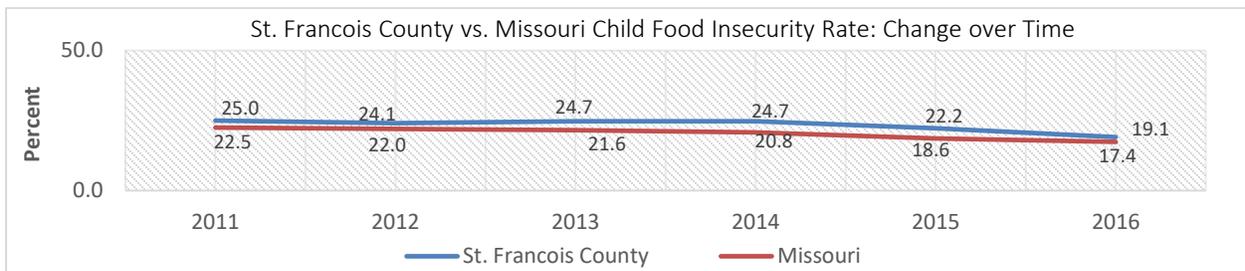


Source: Conduent Healthy Communities Institute

OBESITY

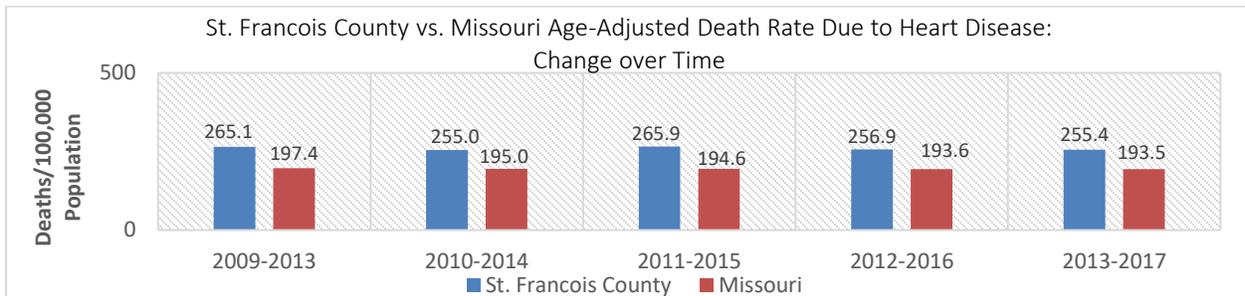


Source: Conduent Healthy Communities Institute

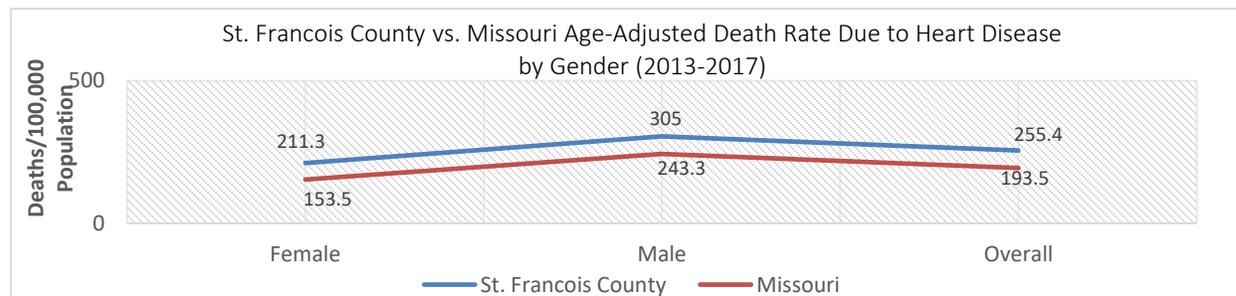


Source: Conduent Healthy Communities Institute

HEART DISEASE AND STROKE

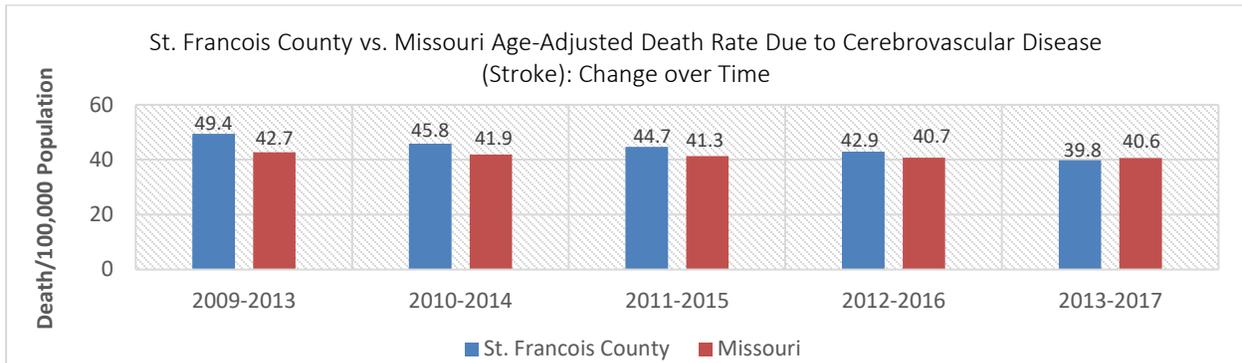


Source: Conduent Health Communities Institute

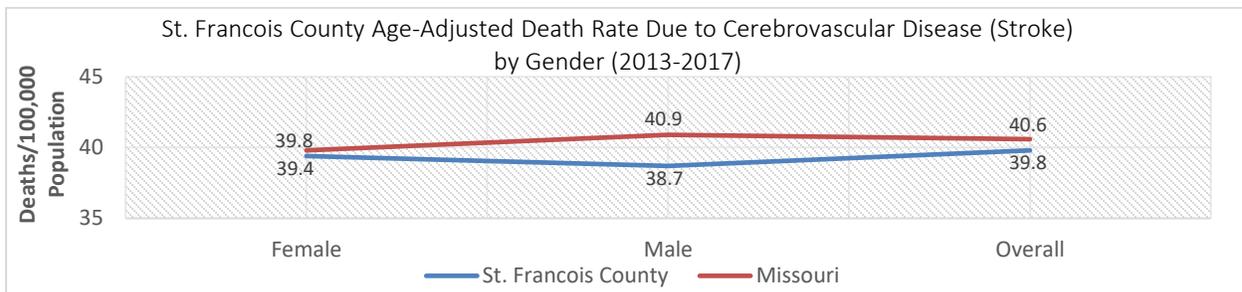


Source: Conduent Health Communities Institute

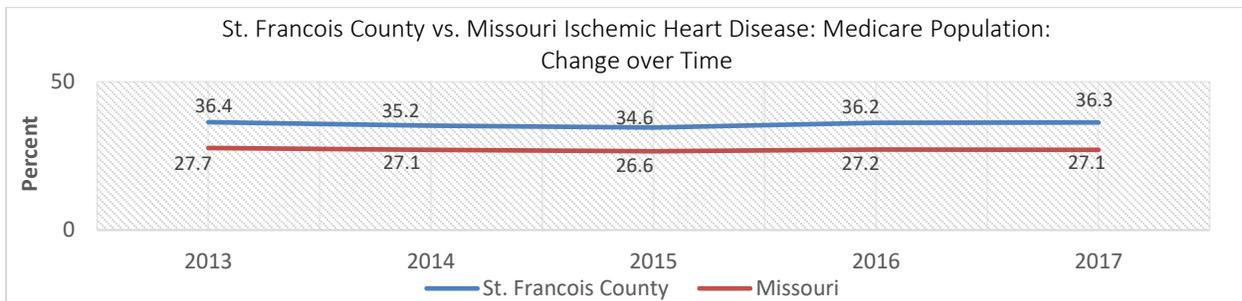
HEART DISEASE AND STROKE



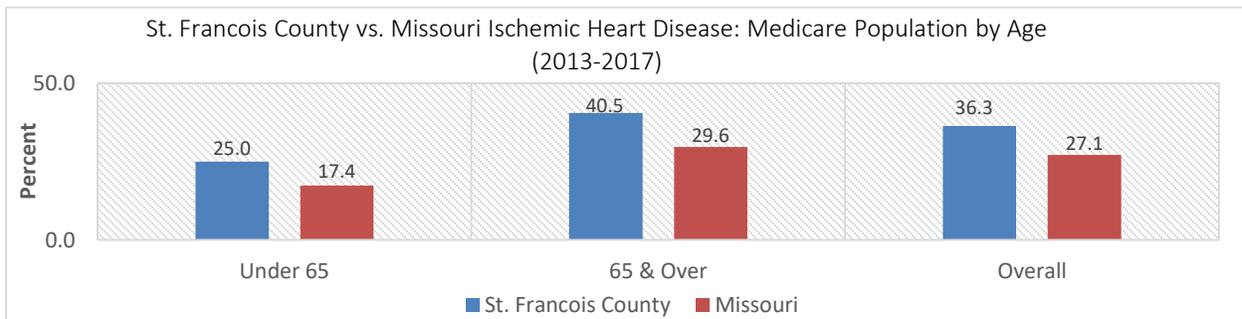
Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

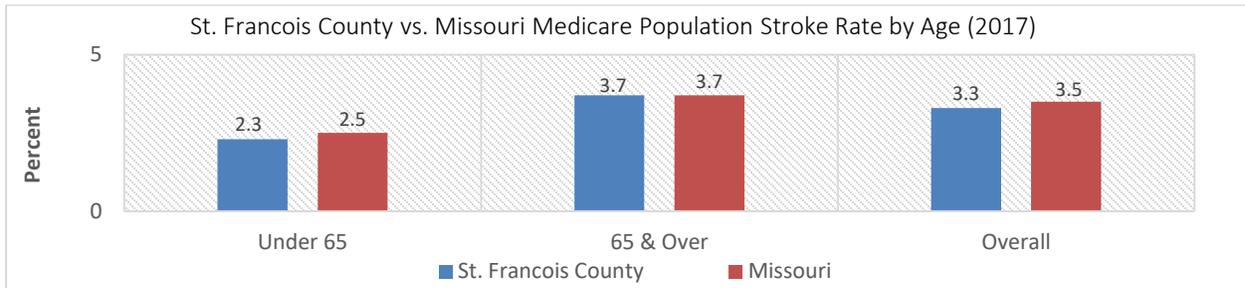


Source: Conduent Healthy Communities Institute

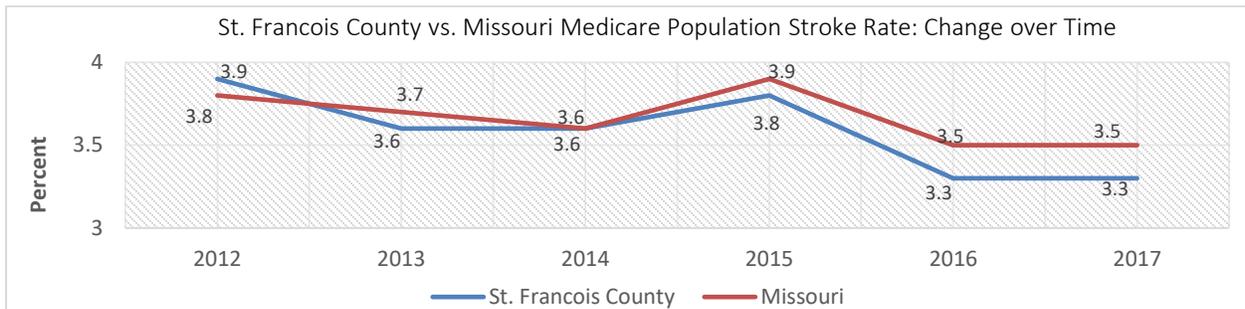


Source: Conduent Healthy Communities Institute

HEART DISEASE AND STROKE



Source: Conduent Healthy Communities Institute

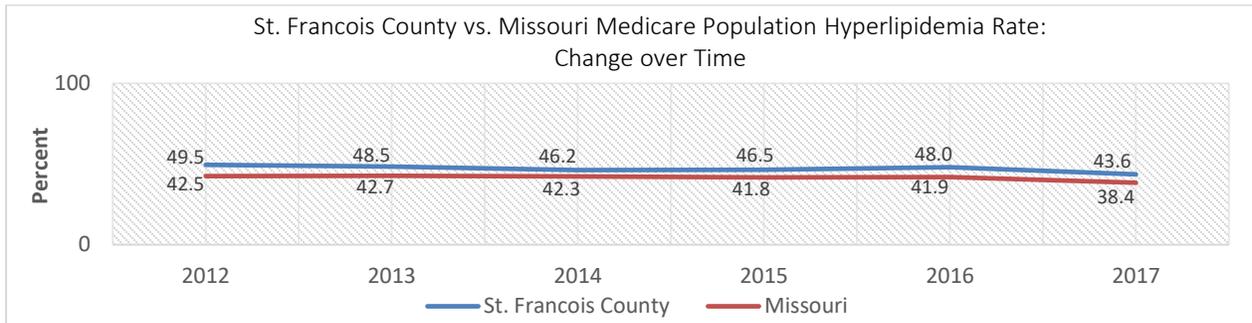


Source: Conduent Healthy Communities Institute

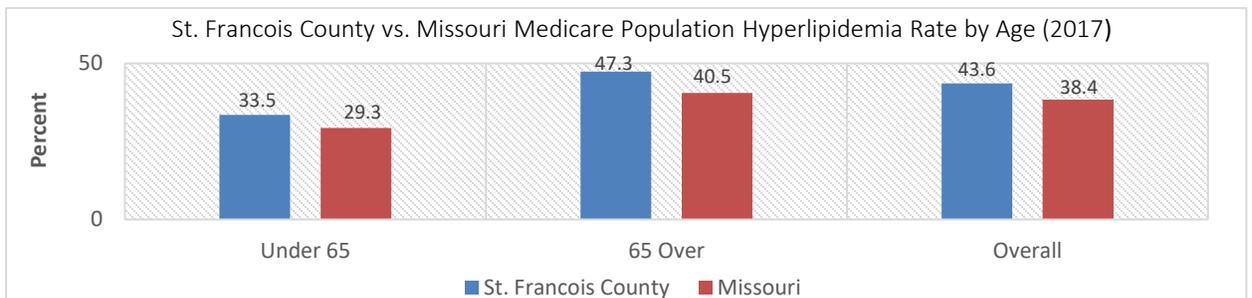
ST. FRANCOIS COUNTY VS. MISSOURI HEART DISEASE & STROKE AGE-ADJUSTED RATE		
HEALTH TOPICS	ST. FRANCOIS COUNTY	MISSOURI
HEART DISEASE		
Deaths / 100,000 Population (2007-2017)	260.39	199.32
Hospitalizations / 10,000 Population (2011-2015)	155.33	109.46
ER Visits / 1,000 Population (2011-2015)	23.31	15.12
ISCHEMIC HEART DISEASE		
Deaths / 100,000 Population (2007-2017)	172.85	124.16
Hospitalizations / 10,000 Population (2011-2015)	56.85	32.53
ER Visits / 1,000 Population (2011-2015)	3.16	0.57
STROKE / OTHER CEREBROVASCULAR DISEASE		
Deaths / 100,000 Population (2007-2017)	44.97	43.02
Hospitalizations / 10,000 Population (2011-2015)	34.62	27.85
ER Visits / 1,000 Population (2011-2015)	2.29	0.77

Source: Missouri Department of Health and Senior Services

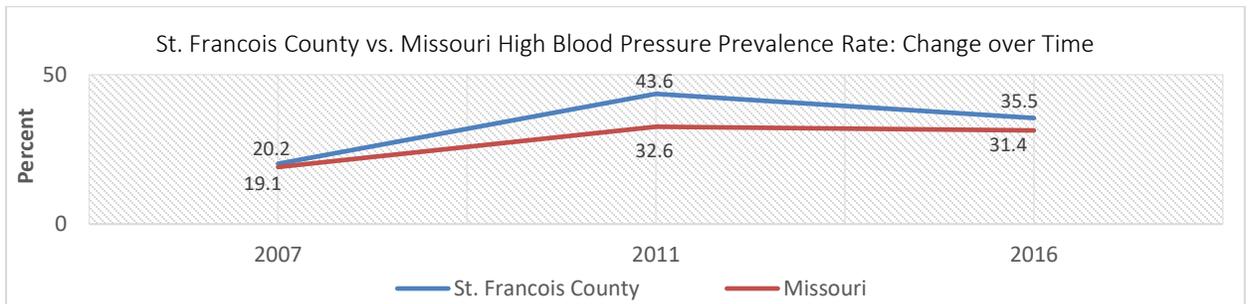
HEART DISEASE AND STROKE



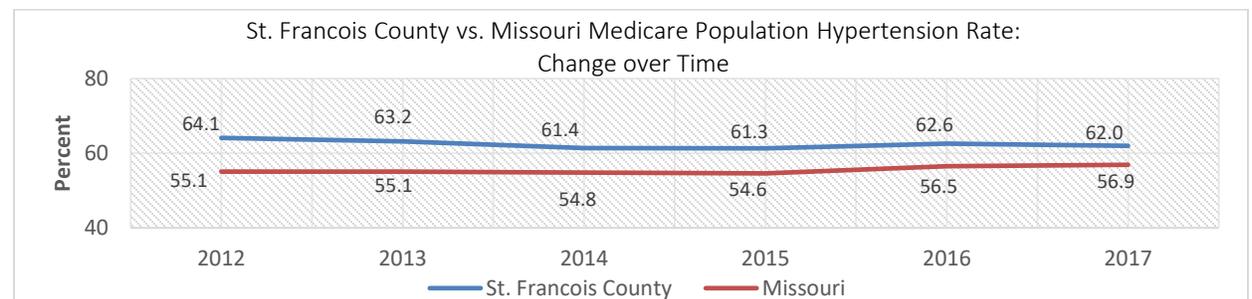
Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

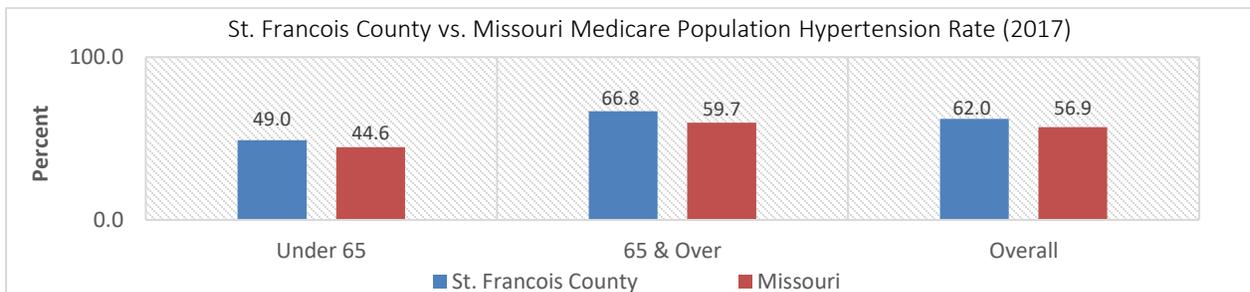


Source: Conduent Healthy Communities Institute

HEART DISEASE AND STROKE

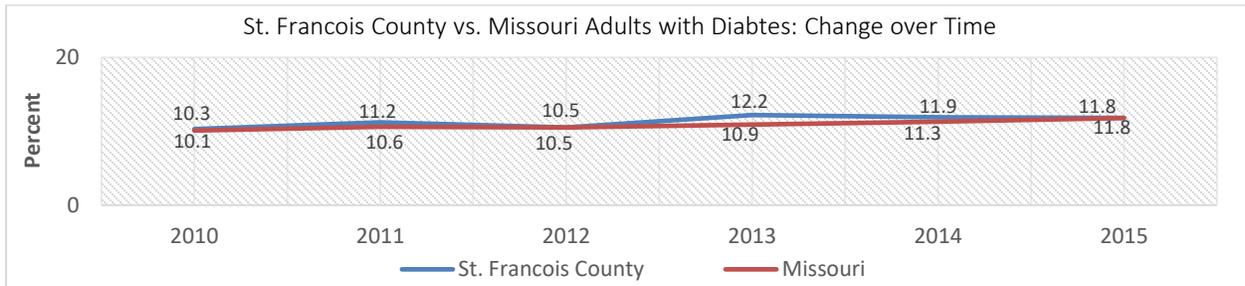
ST. FRANCOIS COUNTY VS. MISSOURI HEART DISEASE AND STROKE THREE YEAR MOVING AVERAGE RATES						
HEALTH TOPICS	ST. FRANCOIS COUNTY	MISSOURI	ST. FRANCOIS COUNTY	MISSOURI	ST. FRANCOIS COUNTY	MISSOURI
	2013-2015		2014-2016		2015-2017	
DEATHS / 100,000 POPULATION						
Heart Disease	258.19	194.78	247.9	194.15	261.21	193.5
Ischemic Heart Disease	167.98	114.21	149.07	111.17	151.75	108.36
Stroke / Other Cerebrovascular Disease	47.39	40.56	40.98	40.55	36.38	40.65
	2011-2013		2012-2014		2013-2015	
HOSPITALIZATION / 10,000 POPULATION						
Heart Disease	172.31	115.58	151.97	108.12	137.53	102.68
Ischemic Heart Disease	64.22	34.89	55.81	31.91	49.7	30.04
Stroke / Other Cerebrovascular Disease	36.16	28.44	33.66	27.47	32.73	27.16
	2011-2013		2012-2014		2013-2015	
EMERGENCY ROOM VISITS / 1,000 POPULATION						
Heart Disease	23.5	15.25	22.95	15.1	22.99	14.97
Ischemic Heart Disease	3.57	0.6	3.23	0.57	2.83	0.54
Stroke / Other Cerebrovascular Disease	2.13	0.78	2.36	0.76	2.43	0.75

Source: Missouri Department of Health and Senior Services

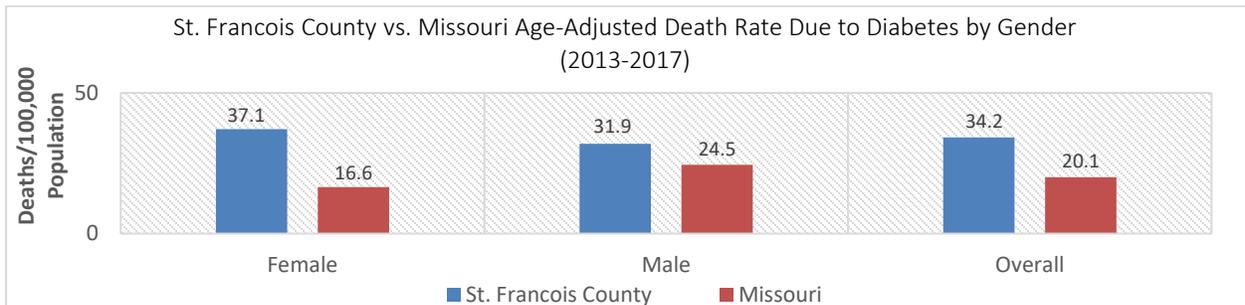


Source: Conduent Healthy Communities Institute

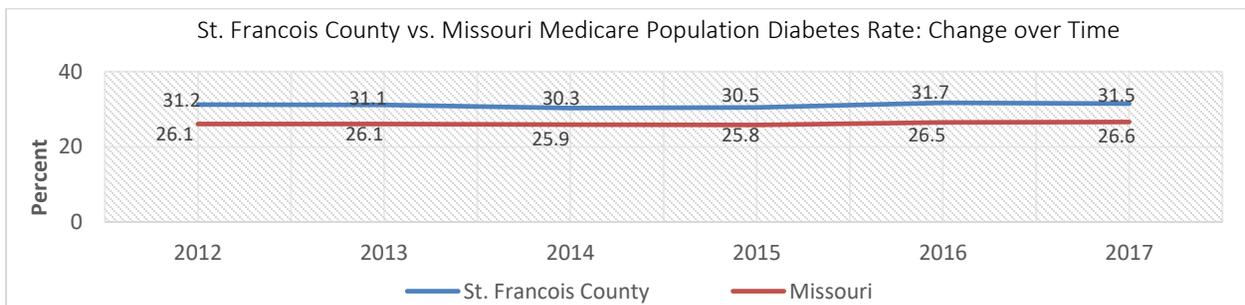
DIABETES



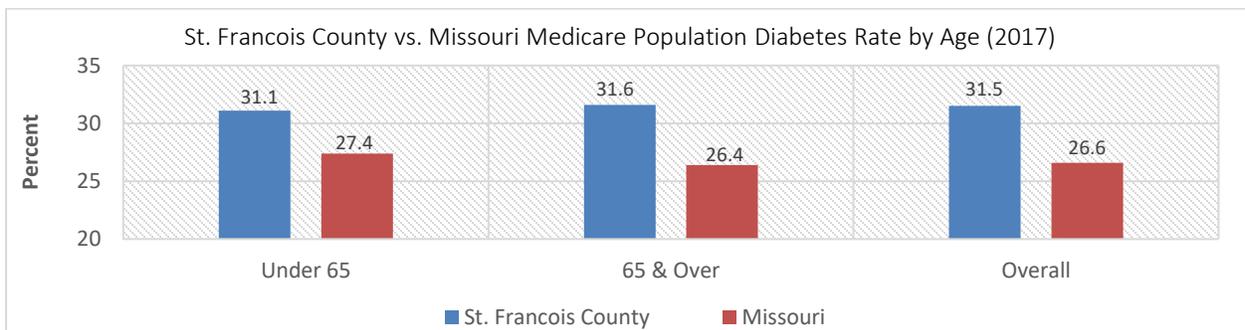
Source: Conduent Healthy Communities Institute



Source: Conduent Healthy Communities Institute

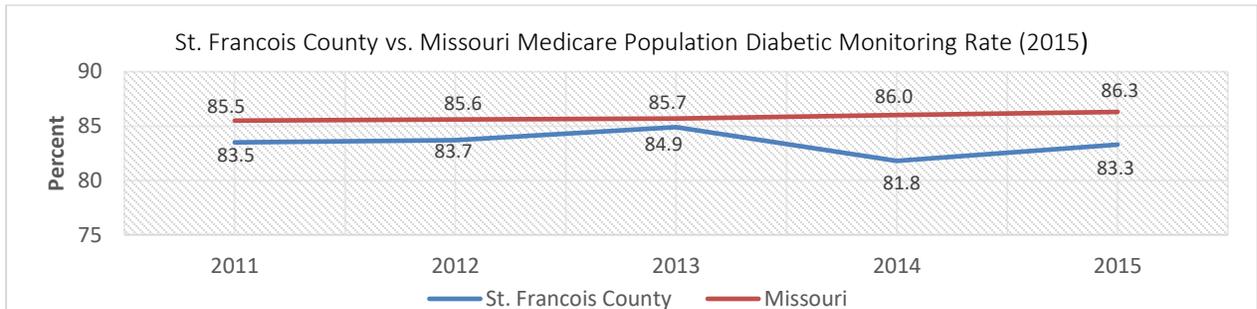


Source: Conduent Healthy Communities Institute



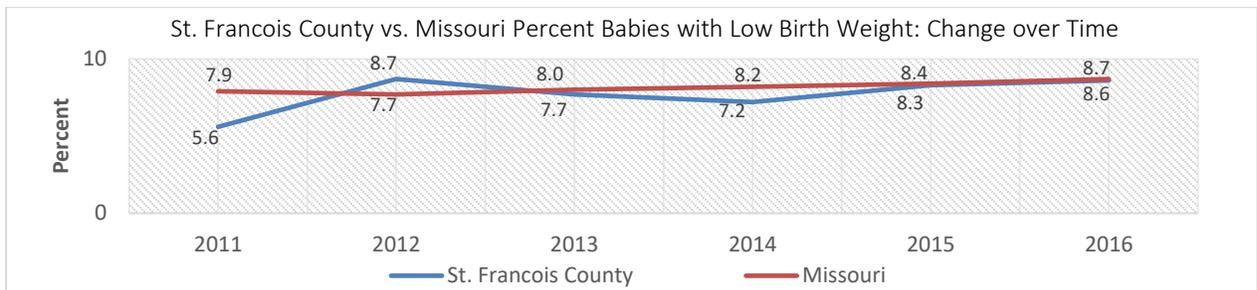
Source: Conduent Healthy Communities Institute

DIABETES

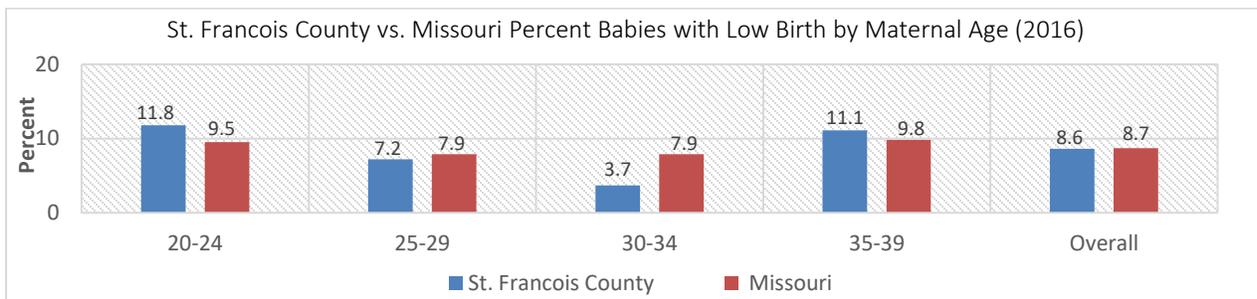


Source: Conduent Healthy Communities Institute

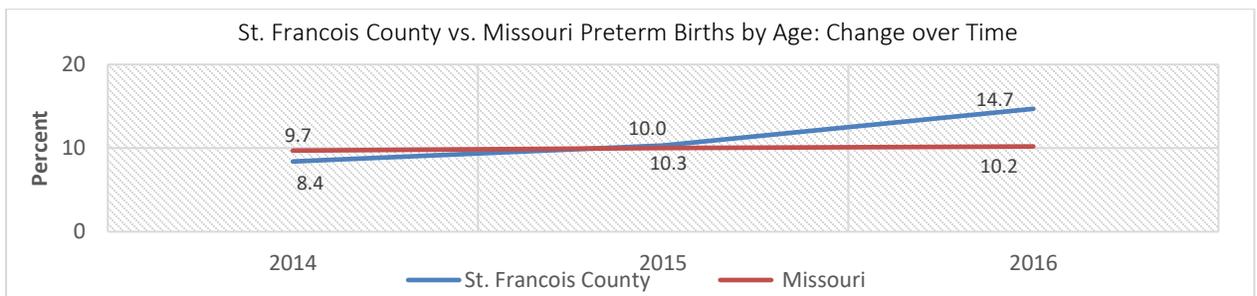
MATERNAL HEALTH



Source: Conduent Healthy Communities Institute

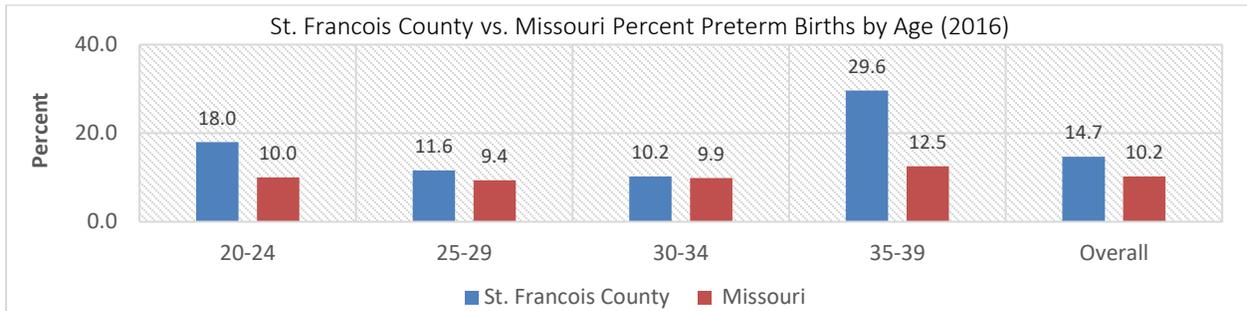


Source: Conduent Healthy Communities Institute

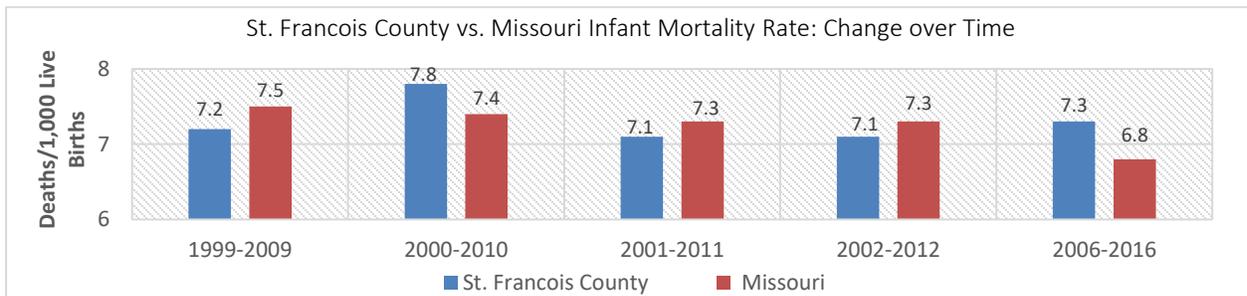


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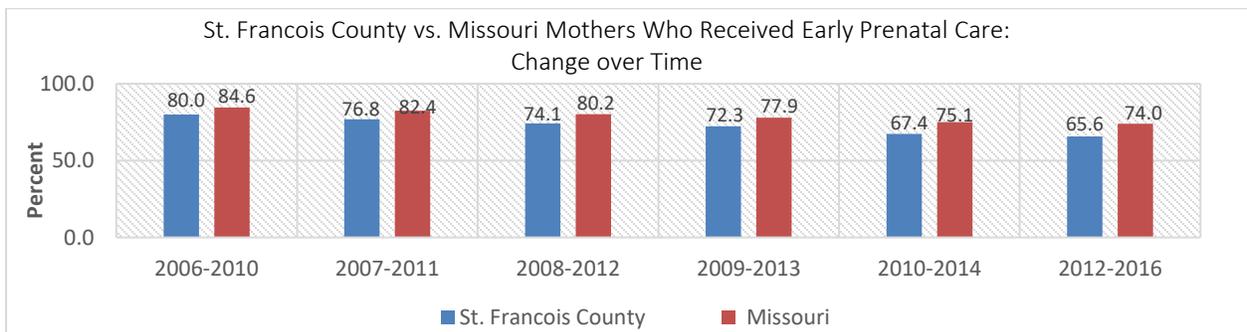
MATERNAL HEALTH



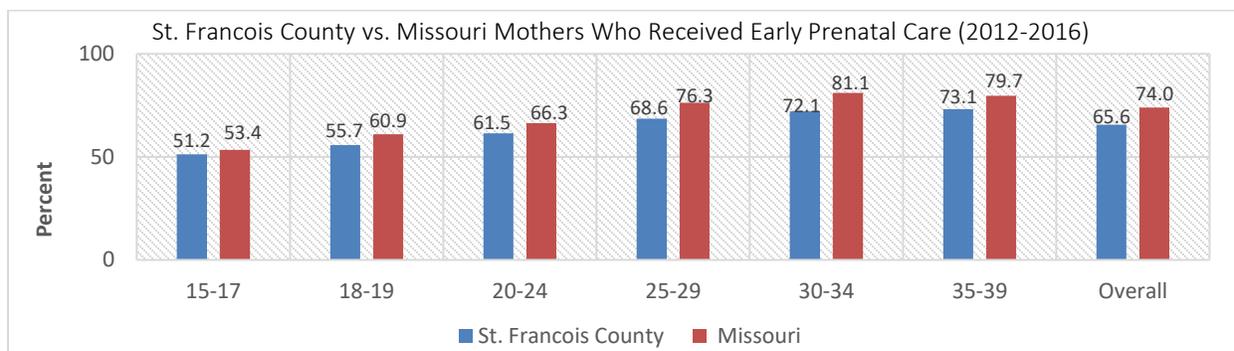
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Source: Conduent Healthy Communities Institute

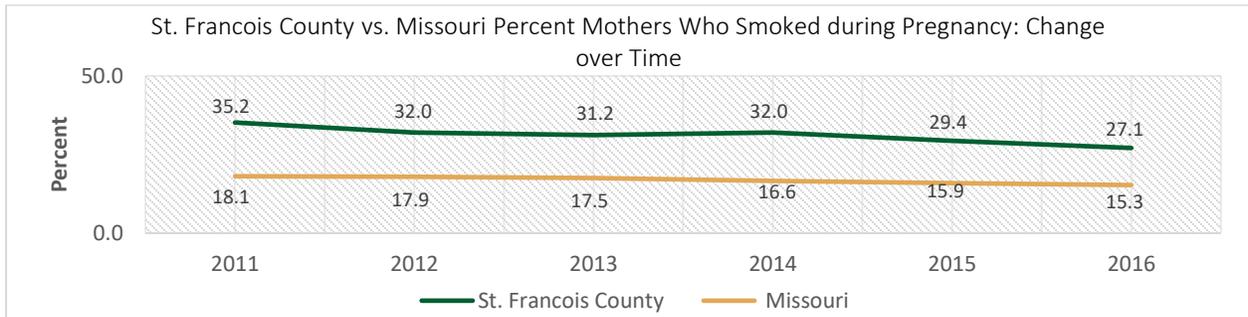


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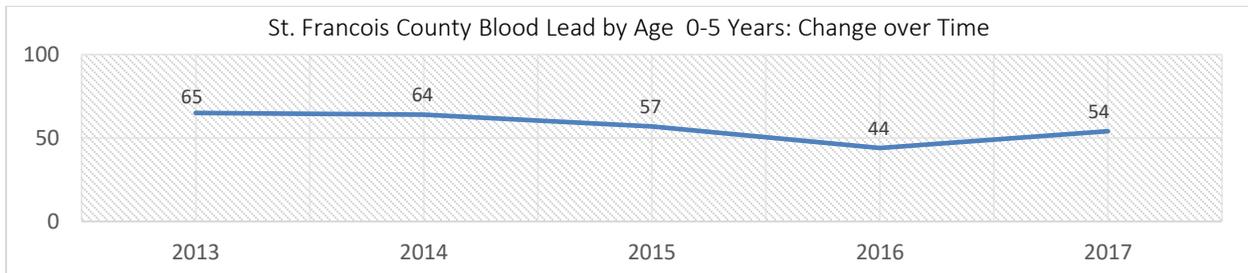
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MATERNAL HEALTH

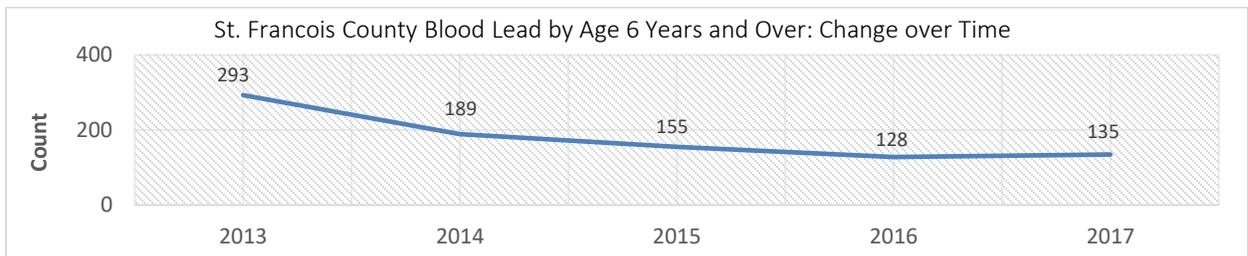


Source: Conduent Healthy Communities Institute

BLOOD LEAD

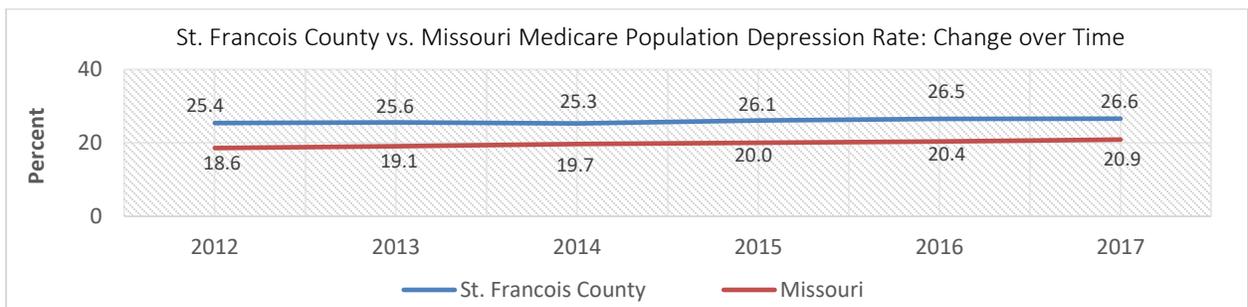


Source: Missouri Department of Health and Senior Services



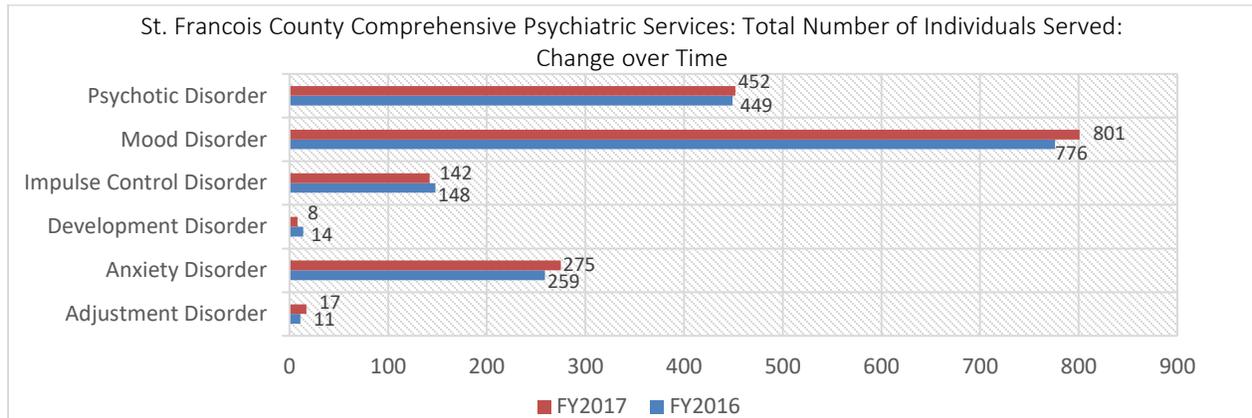
Source: Missouri Department of Health and Senior Services

MENTAL/BEHAVIORAL HEALTH: MENTAL HEALTH

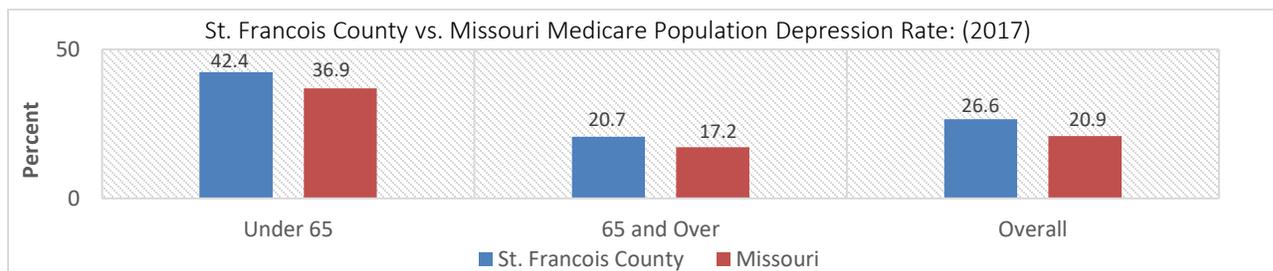


Source: Conduent Healthy Communities Institute

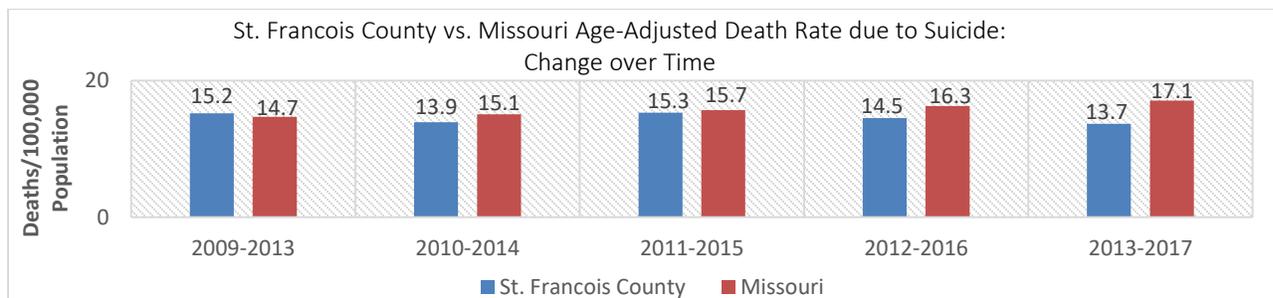
MENTAL/BEHAVIORAL HEALTH: MENTAL HEALTH



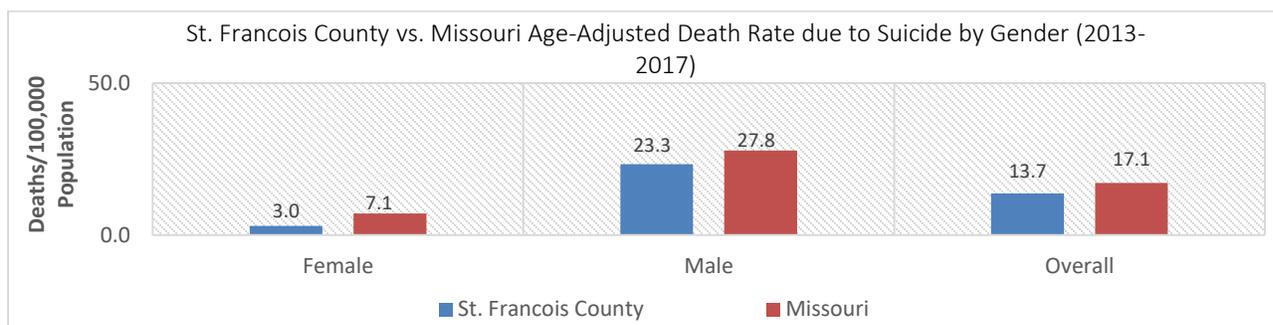
Source: Missouri Department of Mental Health



Source: Conduent Healthy Communities Institute

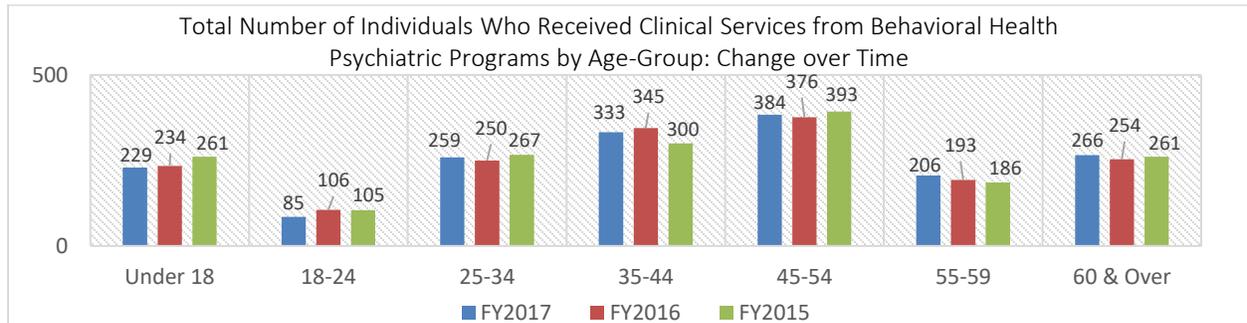


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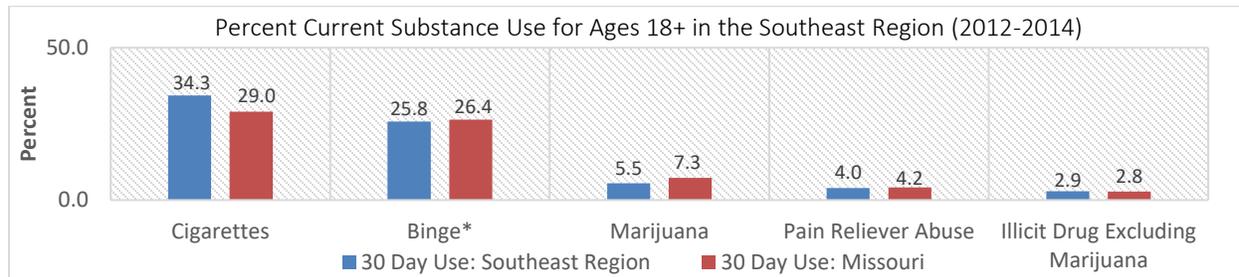
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MENTAL/BEHAVIORAL HEALTH: MENTAL HEALTH

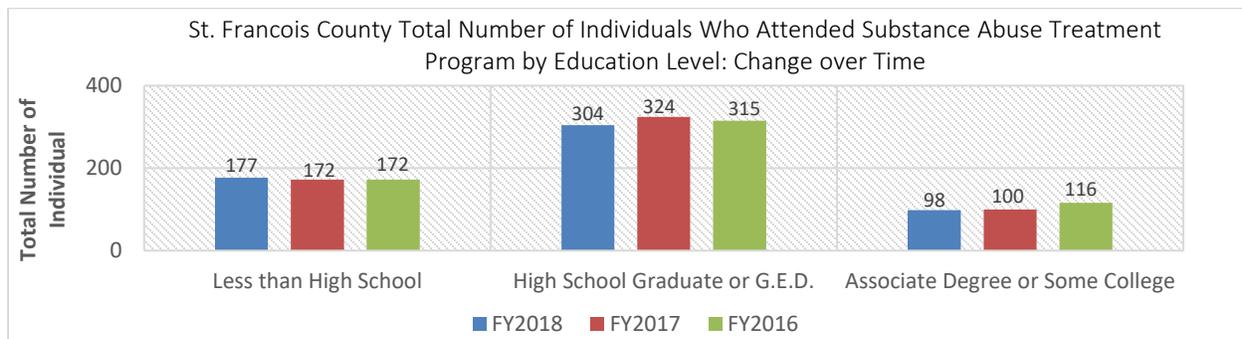


Source: Missouri Department of Mental Health

MENTAL/BEHAVIORAL HEALTH: SUBSTANCE USE AND ABUSE



Source: Missouri Department of Mental Health

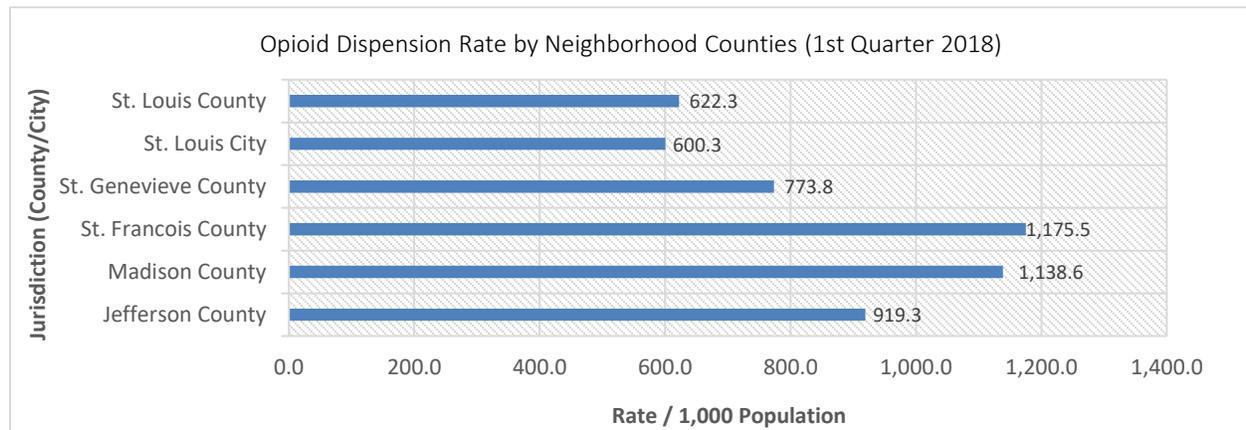


Source: Missouri Department of Mental Health

MENTAL/BEHAVIORAL HEALTH: SUBSTANCE USE AND ABUSE

ER VISITS DUE TO HEROIN ABUSE BY THE JURISDICTION COUNTY / CITY (2018)		
COUNTY	COUNT	RATE / 100,000 POPULATION
St. Louis City	1,663	1.06
Jefferson County	694	0.062
Franklin County	282	0.55
St. Louis County	2,091	0.42
St. Francois County	136	0.41
Warren County	66	0.39
Gasconade County	26	0.35
St. Charles County	642	0.33
Marion County	36	0.32
Iron County	16	0.31*
Lincoln County	85	0.31

Source: Missouri Department of Health and Senior Services, Bureau of Vital Statistics



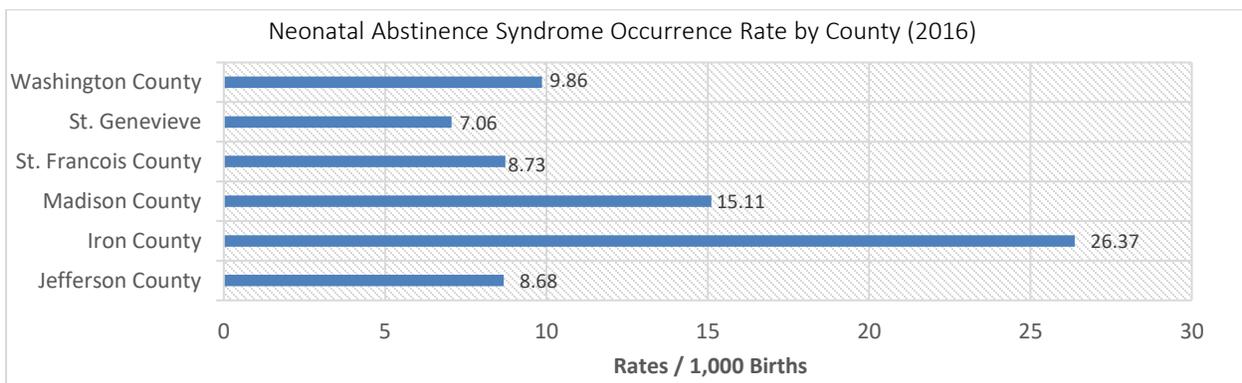
Source: Missouri Department of Health and Senior Services, Bureau of Vital Statistics

Rate with * means that there is not enough cases. Therefore, value should be interpreted with caution.

MENTAL /BEHAVIORAL HEALTH: SUBSTANCE USE AND ABUSE

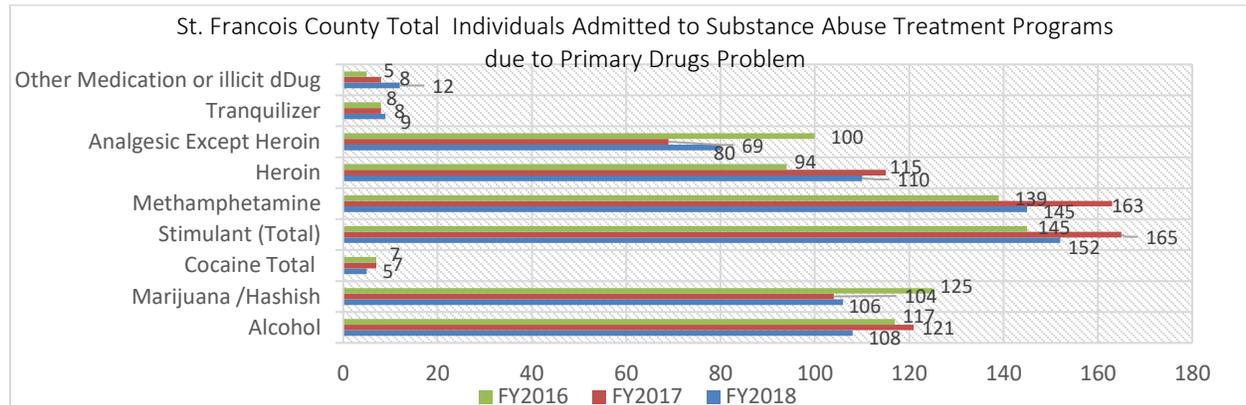
ER VISITS DUE TO OPIOID USE BY THE JURISDICTION COUNTY / CITY (2018)		
COUNTY	COUNTS	RATE / 100,000 POPULATION
St. Louis City	7,227	4.59
St. Francois County	1,203	3.63
Iron County	168	3.27
Franklin County	1,166	2.28
Madison County	102	2.28
Crawford County	252	2.07
Barton County	113	1.89
Warren County	293	1.75
Jefferson County	1,941	1.74
Phelps County	389	1.73
Lincoln County	468	1.71
St. Louis County	7,888	1.58
Taney County	418	1.54
Marion County	163	1.43

Source: Missouri Department of Health and Senior Services, Bureau of Vital Statistics



Source: Missouri Department of Health and Senior Services, Bureau of Vital Statistics

MENTAL /BEHAVIORAL HEALTH: SUBSTANCE USE AND ABUSE



Source: Missouri Department of Mental Health

DEATHS DUE TO HEROIN OVERDOSE BY THE JURISDICTION COUNTY / CITY (2018)		
COUNTY	COUNT	RATE / 100,000 POPULATION
St. Louis City	380	24.14
Jefferson County	137	12.31
Franklin County	52	10.15
St. Louis County	481	9.62
Maries County	4	8.93*
Lincoln County	24	8.76
Pulaski County	22	8.28
St. Charles County	139	7.22
Marion County	9	6.27*
Warren County	10	5.96*
Crawford County	7	5.74*
Gasconade County	4	5.42*
Montgomery County	3	5.16*
St. Francois County	17	5.13*
Phelps County	11	4.9*

Source: Missouri Department of Health and Senior Services, Bureau of Vital Statistics

Rate with * means that there is not enough cases. Therefore, value should be interpreted with caution.

MENTAL /BEHAVIORAL HEALTH: SUBSTANCE USE AND ABUSE

DEATHS DUE TO OPIOID OVERDOSE BY THE JURISDICTION COUNTY / CITY (2018)		
COUNTY	COUNT	RATE / 100,000 POPULATION
St. Louis City	658	41.80
Jefferson County	324	29.11
Franklin County	114	22.26
Worth County	2	19.48*
St. Louis County	931	18.63
Crawford County	22	18.04
Lincoln County	49	17.88
Hickory County	8	17.11*
Washington County	21	16.82
Pulaski County	43	16.19
St. Francois County	53	16.00
St. Charles County	301	15.63
Maries County	7	15.63*
Dent County	12	15.42*
Livingston County	11	14.64*

Source: Missouri Department of Health and Senior Services, Bureau of Vital Statistics

Rate with * means that there is not enough cases. Therefore, value should be interpreted with caution.

DATA SOURCES USED FOR THE SECONDARY DATA ANALYSIS INCLUDED:

CONDUENT HEALTHY COMMUNITIES INSTITUTE (HCI), an online dashboard of health indicators for St. Louis County, offers the ability to evaluate and track the information against state and national data and Healthy People 2020 goals. Sources of data include the National Cancer Institute, Environmental Protection Agency, U.S. Census Bureau, U.S. Department of Education, and other national, state, and regional sources. <http://www.healthycommunitiesinstitute.com/>

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>

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 DEPARTMENT OF HEALTH AND SENIOR SERVICES, BUREAU OF VITAL STATISTICS: <https://health.mo.gov/data/vitalrecords/index.php>

IMPLEMENTATION STRATEGY



Community Health Needs to be Addressed

I. SUBSTANCE USE

Community Health Need Rationale

St. Francois County was one of the top counties identified by the Centers for Disease Control and Prevention (CDC) at risk for HIV and hepatitis C outbreaks related to injection drug use. The area also has high opioid and heroin overdose mortality rates, a low number of buprenorphine-waivered providers, a high rate of neonatal abstinence syndrome and high poverty rates. St. Francois County is a voluntary member of the St. Louis County Prescription Drug Monitoring Program (PDMP). Data from the fourth quarter 2017 and first quarter 2018 reports show St. Francois County has the highest dispensation rate of controlled substances out of all jurisdictions within the PDMP (2,338.3 prescription per 1,000 population). Missouri is the only state without a traditional statewide PDMP and participation by providers in the voluntary program is not currently mandatory.

While programs and services currently exist in the target area, data shows the need for community collaboration to assess gaps and identify ways to improve or expand upon these. Therefore, St. Francois County Health Center (SFCHC) is collaborating with community partners, including PHC, to establish a consortium to address the opioid epidemic in St. Francois County. Members of the consortium include SFCHC's Director; Local Opioid Overdose Prevention and Response (LOOPR) program coordinator; HIV/AIDS Case Managers; and a PHC nurse and physician.

Strategy Goal

Reduce the morbidity and mortality associated with illicit and prescription opioid overdoses in St. Francois County

Strategy Objectives

- a) Increase access to Narcan in populations at risk for overdose by December 31, 2020 and increase by five percent thereafter until December 31, 2022.
- b) Prevent misuse of opioid substances by reducing access to prescribed controlled medications by December 31, 2020 and decrease by five percent thereafter until December 31, 2022.
- c) Reduce transmission of hepatitis C by increasing access to proper testing and treatment by December 31, 2020 and increase by five percent thereafter until December 31, 2022.
- d) Enhance individual and community knowledge of risks and side effects on signs and symptoms of an overdose, what opioids are, and the Good Samaritan law associated with OUD by five percent from December 2020 and thereafter until December 31 2022.

Strategy Action Plan

SFCHC will partner with at least one other agency or group that has access to individuals in long-term recovery to convene a focus group of peers to provide input that will drive program activities, including strategies to reach those at risk for overdose with information on signs and symptoms of overdose, Narcan distribution, Good Samaritan Law and treatment resources

- SFCHC's LOOPR program coordinator will implement a Narcan education and distribution program including targeting uninsured individuals at risk of overdose identified through the focus group
- SFCHC's LOOPR program coordinator will schedule and provide Overdose Education and Naloxone Distribution (OEND) training for two local agencies
- SFCHC's LOOPR program coordinator will facilitate a conversation with local law enforcement to assess current climate and identify strategies to address barriers to public safety personnel carrying Narcan
- A consortium member will meet with five local hospice administrations to identify existing policies and procedures for drug disposal
- SFCHC administration and nursing staff will refine process for referral and medication-assisted treatment (MAT) linkage to care by identifying a provider willing to provide hepatitis C and OUD treatment and exploring opportunities for expansion of process
- SFCHC will offer low-cost hepatitis C testing to 25 people including antibody follow-up confirmatory testing, screening, and referral for individuals at risk for overdose to treatment resources and Narcan
- Trained healthcare professionals from local health systems, including PHC and SFCHC, will meet with peer healthcare providers to deliver Academic Detailing key messages
- Consortium will use information gathered from focus group participants to complete a gap analysis and identify strategies for PHC to reach pregnant women with OUD to refer them to prenatal care and treatment
- SFCHC's LOOPR program coordinator will clarify with Children's Division hotline procedures to improve referral processes for pregnant women with OUD
- Consortium will develop resource guide and/or landing page with resources for substance use treatment and overdose prevention
- SFCHC's Local Opioid Overdose Prevention Response (LOOPR) intern will work with SFCHC's LOOPR program coordinator to develop an implementation plan for CDC Rx Awareness media campaign
- Consortium will organize a community event (town hall meeting, community listening, community resource day)
- SFCHC's Maternal Child Health nurse will identify evidence-based curriculum or measures for possible implementation in local schools

Strategy Expected Outcomes

- Increased number of St. Francois County residents with Narcan
- Increased awareness of best strategies to reach at-risk populations
- Increased number of at-risk individuals referred for hepatitis C treatment and/or MAT

- Increased awareness of best prescribing practices
- Increased community awareness of available OUD resources

Strategy Outcomes Measurement

- Number of participants in the OEND trainings will be tracked through sign-in sheets
- A summary report and/or gap analysis will be completed following the focus group
- Number of Narcan doses distributed by SFCHC will be tracked
- SFCHC's nursing staff will track the number referred to hepatitis and/or MAT treatment
- Academic Detailing visits are tracked through the National Resource Center for Academic Detailing (NaRCAD) resource
- Analytics from the resource page website will be tracked to measure traffic
- Brief motivational interviewing will be measured by keeping track of the number of participants
- Each virtual presentation will measure the number of participants, and will be providing a pre- and post-test to evaluate the effectiveness of the presentation

II. DIABETES - DIABETES SELF-MANAGEMENT PROGRAM

Community Health Need Rationale

Diabetes affects an estimated 30.3 million people in the United States and is the 7th leading cause of death. Further, 7.2 million Americans with diabetes are undiagnosed, and another 84 million American adults have blood glucose levels that greatly increase their risk of developing type 2 diabetes in the next several years. Diabetes complications tend to be more common and more severe among people whose diabetes is poorly controlled, which makes diabetes an immense and complex public health challenge. Preventive care practices are essential to better health outcomes for people with diabetes. Lifestyle change has been proven effective in preventing or delaying the onset of type 2 diabetes in high-risk individuals. Additionally, influencing various behavioral risk factors, such as specific dietary choices and physical activities, can reduce the risk of type 2 diabetes or its complications. Therefore, PHC is offering virtual diabetes management classes every other month to individuals who are diagnosed with pre-diabetes and diabetes in St. Francois County. PHC is collaborating closely with the St. Francis County Health Department and refers patients to its six-week diabetic course. The health department refers patients to the diabetic classes who desire additional education. PHC and St. Francis County Health Department work closely to provide excellent diabetic education to the community.

Strategy Goal

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

Strategy Objectives

- a) Increase the proportion of individuals living in St. Francois County with diagnosed diabetes who receive formal diabetes education by 10 percent from the baseline from 2019 and thereafter
- b) Through pre and post-tests, increase the knowledge level of lifestyle change through diet and physical activity of individuals at high risk for diabetes with pre-diabetes living in St. Francois County by 10 percent at the end of the educational session

Strategy Action Plan

PHC registered dietitians will hold diabetes education classes in a virtual setting once every other month. The class will involve individuals living in the St. Francois County community

- Knowledge level pretest is administered virtually to individuals who registered for the first time to determine their knowledge level of lifestyle change through diet and physical activities
- The registered dietitians will focus the class on diabetes management, which may include educating individuals on different type of diabetes, its risks factors, diagnostic criteria, calories intake and a diabetic diet, label reading, meal planning, diabetes medication, complication prevention, exercise and stress depending on the registrant's needs.

- The registered dietitians will administer the post-test virtually at the end of the session

Strategy Expected Outcomes

- Increase participation in diabetes education by individuals diagnosed by pre-diabetes and diabetes in St. Francois County
- Improve knowledge of healthy lifestyle change among individuals with pre-diabetes and diabetes through diabetes education classes

Strategy Outcomes Measurement

- Number of participants in the class will be tracked by the registered dietitians and documented as a baseline. After the baseline is obtained, registered dietitians will try to increase the number of participants.
- Registered dietitians will administer pre and post-test to participants at the beginning of their first attendance and a post test at the end of the class or section.
- Attendance will be tracked on a spread sheet with patient information excluding any personal identifier.
- The results of the pre and post-test will also be documented on an excel sheet and analyzed to determine if a patients' knowledge level of healthy lifestyle change, including diet and physical activities, improve.

Community Health Needs that Will Not be Addressed

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

Many of the needs identified through the CHNA 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.

BEHAVIORAL/MENTAL HEALTH

Due to limited resources and the significant need, PHC is partnering with others to help identify strategies to impact the mental health needs within the community. 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 PHC to bring education and awareness to the community at large while providing care for those in need. PHC 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. With the presence of several community organizations who have expressed similar concerns regarding the mental health needs in the county, the PHC team concluded that it will serve as a catalyst for the creation of a coalition. This group will explore options for more robust mental health services in St. Francois County.

REPRODUCTIVE HEALTH

Teen pregnancy, pre-term birth and low birth weights are significant issues within St. Francois County. PHC 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.

St. Francois County Health Center (SFCHC) will also continue to offer testing, treatment and counseling for gonorrhea, syphilis and chlamydia, along with STD prevention education. SFCHC also offers complete HIV screenings with pre and post-counseling.

OBESITY

Although obesity is not a primary area of focus, Parkland will focus on bringing awareness and education in St. Francois County about health risks of obesity and diabetes through radio shows, public service announcements, Coffee with a Doc presentations and other health events in which PHC participates. Through funding from the St. Francois County United Way and local business sponsorship, SFCHC began the Farmer's Market Voucher Program in 2019. Vouchers for over \$5,000 worth of free produce at the Farmington Farmer's Market were distributed to individuals aged 50 and older to increase access to healthy foods. In addition, SFCHC offers free one-on-one Nutrition Counseling services with Registered Dietitians.

CANCER (BREAST, COLORECTAL, LUNG)

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 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.

SMOKING

PHC no longer has the appropriately certified smoking cessation coach and therefore, does not feel it has adequate resources to address this community health need. However, the Parkland Foundation continues to provide grant funds to BJC School Outreach to provide "The Power of Choice" curriculum to schools in St. Francois County. The hospital will continue its ongoing support of other organizations that are addressing this area, such as the St. Francois County Smoke Free Coalition. SFCHC has three staff members that are trained to facilitate the "American Lung Association's Freedom from Smoking" cessation program. In addition, SFCHC's Maternal Child Health Contract is working with local schools to address vaping as a priority health issue.

HEART HEALTH & VASCULAR DISEASES

At this time, PHC is not directly focusing on heart and vascular disease.

ACCESS: SERVICES

Improving health care services depends in part on ensuring that people have a usual and ongoing source of care. People with a usual source of care have better health outcomes and fewer disparities and costs. PHC continues to recruit primary care physicians and advanced practice nurses to St. Francois County in order to address the access to service issue.

SENIOR HEALTH

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 PHC, only a small selection of them will be formally addressed in this implementation plan. SFCHC continues to offer an arthritis exercise program twice a week at the First Baptist Church in Desloge. The program aims to increase flexibility, mobility and strength.

HEALTH LITERACY

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.

ACCESS: TRANSPORTATION

As part of a rural community, PHC 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.